

ODA Today

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

QuickBites

Save the dates:

**2013 Give Kids a Smile Day
Feb. 1, 2013**

The Give Kids a Smile program will kick off Friday, Feb. 1, 2013. Register your events at <http://givekidsasmile.ada.org>.

ODA Day at the Statehouse March 20, 2013

Save the date for the 2013 Ohio Dental Association Day at the Statehouse, held Wednesday, March 20, 2013, in Columbus. Meet with legislators one-on-one and advocate for issues that impact dentistry in Ohio.

**2013 ODA Leadership Institute
April 12-13, 2013**

The 2013 Ohio Dental Association Leadership Institute will be April 12-13, 2013 at the Hilton Polaris. Look for more details to come soon.

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Renew ODA membership today, continue receiving exclusive benefits

ODA Staff

It's time to renew your membership in organized dentistry. Dues for the 2013 Ohio Dental Association membership are due by Jan. 1, 2013.

"Participation in organized dentistry, at any level – local, state or national – provides the member with a personal experience that is unmatched," said Dr. Kim Gardner, ODA president. "You see firsthand what is being done on your behalf, and your appreciation of it grows."

Beginning in 1866 as the Ohio State Dental Society with 41 members, the Ohio Dental Association has grown to serve more than 5,400 member dentists in Ohio.

The ODA has remained committed to its philosophy of informing, representing and serving its members by advocating on dentists' behalf, providing leadership development opportunities and information on practice management issues, offering exclusive member benefits, educating dentists and the public and continuing its philanthropic efforts.

Informing

The ODA is Ohio's only complete resource for dental health and practice information for members.

The ODA launched a new website at the beginning of this year that is more user-friendly and includes news and resources to inform member dentists.

On the members' only section of the ODA website, www.oda.org, members can find information on practice resources, governmental affairs, regulatory compliance, discount programs, continuing education and upcoming ODA events.

ODA staff is also available to answer mem-



Continuing Education opportunities – like those offered at the ODA Annual Session – are just one of the few benefits available to ODA member dentists.

bers' specific questions. With more than 100 years of collective experience working with dental professionals, the ODA staff can answer a wide variety of dental practice questions. Members can call staff members at the ODA office at (800) 282-1526 during regular business hours or contact them via email.

The ODA helps keep its members informed regularly through its news publication *ODA Today*, e-newsletter *NewsBytes* and Twitter (@OhioDentalAssoc). The ODA recently launched *generationD*, a publication geared toward those dentists out of dental school for 10 years or less. All communications help members stay up to date on issues facing dentistry.

"It is current and vital to keep connected to our membership," Gardner said. "These instruments provide that connection. They

are relevant and timely in providing the most up-to-date information that can benefit our members."

Representing

Each year, the ODA tracks dozens of bills and numerous regulations that could impact dentistry and how dentists practice.

Gardner said legislative advocacy is one of the most important benefits the ODA has to offer.

"Those interested in participating in this process come to ODA Day at the Statehouse," Gardner said. "Those who are not have the promise that their best interests and those of the patients they serve are paramount in legislative discussions."

See MEMBERSHIP, page 17

Ohio State holds Give Kids a Smile event, serves 102 children in need

ODA Staff

The Ohio State University College of Dentistry held its fall Give Kids a Smile event on Oct. 13, 2012.

That day, 102 children were seen, ranging in age from infants, toddlers, children, and adolescents, and children with special needs.

"We know that getting proper dental care can be expensive for struggling families, so we're excited to be able to offer this opportunity for children in the Columbus area," said Dr. Elizabeth Gosnell, assistant professor, Division of Pediatric Dentistry at Ohio State. "It's also a great learning opportunity for our dental students, as they get to know the needs of children from a wide variety of backgrounds."

Children under age 18 were able to receive free dental exams, cleanings, extractions, fillings and crowns, as needed, at the College of Dentistry. The range of treatments provided included sealants, cleanings, stainless steel



Photos submitted by OSU College of Dentistry (Above) Dr. Dimitris Tatakis, a professor in the Division of Periodontology at the OSU College of Dentistry, talks with College of Dentistry Dean Dr. Patrick Lloyd and Ohio Rep. Michael Stinziano at OSU's Give Kids a Smile event. (Right) Brutus the Buckeye helps a patient at the Oct. 13 event



crowns, pulpotomies, pulpectomies and composites.

According to the College of Dentistry, parents were pleased with the level of care and

many commented that they would be back to have their own treatment done at the clinic.

See GKAS, page 9



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



Give Kids a Smile

Feb. 1, 2013



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The Director's Chair

David J. Owsiany, JD
ODA Executive Director

The Ohio Dental Association conducts targeted surveys of its members on an on-going basis. If you attended the ODA Annual Session, chances are you received a survey asking about your experience. We recently conducted a readership survey to gauge ODA members' feelings about the *ODA Today's* content and appearance. We also regularly conduct surveys and focus group discussions of ODA members on various issues of particular interest. We do this in order to collect valuable information related to our members' interests and expectations of the ODA so that we can continue to meet our members' needs.

Every four or five years, we contract with an independent survey research firm to conduct a broad, in-depth membership survey that covers just about everything we do and asks our members various questions to determine the members' expectations of the ODA and their satisfaction with our programs. The survey also collects specific practice-related information so we can identify trends in dental practice patterns in Ohio. All of this is done so that we have information to help us better meet the needs of our members. Some of the highlights of the 2012 ODA membership survey are discussed below.

2012 Survey

This fall, we conducted a broad membership survey for the first time since 2007. In past years (2007, 2002, 1998, 1994, 1991, and 1988), the survey was conducted via traditional mail. For the first time in 2012, we conducted the survey electronically via e-mail. As a result, we had nearly twice as many responses as in the past, giving us information from more members than ever before. As in the past, the survey was sent out by an outside survey research firm, which also collected the responses. In November, the survey research firm presented the results of the 2012 membership survey in a lengthy report to the ODA.

Members Identify ODA's Priorities and Rate ODA's Performance

The results are very positive and provide valuable information for planning future ODA programs. ODA members value "lobbying on behalf of the dental profession" ahead of all other member benefits, followed closely by "providing members with information about issues affecting the practice of dentistry." The satisfaction rates for the ODA's performance in these priority areas are stunning. Fifty-three percent of the respondents report being "very satisfied" with our lobbying efforts, and another 40 percent say they are "somewhat satisfied" with our lobbying efforts. That is a remarkable 93 percent satisfaction rate.

Fifty-one percent of respondents report being "very satisfied" with the ODA's provision of information related to dentistry and another 44 percent report being "somewhat satisfied." That is an impressive 95 percent satisfaction rate on one of the members' highest priorities.

Member satisfaction rates for other member benefits were also very high, including continuing education (88 percent satisfaction), promoting professionalism and ethics (84 percent satisfaction), monitoring the dental insurance industry (76

ODA membership survey provides valuable feedback

percent satisfaction), offering discounted products and services (83 percent satisfaction), and promoting the use of dental services (72 percent satisfaction). All of these satisfaction rates are up over 2007 and previous years.

The survey asked specific questions about members' interaction with ODA staff. Fifty-seven percent of the respondents had interaction with ODA staff in the previous 12 months, most more than once. Of those, 80 percent report being "very satisfied" and 17 percent report being "somewhat satisfied" with the results of their most recent contact with ODA staff. More than 96 percent of respondents found the ODA staff to be "courteous and respectful," "helpful," "knowledgeable," and "easy to reach." The ODA is a member-focused organization. Our culture is to provide superior service to our members when they call. The results of the 2012 member survey demonstrate that ODA staff members are successfully delivering on our promise of excellent membership service.

Dental Practice Trends

The survey also gathered interesting information related to respondents' dental practice activities, including number of employees, staffing needs, work hours, number of patients, acceptance of various types of dental insurance plans, etc.

The predominant practice model continues to be a single dentist office, with 69 percent of respondents identifying their practice as a "sole proprietor." More dentists are seeking an increased patient load with nearly 70 percent of respondents saying that they would rather have more patients than they currently have, which is up from 59 percent in 2007. More dentists report participating in managed fee for service plans (65 percent), PPOs (45 percent), and Independent Practice Associations (42 percent) than ever before. Dentists' income appears to be flat as the respondents report little growth in personal income from 2007 to 2012. Dental office overhead remains steady at 59 percent of gross receipts, which is the same as it was all the way back in 1994.

The typical ODA member dentist's office has two "front desk personnel" employees, two dental hygienists, and two dental assistants. Several years ago, many dentists reported there was a shortage of dental auxiliaries. That no longer appears to be the case as fewer respondents reported having difficulty hiring hygienists, dental assistants and CDAs.

