

ODA Today

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

QuickBites

Affordable Care Act to impact cost of health insurance

The Ohio Dental Association and Ohio Dental Association Services Corp. (ODASC) are closely monitoring how the Affordable Care Act will affect dental offices in Ohio.

On Jan. 1, 2014, several new taxes and a new rating platform will take effect. For more information on how this will affect costs for consumers and employers who provide health insurance to their employees, plus how ODASC can help ODA member dentists, see page 4.

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ODA testifies in favor of dental insurance reform legislation

By ODA Staff

On June 4, Dr. Steve Moore, a general dentist from West Chester, and David Owsiany, ODA's executive director, testified in favor of dental insurance reform legislation at a hearing of the Ohio House Insurance Committee. House Bill 159, sponsored by Reps. Bob Hackett (R-London) and Kirk Schuring (R-Canton), would prohibit dental insurance companies from setting the prices dentists can charge their patients for services that the dental insurers do not cover.

Owsiany explained to the committee that House Bill 159 "seeks to remedy an inequity in the dental insurance system," noting that "in the last few years, dental insurers began telling in-network dentists what they can charge for services the insurers don't even cover." Owsiany informed the committee that this tactic from the insurance companies is "inconsistent with the fundamental premise of dental benefits" and is creating significant "hardships" for dental practices and patients.

Moore, who is a former chair of the ODA's Council on Dental Care Programs and Dental Practice and a past president of the Keely Dental Society (Butler County), provided a prime example of how the insurance companies' interference with the dentist-patient



ODA Staff
Dr. Steve Moore is pictured at an ODA Day at the Statehouse event. On June 4, Moore testified in favor of House Bill 159, which would prohibit insurance companies from setting fees for services they do not cover.

relationship by setting fees for non-covered services is negatively impacting patients. Moore testified that he recently performed an implant on a patient and she was pleased with the service and planned to have additional implants. However, the implant was not a covered service in the patient's insurance plan, and the insurer provided notice to Moore limiting how much he could charge the patient for the implant.

More testified that:

"This limited fee set by the insurer was actually less than what I had expended in supplies, lab costs and staff time. My business lost money performing the

implant. The next time the patient came to my office, I explained what had happened and told her that I would not be able to perform her additional implants due to the fee limitation. She was upset, wanted to continue to visit our office for dental treatment and even offered to pay my regular fee. Accepting her proposal would have placed me in violation of the provider agreement and I could have lost a substantial portion of my patients."

Moore explained that the insurance company's non-covered service policy placed

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ODA Annual Session Exhibit Hall features new events, offerings

By Jackie Best
Managing Editor

The Exhibit Hall at the 2013 ODA Annual Session (Sept. 19-22 in Columbus) is not just the perfect place to purchase products and equipment, but also gives attendees the chance to relax, enjoy special events, win prizes and grab lunch.

The Exhibit Hall will feature more than 200 exhibitors, with products from dental chairs and loupes to handpieces and equipment to toothbrushes and gloves. Dentists and staff members can all take advantage of the knowledgeable sales reps and the opportunity to ask detailed questions and see the product before making a purchase.

"If you're looking at comparing products or if you're having a difficult time making a decision between products that you would like to put in your office, the Exhibit Hall is an excellent opportunity to see multiple similar products, almost in a side-by-side comparison," said Dr. Nanette Tertel, 2013 Exhibit Hall chair. "It's a hands-on experience you can't get from ordering over the phone, online, or from a local representative. As good as they may be, they can't bring a new computer system into your office every day."

A new event taking place in the Exhibit Hall this year for dentists is the New Products Roundtable Breakfast. This event will take place from 8 to 10 a.m. Saturday, Sept. 21, and is an opportunity for dentists to check out the newest products on the



ODA Staff

Annual Session attendees will have the opportunity to test out products and get questions answered from knowledgeable sales reps in the 2013 Annual Session Exhibit Hall.

Inside

See pages 10 and 11 for more information about the 2013 ODA Annual Session.

dental market.

