

ODA Today

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



QuickBites

Special membership issue

The June issue of the "ODA Today" goes to all licensed dentists in Ohio. Look throughout the issue for information relevant to your practice and quotes from ODA members about why they value their membership.

For more information about the Ohio Dental Association and becoming a member, visit www.oda.org.

If you would like to join the ODA, visit www.oda.org/join, and if you need to renew your membership for 2020 visit www.oda.org/renew.

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COVID-19: We're stronger together

By ODA Staff

Although we've had to keep a social distance during the COVID-19 pandemic, the profession of dentistry is stronger together through organized dentistry. From our collective voice advocating with state policymakers and insurance companies, to providing information and resources, to identifying sources of available PPE, we're all in this together – and we're stronger when we're together.

We are advocating on your behalf to make sure your practice can maintain financial stability and your patients can receive the safe dental care they need

State policymakers have made rapid changes affecting dental offices during the pandemic. The Ohio Dental Association has built strong relationships with lawmakers over many years, and because we represent nearly 70% of practicing dentists, our voice was heard during the pandemic.

We know that as dentists, providing safe, quality dental care to your patients is a top priority. Throughout the pandemic, we've been advocating for the care of dental patients.

- We have been in contact with Governor DeWine's office since the beginning of the pandemic to ensure that dentists would be able to provide care for patients with emergency dental situations.
- We also worked with the governor's office and the Ohio State Dental Board to put a framework together about how to safely reopen dental practices. We convened a task force to deal with COVID-19 issues and to develop a framework for restoring oral health services in Ohio.
- We are advocating for the Ohio Department of Medicaid and the HMOs to not take any actions that would adversely impact any aspect of Medicaid's dental program in light of announced budget cuts.
- We are advocating in support of legis-



By ODA Staff

Although we've had to keep a social distance during the COVID-19 pandemic, the profession of dentistry is stronger together through organized dentistry. Photo taken at the 2019 ODA Leadership Institute.

member benefits BUZZ

lation that would permit Ohioans to take a temporary state income tax deduction for out-of-pocket dental expenses.

We also know that the pandemic has caused financial hardship for many dental practices. Throughout the pandemic, our advocacy efforts have focused on providing financial relief to dental practices.

- We sent a letter to the Ohio House of Representatives' newly created 2020 Economic Recovery Task Force urging them to allow dental offices to reopen as soon as possible.
- We advocated for grants and loans for dentist small business owners.
- We advocated in support of the state of Ohio making unemployment compensation immediately available.
- We advocated for additional funding for unemployment benefits and other resources for unemployed dentists and dental staff.
- We sent a letter to the U.S. Department of Labor asking for dentists to be exempt from certain detrimental provisions of the Families First Coronavirus Response Act.
- Along with the American Dental Association and a coalition of more than 85

dental organizations, we urged Congress to authorize additional resources to support dental offices during the current coronavirus pandemic crisis.

- The ODA advocated in the state of Ohio to ensure employer sponsored health plans could continue to provide coverage for employees impacted by COVID-19 who were temporarily laid off or not actively at work.

Additionally, Ohio Dental Association Executive Director David J. Owsiany recently provided testimony to the Ohio House Civil Justice Committee in favor of legislation providing certain professionals and businesses qualified immunity from civil liability and other professional discipline for actions taken during the current coronavirus pandemic.

We have urged insurance companies to cover PPE costs and telemedicine visits

Using additional PPE has caused a significant increase in overhead costs for many dental offices. Because of this, we're working with insurance companies and lawmakers to find solutions to help lessen the burden.

Since mid-March, we've asked Ohio based dental insurers and Ohio Medicaid to increase reimbursement levels to reflect the

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ODA develops sample OSHA Respiratory Protection Program for dental offices

By ODA Staff

The COVID-19 pandemic has caused many dentists to reassess what levels of personal protective equipment (PPE) are appropriate for different procedures. As a result of this reassessment, some dentists have decided to require the use of respirators such as N95 masks by certain dental team members while others have opted to simply make respirators available for staff members to use on a voluntary basis. Dental offices that either require their use or make their use

optional must create a Respiratory Protection Program. The ODA has updated "The Ohio Dentist Advisor: Your Guide to Regulatory Compliance" to assist these member dentists in complying with OSHA's Respiratory Protection Standard.

The guide contains two different sample programs - one for offices who require the use of respirators and one for offices that make respirators available for staff members.

"The Ohio Dentist Advisor: Your Guide to Regulatory Compliance" was created by the Ohio Dental Association as a benefit to ODA

members. The free guide contains information and resources in one, easy-to-access place to help members run their practices more efficiently.

To access the guide, visit <https://oda.org/member-resources/resource-guides/>. You can download the entire guide, or skip to Section 5. Infection Control and Hazard Communication to download the sample OSHA Respiratory Protection Program.

A respiratory protection program is not mandated by OSHA for dental offices that do not utilize respirators.



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Questions about COVID-19? Contact us!

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The Director's Chair

David J. Owsiany, JD
ODA Executive Director

Last month's column focused on the "unprecedented" nature of our current situation as we navigate our way through the coronavirus pandemic. This novel coronavirus – COVID-19 – creates unprecedented challenges to how we live and how you practice dentistry. I wrote in last month's column that "in our lifetimes we have never experienced anything like the current global pandemic and the response to it, with the government essentially shutting many sectors of the economy."

In one area, however, the coronavirus pandemic has actually brought attention to an old concept. As the responses to the pandemic came into focus, so did the

Coronavirus pandemic provides a lesson in Federalism

more-than-200-year-old American doctrine of "federalism." Federalism refers to the division of power between levels of government. In the American system, power is divided between the national government and the states.

As you may recall from your high school American History class, in 1787-88, Founding Fathers James Madison, Alexander Hamilton and John Jay wrote a series of essays now known as the "Federalist Papers" arguing in favor of ratification of the Constitution. Madison wrote in Federalist No. 45 that "The powers delegated by the proposed Constitution to the federal government are few and defined. Those which are to remain in the State governments are numerous and indefinite." This is sometimes called the doctrine of "enumerated powers" – that the federal government possesses only the powers enumerated or delegated to it by the U.S. Constitution. Closely associated with this limitation of

the federal government's authority is the 10th Amendment, which provides that "The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people."

This complex division of authority between state governments and the federal government has been on clear display during the coronavirus pandemic. As you all know, it wasn't the federal government that shut dental offices down in March. It was the state of Ohio that issued the order to all health care providers – including dentists – to delay elective procedures and surgeries. And it was the state of Ohio that lifted that order thereby allowing dental practices to reopen and provide the full range of dental services beginning on May 1. The Ohio State Dental Board provided guidelines related to patient protections, social distancing and

See **FEDERALISM**, page 8



President's Message

Sharon Parsons, DDS
ODA President

An alternative dental universe

While sitting at my desk waiting for emergencies, I dozed off with dentistry on my mind. . .

I don't know about you, but I find keeping track of all the sales tax on our services is nearly impossible, not to mention dealing with the patients' anger about spending more money. Oh, and the record keeping for local anesthesia that we are required to do for the Pharmacy Board! What a nightmare! What are you doing to try to get the insurance companies to pay you for your services? At my office we have waited for over two months to be paid for claims, not to mention the six weeks that I just waited to get a pre-determination back. The patient is getting really antsy. And speaking of insurance, I wish that there was some organization that would go to bat for me when I am having issues and someone that I could call to ask questions. I find it all really confusing. Does anyone give a course on insurance or update what is happening? Being self-employed, I am having trouble finding health insurance for me and my employees that is both affordable and reliable. Where are all of you going for that?

I am finding that I have lost a few patients to dental therapists over the last couple of years. While I don't really want a therapist in my office, due to not enough education, I do wish that we had a team member that could place restorations for me, freeing me up to see more patients. I have heard of this in other states. I am so busy, I surely hope that I do not get a disgruntled patient or staff member that wants to sue me. I really don't have time to spend weeks in a court room or take the chance to have everything taken from me in a judgement. I also wish that I could figure out all of these compliance issues so that I stay up to date and do not get in trouble. It is all so confusing! Do you know of anyone that I could call and ask?

So what are you guys doing to get in-

formation during this COVID pandemic? I keep seeing things on the internet put on by supply houses and other entities, but they seem to contradict each other and I am not sure who to believe. I do wish that I could have seen my own emergencies during the pandemic instead of patients being seen in one central location. I have been treating these patients for years and I know that they would have felt more comfortable with me than with a stranger. And speaking of seeing patients during the pandemic, I wonder when we will get back to work and what it will look like? What do we need as far as PPE and where do we get it? I wish it was not so expensive. I have some patients that are in the high risk category for COVID that have called with broken teeth. I wish there was a way for me to have them take a picture and send it to me. That way, I could diagnose without them coming in and could save them an appointment. Some patients who have lost jobs have lost insurance as well. I wish that there was a program to provide them with at least basic dental needs.

One of my son's friends just graduated from dental school here in Ohio. He had a lot of trouble with the NERB and wishes that there was another test offered. He got a job but is so busy that he wishes there was someplace here in Ohio that he could go for all of his CE needs. He also wishes that there were other dentists that he could talk to and compare notes with. He is in a small town. He is also worried about the contract he just signed. He wishes that someone could have helped him understand what it was that he signed. You know how all that legalese is.

Oh wait. I'm glad I finally woke up from that bad dream! I can't even imagine what a nightmare my professional life would be like without the ODA. And I haven't even touched on the ADA. Do you still need to wonder what the ODA does for you?