The vast majority of respondents report regularly providing volunteer care, with the mean value of the donated care at over \$12,000 annually. This means that ODA members provide a total of more than \$30 million in donated care every year to the underserved though programs like Give Kids a Smile, Dental OPTIONS and the care provided in office to those patients who are struggling to make ends meet. These results provide solid data to demonstrate what I have always said: "dentists are the most caring professionals."

Use of the Survey Data

The survey results also provide the
See SURVEY, page 6

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Foundation grants help support dentists affected by hurricane

The American Dental Association Foundation (ADAF) has created a new Emergency Disaster Assistance Grant to help support dentists affected by Hurricane Sandy.

This new grant is designed to provide immediate support of up to \$1,000 to dentists in need of emergency food, water, clothing, shelter and counseling.

In addition to the Emergency Disaster Assistance Grant, ADAF's existing Disaster Assistance Grants Program provides grants up to \$5,000 to dentists who have lost property in a declared disaster, and to organizations that can provide emergency dental care in areas affected by Hurricane Sandy. These grants require the demonstration of financial need, as well as information about insurance coverage and payments made to the applicant.

To support the ADA Foundation and help provide more grant assistance to those dentists and dental organizations affected by Hurricane Sandy, you can make a tax-deductible donation to the ADA Foundation by calling 312-440-2547 or visiting www.adafoundation.org.

Get back in the driver's seat with the ODAF car raffle!

At its Nov. 16 meeting, trustees of the Ohio Dental Association Foundation voted to bring back its annual car raffle fundraiser.

As in past years, the drawing for the raffle's prizes will take place at the ODA Annual Session in Columbus on September 21, 2013.

Specifics on the 2013 car raffle will be provided online at www.oda.org and in *ODA Today* early in 2013. For additional information, call the Foundation at (800) 282-1526.

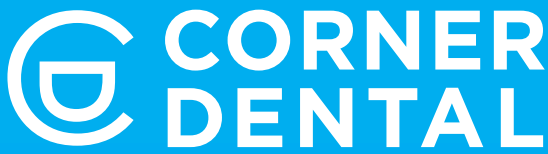
Help ODA track free dental care provided to patients in need

Do you give free dental care to adults in need – in your dental office, at a community clinic, through a special free dentistry event or other volunteer setting in Ohio? The ODA has a form on which to report the value of donated care that is not given through Give Kids a Smile, Dental OPTIONS or Ohio Medicaid programs. This information is used collectively in advocacy efforts, including to legislators, demonstrating that dentistry cares and documenting how much free dental care is given to those less fortunate. No dentist name or patient information is shared.

Please help the ODA track and compile this information by filling out and returning the form on a monthly basis. The form is available online at <http://oda.org/community-involvement/give-kids-a-smile/> or by calling the ODA department of public service at (800) 282-1526.



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Change of address?

Contact the ODA Membership Department if you have moved your home or practice, changed your phone number, changed your name or changed your email address.

Via email: membership@oda.org

By mail: Ohio Dental Association
1370 Dublin Road
Columbus, OH 43215-1098

Ohio decides not to create insurance exchange

Gov. John Kasich has decided that Ohio will not create a health insurance exchange mandated by the Affordable Care Act and will instead allow the federal government to put an exchange in place for Ohio.

Kasich also decided that Ohio will retain regulatory control over health insurance plans offered through the federally-operated exchange and retain the authority to determine who is eligible for Medicaid benefits.

"Ohio would have no flexibility to shape an exchange to our needs and its costs will be so high that it just doesn't make sense for the state to operate a health exchange under Obamacare," said Rob Nichols, press secretary for Kasich. "We're going to leave that to the federal government. Instead, Ohio will focus on continuing to make our health insurance market as stable and competitive as possible and make our Medicaid program as well-run as possible, which is why we're opting to retain maximum state control in those areas instead of beginning to turn over parts of them to the federal government."

Kasich informed the U.S. Department of Health and Human Services of Ohio's decision in a letter on Nov. 16.

Health policy research specialists Milliman Inc. and global business and information technology consultancy KPMG conducted separate studies to investigate all options available to Ohio, and these studies found that states would lack flexibility or control over the health exchanges, setting up and running the exchanges would be very expensive, inadequate information is available from the federal government, and a health exchange would negatively impact Ohio by increasing costs and reducing choices for consumers, according to a fact sheet provided by the Kasich administration.

Ohio decided to retain regulatory control of its insurance industry because the industry is essential to Ohio's economy and allowing federal takeover would be burdensome and duplicative, according to the fact sheet. Ohio also decided to retain decision-making on Medicaid eligibility because preserving Ohio's care quality improvements is important to low-income Ohioans and responsible Medicaid management is essential to Ohio's fiscal stability, according to the fact sheet.

ODA membership dues payments due Jan. 1, 2013

Ohio Dental Association members received tripartite membership dues statements in November. 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 legislation; 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, by fax to (614) 486-0381 or by mail to Ohio Dental Association, 1370 Dublin Road, Columbus, OH 43215.

ODA Meeting & Event Calendar

Dec.

- 7 Subcouncil on Dentists Concerned for Dentists
- 24 ODA Office Closed for Christmas Holiday
- 25 ODA Office Closed for Christmas Holiday
- 31 ODA Office Closed for New Year's Holiday

Jan.

- 1 ODA Office Closed for New Year's Holiday
- 8-9 Council on Dental Care Programs and Dental Practice
- 17-18 Executive Committee
- 25 CACPS Conference Call

ADA's 2013 dental code check app available for Apple, Android mobile devices

Dental codes are now available at the touch of a button with the 2013 Dental Code Check app. The app is available for \$19.99 for Apple via the iTunes Store and Android mobile devices via Google Play.

The new CDT Code Check 2013 app contains all of the CDT Codes. The app was created from the American Dental Association's CDT 2013: Dental Procedure Codes book. The CDT Code, which is another name for the Code on Dental Procedures and Nomenclature, is a standard for recording dental services in patient records, on paper claim forms, and on HIPAA standard electronic claim transactions.

The CDT Code Check 2013 app's features include:

- A complete listing of 2013 CDT Codes including category of service, subcategory, procedure code, nomenclature, and descriptor.
- A list of new, revised and deleted codes with tracked changes so you can see exactly what was changed.
- Maximum portability. The codes go where you go without the need for a bulky book or an Internet connection.
- Searchable by three categories: code number, keyword and category of service.

Dental assistant radiographer and EFDA renewals

Dental assistant radiographer permits and expanded function dental auxiliary (EFDA) registration need to be renewed by the end of 2012. Renewal packets should have been received earlier this year from the Ohio State Dental Board. If you did not receive a packet and expected to receive one, contact the Ohio State Dental Board by calling (614) 466-2580. Permits and registration can be renewed online by visiting the dental board's website, dental.ohio.gov.

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Legal Briefs

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

On Nov. 14, 2012, the Ohio House Insurance Committee heard testimony from interested parties on House Bill 497, the Ohio Dental Association-supported bill that would prohibit dental insurers from establishing fee schedules on dental services that the insurers do not cover for enrollees. State Rep. Bob Hackett (R-London) introduced HB 497 in the spring. Sen. Bill Seitz, (R-Cincinnati) has introduced an identical companion measure, Senate Bill 324, into the Ohio Senate.

Two ODA member dentists provided testimony in support of HB 497 during the committee hearing. Dr. Rob Mazzola, a past president of the Dayton Dental Society and current member of the ADA's Council on Dental Benefits, addressed the non-covered services issue with committee members. The ADA Council on Dental Benefits is charged with monitoring insurance trends nationwide, including progress of non-covered ser-

Ohio Dental Association-backed non-covered services bill considered – insurers, Chamber of Commerce opposed

vices legislation.

Mazzola pointed out that 29 states have now adopted legislation banning the practice and that 11 more state legislatures were currently considering measures. Additionally, the National Conference of Insurance Legislators (NCOIL), an organization comprised of state legislators with an interest in promoting sound insurance public policy, adopted model legislation for use by states in implementing laws to restrict dental plans from capping non-covered service fees. Rep. Hackett utilized the NCOIL model bill as a basis for HB 497.

Mazzola also stressed the importance of the bill in protecting small business dental practices. "The average solo practitioner dental office has about a \$1 million impact on the economy through the payment of salaries and taxes, and the purchase of supplies and other ancillary services," Mazzola said. "But dental offices operate at a very high overhead, and a dramatic change in costs or receipts can have a troubling impact on the viability of a number of practices, especially those in low-income and underserved areas."