"Dentists who are there early Saturday morning have an amazing chance to get into the hall early, before it even opens, and avoid

the crowds and see some of the latest dental products demonstrated," Tertel said. "They'll be able to speak to exhibitors without waiting in line, and enjoy a great breakfast right in the hall. It's a great opportunity to get one-on-one attention, so when you're placing your order, you will have all the knowledge you need to efficiently and effectively utilize that product in your office, as soon as it arrives."

See EXHIBIT HALL, page 11



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The Director's Chair

David J. Owsiany, JD
ODA Executive Director

On June 4, the Ohio House Insurance Committee held a hearing on House Bill 159, an ODA-backed bill that would prohibit dental insurance companies from dictating the fees dentists charge for services that the insurers do not cover. Below is an abridged version of the testimony I provided to the committee.

Chairman Hackett and members of the Ohio House Insurance Committee:

Thank you for the opportunity to testify in support of House Bill 159. My name is David Owsiany, and I am the executive director of the Ohio Dental Association. As many of you know, the ODA is the professional association of dentists in the State of Ohio. We represent nearly 75 percent of the practicing dentists in the state.

There are more than 4,000 dental practices in Ohio, delivering dental care to millions of Ohioans. According to a recent independent survey of Ohio dentists, nearly 70 percent of dental offices in Ohio are solo proprietorships.

While these dental offices provide valuable oral health services, they also operate as small businesses and serve as important sources of employment for Ohioans. The typical dental office has six employees, including dental hygienists, dental assistants and front desk staff. That means that more than 24,000 Ohioans work in dental offices statewide. So, the

ODA backs non-covered services bill

impact of Ohio's dental practices is significant not just in terms of providing quality oral health care services, but also as small businesses and employers.

Today, I testify in support of House Bill 159 because this legislation seeks to remedy an inequity in the dental insurance system. In the last few years, dental insurers began telling dentists what they can charge for services the insurers don't even cover. This scheme is inconsistent with the fundamental premise of dental benefits, which is to provide coverage for certain dental services for the enrollees. This practice of insurance companies dictating fees for services they don't even cover is creating significant hardships for dental offices. Dental practices operate at narrow margins because of the nature of providing dental care, including high overhead costs related to dental technology and equipment. The typical dental office operates at around 60 to 65 percent overhead.

The insurers suggest that this practice of interfering with the dentist-patient relationship by setting fees for non-covered services is beneficial because it "saves" the enrollees money. In reality, this tactic by the insurance companies often acts to limit patient choices, forcing some patients to forgo preferred treatment options or disrupting continuity of care by forcing patients to go to other dentists for certain procedures.

It has been suggested that the dentists should just negotiate these non-covered services provisions out of the contracts. The problem is that these provider contracts are what the lawyers call "contracts of adhesion." "Black's Law Dictionary" defines contracts of adhesion as "standardized contracts" that are offered on

essentially a "take it or leave it" basis without affording the other party any realistic opportunity to bargain or otherwise negotiate.

These dental insurance companies are big businesses, some of them with hundreds of millions of dollars of annual revenue doing business in many different states. The small dental office is not provided any opportunity to negotiate related to the non-covered services issue. Each individual dentist that is presented with a provider contract from a dental insurance company is essentially faced with a "take it or leave it" proposition. There is no negotiation.

It has been suggested that the ODA should get dentists to join together to act collusively to gain bargaining power in order to negotiate these unfair non-covered services provisions out of the contracts. However, it would violate antitrust laws for dentists to engage in such activity. In fact, the Federal Trade Commission has taken action against dentists in other states when they have tried to act collusively to gain leverage against the enormous market power controlled by the dental insurance companies.

Many of these contracts are "ever-green" contracts that automatically renew. So in many instances, dentists signed the initial contracts long before the insurance industry was setting fees for non-covered services. Now that the dentists have a significant portion of their patient bases, perhaps 20 percent, 30 percent or even 40 percent or more of their patients, as enrollees of the insurance companies, the insurance companies have changed the rules midstream and are now dictating fees for services they do not cover. The dentists signed the contracts in good faith.

