

ODA Today

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

QuickBites

Renew your Ohio Dental Association membership!

ODA membership dues were due Jan. 1 for the 2020 membership year. If you have not already paid your dues, you are considered past due.

Members can renew online at www.oda.org/renew, by fax at (614) 486-0381, by mail to Ohio Dental Association, P.O. Box 734508 Chicago, IL 60673-4508 or by phone at (800) 282-1526.

Renew your membership to continue receiving access to all the Ohio Dental Association has to offer.

If you are a retired life member or have already paid your dues, thank you! You do not need to take any action.

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Give Kids A Smile Ohio kickoff buzzes with energy

By ODA Staff

The 2020 Give Kids A Smile Ohio kickoff event took place at The Ohio State University College of Dentistry on Feb. 8.

At the event, 40 faculty and residents, 140 dental students and 21 hygiene students volunteered to provide comprehensive care such as cleanings, fluoride treatments, fillings, extractions and education about oral hygiene to children in need. Ninety children received oral health care at the event for a total of \$26,367 in donate care.

"I love coming in on a Saturday and seeing the clinics buzzing with energy," said Ronit Majumdar, president of OSU's GKAS student leaders. "It's not just a handful of students, but 120 plus students who volunteered their time – that's over a quarter of the school. It says a lot about the character of students we have at the College of Dentistry and how much they care about giving back to the community."

Special guests who attended the kickoff included Ohio Sen. Stephanie Kunze and Ohio Rep. Allison Russo. Columbus local news station NBC4 did a live broadcast from the event, where ODA President Dr. Sharon Parsons and dental students discussed the importance of oral health and the Give Kids A Smile program.

"The Give Kids A Smile kickoff event was a huge success in many ways," Parsons said.

See GKAS, page 12



Photos by ODA Staff

OSU GKAS student leader Morgan Schaffer, Ohio Sen. Stephanie Kunze, ODA President Dr. Sharon Parsons, Ohio Rep. Allison Russo, OSU College of Dentistry Dean Dr. Patrick Lloyd and OSU GKAS student leader Taylor Rowe at the 2020 GKAS Ohio kickoff event.



Volunteers provided comprehensive dental care to 90 children at the Give Kids A Smile Ohio kickoff on Feb. 8 at The Ohio State University College of Dentistry.

Learn how to utilize storytelling as a powerful business tool at ODA Leadership Institute

By Jackie Best Crowe
ODA Managing Editor

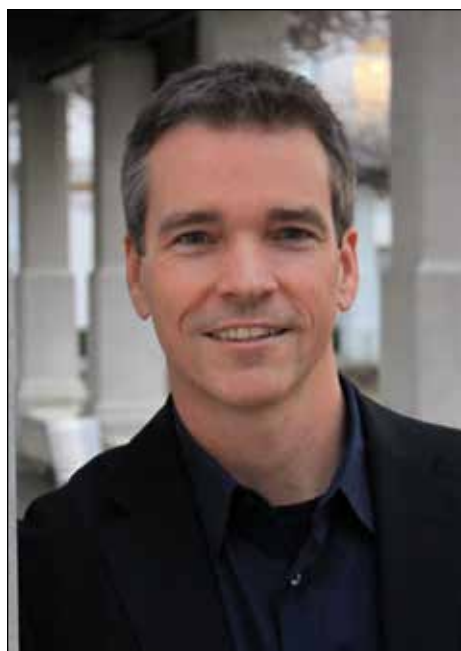
Paul Smith, a storytelling expert, will kick off the 2020 ODA Leadership Institute with a keynote presentation and breakout session to help dentists learn how to utilize storytelling as a powerful business tool.

Storytelling can mean the difference between lackluster enthusiasm and a rallying cry when trying to communicate a vision, sell an idea, or inspire commitment.

Smith said storytelling is an important skill for any leader. He said it's an important skillset for dentists because it can help build patient rapport, which is an important part of serving the customer. He said it also can improve sales and marketing.

"If you want to grow your practice and get more patients or get patients to use more services, sales and marketing is a great use of storytelling," Smith said.

Smith's keynote presentation, "Lead with a Story," will address a wide variety of business challenges, including specific stories to help dentists overcome difficult situations. This how-to lecture will demonstrate how powerful stories can help define culture and values, engender creativity and innovation, foster



Submitted photo

Paul Smith, a storytelling expert, will present a keynote presentation and breakout session at ODA Leadership Institute.

collaboration, build relationships, provide coaching and feedback, and lead change.

The presentation will start with an explanation of what a story is and is not, and Smith

will lead attendees through an exercise looking at various examples to identify stories. He will then go into why storytelling is important and the science and psychology behind why storytelling is an effective mode of communication.

Next, Smith will cover many different potential uses for storytelling, including sales, marketing, leadership and setting a vision. He'll explain the different types of stories involved for each use, laying out a spectrum of stories that can be told. Attendees will then take some time to brainstorm the most important stories they would like to tell.

"We'll talk about what a story is, why you should tell them and what types of stories you should tell," Smith said. "When they leave, their homework will be to find stories they would like to tell and tell them."

In Smith's breakout session, "How to Tell Your Story," he will provide attendees with tools to craft their story and teach them how to effectively communicate it to various audiences. Attendees will learn the tips and tricks to deliver a powerful and effective story each and every time to become a more effective leader.

See LEADERSHIP, page 9



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ODA Leadership Institute
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The Director's Chair

David J. Owsiany, JD
ODA Executive Director

Much has been written about the opioid epidemic here in Ohio and across the country. According to the Ohio Department of Health, Ohio has been a focal point for drug overdose deaths in America. In 2009, 1,423 Ohioans died from unintentional drug overdoses, which was 12.7 per 100,000 population. That number has risen steadily and in 2017, 4,162 Ohioans died from drug overdoses, which was 44.1 per 100,000 population. Only West Virginia had a higher drug overdose rate than Ohio in 2017.

The state has pursued multiple strategies for addressing this issue. Several state agencies, including the Ohio State Dental Board (OSDB), Medical Board, Pharmacy Board, Ohio Department of Health, and Ohio Department of Medicaid, have partnered to form Take Charge Ohio. The mission of the Take Charge Ohio initiative is to empower safe pain management and medication use by educating patients and providing resources for health care providers.

Among other things, the state of Ohio has promoted the use of the Ohio Automated RX Reporting System (OARRS), which is a tool for prescribers to use to track the dispensing and personal furnishing of controlled prescription drugs to patients. OARRS is designed to monitor this information for suspected abuse or diversion (i.e., channeling drugs into illegal use), and can give a prescriber or pharmacist critical information regarding a patient's controlled substance prescription history. This information can help prescribers and pharmacists identify high-risk patients who would benefit from early interventions and prevent "doctor shopping."

New opioid prescribing CE mandate

The state has also put limits on opioid prescriptions. For example, in most cases, Ohio dentists may only write opioid prescriptions for up to seven days for adults and five days for minors.

These approaches are starting to have an impact. According to the State of Ohio Board of Pharmacy, the number of individuals engaged in doctor shopping in Ohio decreased by 89% between 2011 to 2018, and the total number of opioid prescriptions decreased by 4.6 million between 2012 and 2018.