Editor's note giving context to Dr. Parson's column above:

- In 2011, The ODA worked to defeat proposals that would have required all dentists to secure a Terminal Distributor's license from the Ohio State Board of Pharmacy.
- In 2002, the ODA successfully lobbied for passage of Ohio's prompt pay law requiring dental insurers to pay electronically submitted claims within 30 days, and in 2008, the ODA successfully advocated for a state law requiring dental insurers to utilize a uniform credentialing form and setting timelines for acting on credentialing

applications.

- The ODA successfully lobbied to pass legislation reforming dental malpractice laws in 2003, restricting frivolous litigation against dentists.
- The ODA has lobbied to defeat proposals to create dental therapists in Ohio on multiple occasions over the last decade.
- The ODA has advocated to defeat various proposals to eliminate Medicaid dental coverage for adults and to extend the state sales tax to dental services.
- Ohio was one of the first states to authorize the use of supervised Expanded Function Dental Assistants back in the 1980s.
- In recent years, the ODA has worked with the Ohio State Dental Board and other policymakers to craft laws and regulations allowing dentists to utilize tele-dentistry in a responsible manner.
- The Ohio Dental Association Services Corporation/ODA Wellness Trust have provided health benefits coverage to thousands of ODA member dentists and their family and staff for more than three decades.
- The ODA annually provides Ohio dentists with dozens of hours' worth of free/discounted CE through various workshops, webinars, the annual Leadership Institute and ODA Annual Session.
- ODA staff members answer member dentists' questions on a daily basis regarding regulatory compliance, risk management, and third-party payer issues.
- Nearly 1,100 ODA dentists have downloaded the recently-released ODA comprehensive regulatory compliance guide.
- The ODA Dental Insurance Working Group holds monthly calls to address member dentists' dental insurance questions and concerns.
- During the coronavirus pandemic, the ODA has worked with policymakers to ensure Ohioans had access to emergency dental care during the lockdown and to allow the timely and responsible reopening of dental practices.
- Last year, ODASC formed OhioDDS (Discount Dental Supplies) to allow member dentists to secure discounts on dental supplies through a group purchasing alliance, which has been helpful in securing much-needed PPE.
- The ODA continues to be the source of credible Ohio-specific information for dentists during the current pandemic.

ODA Today

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Legal Briefs

Eric S. Richmond, Esq.
ODA Director of Legal & Legislative Services

Records and documentation in unprecedented times

will go over the basics of documentation and record retention for patients and the office. The second column next month will go deeper into documentation for your office, your staff, and what you are doing to ensure that your offices are keeping up with the latest recommendations from governing bodies.

A question that has come up many times in the last three months is how long should records be kept. If nothing else practices have had extra time to look into record retention, so it is important to touch on those recommendations. First and foremost, dental practices are required by law to maintain adequate patient records. Although Ohio doesn't have a specific statute which requires dental records to be retained for any minimum period of time, there are a number of Ohio and federal statutes which must be considered when determining how long to retain medical records. For example, Ohio Revised Code § 2913.40(D) mandates that a health care provider retain all records dealing with the treatment of a Medicaid patient for a period of at least

Download the ODA's regulatory compliance guide!

For more details on records retention, download the ODA's regulatory compliance guide. "The Ohio Dentist Advisor: Your Guide to Regulatory Compliance" was created by the Ohio Dental Association as a free benefit to ODA members. The guide contains information and resources in one, easy-to-access place to help members run their practices more efficiently.

In the last three months we have encountered unprecedented times. During this time, practices worked very restricted hours and now things are beginning to open up. One thing has remained constant. Documentation is key to ensuring that your practice is running as effectively as possible. Prior to COVID-19, if we can think back to those times, documentation was critical in dental offices and throughout the pandemic; that has not and will not change. I wanted to take the next two months to look into documentation in the dental office. Look at what we have always known in terms of documentation and also what new documentation is helpful in running a dental practice. This first column

six years. Provisions of the Health Information Portability and Accountability Act of 1996 ("HIPAA") also require covered entities (most health care providers) to retain the patient's signed HIPAA notice of privacy practices for at least six years. As a condition of participation in the Federal Medicare Program, however, a provider agrees to retain all records dealing with the treatment of a Medicare patient for a period of at least seven years.

In addition to considering the various statutory retention requirements, participating provider agreements generally specify the time following the last patient visit that records must be maintained. Your office's professional liability insurance company will also likely have recommen-

dations about retention. It is important to reach out to your professional liability carrier to get their recommendation on how long to keep patient records. As we all know if there is some question about professional liability your malpractice provider will be intimately involved in defending your practice. Lastly, it is best practice to maintain all medical records for at least a length of time equal to the statute of limitations associated with the treatment that was provided. Pursuant to Ohio Revised Code § 2305.113, an action upon a dental claim must be commenced within one year after the cause of action "accrues." There are limited exceptions to this general one-year statute, however, including a two-year statute of limitations for wrongful death cases and the tolling of the statute until the age of majority for treatment involving a minor child. Moreover, with the exception of minors there is a four year statute of repose that bans claims of malpractice four years after the procedure is complete. Therefore, your policy for retaining patient records must be adjusted to fit your practice in light of these considerations.

During these times there are many other documents that are being collected in the dental office. With these new documents it is important to be adding them to the patient files and following record retention policies of the office. For instance, the questionnaire that many offices are having patients fill out about their current situations (questions about travel history, temperature, and other pos-

See DOCUMENT, page 7



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

Dayton Area: General practice with 2 locations. Mix of FFS and PPO with collections over \$750K. 4 ops per location.

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.

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

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

NE Cleveland Suburb: Grossing \$400K. 4 ops. Mix of FFS, PPO & Medicaid. 2500+ active patients, 40 new patients monthly.

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

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.

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

Columbus: Grossing \$325K/year on 3 days a week. Mix of FFS & PPO. 4 ops with room to expand. Referring all specialty work out.

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

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

North of Columbus: \$300K/year in revenue. 1500 active patients, 28 new patients/month. 3 ops, room to expand. Even mix of FFS, PPO and Medicaid.

NE of Akron: Long established general practice. All FFS. \$350K in revenue. 4 ops

with room to expand. Real estate available. Located on busy road.

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

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



Dr. George Namay & Dr. Leslie Crawford have acquired the practice of Dr. Douglas Fatica in Maumee, Ohio

The Value of Membership



"During this coronavirus pandemic, I really looked to ODA leadership and resources to provide information and guidance in real time as things were developing. As a general dentist practicing in a public health and academic sector, I have been grateful to be a part of the ODA community and look forward to better times for us collectively as a profession."

Suparna Argekar Mahalaha, DDS, MPH
Cleveland, Ohio

COVID-19, from page 1

higher costs of PPE. Various payers have indicated that they're considering different options to address the issue and, in fact, a few dental insurers have already acted but not all.

Additionally, the ODA supports legislation that was recently introduced and would require dental insurers to pay for a portion of expenses related to dentists' additional PPE costs in light of the current COVID-19 pandemic.

During the pandemic, we also have been in contact with private insurers, Medicaid and Medicaid HMOs asking them to cover services provided through technology in order to help triage dental patients and preserve PPE.

We're working to identify sources of PPE and discounted products and services during this difficult financial time

Our members have reported that finding PPE has been a big challenge as they began to reopen their offices. We've worked to source PPE and identify avenues for dentists to find available PPE. We've also worked to secure additional



By ODA Staff

Although we've had to keep a social distance during the COVID-19 pandemic, the profession of dentistry is stronger together through organized dentistry. Photo taken at the 2019 ODA Leadership Institute.

discounts and financial flexibility to help our members during this difficult time.

- We have been closely tracking information about the PPE dental offices need and we are working with suppliers to secure that PPE for our members through the ODA's group purchasing organization, OhioDDS.
- We endorsed ROE Dental for face shields and obtained a 10% discount for ODA members.
- In recognition of the impact COVID-19 is having on small employers, specifically dental offices, the ODA Wellness Trust was able to provide

increased flexibility for those members enrolled in the plan. This includes extended coverage for employees laid off or not actively at work because of office closures, a 30-day extended grace period (60 days total) to remit payment for monthly invoice amount, and coverage for COVID-19 testing at no member cost sharing.

- We identified a source for dentists to purchase disposable gowns that could be delivered quickly.
- We worked with our endorsed partners through ODASC to secure additional discounts and resources

for our members to help them during this difficult time.

We've provided information to help you navigate this confusing situation, and we've provided resources for you to utilize during the stay-at-home order

Information has changed rapidly throughout this pandemic – sometimes on a daily basis. Providing accurate information to our members is always one of our top priorities, and has become even more important throughout the pandemic.

- We have provided information to members through email, oda.org, Facebook and Twitter about topics including infection control, new regulatory guidelines, PPE, business resources and more.
- ODA staff have personally responded to thousands of phone calls, texts and emails to members with specific questions related to COVID-19 and provided personalized answers and resources. Topics have ranged from assisting dentists who are working through unemployment compensation issues, SBA loans, dental insurance reimbursement and credentialing, HIPAA compliance, PPE guidelines, infection control and everything in between.
- We've provided video updates on our Facebook page with the most important information dental offices need to know and to help clarify points of confusion.
- We have contacted OSHA to receive details on regulatory compliance issues for dental offices during the COVID-19 pandemic.
- We created a sample OSHA Respiratory Protection Program to help ensure you're in compliance.