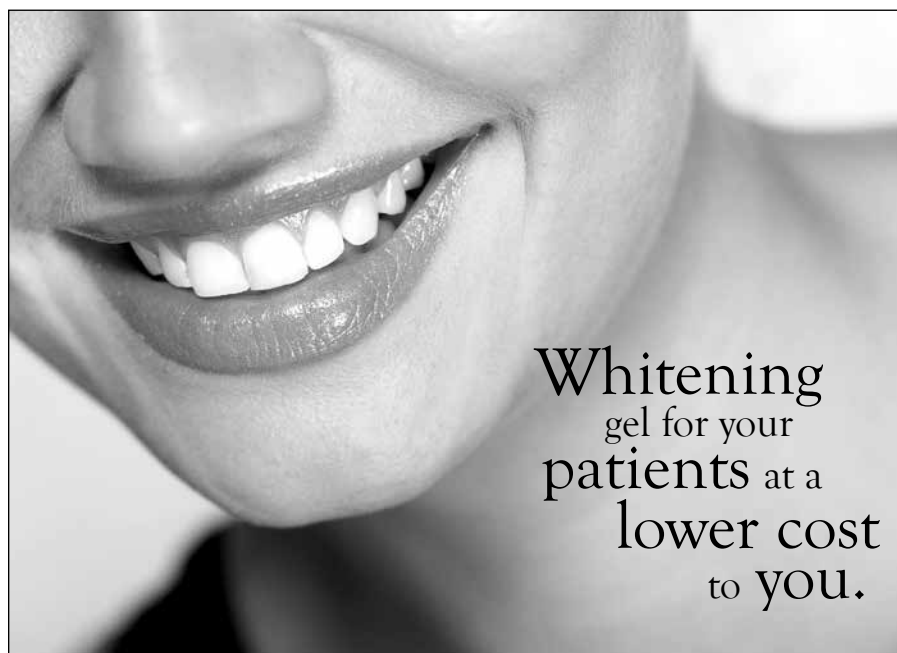
The insurance companies have changed the rules. Most dentists aren't able to just walk away from these contracts and lose a significant portion of their patient base.

Because of this very situation unfolding in state after state, policymakers began to take notice and decided reforms needed to be put in place. The National Conference of Insurance Legislators (NCOIL) passed a model act in 2010 prohibiting dental insurers from dictating fees for non-covered services. The NCOIL Act served as the model for House Bill 159.

Thirty states have now passed this reform legislation, including our neighboring states Kentucky and Pennsylvania, and states of all different sizes and in every region of the country, including Illinois, Texas, California, Georgia, New York, Washington, Virginia, North Carolina and 20 other states. The vast majority of American citizens live in states with these reforms in place. In all cases, despite dire predictions from the dental insurance companies, none of these states have experienced any difficulties in implementing the prohibition on dental insurers setting prices for non-covered services and none of these states have had any disruptions in their dental benefit marketplace.

In the end, House Bill 159 is a very limited remedy targeted to a unique problem in the dental insurance marketplace. This reform will protect small business dental practices from these unfair practices and will ensure that dental insurance companies are not interfering with dentists and their patients on services that the insurers do not even cover. I urge you to vote for House Bill 159 and add these common sense reforms for Ohio.

Thank you, and I would be happy to answer any questions you might have.



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Legal Briefs

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

Top 10 Legal Questions for the Dental Office, Part 3

Membership in organized dentistry provides numerous benefits from savings on products and services used in dental offices to CE offerings and networking opportunities. However, your membership also offers you access to valuable information on a variety of issues, including legal and regulatory compliance.

Each day the ODA legal department fields questions from dental offices across the state on a variety of legal issues. Many times these questions have common themes. Over the last three months, this column has addressed the 10 most common legal questions received from dental offices.

3) Advertising

State regulations and the profession's ethical code govern all types of dental advertisements. Television and radio spots, websites and all categories of print advertisements, including newspaper, magazines, yellow pages, signs, school or church bulletins, billboards and other mediums, are subject to regulation. There are

several general rules that dentists should follow when engaged in advertising of any kind to avoid difficulties.

First and foremost, advertising must be truthful and accurate. State regulations and the American Dental Association's "Principles of Ethics and Code of Professional Conduct" ("Code") require that dental advertisements avoid statements that are false or misleading in nature.