Dr. Steve Moore, a past president of the

Keely Dental Society from West Chester, also offered support for the bill. The practice of insurance companies dictating fees for dental services they do not even cover for enrollees is "fundamentally unfair and unnecessarily interferes with the dentist-patient relationship," said Moore in testimony. He relayed a recent occurrence in his office with a long-standing patient precipitated by a non-covered service contract provision.

Moore had performed an implant for a patient, who was satisfied with the result and was interested in pursuing additional implants in the future. Shortly after completing the initial implant, Moore received notice that the insurer was capping his fee for the implant even though the insurer "did not cover or in any way contribute to the cost of the implant." The allowable fee was less than what he had expended in supplies, lab costs and staff time. After explaining the issue to the patient, the patient offered to pay the regular fee for the procedure. "Accepting her proposal would have placed me in violation of the provider agreement, and I could have lost a substantial portion of my patients," Moore told the committee.

"The non-covered service provision of my provider agreement may now force the patient to turn to another office or forego the services."

Several representatives from the insurance industry offered testimony in opposition to the bill. The Ohio Association of Health Plans (OAHP), a trade association representing the health insurance industry, Delta Dental of Ohio and the National Association of Dental Plans and MetLife all submitted testimony in opposition to the bill. The opponents claimed that HB 497 was an unnecessary interference into the private contracting process and would increase costs for their enrollees. Delta Dental also asserted that its policies capping fees for non-covered services make dental care more affordable for consumers and actually have "the result of ... increased revenue for dentists."

Delta Dental and OAHP took their opposition testimony further, attempting to argue that prohibiting non-covered service fee limitations in provider agreements would somehow negatively impact the health of dental patients and patients'

See BILL, page 10

SURVEY, from page 3

ODA with valuable information regarding the members' preferences related to continuing education, communication vehicles, computer usage, online purchasing and other important topics. The ODA staff and its councils and committees will use this information to ensure we implement programs and prioritize the use of resources to meet our members' needs.

Conclusion

One of the most rewarding things about surveying the membership and reviewing the data collected is finding out whether the members believe the

ODA is doing the right things. When asked whether the ODA is on the right or wrong track, 94 percent of the respondents in 2012 said we are headed in the "right" direction, which is the highest percentage ever recorded for that question.

Because the information provided through our membership survey helps the ODA to continue to meet our members' needs, I wish to thank each of you who took the time to complete the lengthy questionnaire. Rest assured, we will put the feedback you provided to good use to ensure we are responsive to our members' needs.

Want to make a difference in the practice of dentistry?



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

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

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A dentist's guide to prescription drug regulations in Ohio

ODA Staff

In recent years, Ohio has taken several steps to address the growing problem of prescription drug abuse, and some of these actions affect dentists.

Unintentional drug poisoning became the leading cause of injury death in Ohio in 2007, surpassing motor vehicle crashes for the first time on record, according to the Ohio Department of Health (ODH). The trend continued in 2010. Ohio's death rate due to unintentional drug poisonings increased 372 percent from 1999 to 2010, and the increase has been driven largely by prescription drug overdoses, according to the ODH.

In April 2010, then-Gov. Ted Strickland established The Ohio Prescription Drug Abuse Task Force (OPDATF) to develop a coordinated and comprehensive approach to Ohio's prescription drug abuse epidemic. The Ohio Dental Association was represented on the task force, which released its final report in October 2010. The final report included 20 recommendations that address issues related to treatment, law enforcement, public health and regulation.

In May 2011, Gov. John Kasich signed House Bill 93 into law, which is aimed at combating prescription drug abuse and diversion with several provisions in the bill derived from the OPDATF report.

HB 93 makes several changes to Ohio law and provides state regulators with additional authority to curb illegal prescription drug use and diversion. Specifically, the bill defines and calls for additional regulation of pain management clinics, establishes a statewide take-back program that secures and destroys unused medications and provides Ohio Medicaid with the authority to institute a lock-in pro-

gram to cut down on doctor shopping and fraud by preventing Medicaid recipients from visiting multiple pharmacies and providers.

The bill also places limits on physicians', dentists' and other prescribers' ability to personally furnish controlled substances to patients. "Personally furnishing" refers to a prescriber's dispensing of a controlled substance to the patient for the patient's use outside of the office setting. Some medical and dental offices engage in this practice as a convenience for patients. Unfortunately, a handful of medical offices in the state have exploited this provision to essentially operate unlicensed pharmacies, commonly referred to as pill mills. Because medical practices are not required to be wholly owned by licensed physicians, as is the case with dentistry, it has proven difficult for the state to adequately regulate these pill mills.

As a result, House Bill 93 states that prescribers are prohibited from personally furnishing more than 2,500 dosage units in total during a 30-day period and are prohibited from personally furnishing to a single patient an amount of a controlled substance that exceeds the amount necessary for the patient's use in a 72-hour period. The bill also requires that a prescriber report certain information to the Ohio Board of Pharmacy (OBP) on any controlled substances that are personally furnished to a patient for inclusion in the state's prescription drug database. The administration of controlled substances, including anesthetics, to a patient during a visit is not considered "personally furnishing" and is not subject to the limitations or reporting requirements.

Last fall, the OBP finalized these new reporting requirements through admin-

What you need to know about Ohio's Rx regulations

Dispensing of Controlled Substances

House Bill 93 set parameters on how prescribers may dispense controlled substances to a patient for the patient's use outside of the office, including:

- Prescribers are prohibited from dispensing more than 2,500 dosage units in total during a 30-day period
- Prescribers are prohibited from dispensing to a single patient an amount of a controlled substance that exceeds the amount necessary for the patient's use in a 72-hour period
- Prescribers are required to report information to the OARRS database on all controlled substances dispensed for use outside of the office

Ohio Automated Rx Reporting System (OARRS)

House Bill 93 makes changes to the operations of the OARRS database, including:

- Allowing the Ohio State Dental Board to establish standards on when it may be necessary for a dentist to access the OARRS database prior to issuing a prescription for a controlled substance. The OSDB rule says a dentist should consider accessing OARRS before prescribing a patient with controlled substances, carisoprodol, or tramadol:
 - If a patient is exhibiting signs of drug abuse or diversion;
 - When you have a reason to believe the treatment of a patient with controlled substances, carisoprodol, or tramadol will continue for 12 weeks or more
 - At least once a year thereafter for patients receiving treatment with the above listed drugs for 12 weeks or more
- Requiring the Ohio Board of Pharmacy to work with prescribers to create recommendations on improvements to OARRS, including making it a "real-time" database

istrative rule. Under the regulation, a prescriber who possesses controlled substances for the purpose of personally furnishing those drugs to a patient must report, on a weekly basis, the national drug code of the drug dispensed, quantity and number of days' supply dispensed, source of payment and date the drug was furnished. Additionally, the prescriber must report their name, address, phone number and DEA number; and the patient's name, address, phone number, date of birth and gender. If no activity occurs during a week, the OBP requires the prescriber to file a "zero report" to announce the inactivity.

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

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

The OSDB rule says a dentist should consider accessing OARRS before prescribing a patient with controlled substances, carisoprodol, or tramadol:

- If a patient is exhibiting signs of drug abuse or diversion
- When the dentist has a reason to believe the treatment of a patient with controlled substances, carisoprodol, or tramadol will continue for 12 weeks or more
- At least once a year thereafter for patients receiving treatment with the above listed drugs for 12 weeks or more

The rule provides the following examples of drug abuse that, when exhibited, a dentist should consider accessing an OARRS report prior to prescribing or personally furnishing a controlled substance or tramadol to a patient:

- Having a drug screen result that is inconsistent with the treatment plan or refusing to participate in a drug screen
- Forging or altering a prescription
- Stealing or borrowing reported drugs
- Having been arrested, convicted or received diversion, or intervention in lieu of conviction for a drug related offense while under the physician's care
- Increasing the dosage of reported drugs in amounts that exceed prescribed amount
- Selling prescription drugs
- Receiving reported drugs from multiple prescribers, without clinical basis
- Having a family member, friend, law enforcement officer, or health care professional express concern related to the patient's use of illegal or reported drugs

Other signs of drug abuse that may warrant consideration of an OARRS Patient History Report include, but are not

See RX, page 8



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Dental Insurance Corner

Radiographs and third-party reimbursement

Christopher A. Moore, MA
ODA Director of Dental Services

Please note the following information is generally applicable in situations where the dentist is not contracting with the third-party payer. In contracting situations, the dentist needs to adhere to the terms of his or her contract with the third-party payer.

The assertion by some insurance companies that, for payment purposes, a panoramic film and bitewings is the same as a full mouth series of radiographs has been a source of contention with many dentists.