We also provided helpful, free resources for dentists to take advantage of during the stay-at-home order, including:

- ODA Annual Session Sneak Peek CE courses, including two free CE courses with information about infection control, PPE and other resources related to opening your dental practice. More than 17,000 dental professionals have watched these webinars.
- An online opioid CE course to help dentists fulfill the Ohio State Dental Board's mandate.
- A webinar about in-office membership plans.

We're stronger together

The ODA will continue to work on members' behalf throughout the rest of this pandemic and into the future. For resources and information about coronavirus for dental offices in Ohio, visit <https://oda.org/member-resources/covid-19/>.

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.

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PPE reimbursement legislation introduced in Ohio House

Representative Bill Roemer (R-Richfield) recently introduced legislation that would require dental insurers to pay for a portion of expenses related to dentists' additional PPE costs in light of the current COVID-19 pandemic. House Bill 681 requires that health benefit plans that provide coverage for dental care services "shall provide a reimbursement to dentists" for "personal protective equipment necessary to provide those services with minimal risk of disease transmission." The reimbursement required under the bill "shall be a standard fee made on a per date of service, per patient basis." These same requirements would also apply to Medicaid reimbursements as well.

ODA president-elect and Akron-area oral surgeon Dr. David Kimberly stated that he is very appreciative of Representative Roemer's willingness to take on this very important issue, stating "as dentists across Ohio take additional steps to ensure their patients are protected, it only makes sense that dental insurers share some of the costs related to ensuring the safety of their policyholders."

The ODA has also asked Ohio-based dental insurers and Ohio Medicaid to increase reimbursement levels to reflect the higher costs of PPE. Various payers have indicated that they're considering different options to address the issue and, in fact, a few dental insurers have already acted but not all.

The ODA will continue to provide updates on HB 681 and PPE reimbursements.

ODA supports legislation to allow Ohioans to take a tax deduction for out-of-pocket dental expenses

Representative Jon Cross (R-Kenton) recently introduced House Bill 623, which would permit Ohioans to take a temporary state income tax deduction for out-of-pocket dental expenses.

ODA president Dr. Sharon Parsons expressed appreciation for Representative Cross' willingness to introduce the tax deduction bill. She pointed out that "while that state's order basically shutting down dental offices for six weeks was in order to preserve PPE for front line health care workers who were testing for and treating coronavirus, many Ohioans may now be apprehensive about returning to the dental office or believe that dental care is non-essential." Parsons stated that "the ODA supports this legislation to encourage patients to seek the dental care they need."

House Bill 623 would allow Ohioans to take a state income deduction for any out-of-pocket expenses for dental care services paid with after tax dollars for the tax years 2020-2021.

New ODA radio spot highlights importance of dental care

The Ohio Dental Association recently launched a radio and digital advertising campaign about seeing a dentist in our post-COVID world. The radio ad explains how regular dental care ensures that we have good oral health and good overall health. It also discusses some of the new safety measures that may be in place at dental offices in Ohio. The ad ends by highlighting the importance of seeing a dentist who is a member of the ODA. These ads are playing on ONN radio stations across the state.

The ODA is also running ads on Facebook and other digital platforms promoting a similar message and showing pictures of dentists in their new PPE.

The ads direct listeners to associationsadvanceohio.com, where they will find a video about the importance of seeing an ODA member dentist, and they are then directed to the ADA "Find a Dentist" search feature. All member dentists benefit from the ODA advertising campaign by being listed on the Find-a-Dentist search tool.

The ODA has been supporting member dentists and dental practices through public education radio campaigns targeted to consumers around the state since 2012. The radio campaign is a partnership with the Ohio Society Association of Executives (OSAE) and the Ohio News Network (ONN) that provides an opportunity for the ODA to join together with other Ohio associations within OSAE to promote ODA membership as well as support member dentists.

ONN is a provider of news, weather, and sports programming for 74 radio affiliates across the state. ONN radio stations reach more than 1.2 million people each week and cover all 88 counties in Ohio.

To listen to the ODA's new radio spot, visit our YouTube page at www.youtube.com/ohiodentalassn.

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

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ODA Meeting & Event Calendar

Jun.	<ul style="list-style-type: none"> 11 Task Force on Auxiliary Utilization and Access to Care 15 Subcouncil on New Dentists 18 Annual Session Committee 22 Task Force on Diversity and Inclusion 26 Finance Committee
Jul.	<ul style="list-style-type: none"> 3 ODA closed for holiday 16-17 Annual Session Committee 21-22 Council on Dental Care Programs and Dental Practice 24 ODASC Board 29-31 Executive Committee

In order to limit personal contact, these meetings are tentative and will likely be conference calls if they are held.

Ohio Bureau of Workers' Compensation extends premium due date until Sept. 1

Ohio Gov. Mike DeWine announced that the Ohio Bureau of Workers' Compensation (BWC) is deferring the due date for employers to pay their June, July, and August premium installments until Sept. 1.

Governor DeWine said the deferral is designed to help employers focus resources on re-opening their businesses under his Responsible RestartOhio Plan, the state's effort to restart the economy while keeping Ohioans safe amid the ongoing COVID-19 pandemic.

For more on BWC as it relates to COVID-19, please visit bwc.ohio.gov or email BWCCOVID19@bwc.state.oh.us.

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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.

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The Value of Membership



"As a practicing dentist of 41 years, I've always appreciated the guidance and advocacy of the ODA, however I never realized just how valuable those benefits would become until March of 2020. After reading the almost constant updates from the ODA, at no time did I feel panicked or overwhelmed with the incomprehensible situation we all found ourselves in. I appreciate the way the ODA hit the ground running and truly 'leaned in.' Thank you, ODA!"

Craig Balloon, DDS
General Dentist
Canton, Ohio

DOCUMENT, from page 3

sible symptoms of COVID-19) is a document that should be retained. This questionnaire is helping offices make decisions on seeing patients and should be treated like any other document and put in the patient's file. Further, some malpractice providers have recommended that offices have patients sign consent forms for treatment. Those documents are important and should be kept.

In closing I would like to touch on the destruction of records. If your office decides to destroy records that have exceeded the proper period of retention, caution must be used in doing so. For example, you have an obligation to protect the patient's privacy and personal health and financial information. Securely destroying inactive patient records generally involves shredding. There are professional services available to do this for you, but you should always insist on a certificate of destruction and, for entities covered under HIPAA, a Business Associate Agreement. Furthermore, make sure that there are no sub-contractor companies involved that do not also agree in writing to adhere to the privacy policies of the practice.

Next month we will discuss changes made in offices and documentation of employees. In times where changes are being made, documentation is a strong tool in the decision making process and in managing any liability that may arise. For additional information on this topic, please contact the ODA legal department at (800) 282-1526.

Task force aims to promote diversity and inclusion in organized dentistry

By Jackie Best Crowe
ODA Managing Editor

Promoting diversity and inclusion is a top priority of the Ohio Dental Association and ODA President Dr. Sharon Parsons. To help achieve this goal, the 2019 ODA House of Delegates approved a resolution to create a Task Force on Diversity and Inclusion comprised of members with varying demographics that would be appointed by Parsons.

"The face of dentistry and the culture of dentistry is rapidly changing," said Dr. Canise Bean, chair of the ODA Task Force on Diversity and Inclusion. "The more that we actually work together, the more we can accomplish together. I think that by recognizing and embracing our differences, we can realize that it really moves us forward in so many dimensions."

The task force includes representatives from various demographics including females, minorities, LGBTQ, employee dentists and long-standing members. The goal of the task force is to determine how the ODA might better attract and retain members from underrepresented backgrounds.

"I acknowledge that we have been focused on membership for some time and many have dedicated countless hours to this end," Parsons said during her speech to the ODA House of Delegates in October. "I don't know that there is a magic bullet or formula available to attract new members, especially the new graduates. But I do think that we have to keep trying. We have to be relevant. ... Maybe if we ask enough questions and get the opinions of those we wish to engage, we can remain the voice of dentistry."

Bean said the task force feeds right into the strategic plan of the ODA. One of the goals in the ODA strategic plan is to "make the ODA an effective organization by maintaining the highest level of membership and developing strong leaders." To achieve this goal, the strategic plan calls on the ODA to "develop specific recruitment efforts to engage dentists from underrepresented demographic groups and dentists who practice in large group practices."

"The differences in what people can bring to the table in leadership roles can



By ODA Staff

The Task Force on Diversity and Inclusion includes representatives from various demographics including females, minorities, LGBTQ, employee dentists and long-standing members. The goal of the task force is to determine how the ODA might better attract and retain members from underrepresented backgrounds. Photo taken at the task force's meeting in February.

only further the goal and the mission of the organization as a whole," Bean said. "In the past we have really been recognized as a white male dominated profession. That is no longer the case. We need to take advantage of the differences that different backgrounds and different ways of life bring to the organization. It is something the ODA is really looking at and really seeking to make progress in that area."

So far, the task force has had two meetings and has reviewed the ODA's recruitment and retention toolkit as well as the American Dental Association's diversity and inclusion toolkit. Bean said that the ADA recognizes a diversity continuum, and the task force has determined that the ODA is in the middle of that continuum and wants to focus on intentional inclusion.

The task force also developed a survey to help determine why members from underrepresented demographical groups are not members currently and if they had previously been members then why they decided to terminate.

"We really felt that in order to make strides in the development of strategies or means of recruitment that we needed to see if we could get a better understanding as to why members of underrepresented demographics were not members and why those who practice in large group practices are not members," Bean said.