Second, dentists should clearly announce to the public which dental practitioners are offering services in an office. Board rules require that the names and conferred degrees of all dentists offering to practice dentistry within a facility be listed prominently at the front or main entrance of the practice. The names of deceased or retired dentists should not be posted at the front or main entrance or be utilized in advertisements of any kind.

Dental board rules also require that all advertisements contain the name of the owner(s) of the dental practice and the dental degree that the owner was conferred. This requirement extends to any print, broadcast or Internet advertising (websites, social networking sites, etc.) and to any signs located outside of the office.

Third, the public should be aware of the level of training of the dentist advertising services. Accordingly, dental board rules require all specialists to list their ADA-recognized specialty directly after or below

his or her name in all advertisements. General dentists are also advised to list the term "general dentist" directly after or below their name in all advertisements. This is because board rules prohibit statements made by general dentists that advertise the rendering of specific dental services unless the advertisement also includes the phrase "general dentist."

Use of the terms "family dentist," "cosmetic dentist," or "implant dentist" should be avoided. The board considers these terms misleading because they imply a level of specialty training to the public that is not recognized by the ADA. However, a dentist could use the phrase "family dental services," "cosmetic services," and/or "implant services" or similar derivations provided the term "general dentist" or the ADA-recognized specialty designation appears directly after or below the dentist's name. General dentists may also advertise the provision of ADA-recognized specialty services if the term "general dentist" is used.

The board's rules also address advertising in telephone books and other directories. Dentists are prohibited from advertising under telephone book headings that are not ADA-recognized specialties (i.e. cosmetic) or ADA-recognized specialties unless the dentist is a specialist in that area.

Finally, dentists should pay close attention to their advertising practices. A dentist is responsible for all content and placement of advertisements. Board rules require dentists to maintain in the office, for a period of at least two years, a copy of all advertising from print or broadcast media or via the Internet.

2) Electronic Health Records

The topic of electronic health records (EHR) continues to cause confusion for many dental practices. The American Recovery and Reinvestment Act (ARRA) of 2009, known commonly as the "stimulus bill," authorized the federal government to create an incentive program to promote the use of EHR, but did not require the use of EHR by providers.

Many dental offices still incorrectly believe that they must convert to EHR by 2014. However, nothing in the ARRA, the incentive program or any other section of the law requires dental offices to implement EHR by 2014 or any other date.

However, dental offices that participate

in the Medicaid program or are providers through Medicare may be eligible for monetary incentives if the offices adopt an EHR system that meets a "meaningful use" standard. "Meaningful use" has three general requirements; 1) the EHR must be "certified" and be usable in a meaningful way, such as for e-prescribing, 2) the EHR must be able to engage in the electronic exchange of health information in a way that improves quality of health care, and 3) the dentist must submit information on clinical quality measures.

If dental offices do convert to EHR, there are a few issues to consider. First, any EHR must be able to track the "chain of custody" of a record. This means that the system should record and archive the time, date and author of any changes to a patient chart. This tracking mechanism could prove important in future treatment decisions or in the defense of a lawsuit or other inquiry.

Second, dental offices must consider how the EHR information is stored and account for its safeguarding. Password protections, server integrity and backup are all issues to address with prospective EHR vendors. A data breach in an EHR system can be devastating for a practice.

1) Employment Issues

Employee problems can disrupt any small business, but they have potential to do significant damage in dental practices where employees work closely with the public and in close proximity to other staff members. One of the most difficult issues a dentist must handle as a small-business owner is confronting problem employees about their deficiencies. However, by implementing a few protocols, dentists can make this difficult process easier and more effective.

First, dentists should remember that Ohio is an employment-at-will state. This means that an employer can hire or fire someone for any reason or no reason as long as they are not doing so in a discriminatory manner. Employees should be made aware of this fact by including a simple employment-at-will statement in the office's employee manual.

Even though Ohio is an employment-at-will state, dentists are still wise to conduct periodic reviews of all employees and utilize a structured, progressive form of discipline.

Performance reviews serve an important purpose and should be conducted on a periodic basis, either annually or more frequently for newer employees. As part of this process, the dentist must document strong and poor performance areas accurately. But while accuracy is important, the dentist must also be careful to avoid any statements that could be interpreted as discriminatory in nature.