The American Dental Association's 2011-2012 Current Dental Terminology (CDT) should however, provide guidance to what is what, at least in situations where the dentist is not in a contractual relationship with the third party payer. The D0210 intraoral, complete series (including bitewings) procedure is defined in the CDT as "a radiographic survey of the whole mouth, usually consisting of 14-22 periapical and posterior bitewing images intended to display the crowns and roots of all teeth, periapical areas and alveolar bone." This definition was taken from the U.S. Food and Drug Administration's (FDA) "The Selection of Patients for Dental Radiographic Examinations" (http://www.ada.org/sections/professionalResources/pdfs/topics_radiography_examinations.pdf) published in 2005 and incorporated into the CDT's D0210 descriptor effective Jan. 1, 2009.

The CDT further explains "a panoramic film cannot be considered a full mouth series as it is an extraoral film and it does not reflect the FDA definition of a full mouth series. Dif-

ferent procedure codes are available to report a full mouth series (D0210) and a panoramic film (D0330)" and "that bite-wings taken as part of a full mouth series are not reported separately." Similarly, code D0277 (vertical bitewings, 7 to 8 films) is not a full mouth series.

The CDT 2013, which will take effect Jan. 1, 2013, makes no changes to these descriptors and only revises their nomenclature from the use of the word film(s) to radiographic image(s).

Prior to 2009, the CDT did not define what was/was not included in a full mouth series of radiographs. Some insurance companies have benefit guidelines that consider multiple intraoral films taken on the same date of service as either a complete series or limit the reimbursement amount they pay to that of a full mouth series. By downcoding the pan/bitewing combination to a full mouth series, the payer's financial liability is reduced from paying for the more complex and costly D0330 procedure to that of a D0210.

Dentists are legally and ethically obligated to accurately report the treatment and services they provide. Third-party payers that apply alternative benefit provisions when determining a patient's benefits should accurately report this decision to both the patient and dentist.

Insurance companies have reported it is not uncommon to receive a panoramic film and bitewings from general dentists and pediatric dentists as their full mouth series, particularly for patients who are going to receive an orthodontic consultation or wisdom teeth extraction. Pending the specifics of the patient's dental benefit plan, some carriers provide separate benefits from a full mouth series for a single panoramic film that is taken for orthodontic records or third molar evaluation.

Some carriers will deny coverage for

Tips on submitting radiographs

The National Association of Dental Plans offers the following guidance for submitting radiographs to third-party payers:

- Only submit radiographs when required by the insurance company's claims processing guidelines.
- Clearly label all radiographs with the patient's name, date the radiograph was taken, tooth number(s) and the complete name and address of the treating dentist or dental practice.
- Indicate top, bottom, right and left on the radiograph.
- Firmly attach the radiograph to the claim form.
- Only submit duplicate radiographs that are of good diagnostic quality.
- Consider electronically submitting claims and attachments.

periapical radiographs (D0220, D0230) routinely taken in conjunction with a periodic oral evaluation (D0120). If the dentist has no contract with the insurer then he/she could bill the patient for the service. If in a contract, however, then the dentist should follow the terms of the agreement since some contracts prohibit contracting dentists from billing patients for this type of denied service. Contracting dentists who find themselves in this situation may want to consider providing the carrier with documentation of the patient's specific signs and/or symptoms and the reason for taking the periapicals as supported by the FDA Guidelines.

"The ADA and FDA call upon den-

tists to 'weigh the benefits of taking dental radiographs against the risk of exposing a patient to X-rays,'" stated Sharon Parsons, D.D.S., chair, ODA Council on Dental Care Programs and Dental Practice. "It is inappropriate for third-party payers to request and/or dentists to take radiographs solely for reimbursement purposes. Dentists who find themselves being asked to take radiographs for inappropriate reasons are encouraged to both suggest their patient take up the inappropriate request with their employer and to provide the necessary documentation to the ODA's Dental Insurance Working Group."

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.

RX, from page 7

limited to:

- A known history of chemical abuse or dependency
- Appearing impaired or overly sedated during an office visit or exam
- Requesting reported drugs by specific name, street name, color or identifying marks
- A history of illegal drug use
- Frequently requesting early refills of reported drugs

- Frequently losing prescriptions for reported drugs
- Recurring emergency department visits to obtain reported drugs
- Sharing reported drugs with another person

The dental board rule does not apply to hospice patients. An OARRS report should cover at least one year, and can cover up to two years of patient history.

Dentists should document their con-

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

To access the OARRS, dentists must create an account by visiting www.ohiopmp.gov

and completing the registration process.

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

For more information, contact the ODA Department of Government Affairs by calling 800-282-1526.

Prescription Drug Abuse and Diversion Facts

Ways dental offices may be susceptible to diversion

- Doctor shopping: The drug seeker visits several dentists and/or physicians in a short period of time and denies seeing any other doctors or receiving any other prescriptions. Sixteen percent of 2008 unintentional poisoning deaths had a history of doctor shopping.
- False phone-ins: The drug seeker calls in a prescription to a pharmacy posing as a representative of the dental office.
- Forgery or alteration: Prescription forms are forged, altered or recreated to change doses, refills or strengths of medication.
- Theft: Prescription pads and medications stored on-site may be susceptible to after-hours break-ins or theft by staff members or patients.

Identifying doctor shopping. A drug seeker may:

- Show unusual knowledge of controlled substances
- Request a specific drug and be reluctant to try an alternative
- Demand to be seen immediately
- Call or present to the office after hours
- Claim that he/she is visiting from out of town
- Claim that non-narcotic alternatives aren't effective or cause allergic reaction
- Contend his/her own dentist is not available
- State that a prescription has been lost and needs replaced

What to do if you suspect doctor shopping

- Check the patient's prescription drug history through the state's drug database, OARRS (<http://www.ohiopmp.gov>)
- Request picture ID, photocopy it and retain it in the patient record
- Call the patient's previous practitioners to confirm the patient's story
- Write prescriptions for limited quantities or prescribe non-narcotic alternatives

Federal regulations require that all U.S. Drug Enforcement Agency registrants provide effective controls and procedures to guard against theft and diversion of controlled substances.

Safeguards to ensure security

- Keep all prescription pads in a safe place where they cannot be stolen
- Minimize the amount of prescription pads in use
- Use prescription pads only for writing prescriptions and not for writing notes
- Never sign prescriptions in advance
- Personally assist the pharmacist if he/she calls to verify information on a prescription
- Consider utilizing tamper-resistant prescription pads
- Consider submitting prescriptions electronically
- Consider personally handling all prescription phone-ins

Ohio Dental Association membership retention holds steady in 2012

ODA staff

The Ohio Dental Association (ODA) has retained 96.92 percent of its 2011 membership, a slight decline from its 97.29 percent rate last year. Moreover, 20 of its 25 local component dental societies have retained 95 percent or more of their 2011 membership. Following is a list of those societies:

- Maumee Valley Dental Society (100 percent)
- Eastern Ohio Dental Society (100 percent)
- Akron Dental Society (99.40 percent)
- Northwest Ohio Dental Society (99.32 percent)
- Medina County Dental Society (98.67 percent)
- North Central Ohio Dental Society (98.26 percent)
- Muskingum Valley Dental Society (97.96 percent)
- Tuscarawas Dental Society (97.78 percent)
- Northeast Ohio Dental Society (97.74 percent)
- Cincinnati Dental Society (97.64 percent)
- Rehwinkel Dental Society (97.62 percent)
- Dayton Dental Society (97.40 percent)
- Mad River Valley Dental Society (97.30 percent)
- Corydon Palmer Dental Society (96.98 percent)
- Stark County Dental Society (96.93 percent)
- Keely Dental Society (96.73 percent)
- Greater Cleveland Dental Society (96.71 percent)
- Columbus Dental Society (96.19 percent)
- WD Miller Dental Society (95.83 percent)
- Western Ohio Dental Society (95 percent)

In 2009, the ODA's Council on Membership Services (CMS) decided to publish the list of component dental societies reaching or passing the 95 percent retention threshold as a way of recognizing the accomplishment and providing an incentive for local societies to make a strong effort to renew their members.

"Earlier this year, the ODA received an award from the ADA for membership retention. The council feels that achievements in membership retention ought to be recognized and appreciated by the full membership, not just by its members who monitor the data," said CMS chair Dr. Martin Fitz. "We also wanted to see if we could capitalize on the motivating power of friendly competition to help improve our membership numbers."

Year-to-year, nine component societies have so far improved their renewal percentage in 2012 against 15 where rates have declined. 2012 marked the third consecutive year in which the Maumee Valley Dental Society retained 100 percent of its members.

Membership renewal invitations

See **RETENTION**, page 10

GKAS, from page 1

Ohio Rep. Michael Stinziano attended the event to learn more about the dental needs of Ohioans and how the College of Dentistry serves those needs.