The state is also focused on promoting opioid and addiction awareness within the health care professions and the public. The ODA has supported the state's efforts in this area. In fact, in September of 2018, the ODA House of Delegates unanimously passed a resolution indicating that "the ODA supports a mandated continuing education (CE) course for dentists in prescribing opioids and other controlled substances, with an emphasis on preventing drug overdoses, chemical dependency, addiction, and diversion."

The OSDB recently announced that it is requiring all licensed dentists (and dental hygienists) to complete continuing education in opioid awareness and other addiction issues. On Jan. 17, 2020, the OSDB posted on its website that it recently amended its rules "to require dentists and dental hygienists to obtain a minimum of two (2) hours of continuing education pertaining to the prescribing of opioids for acute, subacute, and chronic pain." This requirement applies to the 2020-2021 and 2022-2023 bienniums. According to the board, "licensees should ensure they meet this continuing education requirement during each (of the next two) bienniums."

The ODA has created specific CE programs to make it easy for you to satisfy this new mandate. For example, the ODA has developed an online CE course, "A Dentist's Guide to Recognizing and Understanding Addiction and Engaging in Responsible Prescribing Practices."

Earn your
FREE opioid CE credits
at www.oda.org

This course features video clips of presentations conducted by Drs. Sharon Parsons, David Kimberly and Kumar Subramanian. Parsons, a general dentist from Bexley, is the current president of the ODA and has a compelling story of how the opioid crisis and addiction has affected her family directly. Kimberly, the ODA's president-elect and an oral surgeon in Akron, explains how the addiction crisis has impacted his approach to prescribing pain medication in his practice. Subramanian, who is the current president of the OSDB, an endodontist in Pickerington and a part-time instructor at Nationwide Children's Hospital, worked directly with the state's Opioid Committee in establishing the prescribing rules for Ohio.

Among the issues covered during the CE course are:

- Ohio's rules on prescribing, including duration and strength limits.
- OARRS database.
- Pain management.
- Alternatives to opioids.
- Signs of addiction.

After watching the video, you will be prompted to take a brief online test. After a passing score is achieved, the ODA will process your CE slip and email you a certificate documenting your completion of a course satisfying the opioid/addiction CE mandate.

This course is designed exclusively for ODA member dentists and offered to you for free as a benefit of belonging to the ODA. The ODA is also planning on offering live, in person opioid/addiction CE courses for dentists and dental hygienists during the ODA Annual Session in September in Columbus. More information on the Annual Session courses will be forthcoming.

ODA Today

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President's Message

Sharon Parsons, DDS
ODA President

We are all dentists

After graduating from dental school in 1981, I became an associate in a small town. At that point in time, I was the only female dentist in a 50 mile radius. I joined the tripartite and attended meetings with my local component. I have to say that everyone was very nice to me but they would always change the subject when I walked up. At first I thought that maybe they were talking about me but then sometimes I could hear the conversation before I joined in. Most times they were talking about something to do with dentistry. One time when I walked up, they stopped talking about impression material and someone turned to me and said "Do you do much sewing?" It's not that this was an overly mean thing to say, it's just that I also practice dentistry. In fact, dentistry was probably the one topic

that we all had in common. I really did appreciate that they wanted me there. I just wanted to fit in. After moving to Columbus, I went to a local dental society meeting. Being larger, it was not as friendly as the small town component. As a matter of fact, some in attendance were down right rude to me because they disagreed with my practice philosophy. As a result, I did not attend meetings for quite some time.

Back in 1981, the average dentist was a middle aged white male. Today, our profession is quite diverse. When I was at a component society giving the ODA update, a younger woman approached me. She told me that she was happy that I was addressing diversity. She said that she had been a member of this component for several years but had gotten more active in the past few years. When I asked what prompted her to become more active, her reply surprised me. She said "Someone asked me. Before that, when I would attend society meetings, most people just ignored me. I never felt that I belonged." As simple as that sounds, I think that really sums it up. People want to belong, to feel included. I think that the key to membership rests mainly with the components. We can institute policies at the national

and state levels, but everything starts with the components. I realize that just about every president before me has urged all of us to invite non-members to join and to invite them to a meeting. If a non-member takes the step to attend a meeting, let's all make them feel welcome. It is not our job to try to convince someone to not participate in an insurance plan or to practice in the same setting as you. I personally like private practice but understand that it is not for everyone.

One thing that hasn't changed since 1981 is that we are all dentists. That is a topic that is easy to bring up with anyone at a meeting. We all feel the stress of our day and all encounter the same issues. One wonderful aspect of organized dentistry is that at meetings there are always others that understand what you are going through. Can you imagine going out on a date and blurting out "Ugh! I had to do a DO on #2!"? Oh the look you would get. But I can walk into any ODA, ADA or component society meeting and say that and get many understanding nods in return. Let's give it our best in 2020 to be welcoming and make the effort to talk to one new person at each meeting. I can't wait to see you all this year.



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Hollywood or a dental office: What should I do if a patient wants to film in the office?

Over the past few months I have been surprised by a few phone calls centered on patients or patient’s representatives filming in the dental office. The conversations have revolved around whether or not the patient has a “right” to film in the office. I wanted to take the time this month to address this because the subject is something that could present multiple issues in a dental office. In the age of social media when everyone has a video camera in their pocket it is important to have a strategy to ensure that your practice is protected.

I will admit when I first heard this question I was a little confused and taken back that patients or a patient’s representative would be actually filming a dentist during a procedure. From the legal perspective the first thing that came to mind was the possibility of a HIPAA violation due to the other patients that could be in the filming. The possibility of a HIPAA violation is a real concern in this situation. A person’s

Ohio Department of Medicaid updates periodicity schedule to include age 1 dental visits

By ODA Staff

The Ohio Department of Medicaid (ODM) recently revised its dental periodicity schedule to recommend that every Medicaid eligible child should have an oral examination at the eruption of the first primary tooth, no later than 12 months of age and semi-annual examinations thereafter.

“The periodicity schedule follows professional recommendations aimed at maximizing primary and secondary prevention of dental caries, by initiating proven preventive care prior to caries initiation and to identify and address early dental caries should it occur,” stated ODM in a Medicaid Advisory Letter.

This update is a change from the previous policy, which stated that the first dental visit should occur at 3 years of age.

The Ohio Dental Association submitted a letter to ODM in May of 2019 requesting this change.

“We strongly feel that the periodicity schedule should be brought into concert with the recommendations of major dental and medical professional organizations that support a first dental examination at 12 months of age,” wrote the ODA in its letter.

In the letter, the ODA outlined several

identity as a patient of a dental office is protected information under HIPAA. If there is a video going on in a dental office, the presence of another patient in the background of that video could be problematic. There is a possibility that there would not be enough evidence to show the other patient’s identity and rise to the level of a violation. However, in this scenario another patient is the one who controls that video at this point and may post it on social media or do whatever they please with the video, releasing it into the public view. At that point the dental office has no control over who sees the video and who learns of the other patient’s identity.

Outside of other patients’ HIPAA rights possibly being violated, the privacy of a dentist and patient relationship is completely gone when video cameras are brought into the dental office. Not to say that a video camera in the office would change anything with the way you go about your job, but there is an inherent distrust if a patient is asking to film to ensure they are getting the treatment that they think they deserve. The idea that someone would break out their phone just to tape a procedure for reasons other than

to attempt to prove the doctor wrong after the fact seems slim to me. This possible strain on the dentist-patient relationship alone seems like enough to not allow for this activity in a dental office.