Once a review is complete, employees should be asked to sign it and it should be maintained in the employee's personnel file. The periodic review process is important, but dentists should not hesitate to take disciplinary measures in between those reviews. It is wise to deal with employee issues as they occur. First, it may help cure the deficiency. Second, it will ensure that there are accurate accounts

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Legal Briefs is intended to offer information and general guidance but should not be construed as legal advice and cannot be substituted for the advice of the dentist's own legal counsel. Dentists should always seek the advice of their own attorneys regarding specific circumstances.

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Health care reform to impact cost of insurance

By ODA Staff

As the implementation of the Affordable Care Act continues, the Ohio Dental Association and Ohio Dental Association Services Corp. (ODASC) are closely monitoring how the new law will affect dentists.

Several new taxes and a new rating platform will take effect Jan. 1, 2014, which will likely affect costs for consumers and employers who provide health insurance to their employees. The ODASC insurance plan provides dentists with an option for purchasing health insurance that meets the requirements of the Affordable Care Act while keeping costs as low as possible.

New Taxes

Three new taxes on health insurance plans will go into effect Jan. 1, 2014.

The Patient-Centered Outcomes Research Institute (PCORI) fee, which is currently \$1 per covered individual per year, will increase to \$2 per covered person.

The Transitional Reinsurance Program Fee will be \$5.25 per covered individual per month, or about \$63 per person each year. This means a family of four would pay an additional \$252 per year for this tax.

The Health Insurance Sector Fee is a new tax on health insurers to help pay for the Affordable Care Act's reforms. The

percentage each insurer will be charged will depend on its share of the total nationwide fully insured premium and will be passed on to consumers based on their monthly premium. For example, the fee for Medical Mutual of Ohio (MMO), the ODASC insurance carrier, is 2.4 percent of the premiums it collects. So if a person's premium is \$200 per month, they will pay an additional \$4.80 per month. This fee is expected to bring in an estimated \$8 billion in the first year.

Based on a premium that is \$200 per month, a covered individual would pay an additional \$0.17 per month for the PCORI fee, an additional \$5.25 per month for the Transitional Reinsurance Program Fee and an additional \$4.80 per month for the Health Insurance Sector Fee (based on the above mentioned 2.4 percent rate) for a total payment of \$210.22 per month.

All plans, regardless of their renewal date, will be subject to these new fees beginning Jan. 1, 2014.

Premium Rating Platform

The new rating platform takes effect for plans renewing Jan. 1, 2014, or for anyone

enrolling in a new plan after the first of the year. Plans that renew and individuals that enroll before Dec. 31, 2013, will enter under the current pricing platforms, which will remain in place for that plan until the next renewal or enrollment occurring after Jan. 1, 2014.

In the new platform, there will be no rating for health history. This could substantially increase rates for small businesses and employers, especially in Ohio because Ohio is moving to community rating – which means there can be no cost difference based on a person's health history – for the first time.

Age bands for adults will be limited to a 3:1 ratio for people between ages 21 and 63 under the new platform. This means that premiums for the top age band can only be three times higher than premiums for the lowest age band. Under the new platform, the largest rate increases are expected to occur for young, healthy individuals, while a potential decrease in costs exists for the oldest and most unhealthy individuals.

There will be a minor geographic component, meaning that premiums could be

slightly adjusted based on location.

Tobacco use under the new platform will have a 1.5 to 1 fee adjustment.

Plans that renew later in 2014 will be able to avoid the immediate impact of the new rating platform.

ODASC Health Insurance

The ODASC health insurance plan renews Aug. 1, 2013, and runs through August 2014. That means people enrolled in the ODASC plan will avoid the new rating platform until August 2014. Anyone who enrolls in the ODASC plan before Dec. 31, 2013, will enter under the current pricing guidelines and remain under them until August 2014. Anyone who enrolls after Dec. 31, 2013, will be subject to the new platforms.

The ODASC insurance plan meets all of the new requirements under the Affordable Care Act while keeping costs as low as possible for dentists and their staff.

Many other changes occurring along with the implementation of the Affordable Care Act could impact the health

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the patient in the difficult position of forgoing her preferred treatment option or disrupting the continuity of her care by forcing her to go to a different dentist for the implants.