This day-long event was offered as part of the national Give Kids a Smile program sponsored by the American Dental Association. GKAS is dedicated to nurturing and enhancing community-based children's health and wellness programs that are expandable, sustainable and innovative.

The Ohio Dental Association is preparing to kick off the 2013 Give Kids a Smile Day, which will be Feb. 1, 2013. Dentists who would like to participate should sign



Photo submitted by OSU College of Dentistry
The Ohio State University College of Dentistry held its fall Give Kids a Smile event on Oct. 13

up to volunteer at <http://giveskidsasmile.ada.org>. Dentists can choose to participate on Feb. 1 for Give Kids a Smile Day, or they can participate at their own convenience any time throughout the year.

FDA issues recall alert on nitrous oxide delivery system

ADA Staff

The U.S. Food and Drug Administration issued a "Class I" recall alert on Accutron, Inc.'s Ultra PC% cabinet mount flowmeters for nitrous oxide-oxygen sedation systems. The agency's safety alert and recall notice are available at www.fda.org.

According to the FDA, Accutron, which voluntarily recalled its flowmeters, reported two consumer complaints that the devices continued to deliver nitrous oxide even when the oxygen flow was turned off. No injuries have been reported.


The FDA's recall notice states: "Class I recalls are the most serious type of recall and involve situations in which there is a reasonable probability that use of these products will cause serious adverse health consequences or death."

Dentists who suspect problems with this flowmeter should report them to Accutron at 800-531-2221 and to the FDA via its MedWatch program at www.accessdata.fda.gov/scripts/medwatch/medwatch-online.htm. Accutron will likely replace the device free of charge.

Have a question?
Contact the Ohio Dental Association!
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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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BILL, from page 6

access to care. OAHF testified that HB 497 would “discourage consumers from getting timely preventative and other dental care and may even hamper efforts to coordinate dental care.” Delta argued that passage of HB 497 would “result in poorer access to dental care” as a result of increased costs.

The opponents did not provide any evidence to lawmakers to indicate that there had been a significant increase in costs, decline in access to dental care or negative impact on consumers overall dental health as a result of the passage of non-covered services legislation in the 29 states that had adopted similar bills.

The Ohio Chamber of Commerce, an organization that purports to represent members ranging from small businesses to international companies, also offered testimony in opposition to House Bill 497. The Chamber characterized non-covered service fee limitations as “discounts” and a “key provision” in provider agreements and stated that “if a participating dentist objects to these discounts, he or she can terminate his or her participation agreement.”

The Chamber concluded that House Bill 497 would “rewrite the terms of a contract freely entered into by dentists and dental insurance companies,” adding that “the Chamber and our members firmly believe that the legislature should not insert itself into private contractual agreements.” More directly, on its website the Chamber accused Ohio dentists of “lean[ing] on the state legislature to intervene and alter the terms of the contract” and suggested that a party dissatisfied with a contract should opt out, renegotiate or decide not to renew.

ODA support for House Bill 497 stems from a 2009 ODA House of Delegates Resolution that 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, however, those discussions proved unproductive, and the ODA shifted its focus toward a legislative remedy. In March, over 130 ODA member dentists, spouses and dental students descended on the Ohio 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. The non-covered services scheme may be advantageous for dental insurers, but 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 and could end up bearing the brunt of increased costs for dental care.

Second, as Mazzola and Moore aptly pointed out in testimony, dental practices are the quintessential small businesses and are important economic drivers in many communities – a fact that must have been lost on the Ohio Chamber of Commerce. Legislative action is necessary to

protect these small businesses.

The vast market power that dental insurers maintain makes any negotiation of provider contracts non-existent. 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 miss out on attracting insurance subscribers into their dental practice.

Even more troubling is that some insurers have claimed that non-covered services provisions have appeared in provider agreements for years and have only recently been enforced. This smacks of a bait-and-switch that impacts the dentist after building a portion of their business with insurance subscribers.

ODA member dentists impacted by non-covered services fee limitations are encouraged to contact members of the Ohio General Assembly and urge them to adoption legislation to ban this unfair practice. For more information on how to get involved with this effort, contact the ODA department of government affairs at (800) 282-1526.

RETENTION, from page 9

and 2013 tripartite membership dues statements were sent to 2012 members in mid-November. Members wishing to report a change of address,

retirement, or submit an inquiry about their membership status should contact the ODA Membership Department at: (800) 282-1526, or via email at: membership@oda.org.



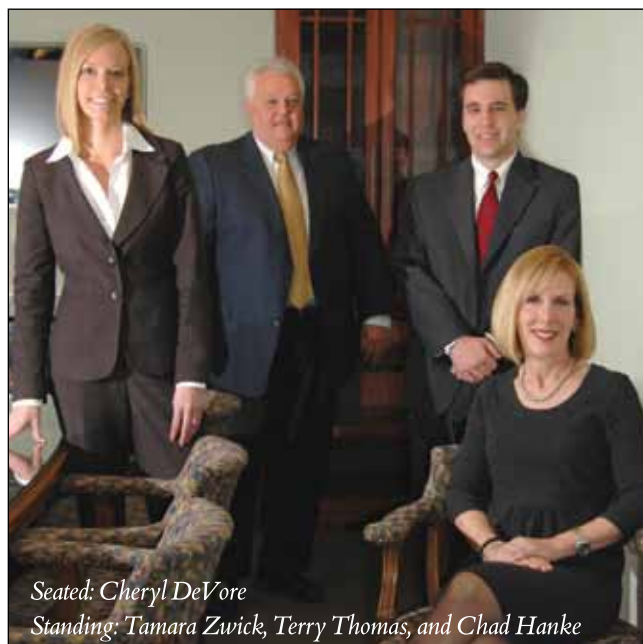
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Malpractice insurance through the eyes of an expert witness

Mario T Catalano, DDS
Chairman, Medical Protective Dental Advisory Board

In more than 45 years as a practicing dentist, I have found that a fundamental consideration when choosing your dental malpractice insurance company is whether or not the company has the expertise and the inclination to keep pace with the ever-changing face of dentistry.

In my career, I have consulted with numerous dental malpractice insurance companies, and, most recently, I have chosen to be insured by, and work exclusively with, Medical Protective, a company that specializes in dental malpractice. I believe the focus and experience you get from a company that specializes in dental malpractice insurance, and knows your specialty particularly, is imperative when it comes to defending a dental malpractice claim. Without a clear focus, insurance companies who do not specialize in dental malpractice insurance may have difficulty keeping up with changes in the profession, or perhaps, may lack the expertise to understand new or complex risks in dentistry.

A colleague of mine serves as a personal example of this issue. She chose a company to provide malpractice insurance for her and her dental practice, and to provide commercial general liability insurance and property insurance for her practice, all in one "neat" policy. This made sense to her, until she had a problem with a patient in her practice. She called her insurance agent, who wasn't sure how to help since he wasn't a dental specialist. He referred her to the insurance company, but the company did not have anyone on staff equipped to provide her with proactive support.

An insurance company dedicated to dental malpractice will often have a clinical risk management team "on call" and ready to support you. The clinical risk management team can help prevent claims by providing effective risk management tips and advice relevant to your specialty. As such, I am often concerned

when I hear from colleagues who believe the convenience of "one bill" supersedes the expertise of having a dental-focused malpractice insurance company with dental-focused risk management.

To illustrate further, sedation in dentistry is a growing industry trend that may prove to be a real problem for non-specialty insurance companies. While the American Dental Association featured a continuing education course on sedation at this year's annual meeting, and more and more dentists are training to provide both oral and intravenous sedation, in the face of a fearful and apprehensive patient base, insurance companies may decide not to insure dentists who perform such services. Again, a malpractice insurance company with the requisite focus on the modern practice of dentistry would not be so hesitant to insure such a risk, and would instead review its underwriting decisions and provide appropriate risk management support to address the risks of the procedure.

As another example, during the last month I have been solicited via mail to take courses in sleep dentistry, IV sedation dentistry, oral sedation, botox and dermal fillers, mini implants, laser certification and neuromuscular full mouth reconstruction dentistry. Many of these disciplines are considered to be expansions of the scope of dentistry. While there appears to be a myriad of reasons why so many offerings are now available, some believe that the current recession and floundering economy may have given dentists the incentive to look beyond the traditional practice of dentistry, with the hope of expanding their scope of services as well as their bottom line. Another viewpoint holds that the recently graduated dental student is much more amenable to the expansion of the scope of dentistry, is better equipped to implement changes, is less rigid and less embracing of the traditional practice and as such, has generated a demand for expanded education. Regardless of the reasons for the expansion of the traditional dental practice, it

is imperative that you be insured with a company that is on the cutting edge of dentistry, is willing to learn and grow with you, and is receptive to the concept of the continuously evolving dental practice.