The other thing that is confusing about the questions I have been asked is the idea that a patient has a “right” to film. I am guessing this may come from the idea that a citizen has the right to film a police officer in a public setting during an arrest or while they are being pulled over. However, that situation is much different than a patient sitting in a private dental office. A patient does not have a “right” to film while in the dental office. If an office wanted to allow a patient to film they could do so, however, that does not rise to the level of having a “right” to do so. The other area of the law that a patient may think they were able to record would be in the wiretapping laws of Ohio. Ohio is a state where only one party must be aware and consent to the recording as opposed to other states where both parties must be aware. However, in the case of video recording there is nothing preventing the dentist from asking the patient to stop recording.

I do not think that this issue has

presented in every office and I haven’t received a ton of phone calls, but I think it is something that may need to be addressed in the age of social media and everyone living through their phone. The easy way to address this in the office is to create a policy on videotaping. It could be as simple as having a policy that no video recording will take place in the dental operator. You could display that on a sign or add it to the patient rules or procedures. Once you have a policy in place the important thing to remember is to apply that policy uniformly with all patients.

Overall, the important thing is to have a plan in place of how to handle videotaping in the office. There will be some offices that do allow patients to videotape. There is nothing wrong with that, outside of the possible liability from HIPAA. The possibility of liability is something that is cost benefit analysis for every office. This is a subject that I would discuss with your personal legal counsel to come up with a plan or a policy for the office. If you have any questions on policies regarding videotaping in your office you can reach out to the legal division at the ODA at (614) 486-2700.

What is the goal for your practice?

- Practice sales and acquisitions
- Exit strategy consulting
- Appraisals and analysis
- Practice protection plan
- DSO transitions
- Associate placement

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ODA resource guide helps offices ensure compliance with Ohio's new X-ray machine rules

By ODA Staff

The Ohio Department of Health recently notified Ohio dentists of new X-ray machine rules that went into effect.

The Ohio Dental Association has a new regulatory compliance guide to help ensure offices are in compliance with these and other regulations. This guide is free to ODA members as a benefit of membership.

Offices can ensure they are in compliance with the new X-ray machine rules by downloading and completing Section 11 on X-ray rules. Offices that had previously downloaded and utilized the guide are already in compliance. These new regulations were incorporated into the original version of the guide.

In addition to information on the new X-ray rules, the guide also includes information on:

- Delegable duties and supervision.
- Dental license and continuing education requirements.
- Employment regulations.
- Patient record and privacy requirements.
- Environmental and infection control regulations.
- Prescribing laws.

As new laws and regulations take effect,

member benefits BUZZ

the ODA will update the guide and notify members about these updates.

The ODA expects to release an update to the guide later this year, which will include new rules from the OSDB on teledentistry, as well as information on how to comply with certain tax laws. To download the guide, visit www.oda.org.

To access "Ohio Dentist Advisor: Your Guide to Regulatory Compliance," visit www.oda.org.

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Submitted photo

The Ohio Department of Health recently notified dentists of new X-ray machine rules.

Most offices must install an amalgam separator by July 14

By ODA Staff

The U.S. Environmental Protection Agency has issued a rule that will require most dental offices to install amalgam separators. The date for compliance for most dentists is July 14, 2020.

Most practicing dentists must:

- Install, maintain and monitor an amalgam separator in their office.
- Follow best management practices (BMPs) for amalgam waste disposal.
- File a one-time compliance report with their local sewer district or Ohio Environmental Protection Agency.

Most practicing dentists must comply with this rule, however, dentists who practice exclusively in one of the following specialties: oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics and prosthodontics are exempt from installing an amalgam separator as are mobile dental units and offices on private septic systems.

Dental offices that do not place amalgam and do not remove amalgam except in limited emergency or unplanned, unanticipated circumstances are exempt from installing a separator but must certify their status in a one-time compliance report to their local sewer district.

Dental offices that do not currently have an amalgam separator are required to install one by July 14, 2020, and file a one-time report within 90 days of installation.

To be compliant, an amalgam separator must meet one of the following standards:

- ANSI/ADA Specification 108 for Amalgam Separators (2009) with Technical Addendum (2011).
- ISO 11143 Standard (2008) that's at least 95% removal efficient.

Offices that do already have an amalgam separator installed are required to



Tiffany Stewart
President



Casey Brown
Transition Consultant



Christina Pollick
Associate Placement

Practices for Sale

SW Toledo: 4 ops, digital x-ray. Grossing \$300K per year. Mainly PPO with some FFS patients. Great merger opportunity as lease is month to month.

Dayton Area: General dental practice with 2 locations in north Dayton. Mix of FFS and PPO with collections over \$750,000. 4 operatories in each location. Paperless and Digital.

North Central Ohio Orthodontic: Started from scratch in 2015. Revenue over \$300K on 10 days a month. 100% FFS. 4 chairs with room to expand.

Cincinnati: Over \$430K in revenue. 2500 active patients; 40 new patients a month. 5 nicely equipped ops with room to expand. Building also for sale.

Northeast Cleveland Suburb: Grossing \$400K. 4 ops. Mix of FFS, PPO and Medicaid. Over 2500 active patients, average of 40 new patients monthly. Refers most specialty work out.

Stark County: Grossing over \$600K. Mix of FFS and PPO. Digital with 7 ops, room to expand. 1400 active patients.

Cleveland Suburb Ortho: Satellite practice collecting \$380k on 2 days a week. Mix of FFS and PPO patients. 5 chairs with plenty of room to expand.

Clermont County: Grossing \$480k. 3 ops with room for expansion. Paperless with digital x-ray and digital PAN. Mix of FFS, PPO and Medicaid patients.

Butler County: Primarily FFS with over 1000 active patients. \$185,000 in collections. Digital Pano. Great merger opportunity. Real estate available.

NW Ohio: Collecting \$325K per year on 3 days/week. Paperless and digital. Staffed by associate. Refers many procedures out. Very low overhead.

Miami County: Collecting \$270K per year on 18 hours a week. Mix of FFS and PPO. Eaglesoft. 4 ops. Digital.

N. Cincinnati: Collecting \$577,000. Primarily FFS with some PPO. 5 ops. Cone Beam and Eaglesoft. Digital.

SE Ohio: Mostly FFS. \$188,000 in revenue. 2200 active patients and averaging 20 new patients a month. Located on a busy street.

Dayton: Grossing \$360K on 2 days a week. Mix of FFS, PPO and Medicaid. 3 operatories with room for expansion. 1400 active patients, averaging 35 new patients a month. Utilizes Eaglesoft.

North of Columbus: \$300K a year in revenue. Over 1500 active patients, 28 new patients monthly. 2,000 sq/ft, 3 ops, room to expand. Even mix of FFS, PPO and Medicaid. No Managed Care.

SE of Toledo: Revenue of \$700K. Free standing building with high visibility. Over 3100 active patients with 50 new patients monthly. 3200 sq/ft, 5 ops. Building also for sale.