Legislators peppered Owsiany and Moore with questions during the one-hour hearing trying to gain an understanding of the issues related to insurers fixing prices for non-covered services. Rep. Ross McGregor (R- Springfield) asked whether House Bill 159 would have ramifications outside of the dental setting. Owsiany noted that in 2010, the National Conference of Insurance Legislators (NCOIL), whose purpose is to help state legislators make informed decisions on insurance issues, created a model act specifically prohibiting dental insurance companies from dictating what dentists can charge for services the insurers do not cover. Owsiany explained that House Bill 159 is modeled after the NCOIL Act as "a very narrow remedy targeted to a unique problem in the dental insurance marketplace."

Owsiany concluded his testimony saying House Bill 159 "will protect against dental insurance companies interfering with dentists and their patients on services that the insurers do not even cover."

ODA President Dr. Kim Gardner, a general dentist from Chardon, was pleased that the ODA had the opportunity to explain the non-covered services issue to the Ohio House Insurance Committee.

"I am glad our executive director, David Owsiany, was able to discuss the intent of the legislation and really appreciate Dr. Moore taking time to come to the Statehouse to explain the real life impact these insurance company tactics are having on dental practices and our patients," Gardner said.

The House Insurance Committee held additional hearings on House Bill 159 throughout June and will continue deliberations on the bill this fall. The "ODA Today" will provide additional updates on the committee hearings in future editions. To read Owsiany's entire testimony, see his "From the Corner Office" column on page 2.



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

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

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

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

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Some health care practitioners may need to register with Medicare to refer services

Some health care practitioners who treat Medicare beneficiaries – even if they do not bill Medicare for the services they provide – may need to register with Medicare for the sole purpose of ordering or referring items or services for Medicare beneficiaries.

Health care practitioners, including general dentists, who order or refer services for Medicare beneficiaries may need to enroll with Medicare to ensure these services or items are covered by Medicare. If a health care provider fails to register with Medicare and then refers a service (such as sending a biopsy specimen to a lab for interpretation), that service will likely be denied by Medicare and the lab may wind up charging the referring provider for the service.

For more information about enrolling with Medicare and whether it may be necessary for you to enroll, visit www.ada.org/news/4389.aspx. If a dentist decides to register with Medicare, the dentist can do so through the Provider Enrollment, Chain and Enrollment System (PECOS) by visiting www.cms.gov/MedicareProviderSupEnroll/04_InternetbasedPECOS.asp.

Enrolling in Medicare for this purpose will not require you to bill Medicare and/or accept Medicare payments on behalf of your patients.

If you have any questions, please call the ODA Department of Dental Services at (800) 282-1526.

John D. Harris Dental Museum provides information on dentistry throughout history

If you're looking for some educational activities this summer, the Dr. John D. Harris Dental Museum might be just the place to visit.

Located in Bainbridge, Ohio, the museum displays dental artifacts that illustrate the progress of dentistry. The museum is in the original home, medical office, dental office and dental school of Dr. John Harris.

Harris was a medical doctor from Cincinnati who moved to Bainbridge in the mid-1820s. In 1827, he opened a school in his home to teach students who were preparing for medical school. In his advertisements, he indicated a particular interest in dentistry.

Harris moved to Chillicothe in 1830, closing the school and his practice. He had nine students, two of which went on to open the first two dental colleges in the United States. These two students earned the museum the designation "The Cradle of Dentistry."

In June, July and August, the museum is open Tuesday through Saturday from noon to 4 p.m. and Sundays from 1 to 4 p.m. In April, May, September and October, the museum is open Saturdays from noon to 4 p.m. and Sundays from 1 to 4 p.m.

Cost of admission is \$2 and parking is free. The museum is located at 208 Main Street, Bainbridge, Ohio 45612, and can be reached at (740) 634-2228. For more information, visit <http://www.bainbridgedentalmuseum.org/> or <http://consumer.discoverohio.com/searchdetails.aspx?detail=59624>.

Carnation Dental provides direct reimbursement dental insurance option for employers

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Do you follow the Ohio Dental Association, @OhioDentalAssoc, on Twitter? The ODA provides information on the latest dental news and events through Twitter.