After working as an expert or consultant for nearly every malpractice insurance company in the industry, I am convinced that Medical Protective is the unquestioned "gold standard" for malpractice insurance coverage. In addition, the Ohio Dental Association Services Corp. has endorsed Medical Protective as its dental malpractice insurance carrier of choice for many years. Below is a list of helpful questions, and Medical Protective's responses to such questions, regarding your dental malpractice coverage. I encourage you to ask the ODA Services Corp. (ODASC) office to compare your current coverage to Medical Protective.

- Is the carrier a dental malpractice specialty company, with a clear focus on malpractice, or will they insure your car, boat or any variety of exposures?

Medical Protective exclusively offers malpractice insurance to its more than 110,000 clients.

- Will the carrier commit to keeping its coverage updated as dentistry evolves?

Medical Protective proactively offers coverage for dental modalities such as IV sedation, Oral and Maxillofacial Surgeons, Botox and Dermal Fillers and Dental Anesthesiologists to name a few.

- Does the carrier have a risk management structure to protect your unique practice and help prevent a malpractice case?

Medical Protective has a team of risk managers with an average of 25 years' experience. They take over 15,000 calls annually from insureds

that need support.

- What are the carrier's policy terms regarding the consent necessary to settle a claim?

Medical Protective offers each Ohio dentist a pure consent provision with no exceptions. Furthermore, when MedPro goes to trial, they win 95 percent of dental trials, nationally. See www.medproconsentadvantage.com for more information.

- Does the carrier offer occurrence coverage?

Medical Protective has been committed to occurrence coverage for over a century. MedPro also has a unique coverage called "Convertible Claims-Made" that can transition coverage from claims-made to occurrence without the additional cost of paying for a tail. See www.medpro.com/occurrence for more information.

- How long has the carrier been in business?

Medical Protective has been protecting Ohio dentists since 1899, nearly three times longer than any other competitor.

- Does the carrier have the financial stability to weather rising claim trends?

As a Warren Buffett Berkshire Hathaway company, Medical Protective is the only malpractice insurance company with an A++ AM Best rating, the highest rating possible.

For further information, please contact ODASC Product & Direct Service Manager Stacy Cox at (614) 486-2700. In addition, if you have questions or concerns about your malpractice insurance coverage, please contact the ODASC office to determine appropriate alternatives to protect you and your unique practice.

ODA seeking nominations for Awards of Excellence

ODA Staff

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

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

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

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

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

The Marvin Fisk Humanitarian Award

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

Since 1991, the N. Wayne Hiatt Rising Star Award has been presented to a dentist in practice 10 years or less who has demonstrated outstanding leadership and commitment to organized dentistry. ODA members who began to practice Jan. 1, 2003, or later are eligible. Honorees have shown outstanding initiative, a strong commitment to volunteerism and promise for continued accomplishment within the profession.

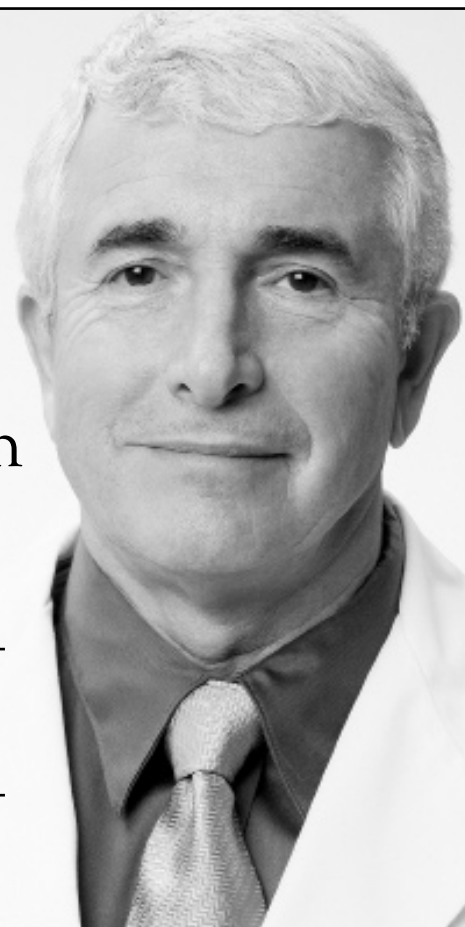
The Access to Dental Care Award is given to an entity that helps reduce the access to care problem in Ohio by offering care to underserved populations through free or reduced fee dental care.

Nominations for the 2013 Awards of Excellence will be accepted through March 22, 2013. Award entry information and nomination forms are located at www.oda.org or you may contact Michelle Blackman at the ODA at 800-282-1526 or at michelle@oda.org.

The 2013 Awards of Excellence recipients will be honored at a special ceremony during the ODA's 147th Annual Session, which runs Sept. 19-22, 2013, in Columbus, Ohio.

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The Explorer

Matthew J. Messina, DDS
Executive Editor

Superheroes

I just watched the latest installment of the James Bond movie franchise and, while it was an excellent movie, I have to admit to being somewhat troubled. From the beginning, 007 was suave and self-assured, always in command and ready with a pithy phrase, laughing in the face of danger. Daniel Craig, the newest Bond, plays the role well and is a worthy successor to the previous actors. However, the new Bond is teetering on the edge, nearly out of control and seemingly ready to snap in an instant and beat the you-know-what out of someone. This razor-thin grip on sanity is an integral part to the tension in the movie. It's something that the writers and producers have determined that the people who buy the tickets want in a movie these days. Given the box office response, it would seem that they are right.

In a similar way, the original Bond villains were products of a cold-war society, Russians, Chinese, and North Koreans. That evolved into evil megalomaniacs who wanted to blackmail the world; "I have a nuclear bomb and I'll blow up the city if you don't give me a billion dollars!" The latest Bond villains are men who revel in chaos, often for the sake of chaos itself. They seethe with anger and live to settle personal scores, no matter the cost in collateral damage to innocent people. This theme also has taken over the Batman

movie franchise. Did anyone else get creeped-out by Heath Ledger's Joker? I'm concerned that there really are people in the world who are that insane.

I realize that movies and pop culture are a reflection of society as a whole. There was a time that villains were large and we could see the world in a black and white scheme. Things were simpler then, and the movie hero's actions reflected that. John Wayne never seemed to be conflicted.

As a people, we have now evolved into a more nuanced view of the world and our preferences in movies bear that out. Our heroes are more difficult to envision, since they are more flawed, like we are. They are unsure of what to do and make mistakes, sometimes with tragic consequences. We feel better when we see heroes who are not much different than we are.

Then, every now and then, we reach the point where we grow tired of all the tension and uncertainty. I have been talking with people all week about Thanksgiving and the coming holiday season. The most common wish I hear is for stability. Peace and good health for all. This is a time of tradition, where one generation takes over for the previous one to ensure that the old ways are preserved.

Look at the Thanksgiving menu. Most people could laminate their grocery list and use it year after year. You just don't deviate from the plan. There is comfort in these traditions. We fall back on them in times of uncertainty in the world because they make us feel more confident that the future will go on without change.

No matter how concerned we are with the future and how unsure we are of what is going to happen, we long to enjoy a short period of calm and security. The holidays provide us with that chance.

Please stop long enough to give thanks for our blessings this year. It has been a

challenging time and the future may be cloudy, but we are blessed to be together. We can make the future the way we want it to be, or at least make the effort to make our little part of the world as good as it can be.

In the world filled with chaos and uncertainty, there has been a resurgence in making superhero movies. "The Avengers" was shot in Cleveland and they virtually destroyed downtown while battling aliens here. This movie was a showcase for more traditional values. John Wayne would have fit in very well with this script. There's even a lesson to be learned from the world-view of superheroes. Consider the opposing philosophies of Batman and Superman.

Batman comes to the world angry. His original comic book story is filled with vengeance and revenge for the murder of his parents. In his iconic (not the Adam West) backstory, he is the merciless enforcer of right and wrong. Batman-types see the world as a zero sum game, and battles are either won or lost.

Even though his parents have also just been killed, Superman comes to our world with his gifts and sees his life as an opportunity and an obligation, one that he embraces. Superman could easily kill all the bad guys without breaking a sweat, but he never does. For him, every challenge is an opportunity for healing. He believes in redemption and finds pleasure in using his gifts to help others.

We have a choice in our world-view. We can toil under the weight of the negative or look for a way to use our gifts to make the world a better place. As we close out 2012, I urge us all to find order in traditions and to work to make the future a more stable, supportive place. We will all find that a much happier ending to write into our own movie.