The task force is currently reviewing the responses and looking for intentional and specific ways to address the results, Bean said.

Bean said that she thinks one of the biggest challenges dentists from diverse backgrounds face when it comes to organized dentistry is a sense or a view that organized dentistry is not necessarily for them. She said that often times after graduation, dentists are focused on honing their craft and finding their place within their community as they establish their practices, and organized dentistry may not be a priority.

Additionally, sometimes when underrepresented dentists attend events with organized dentistry, she said they may not see activities targeted to them and their specific needs.

"The task force is relatively young in coming together and bringing our ideas together and working through various processes," Bean said. "I really feel we are on good solid ground and that so many meaningful outcomes can be derived from a task force like this. I feel like we are certainly moving in a very good direction to make that happen."

In her speech, Parsons said "we cannot allow ourselves to be divided by quibbles such as political affiliation or mode of practice. In the end, we are all dentists and are so much stronger together than divided."



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FEDERALISM, from page 2

PPE for dentists to follow in reopening their practices.

The closure and reopening of dental offices played out differently in each state – and rightfully so. The pandemic hit harder and sooner in some areas, like New York, than other areas. Each state designed its own response to the pandemic based on its own situation and the preferences of the government officials in each jurisdiction. This is exactly what the framers of the Constitution intended.

Nonetheless, there was still confusion over who has authority over what. For example, on May 1, while the state of Ohio allowed dentists to provide the full range of dental services to Ohio patients, the CDC's guidelines still recommended that dentists only provide emergency care. Dentists were confused over which guidance to follow (the CDC guidelines have since been updated). As we explained at the time, the CDC's "Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response" specifically stated that dentists "should regularly consult their state dental boards or other regulating agencies for requirements specific to their jurisdictions." The CDC, a federal government agency, acknowledged that while it was trying to provide useful guidance, state licensing boards largely control the practice of dentistry in each state.

While the states have directed much of the response related to the coronavirus pandemic, including issuing stay-in-place orders to "flatten the curve" and then later phased-in approaches to reopening businesses, the federal government did play a role as well. For example, under the U.S. Constitution, the federal government has jurisdiction over immigration and regulating foreign travel and, accordingly, it acted to limit travel from China at the outset of the pandemic. The federal government also provided economic relief packages for small businesses and resources to support unemployed workers.

Nonetheless, while many people were glued to the TV to watch press conferences from Washington, D.C., with President Trump and members of his Coronavirus Task Force, the most significant actions were being taken by governors across the country, including Gov. Mike DeWine and his team here in Ohio.

While admittedly the federal government has been allowed to expand its au-

thority and reach over the last century, in many important areas, the states still retain important policymaking authority that impacts our daily lives. This is especially true in dentistry.

Most of the laws impacting on dentistry are adopted at the state level, not the federal level. Chapter 4715 of the Ohio Revised Code is known as the Ohio Dental Practice Act. This chapter is the set of laws that were passed by the Ohio General Assembly and signed by the governor. The first dental practice act was enacted more than 150 years ago. These laws are constantly updated and revised through the legislative process. This statute defines the requirements for licensure of dentists and dental hygienists, including required fees and continuing education. The Dental Practice Act establishes the supervision requirements for dentists overseeing their staff, including dental hygienists, dental assistants and EFDAs. It defines the scope of practice for each dental provider in the office and how tele-dentistry may be utilized in Ohio.

The Dental Practice Act establishes the role of the Ohio State Dental Board, which issues licenses to dentists and dental hygienists and oversees and regulates the practice of dentistry in Ohio. The Ohio State Dental Board promulgates rules and regulations that also define the practice of dentistry in Ohio, including establishing standards for specialty recognition, advertising, patient and personnel protections, sterilization and disinfection.

Other state agencies that impact the practice of dentistry in Ohio include the Ohio Department of Health, Ohio Medicaid, Ohio Board of Pharmacy and Ohio Department of Insurance.

The vast majority of laws and regulations that affect the practice of dentistry are set at the state level. And as the recent coronavirus pandemic reminds us, the states' primary role in the area of policymaking was by design in the U.S. Constitution.

Because the laws and regulations impacting dentistry are established at the state level, it is important for the dental profession to have strong state dental associations, like the ODA in Ohio, to make sure the interests of dentists and their patients are of paramount concern during the lawmaking process.

Pay it forward during pandemic

By Jackie Best Crowe
ODA Managing Editor

ODA member Dr. Paul Mikhli is paying it forward by paying for a tripartite membership for a friend who is not a member – and he's calling on other ODA members to do the same.

"The dentists that don't pay for membership don't see the value," Mikhli said. "At least now, they might see the value a little bit more. I think for those of us who are already members, to spend about \$1,000 to hopefully get someone to be a member long-term only helps out. I think that's something that as we're looking to contribute, charity starts at home."

Mikhli decided to pay for the membership of a friend who is a dentist that did not see the value of joining and did not feel like organized dentistry had anything to help her out, he said. He hopes that she will see the value in organized dentistry and that she will continue to pay her dues as time goes on.

Mikhli said that during the pandemic, organized dentistry has really protected the interests of dentists, so now is the perfect time to show non-members the value of joining.

"The ODA and ADA have done a lot to get us started back up in a safe environment," he said. "You'd have to be blind not to see everything that the ODA and ADA have done. If we had no advocacy group, we'd maybe just now be opening back up."

He added that the amount of income dentists made by being able to open their practices a few days earlier more than paid for the cost of dues.

Mikhli said the biggest benefit he would like non-members to be aware of is the collective voice that organized dentistry gives the profession at the national and state level as well as with insurance companies.

"We can't do what we do without help from the state and national government," Mikhli said. "Having a strong voice with the most amount of members to those government officials I feel is hugely important. If we can bump up membership, it helps a tremendous amount. When you can say 90% of dentists are members, that holds a lot more clout. The more members we have, the more of a voice we have. We all benefit from this."

Interested in paying it forward or joining the Ohio Dental Association? Contact our membership department!

(800) 282-1526
membership@oda.org

While Mikhli feels advocacy is the most important reason to join organized dentistry, he said there are also many other added benefits that members can take advantage of, such as health benefits and discounts on whitening gel.

Mikhli also would like to call on non-members to join as a "thank you" to how organized dentistry has helped the profession during the pandemic.

"You don't need to have a friend to pay for your dues to decide to sign up," he said. "If you felt for any reason that the ODA has helped you during this time, sign up now as a thank you to the hard work that the ODA and the ADA have done during this time. You can make the decision when the dues come back next if you want to renew."

As an additional bonus, members who recruit non-members to join organized dentistry can be rewarded with a \$100 gift card for each new, active member they recruit (up to five members or \$500 in gift cards) through the ADA's Member Get A Member program. For more details, visit <https://www.ada.org/en/member-center/member-get-a-member-campaign>.

If you would like to join the ODA or pay it forward to help another dentist join the ODA, please contact the ODA membership department at (800) 282-1526.

The Value of Membership



"With the unprecedented closing of dental offices throughout Ohio during the Covid-19 pandemic, my office was in constant communication with Eric at the Ohio Dental Association. Eric was always available to us, returned phone calls and provided clear guidance not only during the shutdown, but also led us step-by-step for our swift and safe reopening May 1st. As a longtime member of the ODA, I will never take for granted the value of our professional association and wanted to acknowledge and thank them for their unwavering leadership and support during this difficult time."

Dr. Todd A. Salmans D.D.S.
General Dentist
Coshocton, Ohio

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ODA 2020 ANNUAL SESSION

I am thrilled to join you at ODA Annual Session!

By Dr. Kyle Bogan
ODA Annual Session General Chair

As we navigate through the Summer months and the reality of post-COVID-19 dental practice, I could not be happier that we are approaching what has become a constant in the dental landscape in the state of Ohio – the Ohio Dental Association's Annual Session. This will be the 154th time that dentists have gathered to reconnect with friends, refresh their passion for dentistry, and engage in some of the best continuing education available. Especially in this tumultuous year, I am thrilled to be able to join with all of you Sept. 24-27 at the Greater Columbus Convention Center in our familiar fashion.



It has been my great honor to work with the ODA staff and our President Dr. Sharon Parsons to assemble what we believe to be one of the best programs ever for this year's ODA Annual Session. I believe that most of us have come to understand the importance of our teams during this pandemic, and our meeting this year has a team focus from our first keynote session featuring Dr. Bertice Berry to our team building break-out sessions.

Additionally, we have well-known educators from around the country focusing on current topics in dentistry from 3D printing and digital dentures to the latest techniques and technology in radiology. With increased programming for dental team members – including oral systemic connection and work/life balance – and our great Exhibit Hall, there has never been a better year for the entire dental team to come together for a few days in Columbus to refresh, recharge, and refocus on our wonderful profession.

I will continue to eagerly count down the days until I can see all of you in September, and I urge you to join me for what promises to be an unforgettable event in an unforgettable year – The 2020 Ohio Dental Association Annual Session.

Like all large conventions, we continue to monitor the COVID-19 situation and will take direction from the CDC, the city of Columbus, the governor's office and the Ohio Department of Health. In this very fluid time, we are continuing to plan for Annual Session to be held in Columbus, from September 24 – 27, 2020.

Photos taken at past Annual Sessions.

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View our full schedule of courses and events at www.oda.org in July.

#ODAAnnualSession

Deadline for most offices to install an amalgam separator is July 14, 2020

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 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/OT_CReportAmalgam.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.