Associateship Opportunities

Lorain County: Full-time in established private practice. Seasoned team in brand new 4 op practice. Competitive compensation, benefits.

West of Cleveland: Full-time in state of the art private practice. Experienced and supportive team with a dedicated mentor. The practice collects around \$2M/year with a mostly FFS patient base and only a select couple of PPOs. New grads will be considered!

Northwest Ohio: Full-time in busy and well-established private practice. Mix of FFS/PPO, currently collects \$900K/yr. Associate would be solo doctor and must be able to work independently.

NE Cleveland Suburb: Well established general dental practice looking for part-time associate. 4 ops. Long time staff and plenty of loyal patients!

Toledo: Full-time opportunity in large private practice. Would be joining a team of associates with full support system. Mix of FFS/PPO with 400 new patients/month. Collects \$6.5M a year.

Columbus Area: Full-time in well-established private practice. Rotate between multiple locations, each of which are a FFS/PPO. Competitive compensation. Potential future buy-in.

North Canton Peds: Full-time with flexible compensation options.

Malpractice provided. Flexible hours and vacations. No evenings or weekends.

Cincinnati: Full-time in well-established, growing private practice. Grossing over \$780k/year with 36 new patients/month. 2 locations.

Akron: 3 days a week with a flexible schedule. Collects \$1.1M/year with 120 new patients/month. Competitive compensation, health insurance and 401k are offered.

NW Ohio: Full time. Immediate start date. Solo provider with strong staff. Open to new grads. Competitive compensation. Lots being referred out.

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See AMALGAM, page 9

Save the date for the 2020 Day at the Statehouse

Day at the Statehouse, the Ohio Dental Association’s most important grassroots advocacy event, will be May 13 in Columbus.

Day at the Statehouse gives dentists, dental residents and dental students an opportunity to speak with their legislators about issues important to dentistry and advocate for issues that impact their patients, their dental practices and oral health in Ohio.

Watch NewsBites and the “ODA Today” for more details.

ODA seeking nominations for Awards of Excellence

The Ohio Dental Association is seeking nominations for its 2020 Awards of Excellence program.

The ODA’s Awards of Excellence program recognizes those who offer distinguished service to dentistry and improve oral health care by offering treatment, outreach or education.

Members and local dental societies are encouraged to nominate those they know who have made extraordinary efforts to improve the dental profession.

The Awards of Excellence program includes the following five award categories:

- Joseph P. Crowley Distinguished Dentist Award – the most prestigious of the ODA’s awards, is presented to an ODA member who has demonstrated service, commitment and dedication to the profession throughout his/her career. Nominees should display leadership, dedication, commitment and outstanding contributions at the local, state and national levels.
- Achievement Award – is presented to a dentist or an individual who has made outstanding contributions to the dental profession and to oral health. Nominees are not required to be dentists, but should display a personal and professional commitment to the profession and the public’s oral health. These individuals are honored as ambassadors for the profession to the community.
- Marvin Fisk Humanitarian Award – honors ODA members who offer dedication to improving oral health care in at-risk communities. Nominees 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.
- N. Wayne Hiatt Rising Star Award – is presented to an ODA member in practice 10 years or less who has demonstrated outstanding leadership and commitment to organized dentistry. ODA members who began to practice Jan. 1, 2010, or later are eligible. Past award honorees have shown outstanding initiative, a strong commitment to volunteerism and promise for continued accomplishment within the profession.
- Access to Dental Care Program Award – honors an outstanding program (not an individual) that helps reduce the access to care problem in Ohio by offering free or reduced fee dental care to underserved populations.

Nominations for the 2020 Awards of Excellence are now being accepted. To submit a nomination, please review the entry guidelines and submit all required documentation along with an Awards of Excellence nomination form, which can be found at www.oda.org/about-the-oda/call-for-nominations or you may contact Michelle Blackman at michelle@oda.org or at 800-282-1526.

The deadline to submit nominations for the Awards of Excellence is April 20, 2020.

The ODA will present the awards during the 2020 ODA Annual Session in September 2020 in Columbus.

Visit www.oda.org for current and archived “ODA Today” stories.

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ODA Meeting & Event Calendar

Feb.

- 7 Council on Membership Services
- 7 Give Kids A Smile Day
- 8 Give Kids A Smile Ohio kickoff at OSU
- 10 ODA Foundation Board (call)
- 12 Dental Education and Licensure Committee (call)
- 28 Finance Committee

Mar.

- 6 ODASC Board
- 26 Executive Committee
- 26 Council on Access to Care and Public Service
- 26 Annual Session Committee
- 27 Ad Interim Committee and Strategic Plan Committee
- 27-28 Leadership Institute
- 28 MATCH
- 28 Subcouncil on New Dentists
- 28 ADA Leadership Nomination Committee

Download and print employment posters online

ODA members can download and print employment posters from the ODA’s website for free. All employers are required to post numerous employment posters in their offices. To download the posters, visit oda.org/member-resources/employment-posters/. These posters are only available to ODA members.

Download the 2020 ODA member logo

Showcase your membership in the Ohio Dental Association by downloading the 2020 ODA member logo for use on your website or electronic communications. For more information and to download the logo, visit oda.org/account/logo.

MEDICAID, from page 3

major guidelines that recommend a dental visit by age 1 and explained how earlier dental treatment can benefit children’s oral health.

“The ODA’s willingness to support this important change in access to care was crucial in Ohio Medicaid’s willingness to move this forward to benefit children,” said Dr. Paul Casamassimo, an ODA past president. “The revision of our state’s periodicity schedule to be consistent with national norms is another small step to improve access in Ohio.”


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Dr. Frank R. Recker practiced general dentistry for 13 years and served as a member of the Ohio state dental Board before entering the legal profession, where he has been serving dentists exclusively for over 25 years.

Dr. Thomas J. Perrino has been a practicing dentist for over 30 years and was admitted to the Ohio Bar in 2014. Actively involved in organized dentistry, Dr. Perrino assists in the representation and defense of dentists in all practice related matters.

Areas of practice include:

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

Individual dentists and dental organizations are also represented 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 DSOs.

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ODA health benefits plan sees successful open enrollment

By ODA Staff

The ODA Wellness Trust had a positive open enrollment season, with an increase in participants for 2020 as well as one of the lowest rate increases in the market.

The ODA Wellness Trust is a not-for-profit health benefit plan created by ODA members for ODA members. By joining together with ODA members throughout Ohio, the ODA Wellness Trust gains collective buying power that allows dentists and employees access to similar pricing and coverage large employers receive.

For the 2020 plan year, the ODA Wellness Trust saw a 7.5% increase in participants and a 3.9% increase in offices enrolled in the plan. Enrollment in the plan has increased 36% since its inception in March 2015. The average rate increase for 2020 renewals was 1.8%, which was one of the lowest on the market.

"Our office is thoroughly pleased with our participation in the Ohio Dental Association Wellness Trust," said Dr. Richard Jackson, a general practice dentist in Cincinnati. "We have been members since its inception in 2015, and it provides high quality medical benefits with many different deductible options; there is something for everyone in the plan. Our latest rate increase was very small, well below what you hear others are receiving in the market, which is a real sign that the ODA works hard to keep the plan affordable. It has been a very good health benefit plan for our office, and I am glad that we have to look no farther than the Ohio Dental Association for our most important employee benefit."