Dr. Messina may be reached at doc-messina@cox.net.



Between the Lines

Ken Jones, DDS, JD
Guest Columnist

33 1/3

"For a list of all the ways technology has failed to improve the quality of life, please press three." Alice Kahn

Today, I unloaded the last three boxes of old record albums so I could transform them into MP3s to play on my iPod while I walk. I listened to them while I recorded, and just as I had remembered, the sound was great – rich tones, deep bass and wonderful trebles. Not quite as good as being in a live concert, but close. Then I attached my iPod to the same set of speakers and listened some more. I really wish I hadn't.

Out of curiosity, I grabbed some of those 33 1/3 RPMs, a couple of cassette tapes, a CD or two, a DVD with MP3s, and my iPod. After playing them all, I confirmed, in my own mind, that the quality of sound decreased geometrically with the increase in technology over time. I'm not the only one to think so. Nielsen Soundscan reports that vinyl record sales rose by 39 percent last year.¹ Maybe that shows that a few of us aren't completely deafened by earphones turned up to 100 percent loud.

Then I talked with my physical therapist as she worked on my stiff and arthritic, post-chemo hands. She lamented the exponential rise in finger and thumb joint damage from texting and game-playing.

In the past year, she's seen more 9- to 15-year-olds than almost any other age group. No wonder some schools are considering discontinuing teaching cursive hand-writing. Those kids can hardly hold a pencil, let alone write, even illegibly. Maybe it's good training for being a doctor, though. I know more than one dentist who's addicted to his "Droid."

The other problem with the finger gadgets is that decent grammar, spelling and the ability to produce a sentence of more than 120 characters in length and using actual words, is on the way out, as well. Not only should texting be banned while driving, it should be a capital offense to text when just walking down the street. I hate it when I see kids at dinner in a nice restaurant or on a walk with their friends or parents staring with glazed eyes as they stick their noses in some doodad. At one dental meeting I recently attended, I saw at least a half dozen dentists ignore the speaker and surf on their not-so-smart-phones. WTF if U think Im grmpy well TS jst pg dn.

Another bone of contention has been telephones. Four years ago, *USA Today* predicted the end of landlines, just like the demise of my long-gone eight-track player.² Let's hope the power doesn't go out, either to a weather disabled cell tower or to my battery charger. I've installed a phone with a cord-connected handset in every home and every office I've owned, just in case the power died. It's been my connection to the world several dozen times over the past couple of decades, since it's really not good ecology to run the car just to charge my cell phone. It also helps to be able to contact and reschedule patients when something nasty powers you down, and it's a practice booster for a toothache patient to talk with you in a snow storm.

I'm sure that no one has failed to notice that online social networking, in many cases, has become distinctly anti-social. It was bad enough when we poor fathers just had to worry about the kid who sat next to our daughters in class. But now the weirdos of the world have access to our kids of both sexes, and nothing we can do seems to reduce the risk these kids take when someone reaches out and seduces them into a clandestine and often fatal meeting.

Once again, I fear for the future of our kids as they post things online that will haunt them for years. Anonymity hides a myriad of sins. It's way too easy to crush the feelings of a vulnerable child when you can avoid being face-to-face. If you combine the Internet's social facelessness with the fragility of a teenager's psyche, violence is all too often the result. Week after week we read (often on our iThings) of yet another massacre or suicide, whether it be in the local burger joint or in our kids' bedrooms.

I'm not sure that all this dissonance is totally the fault of the kids. At least an equal amount of blame lies on the shoulders of their parents, sometimes known as the new "me" generation. They're the ones who seem to have lost control, at least partly due to their own fascination with all things Internet. They, however, are the ones who, right from their children's early ages, need to set the example and set the limits. They need to remember and make clear that once posted online, it is, somewhere, forever. Some of our dental "professionals" need to remember that, too.

Mine was among the first classes permitted to routinely use a high speed handpiece in the clinic, especially for

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Political Advocacy

Bruce Grbach, DDS
Guest Columnist

It is our future

I would like to applaud the Ohio Dental Association and the Ohio Dental Political Action Committee for their legislative success over the last decade. It is easy with the level of success the dentists of Ohio have enjoyed during this time period for us to become complacent and assume that the formula for success at the ODA and ODPAC will always ensure our security.

Recently we have been battling the Kellogg Foundation and its partner Universal Healthcare Action Network (UHCAN) Ohio over the wisdom of allowing mid-level dental providers to practice dentistry

as a way to increase access to care to Ohio's underserved populations of dental patients. While the ODA seems to have gotten the message to our legislators that this is not a reasonable alternative to proper dental care, an endorsement by some high ranking state politician could change the game significantly. I personally don't think this will happen in the next year, however, I believe another scenario involving mid-level providers will evolve over the next decade.

Currently there are some states that are challenging the legality of large multiple office dental chains, questioning whether they are truly owned by a dentist or are in fact a corporate entity. I believe we will see a protracted legal and legislative battle over the ownership of dental offices. I also don't believe that precedence is on our side due to the other medical professions that have been gobbled up by corporations. I can envision very large health care corporations and other corporations wanting to own multiple chain type dental offices and placing them in existing facilities. It has been tried before, but it has been difficult to find success because of the high price of dental labor – you and me.

If these large entities are successful in challenging the dentist ownership laws that exist in most states, then what do you think comes next? I believe that we will see another push for mid-level providers to increase access to dental care for underserved populations. In reality, this will be a push by the large entities who now can own dental offices without being a dentist to secure a low cost workforce to operate their new dental facilities.

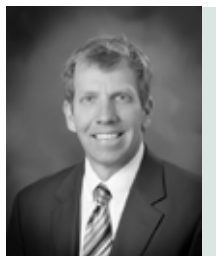
I believe neither of these changes will be beneficial to our patients and the quality of care they receive because both of these changes would ultimately remove us from treatment decisions and the delivery of patient care. I also believe profit will be the motivating factor in patient care decisions if corporate ownership of dental offices is allowed.

Some of you reading this might want to think that I am paranoid and I am reaching with this scenario, however, I would respond with the word naive. It is all about money, and if there is a way to turn a profit, someone will try to franchise it.

My solution is a grassroots one. Get off the bench and become involved in organized dentistry starting with attend-

ing a meeting at your local dental society. You will be surprised to see how easy it is to become involved – most local dental societies are starving for new volunteers. Donate more than just the minimum dues to ODPAC so legislators who support our views can be elected and re-elected. Believe me, we are going to need the extra funds in the future. Get to know your legislators and educate them about dentistry's views. If they are a friend, offer your support both financially and by working to get them re-elected. The ball is in our court, and as dentists we must take responsibility for our future. We can sit on the curb and hope we don't get run over, or we can get on the road and secure a future where we practice with the freedom to choose.

Grbach is a practicing general dentist in Mentor, Ohio, and Treasurer of ODPAC.



Life Lessons

John N. Kramer, DDS
Guest Columnist

I said goodbye to Blake today

Blake first came to my office when he broke his wisdom tooth while eating some "hard candy." That was the start of our dentist-patient relationship, or more importantly, our friendship. The date was Aug. 8, 2000. Over the years we have learned a lot about each other. I know that Blake does not like to floss and he could care less about exploring his PSR readings of 3 and 4. However, he will agree to root canals and crowns if the need arises. He does not come for a prophylaxis every six months, but I usually see him at least once a year. He always asks about my son when we visit, and I know one of "his boys" is in Nashville writing country music for some

of the big names today. His other son is close to home and in computers. Alberta is his wife of 50 plus years, and his entire career at work was at one of the power plants along the Ohio River. He is a kind, respectful man who knows what he wants and what he does not want. Not in a bad way, but in a confident, self-assured way. I like Blake and am always happy to see him when he comes to my office.

However, I said goodbye today. Blake is not moving away or changing dentists. You see, Blake is going to die. He has been diagnosed with cancer and the doctors say he has a very short time to live. It is moments like these that I am so grateful to be a dentist.

To me, there are few professions that allow this experience. Depending on how busy we are or the type of practice we have, dentistry affords us the luxury of visiting with 20-50 people every day. That is a lot of opportunities every day to make a difference. Now it is up to us to decide what we are going to do with these interactions.

I know what you are going to say ... "I am so busy it is hard to spend all this time with one patient." "I have to check hygiene because I am 10 minutes behind." "I have to finish my progress note." "My air compressor just quit working." I

know, but what I am suggesting is that all of us might use Blake as a reminder to slow down, even if it is just for a minute, to recognize and connect with the person behind the teeth.