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). Members can also receive a discount on Amalgam Separators through OhioDDS, the ODA's new group purchasing organization. For more details on these offers, visit odasc.com and look for Solmetex or OhioDDS 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/>.

This rule was issued three years ago, and the ODA has been working to inform dentists about this mandate since then.

The Value of Membership



"I value my membership in the ODA because of all the resources available to me as a newer dentist. I found it very helpful to have the online CE available to me during the SARS-CoV2 pandemic so that I could prepare myself and my team appropriately to keep both us and our patients safe in these fluid times."

Neena A. Baghaie, DMD
General Dentist
Euclid, Ohio and Norton, Ohio

Numbers to know

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

Ohio Department of Health
(614) 466-3543

Ohio Dental Association
(800) 282-1526 or (614) 486-2700
Fax: (614) 486-0381
E-mail: dentist@oda.org

ODA Services Corp. (ODASC)
(800) 282-1526 or (614) 486-2700

Ohio State Dental Board
(614) 466-2580

Medicaid
Dentists who need to enroll as a Medicaid Provider may contact Ohio Medicaid at (800) 686-1516 and may also need to contact the Medicaid HMOs directly. For problems with Medicaid or the Medicaid HMOs, contact the ODA at (800) 282-1526.

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Ohio Dental Association testifies in favor of coronavirus immunity bill

By ODA Staff

Ohio Dental Association Executive Director David Owsiany recently provided testimony to the Ohio House Civil Justice Committee in favor of legislation providing certain professionals and businesses qualified immunity from civil liability and other professional discipline for actions taken related to the current coronavirus pandemic.

Owsiany told the committee in written testimony that “on March 17, 2020, the State of Ohio issued an order directing all health care providers, including dentists, to delay all non-essential procedures and surgeries” in order “to preserve PPE for front line health care workers fighting the coronavirus pandemic.” Owsiany pointed out that from March 18 to May 1, Ohio dentists “essentially shut down their practices only opening to provide emergency care in order to keep dental patients from presenting to hospital emergency departments, which were dealing with coronavirus testing and treatment.”

He testified that “many dental practices have been financially devastated by this unexpected and unplanned for closure” but “Ohio’s dentists are now being allowed to reopen their practices and provide the full range of dental services.” Owsiany explained that the reopening of dental practices is not only good for dentists but it is also good for all Ohioans “because a continued delay in the prevention, diagnosis and treatment of dental disease can lead to worsening of oral health and more invasive dental procedures and surgery down the road” and such delays can also worsen systemic health issues. Owsiany explained the additional precautions dentists are taking when reopening their practices in order to protect their patients, their staff and themselves. Owsiany concluded his testimony as follows:

“As Ohio’s economy begins its recovery from the coronavirus pandemic, the liability protections contained in Substitute House Bill 606 will give dentists the ability to reopen their practices, restore their

staff, and provide the care their patients need and desire, free from unnecessary concern over liability. Dental offices are already taking steps to mitigate risk of exposure by following professional and regulatory guidelines. Nonetheless, the coronavirus is not going away altogether. Absent an effective vaccine, Ohioans will undoubtedly continue to contract COVID-19, oftentimes through unknown sources. Defending against claims related to exposure will be costly and nearly impossible to determine with certainty.

Accordingly, we ask you to support giving Ohio’s health care professionals, including dentists, protection from liability during this current global health crisis, which they had no hand in creating. Substitute House Bill 606 will help Ohio dentists confidently reopen their offices to provide the oral health services Ohioans need and desire free from the unnecessary distraction of the threat of uncontrolled litigation. On behalf of the 5,300 member dentists of the Ohio Dental Association, I urge your support

of Substitute House Bill 606.”

The current version of Substitute House Bill 606 would, among other things:

- Grant qualified immunity from tort liability and professional discipline for injury, death, or loss that allegedly resulted because a dentist or other health care provider was unable to treat a person for any condition, including the inability to perform any elective procedure, due to an executive or director’s order or a local health order issued in relation to an epidemic or pandemic disease or other public health emergency.
- Grant qualified civil immunity for injury, death, or loss to person or property against any person if the cause of action on which the action is based, in whole or in part, is that the injury, death, or loss is caused by the exposure to, or the transmission or contraction of COVID-19.

The ODA will provide updates on Substitute House Bill 606 as the legislative process further unfolds.

ODSAC is here to support you during COVID-19 with resources, discounts from endorsed partners

By ODA Staff

During this difficult time of the COVID-19 pandemic, we’re working with our endorsed partners and vendors to help all of our members in any way we can. We know that many offices may be facing financial hardships right now, so we’ve worked to secure additional savings and resources for you.

Discounts and resources from our endorsed partners include:

- Purchase PPE and other supplies and equipment at a discount.
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- Meet disinfection and sterilization criteria.
- Revitalization programs and resources

can help your practice recover.

The Ohio Dental Association Services Corp. (ODASC) is your resource for discounts on products and services. We work on behalf of member dentists to endorse products and services and secure discounts for ODA members. ODASC focuses on the main “pain points” for dental offices and the things that dentists say they need.

We’re in this together, and ODASC is here for you to help get your practice back up and running.

To learn more and browse our endorsed products and discounts, visit www.odasc.com. To view our special COVID-19 endorsed discounts and resources, visit oda.org/membership/odasc/covid-19-resources-and-discounts/.

The Value of Membership



“I have been a member of the ODA for 16 years. We as clinicians, employers, business owners, and health care advocates have recently experienced one of the most challenging times our profession has ever seen. As I reflect on my office being closed for almost two months, I was extremely proud to be a committed member of the ODA. The leadership I saw from Dr. Parsons and the executive team was inspiring. They took a strong stand in advocating for a balance of what was best for our profession, how to help our community of patients, and our duty to flatten the curve. I have no doubt we shall come out this with a fresh perspective of what’s truly important, and a new outlook on the practice of dentistry. Re-opening our offices may present an interesting new normal for providing dental care, however, I rest easier knowing we in Ohio have a very strong dental association which has been a remarkable asset to us all during these uncertain times.

Thank you ODA team for all your unwavering commitment to excellence.”

Andrew Skasko, DDS
General Dentist
New Albany, OH

Implement these 5 reopening marketing strategies to boost your patient visits during the pandemic

By Kristi Simone
Whiteboard Marketing

As we continue to closely monitor analytics throughout COVID-19, we have seen some interesting trends as dental practices re-open across the country.

- Over the last few weeks, we have seen a rebirth of searches for “dentist” and “dentist near me”, and a rise in new searches for “dentist PPE” and “safe dentist”.
- We also have seen a direct correlation between Google Posts and rankings on Google Maps.
- Social media insights for Facebook posts show more engagements, comments, and likes than ever before.
- Our dental clients have seen a 65% increase in patient calls.

As you reopen your dental practice, implement these five marketing strategies immediately to leverage your presence

Interested in learning more?

Whiteboard marketing will be presenting at the 2020 ODA Annual Session! Course registration will be available in July. Visit www.oda.org to learn more and register. The 2020 ODA Annual Session is Sept. 24-27 in Columbus.



on Google when patients search for a dentist.

1. Add a special banner to your website home page and link it to your practice safety and sterilization pro-

ocols page. Be sure to include keywords that patients are searching for, such as dentist PPE and safe dentist.

2. If you have an infection control coordinator, add this “title” to his/her bio.
3. Boost your Facebook posts to reach more people in your community and within your patient demographic.
4. Add your COVID-19 or sterilization web page and your teledentistry page URLs to your Google My Business Page.
5. Regularly post your practice updates and messages on your practice Google My Business page.

Posting regularly on your practice GMB page is vital to your local search engine optimization strategy. These posts have a direct impact on local search results when someone in your area is searching for a dentist. This means, that when you post an event or post on GMB, you are more likely to show up during a search.

Have a question? Contact the Ohio Dental Association!

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4 new membership benefits provide added value

By ODA Staff

Over the last several months, the ODA has rolled out some exciting new programs – all of which are providing ODA members with significant benefits for their practices.

Members are saving money through our group purchasing organization

The Ohio Dental Association Services Corporation (ODASC) created Ohio Discount Dental Supplies (OhioDDS), a group purchasing organization or “buying group” in fall 2019.

OhioDDS allows ODA members to join together and leverage purchasing power to receive discounts on supplies, equipment and services. It is a free program available exclusively to ODA members.

More than 700 ODA members have signed up for OhioDDS, and members on average save 14% on their purchases, with an average savings of \$5,000.

“I saved over \$2,000 my first quarter using OhioDDS,” said Dr. Bruce Grbach, a general dentist in Mentor. “You have the freedom to order your supplies through OhioDDS or your current supplier, whichever is less expensive. Online ordering is very easy, and we have a fantastic rep that will help in our office.”

ODA members can sign up for OhioDDS at no charge or obligation to order products by visiting odasc.com and choosing OhioDDS under Practice Resource Products.

Members are utilizing our comprehensive guide to ensure they are in compliance with regulations

The ODA has put together the most comprehensive regulatory compliance manual for Ohio dentists, “The Ohio Dentist Advisor: Your Guide to Regulatory Compliance.” This electronic manual is a one-stop shop for all regulatory compliance needs for dental offices.

There are sections on dental license and CE requirements, employment laws, environmental and infection control regulations, prescribing rules, and much more. This user-friendly guide includes forms to assist member dentists to establish their X-ray Quality Assurance Plan, OSHA Exposure Control Plan and OSHA Hazard Communication Plan. The manual also includes various checklists to make regulatory compliance and documentation easier than ever.