As ODA participation in the ODA Wellness Trust has increased enrollment year over year, the result has been that renewal rate increases have gone down each year. As more members participate, the risk is spread among participants resulting in more stability in rates.

"The ODA Wellness Trust saw a successful plan renewal for 2020," said Dr. Tom Paumier, chair of the ODA Wellness Trust Board. "Participation in the plan has grown since its inception, and we hope that the ODA members continue to support the health benefit plan created by ODA members, exclusively for the ODA members, and controlled by the ODA members. We would like to thank our current enrollees for their participation and invite all ODA members to request a quote from the ODA Wellness Trust during next year's open enrollment."

New for 2020, the plan added an Employee + Child rate and two plan designs customized solely for the ODA Wellness Trust. No other association health plan offers these plans in Ohio!

ODASC staff works to make health benefits easier for ODA members, their families and their staff. The ODASC team provides attentive, responsive customer service and is available to assist participants with any questions or office updates. ODASC staff will even contact Medical Mutual on participants' behalf when needed.

The ODA Wellness Trust has partnered with Medical Mutual of Ohio to access its broad health care provider network. Medical Mutual's SuperMed PPO Network is a statewide network that includes nearly every health care provider in Ohio and 99 percent of the hospitals.

Learn more about the ODA Wellness Trust at www.odawt.org or contact the ODA Wellness Trust team at (614) 486-2700 or insurance@oda.org.

Save the date for the 2020 ODA Annual Session: Sept. 24-27

Save the date for the 2020 ODA Annual Session, which will be Sept. 24-27, 2020 in Columbus.

2020 featured speakers include:

- Dr. Joshua Austin
- Kurt Behrendt
- Dr. Jyme Charette
- Dr. Dan Coleman
- Dr. Gary DeWood
- Dr. Nate Farley
- Tijan Hunter
- Dr. Paul Levi
- Dr. William C. Scarfe
- Dr. John Svirsky
- Dr. Uche Odiatu

New in 2020, the ODA Annual Session will feature a keynote session presented by Bertice Berry, PhD, a best-selling author, talk show host and speaker.

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Pictured (L-R): Dean Kadri, Chad Hanke, Cheryl DeVore, Mackenzie Ferguson & Terry Thomas

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Dental Insurance Corner

Predetermination of benefits, pre-treatment estimates and prior authorizations

By Christopher Moore, MA
ODA Director of Dental Services

Every month, volunteer member dentists who serve on the Ohio Dental Association's Dental Insurance Working Group consider questions, concerns and complaints that are submitted by ODA member dentists relative to dental insurance. A common theme of many of the submissions involves problems associated with denied claims that could have been averted had the dentist obtained a pre-determination of benefits prior to beginning treatment.

"We've seen cases where insurance companies deny gingivectomy claims when a crown is done on the same tooth because of contractual limitations in the patient's particular dental benefits plan," said Dr. Manny Chopra, chairman of the Ohio Dental Association Council on Dental Care Programs and Dental Practice. "Requesting a pre-treatment estimate could have identified that a gingivectomy in these cases was not an available benefit and thereby better set everyone's financial expectations in advance of care being actually provided."

While often used interchangeably, the terms predetermination of benefits, pre-treatment estimate and prior authorization of benefits are not at all synonymous. Many insurance companies and third-party payers consider

a predetermination and a pre-treatment estimate to be the same or very similar in form and function. Both, however, are very different from a prior authorization.

Predeterminations and pre-treatment estimates

Depending on the insurer, third-party payer or source of the definition, predeterminations and pre-treatment estimates are generally considered to be the same or very similar ways for a patient and dentist to know the financial obligations of all of the parties prior to care actually being provided. They address if the patient is covered by the plan and whether the planned treatment is a covered benefit and then provide a written estimate of the patient's likely out-of-pocket expense. It is important to note that some payers check for a benefit plan's criteria qualifications while predetermining the benefits while others only check the criteria when a claim for the service is actually being processed.

The patient's benefit plan handbook and, if applicable, the dentist's participating provider manual should be consulted to determine how their actual plan handles predeterminations or pre-treatment estimates and what the documentation that is generated by the third-party payer actually means.

As anyone who has utilized a predetermination or pre-treatment estimate already knows, it is important to note

that the estimate is just an estimate of benefits and not a guarantee of payment. Patient eligibility status, available annual or lifetime maximum payments, coordination of benefits, time limitations, network participation or non-participation status of the dentist, revisions to the treatment plan, work provided by other dentists, changes to the patient's benefits plan, etc. can all impact on whether the estimate becomes a payment reality.

Insurance companies and other third-party payers typically encourage both subscribers and dentists to obtain a predetermination of benefits or pre-treatment estimate for more costly procedures such as crowns, wisdom tooth extractions, bridges, dentures, periodontal therapy, oral surgery or treatment that will exceed \$300 or \$400.

Additional reasons to consider obtaining a predetermination or pre-treatment estimate could include cases where a dental condition, service or treatment plan may be complex, extensive or out of the norm, a particularly demanding patient, a patient who requests it prior to begin-

ning treatment or when dealing with an insurer that has previously repeatedly denied claims for the service(s) in question.

A short narrative explaining the necessity of the procedure, X-rays, photos, etc. can all be helpful in obtaining a positive predetermination or pre-treatment estimate.

Assuming all of the necessary information is submitted with the initial request, then most insurers are able to generate a predetermination or pre-treatment estimate within one to four weeks.

Generally speaking, obtaining a predetermination or pre-treatment estimate is voluntary and not a requirement, prerequisite or condition for approval of receiving a future dental benefits payment. The patient will receive the same dental benefits that are included in their benefit whether or not a predetermination or pre-treatment estimate is requested and/or obtained.

See INSURANCE, page 12

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. To see past issues of the Dental Insurance Corner, visit www.oda.org/news and choose the category "ODA Today" and subcategory "Dental Insurance Corner."

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AGENDA

Friday, March 27, 2020

- 10:00 a.m. - 11:00 a.m. **Registration**
 11:00 a.m. **Welcome**, Dr. Sharon Parsons, ODA President
 11:05 a.m. - 12:00 p.m. **Lead with a Story**, Paul Smith
 12:00 p.m. - 1:00 p.m. **Lunch**
 1:00 p.m. - 2:00 p.m. **Breakout Session Round 1**
 2:15 p.m. - 3:15 p.m. **Breakout Session Round 2**
 Breakout Session Topics:
- How to Tell Your Story
 - An Update on Dental Laws and Regulations in Ohio
 - Discover Resources Designed to Make Your Practice More Efficient and Attractive for Patients
- 3:30 p.m. - 4:30 p.m. **2020 Election Preview**
 4:30 p.m. - 5:00 p.m. **Legislative Panel**
 5:00 p.m. - 6:00 p.m. **Reception Hosted by Superior Dental**

New Dentist Social Event: The ODA Subcouncil on New Dentists invites new dentists who are in practice 10 years or less to a special social event on Friday evening after the Leadership Institute reception.