Find links to information and news affecting dentistry plus the most up-to-date details about ODA events. Twitter also provides dentists an opportunity to connect with the ODA to ask questions, interact during events and more.

To follow the ODA on Twitter, visit www.twitter.com and create an account. Once you create an account, or if you already have an account, sign in and search for @OhioDentalAssoc. When you get to @OhioDentalAssoc's page, click on the "Follow" icon.

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

ODA Meeting & Event Calendar

Jul.

- 4 ODA office closed for holiday
- 16-17 Council on Dental Care Programs & Dental Practice
- 17-19 Executive Committee
- 26 Council on Access to Care and Public Service

Aug.

- 2 Council on Membership Services
- 14 Dental Education and Licensure Committee
- 16 Statewide Council on Peer Review

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of the deficiency. Finally, it will provide the dentist with rationale to terminate the employee if necessary.

Most businesses employ some form of progressive discipline, including an oral warning, leading to a written warning explaining the potential consequences if the problem is not corrected. Finally, if the deficiency is not cured, formal action in the form of probation, suspension or termination. This process varies from business to business, but the basic principles remain: the expectations and discipline should be clear to the employee and it should be documented in the employee's personnel file.

Proper documentation of an employee's deficiencies will prove invaluable in the event that termination is warranted. An

arsenal of documentation is a great deterrent to potential claims of wrongful termination or employment discrimination.

In addition to containing an employee's periodic reviews and disciplinary history, the dentist may also consider including other items as part of the personnel file. The original employment application and applicant resume, job description, salary history, professional credentials, employment forms, vacation and sick leave requests, notes pertaining to injuries, Hepatitis B vaccination or titer documentation, CE records and jury duty notices can all be included as part of the file.

Dentists should review their office's personnel process to ensure compliance with these protocols. For more information on these or other employment issue, please contact the ODA legal department at (800) 282-1526.

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Alliance of the ODA provides oral health education to children, seniors

By Jackie Best
Managing Editor

The Alliance of the Ohio Dental Association went "On the Road Again" this year to provide oral health education to seniors and children in Ohio.

Alliance members traveled to various schools and senior locations to present programs and hand out oral health care kits in Appalachia.

"With the road trips, it gives us a chance to get out among other people in Ohio and places where there's a need as well," said Kathy Kne, an Alliance member who participated and helped organize the trip. "We do a lot of things in the inner city, for example, but to go out to other parts of state, there's nobody else to do that, and we're thrilled to be able to do it. It's what the state Alliance is all about – reaching out to underserved areas in the whole state, not just locally."

The Alliance of the ODA is an organization for dental spouses.

The Alliance's "On the Road Again" project took three days, from May 1-3. The first day started at the home of Carolyn Dixon, where Alliance members worked until midnight putting together various oral health kits to deliver while on their trip.

On the second day, Alliance members traveled to Beverly, Ohio, and presented a Senior Smiles program and then delivered Senior Smile kits to four senior centers and to Meals on Wheels. They also delivered educational materials to Fort Frye Middle and High Schools and visited Salem/Liberty Elementary School. On the third day, they visited Lowell Elementary School and Beverly Elementary School.

"These were some of the nicest people I have ever met," Kne said. "They were so receptive and so kind, and the children were so well behaved and attentive. I was amazed."

At the schools, Alliance members presented a puppet show, presented a video called "Dudley's Classroom Adventure," demonstrated proper tooth brushing techniques and told a story about George Washington's teeth for children in kindergarten through second grade. For children in grades three through six, they focused on tobacco avoidance using the ODA's TACTIC (Teens Against Chewing Tobacco in the Community) program, a Dipper Dan display and oral hygiene instruction.

Kne said one of her favorite parts was watching the children's faces light up as they watched the puppet show.

"At first we thought it would be corny, especially because of all the technology kids are used to, and it wasn't that way at all," she said. "They were so excited about this puppet show. They really got into it. I was so surprised."

The Alliance passed out 1,350 goody bags that contained toothbrushes, toothpaste, timers, floss, activity books and educational materials. They also left goody bags for school staff, plus classroom posters, ADA Smile Smart Modular Lesson Plans and an ODA TACTIC Module.