I come from the camp that there are no accidents in life. So taking that to heart, all of the people that come into my office are there for a reason. Often, I am not sure what the reason is. Maybe it is for me to get them out of pain. Maybe it is for me to share a kind word. Maybe they have come to teach me about my own judgments or unacceptance. Maybe it has something to do with forgiveness.

As dentists, we are afforded many opportunities every day to make a difference in a person's life, and if we are open, these patients will change our lives. And on the rare occasion when I can look into a patient's eyes, and I mean really look, and we connect at "that deeper level," it makes the journey worthwhile.

So to Blake my patient, friend and teacher, no words were necessary to say goodbye. Our hand shake said our thank you; our hearts spoke the words we could not find and our tears said, until we meet again.

Boy do I love dentistry.

Kramer is a practicing general dentist in Martins Ferry, Ohio.

JONES, from page 12

pedo. We were taught that technology and compassion were both needed to make us professionals. But sometimes, when I look at dentists today, more than ever before I see a single-minded obedience to a goal that has everything to do with ego, and little to do with professionalism. Often, we must have the latest gizmo, the most expensive machine, or the most lavish and self-serving website to feel worthwhile. Often, in our quest for the over-the-top reputation we crave, we feel we must appear to be among the rich and exalted to find our self-worth self-acceptable.

I'm not convinced that this egotistical mind-set makes the work we do any better today than in years past. 3-D cone-beam computed tomography is not the standard of care for every patient, even for ortho or impactions, not even if you need it to impress your patient's mother or to pay for your new machine. Not every patient needs (or wants) an implant to replace that broken down upper second molar. Too often, we forget that our patients' needs (and wants) come before our own. That emphasis worked to make us respected and successful before the advent of the Internet, and it will today, as well.

And as much as I hate the words "sent from my iPhone," do I want to go back to the beginning of my career with the social attitudes and technology that were pretty much universal? Not really, but in the back of my mind, sometimes, when I think of today's and tomorrow's world – in the back of my mind, when I think of the way things were back then and are today – well ...

In the back of my mind, sometimes, I think it really wasn't such a bad thing.

Dr. Jones may be reached at jones-ddsjd@aol.com.

¹ digitalmusicnews.com/permalink/2012/120104vinyl

² www.usatoday.com/money/industries/telecom/2008-05-13-landlines_N.htm

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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.

A/T2000 developer for sale, good condition, \$400. Also wall mounted cephalometric system utilizing your existing x-ray head, excellent condition, \$500. If interested call David Schlosser at (330) 688-6456.

Practice for Sale

36-year private practice available for quick sale. Very family oriented. Practice consists of comprehensive dentistry. One hygiene and one treatment room. Additional room available for treatment. Building also for purchase along with the practice. If interested call (419) 651-1435.

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 2500 active patients, all of which are FFS or equivalent. Collections consistently exceed \$1.3M on a 4 day week. Contact Jennifer Bruner at (614) 588-3519.

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.

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.

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 Dentrax, digital x-ray, CAD/CAM, soft tissue laser. \$681K gross. Please inquire by email to toledoareadentalpractice@gmail.com.

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.

Space Available

Available: approx. 2600 sq ft. dental office, Mentor Ohio. Great location - 18,000

cars daily, near Wal-mart, Bob Evans, Applebee's, K-Mart etc. Features 6 ops, lab, private Dr. office w/ private bath, customer and employee bath. Renovated approx 5 years ago, great condition. Call TR Hach (owner/agent) for details (440) 479-1607.

Newly renovated 1750 sq. ft., four chair dental care office next to oral surgeon in professional building. Ready for your choice of colors for walls and floors. Exceptional location in high-density traffic area in Stow, Ohio. Please call Victor at (330) 388-9814.

Professional office building in fast-growing Twinsburg, Ohio at 9945 Vail Drive. Currently Ortho/Pedodontist practice. Beautifully decorated. 1500 sq ft space ready for immediate occupancy. Great for second office. Great location for any specialty. Great referral base from large GP practice in building. Contact Dr. Harlan at (330) 425-0912.

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.

<h1 style="font-size: 48px; margin: 0;">9</h1> <p style="margin: 0;">CE HOURS WITH PARTICIPATION</p>	<p>Ohio Dental Hygienists' Assn.</p> <p><i>Dentists, Hygienists & Assistants</i></p> <h2 style="margin: 0;">N₂O Sedation</h2> <p><small>Exceeds OSDB administration & monitoring requirements</small></p>
	<p>Sat, Jan. 26</p> <p>(440) 286-7138</p>

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

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



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MEMBERSHIP, from page 1

The ODA has a history of success in protecting Ohio's dentists and patients. Recent accomplishments include:

- Preventing the imposition of an annual pharmacy license on dental practices – savings of up to \$150 annually
- Securing over \$100 million in funding for Ohio's dentists and dental patients through retention of the adult dental Medicaid program
- Providing dentists the tools to increase office efficiency by expanding the safe delegation of duties to staff members: coronal polishing by certified dental assistants, application of sealants by certified dental assistants, administration of local anesthesia and nitrous oxide by dental hygienists, monitoring of nitrous oxide by dental assistants
- Streamlining the dental assistant radiographer process by eliminating the FBI background check and examination requirement – a savings of over \$200

Additionally, the Ohio Dental Political Action Committee (ODPAC) presents a strong, united voice for dentists in the political arena by supporting pro-dentistry candidates for office. ODPAC helps individual dentists gain equal leverage with big-dollar contributors like insurance companies and trial lawyers.

"Individual dentists from all over this state have made and nurtured relationships with our state and national representatives," Gardner said. "Those representatives want to hear what 'the experts' think on issues related to dentistry. Donations to ODPAC make it possible to have a voice in the Statehouse. Our advocacy team is second to none. They work hard on our behalf to allow us to practice without burdensome regulations. They advocate for the oral health of the patients we serve in order to allow us to deliver that care in the best interest of those patients."

Serving

The ODA's member benefits are multifaceted. The Ohio Dental Association Services Corp. (ODASC) offers exclusive services for members; the ODA's dedication to outreach programs helps improve access to oral health care in Ohio and the ODA Foundation serves as the philanthropic arm of the ODA.

ODASC has formed business relationships with reputable companies across the country to offer members exclusive money-saving benefits. Such benefits include health insurance for dentists, their families and their staff; group-discounted workers' compensation coverage and other valuable products and services. For a complete listing of the exclusive member benefits offered through ODASC, visit www.oda.org.

"Our members can be assured that products offered by ODASC have undergone the scrutiny necessary to provide the 'best bang for the buck,'" Gardner said. "The ODASC Board provides a valuable member service in an attempt to provide the best products at the best price. Instead of having to personally investigate all of the options that may be involved in making a decision about purchasing a product or a service, the ODASC Board does that work for you to allow you to make that decision without taking all the time."

In addition, the ODA provides members the opportunity to earn continuing education at discounted costs. ODA members receive discounted registration for the ODA Annual Session, thereby securing dozens of continuing education credits from the highest quality speakers at reduced costs.

Through the ODA's dedication to out-

reach programs, the oral health of many Ohioans continues to improve. Such programs include:

- Give Kids a Smile
- Operation TACTIC (Teens Against Chewing Tobacco In the Community)
- Dental OPTIONS (Ohio Partnership To Improve Oral health through access to Needed Services)
- Smiles for Seniors
- Fact sheets on nutrition, fluoride, oral cancer, sugary drinks and more.

"These programs provide an avenue of service as members give back to their communities and the patients they serve," Gardner said. "Most members do much more than these programs provide. And these programs also serve to point out unmet needs and are important to the overall health of our citizens."

For more information on these outreach programs, visit the ODA website at www.oda.org.

The philanthropic arm of the ODA, the ODA Foundation, is committed to "Advancing Ohio Dentistry Today and Tomorrow." Through the generous support and contributions of ODA dentists and other donors, the ODA Foundation is able to enhance dental education for students and oral health educational programs throughout Ohio. Since 1995, the ODA Foundation has awarded over \$640,000 in grants and scholarships to help Ohio dental education students and community oral health programs.

Membership renewal

The ODA is committed to informing, representing and serving its members into the future and expects to expand and modify its programs, initiatives and communication methods to best serve an ever-changing membership.

"Membership is the most important aspect of any organization," Gardner said. "Participation is an activity to which some members aspire. I would encourage all of our members to become involved in your organization. See what is being done and

be part of making decisions. Make a difference in your profession!"

The 2013 ODA membership dues are due by Jan 1, 2013. To renew membership, visit www.oda.org, contact the ODA membership department by calling (800) 282-1526 or emailing membership@oda.org, or fax dues to 614-486-0381. Current members should also have received information in the mail regarding membership renewal. More information on the benefits of ODA membership can be found online at www.oda.org.

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