Saturday, March 28, 2020

- 8:00 a.m. - 9:00 a.m. **Registration and Breakfast Buffet**
 9:00 a.m. **Welcome**, Dr. Sharon Parsons, ODA President
 9:05 a.m. - 9:55 a.m. **Telling Your Story Through Social Media**, Whiteboard Marketing
 9:55 a.m. - 10:10 a.m. **ADA Update**, Dr. Billie Sue Kyger, ADA 7th District Trustee
 10:15 a.m. - 11:00 a.m. **ODA Town Hall**, ODA Executive Committee
 11:00 a.m. - 12:00 p.m. **From Misery to Mastery: A Big-Picture Approach to Navigating Change in Dentistry**, Dr. Hazel Glasper
 12:00 p.m. **Closing Remarks and Adjournment**
 12:00 p.m. - 2:00 p.m. **MATCH Event**



ACCOMMODATIONS

The ODA has secured a block of rooms at the **Hilton Columbus Polaris Hotel**. To reserve a room, call (614) 885-1600 and reference the group code ODA. Rooms must be booked by March 5.



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LEADERSHIP, from page 1

Breakout session attendees will pair off and each one will share a story with their partner. Then Smith will go through three different modules: how to structure a story, how to create emotional engagement, and how to create a surprise ending. For each module, Smith will explain a theory, give a technique to execute and give an example of a case study. Then each pair will have a chance to apply the technique that was just taught to their own stories.

Smith encourages attendees to bring a story with them to get the most out of the keynote presentation and breakout session.

Smith is the author of the best-selling book "Lead with a Story." He spent more than 20 years as an executive with Procter and Gamble after earning a Bachelor's Degree in economics and an MBA from the Wharton School at the University of Pennsylvania. His work has been featured in various publications, including the "Wall Street Journal," "Washington Post," "Forbes," and "Time." He delivers professional workshops and keynote addresses on effective storytelling for leaders. His clients include Hewlett Packard, Google, Ford Motor Company, Bayer Medical, Abbott, Novartis, Progressive Insurance, Kaiser Permanente, and Procter & Gamble.

The 2020 ODA Leadership Institute – What's your story? – will take place March 27-28 at the Hilton Columbus Polaris Hotel. The event will feature keynote presentations, roundtable discussions, breakout sessions and opportunities for camaraderie and fellowship.

Leadership Institute is the ODA's award-winning program developed to help all ODA members become more successful and effective leaders. Attendees consistently rank the event as one of the top leadership development workshops. This event is FREE for ODA members, dental students and dental residents and is an exclusive benefit of belonging to organized dentistry.

Register now for the ODA Leadership Institute at www.oda.org/events. Support for the ODA Leadership Institute is provided by Superior Dental Care.



Like the Ohio Dental Association Facebook page!

Looking for a job or to buy a practice? Looking to hire an associate or sell your practice? Attend the ODA's MATCH event

Immediately following the ODA Leadership Institute, the ODA Subcouncil on New Dentists will host a MATCH event to help dentists, dental residents and dental students who are looking for a job match up with dentists who are preparing for a practice transition or looking to expand their practice.

MATCH is a free event and will take place from noon-2 p.m. on Saturday, March 28.

Those looking to sell a practice, buy a practice, hire an associate or become an associate are all invited to attend this unique event.

After registering, attendees will be contacted by the ODA to gather more information to enhance and personalize the process.

No outside companies or vendors will be included in this program, and attendees are not required or guaranteed to make a "match" at the event.

To register for the MATCH event visit oda.org/events. Those who are unable to attend the Leadership Institute may register separately for the MATCH event.

For more information, email karli@oda.org.

AMALGAM, from page 4

file a one-time report by Oct. 12, 2020. Dentists who have been contacted by their local sewer district (i.e., one of the state's larger sewer districts) should return their report to their local sewer district. Dentists who have not been contacted by a sewer district (i.e., one of the smaller sewer districts in the state) should complete and return their report (for dentists who must install an amalgam separator: <https://www.epa.ohio.gov/Portals/35/pretreatment/OTCReportAmalgam.pdf>; and for dentists who are exempt from having to install an amalgam separator: <https://www.epa.ohio.gov/Portals/35/pretreatment/OTCReportNoAmalgam.pdf>) to the Ohio EPA, DSW Pretreatment Unit, P.O. Box 1049, Columbus, Ohio 43216-1049.

"It is important that dentists get compliance with the U.S. EPA amalgam separator and recycling rule right, including being fully compliant by the rule's July 14, 2020 enforcement date," said Dr. Manny Chopra, chairman of Ohio Dental Association Council on Dental Care Programs and Dental Practice. "We expect the federal government to closely monitor compliance with and enforcement of this rule by both the state of Ohio and the local sewer districts so dentists are well advised to be compliant and not run the risk of undue regulatory attention by those charged with enforcing it."

The Ohio Dental Association Services Corp. (ODASC) endorses Solmetex amalgam separators. ODA members can receive a free collection container (\$197 value) with proof of purchase of an Hg5 System (standard, mini or high volume). For more details, visit odasc.com and look for Solmetex under Practice Resources.

For full details on this new amalgam separator requirement, download the Ohio Dental Association's free regulatory compliance guide, "Ohio Dentist Advisor: Your Guide to Regulatory Compliance" at <https://oda.org/member-resources/resource-guides/>.



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The Explorer

Matthew J. Messina, DDS
Executive Editor

OK, Doctor!

This past fall, a study published in "JAMA Internal Medicine" found that interacting with patients who are demeaning toward them is challenging and painful for physicians. Researchers in the U.S. conducted a study involving 13 focus groups of 50 participants, composed of attending hospitalists, internal medicine residents and medical students. The physicians who were targeted with the demeaning behavior reported that it took an emotional toll on them that manifested as exhaustion, self-doubt and cynicism. The participants said that they needed training on how to effectively deal with demeaning patients.

Physicians have the benefit of working in medical institutions that create opportunities for collaborative care and close interaction with colleagues. Dentists have traditionally been much more isolated and at risk for the effects of negative patient attitudes, which has led to a rate of depression that is higher than the national average. The number of dentists in solo private practice has been declining recently and the percentage of dentists in solo private practice will soon go below

50%, likely this year according to the ADA Health Policy Institute. Even when working in a group setting, the practice of dentistry remains an isolating experience, as we treat patients as the primary health care provider responsible for their entire dental care.

Increasingly, patients are no longer looking to their dentist/physician as their primary source of medical information. They turn to the Internet and their social media networks. They seek recommendations and validation from their family and friends. Casual acquaintances and celebrity social media "influencers" are seen as friends and trusted advisors. Facebook, Instagram and Twitter have increased the reach of a person's group and given voice and legitimacy to fads and other ideas. There is little filter on the Internet to provide an evidence-based approach to medical information.

Trusted advisors are people we look to and ask for advice. Millennial and Gen Z patients, in general, don't want to hear what we have to say unless they ask the question. The traditional respect for clinical training and experience is fading. A popular meme is the cutting "OK, Boomer," which is meant to end discussions between Millennial and Gen Z adults and their Boomer parents and grandparents. "OK, Boomer" implies that the younger groups have had it with their elders and just don't want to continue what they see as unproductive arguments. The dismissive "OK, Boomer" is translating in health care to "OK, Doctor!"