“As an ODA member we all have access to the ODA regulatory compliance manual,” said Dr. Michael Herman, a general dentist in Columbus. “Anyone currently



ODA Staff
The Ohio Dental Association created a free online opioid CE course that launched at the beginning of the year to help dentists meet a new dental board requirement. The course features ODA President Dr. Sharon Parsons, who has a compelling story of how the opioid crisis and addiction has affected her and her family. Photo taken at CE recording last Fall.

invested in a private practice needs to use this resource as it is constantly updated with all of the things that we need to be compliant on.”

The guide has been downloaded by over 1,200 members.

Download the free guide at oda.org/member-resources/resource-guides/.

Members are fulfilling their opioid CE requirement with our online course

The Ohio State Dental Board is now requiring all dentists to complete two hours of continuing education on opioid prescribing and related issues. The rule requires two hours of CE for each of the next two bienniums in order for dentists to renew their license in Ohio and went into effect Jan. 1. This requirement applies to all Ohio licensed dentists, whether or not they write prescriptions.

To help ODA members meet this requirement, the Ohio Dental Association has created a free online CE course, “A Dentist’s Guide to Recognizing and Understanding Addiction and Engaging in Responsible Prescribing Practices.” The two hour course on opioid prescribing and other addiction-related information is available at www.oda.org exclusively to ODA members as a benefit of membership.

“In this unprecedented time of COVID-19, I was able to make the most of my downtime from my office by keeping up to date with the newest requirements and regulations in dentistry,” said Dr. Lisa Davison, an orthodontist in Columbus. “The ODA has been a great resource for making sure I am in compliance and have

the most current information. I recently completed ODA’s complimentary online opioid course and CE, which is required by the Ohio State Dental Board for license renewal. Little things like this are nice perks of our membership!”

More than 800 members have completed the course so far.

Access the free course at oda.org/account/continuing-education/.

Members are providing their patients with an alternative to traditional insurance with in-office membership plans

The Ohio Dental Association Services Corp. (ODASC) endorsed DentalHQ, a platform to help dentists create, customize and automate their in-office membership plans in the fall of 2019.

In-office membership plans provide alternatives to traditional dental insurance and third-party discount plans. They allow dentists to offer their uninsured patients the ability to join the plan and pay a monthly or yearly fee directly to the dental practice in exchange for services and discounts created by the dentist.

With the ODASC In-Office Membership Plan, powered by DentalHQ, the dentist is able to have total control over setting the fees and enrolling patients, and allows for easier member management and payment options.

To learn more, sign up for a free web demo, and enroll in the ODASC In-Office Membership Plan powered by DentalHQ, visit <https://www.dentalhq.com/ohio>. ODA members receive nearly 20% off the management fee of DentalHQ.

The Value of Membership



“There is absolutely no one in our profession and industry that is looking out for the best interests of Ohio dentists, and by default our patients, as the Ohio Dental Association. I have experienced first hand the tireless efforts of the staff as our strongest advocates. Whether it is group purchasing power for insurance and supplies, offering scholarships to students, promoting dental public health/education, or protecting and preserving our rights, the Ohio Dental Association has our backs. There is no greater value in our future than investing in your membership with the ODA today.”

Gregory P. Heintschel DDS, MBA
Chairperson and Senior Associate Dean of MetroHealth System - CWRU SDM Cleveland, Ohio

Access articles from current and past issues of “ODA Today” by visiting www.oda.org.



New graduates may be eligible for malpractice insurance at no cost to them

Dentists who are new graduates, former ASDA members and current ODA members may be eligible to have their first year of malpractice insurance coverage to be prepaid by the ODA.

Through this program, the ODA provides new graduates with their first year of malpractice coverage through MedPro at no cost to them (subject to underwriting guidelines). Members can choose from occurrence or claims-made coverage.

Dentists who are planning to hire a new graduate as an associate can also take advantage of this benefit when providing malpractice insurance for their new employee.

MedPro is the Ohio Dental Association Services Corp.’s endorsed company for professional liability coverage for ODA members.

For more details on this program and to see if you qualify, contact the ODA at (800) 282-1526 or email stacyc@oda.org.



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The Explorer

Matthew J. Messina, DDS
Executive Editor

The Average Patient

I was being interviewed this week by a reporter about how dental practices were returning to seeing patients. She wanted to know how “the average person” was feeling about going to the dentist. Considering that, even pre-COVID-19, only slightly more than half of the people in the country see the dentist on a regular basis, wondering what “the average patient” is thinking is tough to figure out. She’s really asking the wrong question. Which got me thinking that maybe we have the right train on the wrong track as well.

As marketing experts will tell you, average is not the same as typical. It pays to differentiate between the average person and the typical person, as it allows us to create a more clear picture and gain more understanding. In business, “our typical customer ...” is a more accurate and useful way to start the sentence. “Typical” implies that we can identify traits and behaviors related to the intent of that

person, as in: “the person we are seeking to serve does this ...” In returning our dental practices from emergency-only to comprehensive care, we need to be thinking about “what do our typical patients expect of us?”

The public as a whole seems to be divided in roughly three camps. A third of the people seem to be saying they “have had enough of the quarantine and are ready to move on.” They have listened to the experts, considered the situation and decided that they are willing to accept the risks of living with the virus. They want to return to life as normally as possible. I’ll call them the “comfortable” third.

Another third have listened to the experts, considered the risks and decided that they are uncomfortable with the situation. They want to remain sheltered and are waiting until “it’s safe,” possibly when there is a vaccine or widespread testing. They are encouraged by the decline in cases, but remain wary. Often, this group knows someone directly who has become ill with the virus or they themselves or family members, are in a high-risk cohort medically and need to be careful of infection. I’ll call them the “reticent” third.

The middle third are undecided. They have listened to the experts and hear conflicting statements. They have concerns, so they are unsure and can be swayed one way or the other. They are looking for leadership to help them not be afraid. These are the “questioning” third.

I was talking with my friend, leadership author Mark Sanborn and he stressed that “you don’t manage your way out of a crisis, you lead your way out!” As leaders, in our practices and in the community, we need to accept the responsibility that comes with the position. Our friends and patients need us now more than ever. We have access to accurate, timely information, so we should evaluate that and make it understandable for those who will listen to us. In a time where scientific recommendations are evolving on a daily basis, we need to help put that into perspective.

We live in an emotional world. In the past, facts dominated the discussion. Now, we focus more on how people feel. Emotions are high. Everyone on social media is in “all caps” now. As leaders, we are called to be a calming force in the swirling chaos.

As we consider meeting the expectations of our patients, we should think about what emotions we are targeting. We can work to add happiness to our patients’ lives, through health and wellness. We also should consider how to remove fear. No matter what, we need to cast a vision of our practice of tomorrow in a way that patients can relate to it, depending on where they are in their processing of the “new normal.”

The “comfortable” third of patients are looking for us to be available for them and to provide the same personal services as before. They are the easiest patients for us to treat, as they already are comfort-

able with the care we provide and the manner in which we have always done it. They crave the comfort of normalcy in an uncertain world.

The “reticent” third of patients are concerned about coming in for appointments and should be informed about the risks of delaying care, as deferred care eventually becomes critical care. Decay, periodontal disease and oral cancer wait for no one. We also need to carry the message to them about the benefits of good oral health as a component of complete overall health. We have the information on oral-systemic connections to stress the positive value of comprehensive dental care. At the end of the day, we also need to acknowledge the fears of this group and let them know that we are there for them, to answer questions and to help them when they are ready. Fighting emotion with logic and science can be a tough proposition. Reticent patients will take more time to feel comfortable but they will get there in their own time.

The “questioning” third of uncertain patients is where we have the most work to do. This group wants reassurance that the steps we are taking as a practice will provide a safe environment for them. Dentists know that dental offices have been committed to universal precautions and high-level disinfection since long before it was cool. But we can’t take for granted

See AVERAGE, page 14



The Happy Dentist

Najia Usman, DDS
Guest Columnist

PPP, PPE, ZOOM and TikTok

I think the words “unprecedented times” have been used ad nauseam. As a collective brethren, we have probably all shared the same emotions during this global pandemic. Like the stages of grief, I feel we have all gone through stages of “handling.” This time my little column won’t do justice to all the things I have to say, because this column has been writing itself for the past 10 weeks. Let’s get started ...

So approximately 13 weeks ago, I was casually joking with staff and patients, that maybe I should cancel my overseas trip leaving on March 4 for 20 days. I didn’t want to be the one to bring “that coronavirus” to Ohio. My very paranoid brother (the periodontist) pleaded with me to change my plans “you are going to be stuck in Pakistan when they lock all the borders ... it’s coming.” I never listen to my baby brother (age 44). So I decided I needed a well-deserved mom and daughter trip and I boarded, in Toronto, a completely empty Boeing 747 ... (uh-oh). Anyways we all know how the headlines went. After my cousin’s wedding finished on March 8, the international headlines started ramping up. The Facebook fake news bites from Italian doctors chronicling mayhem ensuing warned that the United States should be worried. Though travel plans from China and Iran were already in place, on March 11 the travel ban issued for foreign nationals from the majority of Europe got our attention. Would my mom and I really be stuck? We paid extra and got out of “Dodge” on a March 17 flight and I barely made it back over the U.S. border. Fun-fact: When I was detained at the border, my car (for the first time in my

life) was searched yielding probing questions about my cough drops and concealing an illness rather than my shopping. It was at that moment I realized we were officially in the twilight zone.

Coming home, I found my four kids whose schools had all been closed, pivoting between relief, anger about me leaving and social consciousness and sending me to my room to start my 14 day quarantine. That was Wednesday, March 18, 2020. Though I knew about it when I landed, I woke up to the stunning reality of the governor’s order of March 17 declaring delay of all elective surgeries. What???? What were we going to do? Three months ago we were investing in equipment, new staff bracing for growth and now “FULL STOP.” How long is this going to last? Of course my brother in Canada was learning in his own circles that this was going to last at least until end of May, possibly even until July. I called this the PPP stage of grief: furloughing staff, pushing out creditors, canceling frivolous expenses, having a daily communication with my attorney, my accountant and my banker. By March 27, I felt like I had a game plan: skeleton staff to handle emergencies, getting financials in order to apply for all the financial grants/loans out there, staging my disbursements with my savings on hand to handle what possibly would be a devastating 2020.

So now we wanted to prepare to see patients. I call the preparation stage “PPE.” First thing we did was implement virtual consults. As an endodontist and an oral surgeon, we still were the end stop for dental emergencies in our community. There was already starting to be a run on N95 masks and hand sanitizer. Luckily we had face shields and gowns and we could manage the one emergency a day.

If we weren’t seeing patients, or strategizing, we were getting information. I call this the ZOOM stage. We attended financial lectures, PPE lectures, ODA council and ODB meetings, family, book club and building association meetings. I realized I missed all my tribes. I missed their faces and the jokes and the shared experience of this “new normal” (also an overused expression).

Having filed for the PPP on the first day of April 3, and knowing all my employees

were being looked after with their unemployment benefits, I started to accept the situation. I understood that this was a shared problem and the silver lining was all that family time because of slowing down and having adult children filling the house with jokes and their worry free energy. I call this the TikTok stage. Watching

videos, cooking new foods, making videos cooking foods and just being grateful for the past and the present because we never know the future. Hope you all are doing well as we gradually come back to work. First Kobe and now this ... SMH.

Dr. Usman may be reached at usman@zoominternet.net.



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Robert Buchholz, DDS
Guest Columnist

All God's Creatures

I couldn't have been more than 5 years old. Our family home was in the "Valley." For those of you who aren't familiar with Cincinnati's geography – the Mill Creek runs through a valley between some of our "Seven Hills" and ultimately empties into the Ohio River. In the early '50s the "creek" was as polluted as almost every waterway in America.

To the best of my knowledge, no one bothered to see if the Mill Creek could catch on fire.

The term smog was foreign to me, but respiratory infections were some of my best friends. Our family physician decided

that my infections were due to allergies. So without consulting with me, I ended up in Cincinnati's General Hospital for allergy testing. Years later, General Hospital eventually underwent a name change and became the University of Cincinnati Hospital.

There were no private or semi-private rooms during the '50s. Literally close to a hundred or more beds were lined up side by side and row by row.

The entire room was referred to as a "ward."

My head along with everyone else's faced in the same direction. Behind my head and all my fellow "row mates" were patients housed in negative pressure cylinders known as "Iron Lungs." Today's equivalent would be called ventilators.

The patients living inside these iron prisons were victims. They had been attacked by a virus and their lungs were paralyzed.

The disease ravaging these folks was caused by a virus named Polio.

That stay in the hospital became imprinted on my mind and to this day it remains one of the most frightening moments of my life. I had a close friend come down with Polio and I'm quite certain his

life was shortened because of the disease. Thankfully Jonas Salk developed a vaccine in 1953 and I remember standing in a community health line waiting for my dose of the life-saving medicine.

Now, 68 years later, another virus – COVID-19 is menacing humans in over 180+ countries – with fatalities occurring mostly in individuals predominantly 60 years of age and older ... but also occasionally striking down some of our youngsters. The total death toll is yet to be determined because as yet we have no vaccine and those that have been hospitalized and ventilated most probably now have damaged fragile lungs.

In an article titled "Why viruses deserve a better reputation" – written by virologist Marilyn Roossinck ... the COVID-19 is a "Parasitic" virus. That is – it harms the host's cells ... specifically the cells in our lungs. She believes this type of virus – a pathogenic type – represents less than 1% of all viruses in the world.

For Marilyn, that means 99% of all viruses either have no effect on the host cells (plant or animal) – have a symbiotic relationship with the host cells ... OR, actually help the host's cells.

Imagine my surprise when it was revealed that British American Tobacco PLC, with acreage near me in Central Kentucky – is in the process of creating a COVID-19 vaccine by injecting the coronavirus into its "host" tobacco.

In this century we've already witnessed TWO ZONOTIC viral attacks. The first was SARS and the second was MERS. The animal carriers were bats and camels respectively. And each virus was also a CORONA type virus.

Now we have Corona #3. I think we're seeing a pattern in the 21st century. I'll leave it to the pundits to weigh in on the where, how and why this seems to have become a recurring problem.

The obvious conclusion of the pandemic is – America and the rest of the world was totally unprepared for an "OUTBREAK" of COVID-19!

The reason for sheltering at home soon became obvious. The Boomer generation was at risk of being decimated in large numbers. Most Boomers have some type of medical health problem(s) that

See CREATURES, page 16

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AVERAGE, from page 13

that patients know this. We will need to target our communications toward the questioning group to demonstrate to them what has changed (and what stays the same) in providing comprehensive care for them. Our new protocols are an evolution of universal precautions, not a revolution. This patient group should know that we are being careful and diligent, but that we are not afraid to provide the care that they need.

Like my reporter, if we target our communications at "the average patient," we risk having unclear focus, which makes our message generic, ineffective, and, in some ways, counterproductive. However, by considering what our "typical patient" would want to know, we can craft messages that provide a vision of safety and caring that will accomplish our goals. It seems to me that envisioning the "typical patient" as being in the "questioning" third provides the most effective method going forward. If we address the concerns that we feel the questioning patient would have, it will provide the reassurance that both the comfortable third and the questioning third need to return to the dental office. Even the reticent third will benefit from the message, but it still may not be enough for them to change their view.

Returning to comprehensive care in our dental practice requires casting our vision and creating plans to achieve it. If we never set the goal, we have no chance of success. This is an environment filled with unknowns, but leaders manage risk by using information and skill to mitigate risks. A thorough presentation of our information and reasoning helps people accept our plans and support our conclusions. Patients trust their dentist, which grants us the opportunity to provide the reassurance that is necessary. The world needs dentists as leaders, now more than ever. Luckily, we are ready for the responsibility and up to the task!

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

"I thank PMA for its relentless efforts and help in organizing and guiding us through the sale of our dental practice. Their knowledge of the intricacies and vital aspects of the sale were so important. I strongly urge those looking to sell their practice to seek PMA's help." – Dr. Merle Frankel

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Letter to the Editor

Greater Cleveland Dental Society president shares thoughts on social justice

Like many of you, I have been shocked, angry, dumbfounded, frustrated, scared and quite uncertain of the direction our country is being taken. Throughout the coronavirus pandemic and as soon as we prepare to reopen our practices after helping to flatten the curve, our country bears witness to yet another string of unarmed Black Americans having lost their lives at the hands of White Americans and those who have taken an oath to protect and serve. As we add the names of Ahmaud Arbery, Breonna Taylor and George Floyd to the list of victims of racial and social injustice, let us remember that racism has never left us over the years – it has simply become more visible with recordings and the sharing of video footage via multiple media outlets.

I, again like many of you, have had the tough conversations with loved ones surrounding these senseless killings of people of color. My husband has immigrated here from Kenya in East Africa where the majority of people walking the streets look just like him. I have shared the history of our country to help him realize that while he has the best intentions of staying fit and jogging around the neighborhood, some may see the color of his skin as a threat to their safety. As he drives in our area, I have fears of him getting lost, finding himself in the wrong place at the wrong time, and never making it home. Many of our colleagues, neighbors, and patients have these same fears about their loved ones. What can our society of oral health care professionals and citizens of this nation do to address these issues of social injustice, systemic racism, and discrimination? You can be outraged, cry, march, protest in

solidarity, pray and commit to do your part to end racism and social injustice. However, even more can be done. (Visit <https://socialjusticebooks.org/> for ways to learn about and discuss social justice).

For starters, we can educate ourselves about the social, racial and religious injustices that have plagued our nation and its people for generations. Dentistry is not immune to segregation. The American Dental Association (ADA) was founded in 1859. And although Dr. Robert Tanner Freeman, the nation's first Black dentist graduated 10 years later, he could not have become a member of the ADA due to rules of segregation at the time. Dr. Ida Grey Nelson graduated from the University of Michigan in 1890 as the first Black woman dentist in our country. She practiced in Cincinnati, Ohio until she moved her practice to Chicago in 1895. Dr. Ida Grey Nelson was mentored and encouraged to pursue a career in dentistry by Dr. Johnathan Taft, who served as the president of the ADA from 1868-69 after having served as president of the Ohio Dental Association and who once served as the Dean of the Ohio College of Dentistry before being recruited by the University of Michigan to help establish their dental school. It was not until 1965 that the American Dental Association allowed Black dentists to join as members. I had the honor and privilege to meet and interact with Dr. Raymond Gist, the 1st Black President of the ADA during his term in 2009-10. What an inspirational and remarkable leader and colleague. (Visit www.ada.org and click on "About ADA" for more information.)