A growing number of patients come into a dental office with firm, preset ideas of care. They want to be heard first. They

want to say what they are doing and want us to affirm that. We can't make suggestions unless they ask. We have to be invited before we can comment. It can be frustrating for professionals who have attended school for years of training to be arguing against the recommendations of a supermodel, movie star or singer.

Ethically, we have been cautioned in our training to beware of acting paternalistically to patients. We understand to respect the autonomy of the patient. However, we also have the responsibility to refute dangerously misguided ideas with evidence-based recommendations. We know that science needs to triumph over emotion, but in the age of feelings, that can seem an overwhelming task.

Is this a lost cause? Is it time to throw in the towel? No, because our patients need us to be there for them and we have to push back to prevent the loss of the advances in oral health that our profession has achieved in the last hundred years.

So where do we begin? We start with listening. The patients of today want to be heard. Listening shows caring, which leads to trust. Before we can change a patient's behavior, we have to create a relationship. People want to be seen, understood and appreciated. When we begin by offering that, we give a person a gift that is precious and open the door to interacting on a higher level.

As we spend time with patients, they can progress up the stair steps of understanding. They can move from unaware to aware to interested to belief to commitment to action. If we can pique their interest in their health, we have the chance to move them toward improv-

ing their condition. In the past, we have talked about working with a patient so that they will "own" their problems. That is the transition to belief. When they understand their condition, we can then offer them hope with solutions and they can believe they will get better. When they believe, they can commit to treatment and do something about it.

This is the age of feelings and we must tread carefully when challenging emotions with facts. Comprehensive dental care today depends on what we know and can accomplish, but also needs to acknowledge how each patient feels and what they want for themselves. Our treatment planning should answer what our solution would mean for the patient on an emotional level. If we are too treatment-centered, even with the best of intentions, we risk being seen as not patient-centered enough. Then the best laid plans will come to nothing as there will be no belief or commitment from the patient.

In order to have personal satisfaction in the Internet age of dentistry, we must strive to appreciate each patient without imposing our beliefs and expectations on them. We must find opportunities to intervene and change the trajectory of a patient's care. If we have the patience to work to that goal, then we can change the patient's life and find fulfillment in our professional careers. Our challenge is to turn a dismissive "OK, Doctor!" into a relationship-based understanding and belief-centered commitment of "OK, Doc ... so what do we do to treat this?"

Dr. Messina may be reached at docmessina87@gmail.com.



It's Your Choice

Robert Buchholz, DDS
Guest Columnist

This ... and ... That

The "Juul" – what a maelstrom!

When historians look back on the first quarter of the 21st century, the Juul vaping e-cigarette will be one of the top 10 inventions of that era.

In a previous op-ed, I wrote about how "cool" the product was and for immature individuals – America's teens – it is an addictive trap.

The individuals that designed the Juul knew exactly what they were doing. Now I'll grant them a caveat. Since all workplaces are combustible tobacco free environments, the inventors wanted to create something that could deliver a disguised "hit" of nicotine without an individual having to trek a quarter mile to a designated smoking area.

The Juul is like the Derringer pistol. It's small – it can be palmed, hidden and is deadly.

And yes, the creators of the Juul had to know that it would become a favorite

product for teens.

This is not a bold opinion on my part. Every manufacturer of any new product always "beta tests" their product before they bring said product to the marketplace. Somewhere in the Juul Labs corporate files are the records of their beta testing results. And the test results, if they were publicly available, would reveal the percentages – by age groups – of individuals that liked or disliked the Juul.

So right now, the public and of course politicians are clamoring to ban the Juul.

Guess what! It can't be banned because Juul Labs jumped through all of the Federal hoops and legally obtained the necessary FDA product approval. If it somehow would be banned, then ALL vaping products would be prohibited. The Juul has been approved as a smoking cessation tool. If all vape products were eliminated our society would be back to square one ... only combustible nicotine products could be legally sold in the marketplace.

If that's not a Catch-22 – I don't know what is!

We've been down the banning routine before ... it was called PROHIBITION in the last century.

In my home state of Kentucky, school boards are now joining lawsuits against Juul Labs. I'm quite certain other national locales are doing the same. And of course the lawsuits are being filed by lawyers that are working on a contingency basis. Well guess what – these lawsuits are an exercise in futility.

And finally the FDA has banned all "fruity" flavoring in any vaping products. The only flavor now permitted, other than the traditional tobacco flavor – is menthol.

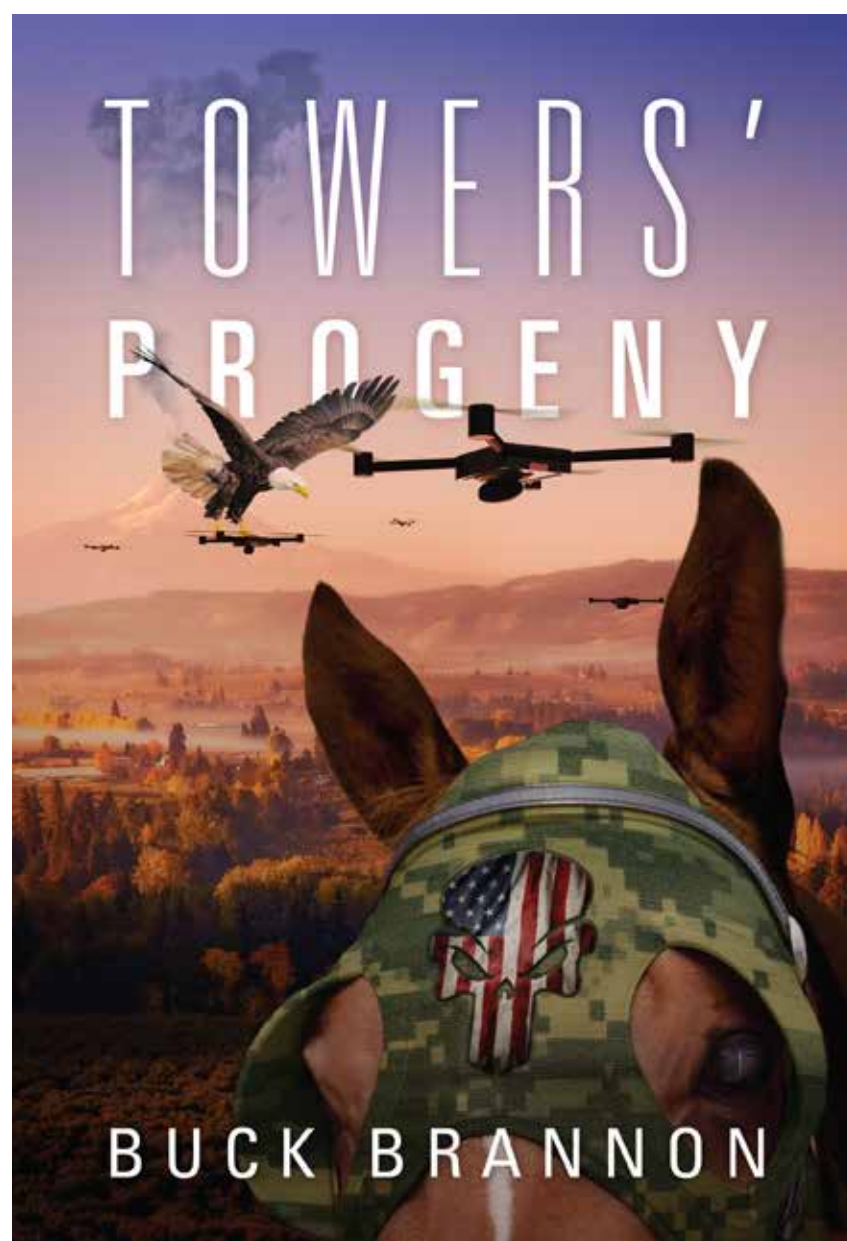
When I reached out to one of my local school board members about school employees being more proactive on school property – at the middle and high school level facilities ... I was patronized. Actions like: removing bathroom stall doors, positioning teacher aides in restrooms and other known hiding places ... and having "in-service" days devoted to "vaping"

education ... fell upon deaf ears.