Due to a need to organize as profession-

als to support and encourage dentists of color and the communities they served, black dentists began to hold local, annual meetings in the early 1900s. In 1913, the Tri-State Dental Association meeting of Maryland, Virginia and the District of Columbia took place. Over the years, memberships increased and in 1932, the National Dental Association (NDA) was formed. The mission of the NDA is to "promote oral health equity among people of color by harnessing the collective power of its members, advocating for the needs of and mentoring dental students of color, and raising the profile of the profession in our communities." The local (Cleveland) component society of the NDA is the Forest City Dental Society (FCDS), of which I am also a member. The FCDS fulfills the mission of our national organization locally with support, mentorship, volunteerism, scholarships and education of our Student National Dental Association (SNDA) members at CWRU and the Northeast Ohio community. Black and minority populations experience disparities in oral health care, access to care, chronic health conditions, preventive health care, and mental health. We are in a unique position to help bridge the gap in oral health care utilization and services – let us face it head on and together. (For more information, visit <https://ndaonline.org/about-nda/>)

For years, I have witnessed what seems like a divide between our ADA and NDA organizations. As the first Black woman president of the GCDS, I hope you will join me as we aim to bust these historic silos that have kept the brilliant minds of members of dental organizations from coming together for the good of the profession

and the people we serve. Reach out to colleagues of color and ask how they are doing during these times. Be willing to give information on resources to help our colleagues re-open their offices now that mandated shutdowns have been lifted. Inquire if and how you can be of assistance to those starting up, looking to purchase an office, transitioning into retirement, needing recommendations for advisory team members, and for those hoping to gain shadowing experience. Let us be inclusive and invite non-ADA members of any background to our events and meetings as our guests to allow them to witness the reasons why we remain members of organized dentistry and encourage them to join. While the NDA and FCDS are not restricted to people of color, consider participating in their events and help foster relationships with their members. Our dental students, colleagues and communities are looking at us during these times of uncertainty. The way we respond will help shape the next generation in their ability to face adversity, challenge the status quo, cope with grief and despair and transcend obstacles. We are all in this together.

As 2020 has proved to be quite shocking in its first half, I am honored to serve as the Greater Cleveland Dental Society president during these uneasy times. To share my rendition of Mahatma Gandhi's quote, "Be the change you wish to see in the world – start with a smile!" Let us bring colleagues and communities together with education, support, motivation and information. Let us operate as a TEAM in which Together, Everyone Achieves More.

- Kari A. Cunningham, DMD
Cleveland, Ohio

Letter to the Editor

A Matter of trust

The mantra "a patient doesn't care how much you know until they know how much you care" gained a new level of significance with the onset of the current pandemic. Never before has the public been more attuned to the protocols, process and procedures in the intimate confines of the dental office. The notion

of trust now encompasses more than adhering to "standard of care" issues, and includes attention to the previously innocuous behavior and conduct of you and every member of your staff.

For the majority of my 38 year career in dentistry I enjoyed the privileges of solo private practice; my exit strategy included a few final years of corporate dentistry prior to retirement in December 2019. As a specialist I was keenly aware of the relationship, or the lack of a relationship, that most patients cultivate with their general

dentist, often their longest tenured health care provider. On all matters dental, the dentist's opinion and advice supersedes information from sources like advertising and the internet. That loyalty and confidence serves as a powerful incentive for patients to seek and consent to treatment. In these turbulent times, the empathy and stability of your staff and associate care providers (a characteristic of most private offices) offers a measure of comfort to patients often subject to drastic changes in other aspects of their lives. Your "name on

the door" signifies accountability, and your commitment to professional standards. These factors provide both an advantage and an opportunity for practitioners who demonstrate an understanding of the dynamics of trust. Your patients have many options available for their dental care. They have chosen you partially due to confidence that your office provides the best possible treatment delivery environment. Your compassion, consistency and professional acumen all serve you well when uncertainty and discord continue to permeate many aspects of everyday life.

The dental profession has a proud history of response and adherence to infection control and sterilization, but not all dental offices will survive the current crisis. I remain confident that well managed, conscientious offices will thrive because of our long standing commitment to excellence both in clinical performance and patient management.

- Dr. Stephen Simpson, DDS, MS
ODA Past President

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Letter to the Editor

Essential, yes, but unmentioned

I would like to commend the selfless workers of the dental profession during this pandemic.

As the medical professionals are lifesaving and help to direct the ultimate safety of our society, we all owe gratitude to them.

Although general dentists and dental specialists are not included in the first line of health care workers, their need can be critical in the health of the patient. The treatment of early dental infections in the dental operatory can help alleviate the sometimes-overburdened hospital during this crisis.

Dental professionals and their dental staff often are at risk from patients who are transmitters or carriers for many potential diseases, including COVID-19.

The order from Governor DeWine and Dr. Acton allowed dental offices to open as of May 1, with much needed care as well as treatment to the citizens of the state.

Throughout this crisis the Ohio Dental Association has been guiding dental professionals that are members through personal emails under the leadership of our president Dr. Sharon Parsons. She has been a competent, compassionate leader with transparency throughout this pandemic.

The Ohio State Dental Board has issued guidelines for protecting the dental personnel that must be followed upon reopening. Dentists as well as dental staff members are at risk despite these guidelines. Until adequate testing is in place, dentists and their staff will be exposed with hopefully minimal consequences.

I think it important to recognize the selfless essential workers in the dental profession.

- Barry S. Blank DDS, MScD
Bexley, Ohio

CREATURES, from page 14

exacerbate the damage the virus inflicts on their body.

Equipment wise, dental professionals roll through gloves and masks faster than eating a bag of M&Ms. So it wasn't a surprise that as a profession – we were asked to stand down so that the medical profession would have no shortage of barrier supplies.

However, that didn't stop me from being offended once again – with the unspoken inference that as a profession we're still considered non-essential health professionals.

And finally I have a huge confession on my part. Prior to this pandemic I couldn't

tell anyone what the difference is between a Level 1-2-or-3 mask ... let alone an N95 mask. Now I do.

Economics aside, each dentist needs to start adopting a "survivalist" mental attitude. Start slowly stocking up on supplies that you didn't have prior to this crisis. Don't store them at the office – find storage space at home. We'll not be fooled a second time. Unfortunately right now the costs of these supplies are astronomical.

Baby steps folks ... just take baby steps!

And please – God forbid ... don't forget TOILET PAPER!

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

Letter to the Editor

Pandemic brings changes to dentistry

The COVID-19 pandemic has shaken the world. It has directly or indirectly affected all mankind (womankind too). We have a responsibility; we can and will do whatever is necessary, and as effective as practical, to provide for our patients, staff, and our families while keeping in mind, and in practice, the latest information we have on the behavior and effects of this novel virus. Much of what we do is merely based on hypotheses of what we know from the most current data about the pandemic along with the "rules and suggestions" set down by scientists, politicians, and the public psyche.

As an essential service, dentistry is especially hard hit. We are at a potentially higher risk of contracting the virus due to the intimate nature of delivering our service. Obviously patients can't be masked and even with best practices, the dental staff is exposed to infective oral and airway aerosols and droplets.

Many changes have to be made in reopening and reconfiguring the standard operating procedures of our practices. We have done this by employing the steps needed to protect ourselves, our staff, our patients, and our community.

Implementing these practices, in order to keep the curve flat enough as to not overwhelm the entire health care system, becomes our responsibility in fulfilling our commitment to provide safe and effective treatment to our patients.

The costs incurred by dental offices are not insignificant. We are constrained by the "time costs" in the rate of operatory turnover, pre-screening, and health assessment not only for our patients, but by daily health assessment of our staff. The difficulty in patient scheduling becomes

a quandary of giving too much or too little time as a result of the ever-changing guidelines and the back-and-forth nature of reopening followed by possible renewed closings. These "front office" duties are very time consuming. Having a restricted waiting room, and other practices to maintain social distancing of our patients, is costly. The physical barriers required at the "front desk" are expensive. Paying "hazardous duty bonuses" to staff and having an adequate supply and storage space for the best available PPE is a financial burden. The fact that procedures themselves will take longer and our former ease of movement from one operatory to another and back again, will be either limited or troublesome from a standpoint of cross contamination.

So ... reduction in productivity, plus a significant rise in overhead costs now leads us to the "business-of-dentistry" side of the equation. We cannot provide these essential services for very long if we don't have concomitant income to meet these challenges. This means our office will be raising fees. I hope third party payers recognize our challenges and will rise to the occasion and provide reimbursement levels that will prevent many from closing due to the economics of our essential service rather than the viral infectivity. I would assume that most dental insurers are sitting on a great deal of the premiums paid for dental care without having to pay out many claims from mid-March, to mid-May. Going forward, it is reasonable to assume the volume of claims will be down due to the restrictions that dental offices have in being as productive (billable services

See PANDEMIC, page 17

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PANDEMIC, from page 16

rendered) as pre-pandemic. This is something that each practice should evaluate on their own as we all reassemble our offices and staffs. These new accommodations that we must make in the face of the pandemic will have us working harder (and hopefully smarter) than ever. Being compensated fairly is a small price to ask of those who accept the liabilities while putting their own physical and financial health on the line.

- Jeffrey Levin, DDS
Bowling Green, Ohio

Editor's Note: The ODA and ADA are urging insurance companies to address the increased cost of care due to additional PPE, and the ODA is advocating in support of legislation that would require dental insurers to pay for a portion of expenses related to dentists' additional PPE costs. For more details, see "PPE reimbursement legislation introduced in Ohio House" on page 5.

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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.

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