The best thing about America is the fact that our country was founded as a Republic. Each state is its own entity. So

Kentucky's governor, at the end of 2019, raised the combustible and vaping of

See THAT, page 12



Buck Brannon AKA Robert Buchholz

Please visit www.buckbrannon.com to order autographed copies or visit outskirtspress.com.

The views expressed in the monthly columns of the "ODA Today" are solely those of the author(s) and do not necessarily represent the view of the Ohio Dental Association (ODA). The columns are intended to offer opinions, information and general guidance and should not be construed as legal advice or as an endorsement by the ODA. Dentists should always seek the advice of their own legal counsel regarding specific circumstances.

INSURANCE, from page 8

As noted earlier, the main reason to obtain a predetermination or pre-treatment estimate is informational in nature so the involved parties have a better understanding of what financial benefits they may receive before the actual dental services are delivered. It may also be helpful to submit the request as closely as possible to the planned date of actual treatment.

Prior authorization of benefits

A prior authorization of benefits, however, may be considered to provide much more definitive guidance and obligations for the involved parties. A prior authorization generally requires that the dentist establish medical necessity for the service through sufficient objective, clinical information. Failure to obtain a written pre-approval will typically mean the service(s) in question will not be covered.

Prior authorization requirements are not typically found in most private sector dental benefit plans such as indemnity plans or preferred provider organizations (PPOs) that are in the Ohio dental benefit marketplace. While some out-of-state dental plans may have prior authorization requirements for certain procedures, in Ohio, they are more likely to be found with medical benefit plans, dental health maintenance organizations (DHMOs) (especially if a contracting dentist wants to refer a covered patient to a specialist who is not part of the DHMO's participating provider network), certain procedures covered by Ohio Medicaid or the state's Medicaid HMOs.

It is important to note that even with a prior authorization in hand, the plan will determine the patient's eligibility to receive the service (e.g., are they still covered by the plan) at the time the service is delivered. If the patient's eligibility

of coverage has changed then the benefit will be adjusted accordingly.

Because of this, it may be helpful to submit the prior authorization request as closely as possible to the planned date of actual treatment. It is also a good practice to consider confirming the patient's eligibility prior to beginning the actual treatment.

While "the American Dental Association is opposed to any dental benefit clause that would deny or reduce payment to the beneficiary, to which he or she is normally entitled, solely on the basis of lack of preauthorization," benefit plan design will ultimately determine what the patient receives.

It is important to realize that there is nothing in Ohio law that universally defines what is meant by the terms predetermination of benefits, pre-treatment estimates and prior authorizations. As such, while this article seeks to provide guidance relative to these terms that seem to be widely used in the marketplace, a patient's specific dental benefit plan and/or a dentist's contract or related document may define and utilize these terms differently than they are used in this article. It is important for the dental practice to clearly understand and abide by any contractual obligations that may be present when treating a particular patient, including in cases that are exceptions to the "rules" set out in this article.

It is also important to note that a predetermination of benefits, pre-treatment estimate or prior authorization that has already been granted could be significantly impacted if the contracting status of the dentist who actually performs the procedure(s) relative to whether the treatment is handled as a participating or non-participating provider claim.



ODA Staff

Dentists, faculty and residents, dental students and hygiene students volunteered to provide comprehensive oral health care at the Give Kids A Smile Ohio kickoff event at The Ohio State University College of Dentistry.

GKAS, from page 1

"First, many underserved children were treated under the watchful eyes of their parents, and second, lawmakers had a chance to see what we as dentists do. Third, WCMH reported live from the event, which let the public know what we do."

The Ohio State University College of Dentistry has hosted two Give Kids A Smile events that are organized by students annually since 2012, serving about 100 children at each event. Since 2013, the college has provided more than \$175,000 of free dental care through Give Kids A Smile events.

"We believe instilling the importance of regular dental care at a young age is important," Majumdar said. "We are excited to give back to the children of our community by providing free dental care and promoting happy, healthy smiles."

The Give Kids A Smile kickoff event is

just one of many Give Kids A Smile events hosted throughout the state and nation. In 2020, more than 2,500 volunteers plan to donate more than \$1.3 million in oral health care and education to more than 47,000 children in Ohio. GKAS Day was Feb. 7, but dental offices can plan GKAS events for any time throughout the year.

Through the Give Kids A Smile program, created by the American Dental Association, dentists and dental professionals across the state and nation volunteer their time throughout the year to provide screenings, treatments and oral health education to children.

Since GKAS began 17 years ago, more than \$16 million in donated care and education has been provided to more than 310,000 children in Ohio.

For more information about how to plan a Give Kids A Smile event and to register an event, dentists can visit oda.org/community-involvement/give-kids-a-smile/.

THAT, from page 11

nicotine products "purchase age" to 21 years old!

Following suit at the end of December of 2019, President Trump signed into law legislation that did the same throughout all 50 states.

Now unfortunately, you can make book that right now makers of counterfeit I.D.s are busy manufacturing new fake documents while drug dealers have become chemists and are adept at recharging empty used Juul pods with "THC" and fentanyl.

Stay tuned for the continuing evolution of this health topic.

And now for the "That" ...

In the late '90s of the last century, I began writing for the Ohio Dental Association's monthly publication – "ODA FOCUS ON DENTISTRY." My initial articles were standard news stories. By the turn of the millennium I became the editor of the newly named ODA publication – "ODA TODAY."

I had inherited some big shoes that had previously been filled by Dr. Don Bowers whose op-ed column "Through the Looking Glass" was respected throughout all 50 states.

The best I can determine is that Don wrote for ODA publications for at least four or more decades.

This month's op-ed of mine marks what I consider (2021 will actually be the new start of the decade) the beginning of my fourth decade of written contributions for ODA publications.

I want to thank the executive directors that I've worked with – Nancy Rummel and David Owsiany, JD – for entrusting me with responsibilities that have hopefully helped advance the profession of dentistry in the state of Ohio.

And on a personal note ... my ODA writing experiences have led to a new calling. In 2016 the first of my fictional thriller trilogy novels was published. "Towers Above" drew information from my paddock experiences at a thoroughbred racetrack in central Kentucky.

The second novel of the trilogy – "Towers' Progeny" is now out in the marketplace and is published by Outskirts Press.

Hopefully the next novel will be completed in a couple years – God willing!

Thank you ODA members – from the bottom of my AFib afflicted heart ... it has truly been an honor to serve all of you!

Dr. Buchholz may be reached at rbuchh46@gmail.com.

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