Kne said one of the teachers said the presentation was so good she wished the Alliance members could stay and give the presentation for the parents. Although that wasn't possible on this trip, the Alliance was able to leave plenty of educational resources for the teachers so they could continue to educate the parents and students.

For the Senior Smiles program, the Alliance used the "Senior Smiles" booklet plus a PowerPoint presentation and provided additional information about caring for natural teeth and dentures plus ways to save money. The Alliance passed out 300 smile kits and 200 denture kits.



Photo submitted by the Alliance of the ODA
The Alliance of the Ohio Dental Association recently went "On the Road Again" to provide oral health education to students and seniors in underserved areas in Ohio. Pictured are the five Alliance members who participated in the three day trip: Connie Karłowicz, Kathy Kne, Sue Glenn, Sue Gardner and Carolyn Dixon.

Kne said the seniors were very interested in the presentation and asked the Alliance members a lot of questions.

The Alliance received a \$3,000 grant

from the Foundation for Dental Health Education to help cover the cost of the trip. They also received 2,000 color labels to put on the bags that held all of the

"These were some of the nicest people I have ever met. They were so receptive and so kind, and the children were so well behaved and attentive. I was amazed."

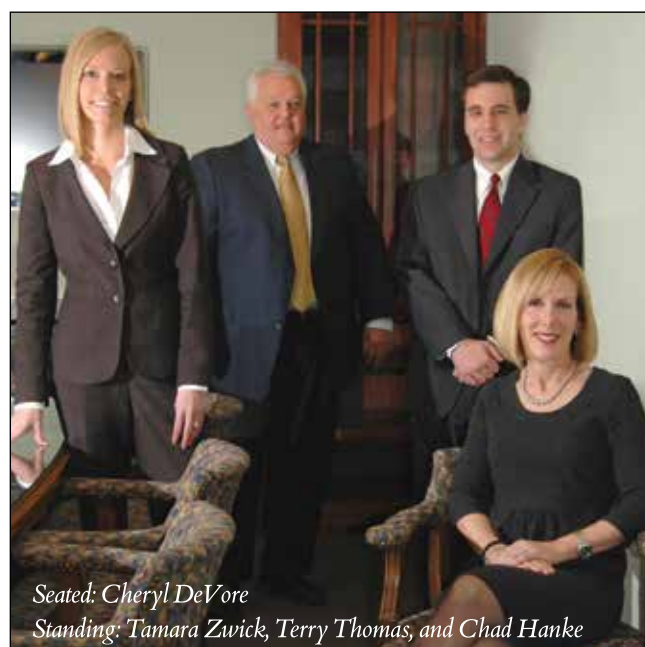
– Kathy Kne
Alliance of the ODA Member

materials and oral health care products donated by USA Label Express.

Alliance members who participated in the project from start to finish were Connie Karłowicz, Kathy Kne, Sue Glenn, Sue Gardner and Carolyn Dixon.

The Alliance's first trip took place about six years ago, when Alliance members traveled to Vinton County. The Alliance hopes to plan more trips to underserved areas in Ohio in the future.

"It's a very worthwhile project, without a doubt," Kne said. "It helps the adults, it helps the children, and it helps us as well."



Seated: Cheryl DeVore
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Dental Insurance Corner

Mid-year dental insurance issues environmental scan

By Christopher A. Moore, MA
ODA Director of Dental Services

Numerous entities within the Ohio Dental Association, ranging from the Executive Committee and advocacy team to the Council on Dental Care Programs and Dental Practice (CDCP-DP) and its Dental Insurance Working Group, work to identify and address dental insurance issues. As part of this process, the ODA conducts environmental scans of many issues, including those related to dental insurance.

Current legislative efforts

The ODA is currently actively supporting House Bill 159, legislation to prohibit insurers from establishing a fee schedule for dentists for services not covered by any contract or participating provider agreement between the insurer and the dentist. The bill is a top ODA legislative initiative and is pending before the Ohio House Insurance Committee.

Dr. Steven Moore, general dentist from West Chester; The Cincinnati Insurance Companies Vice President and Government Relations Officer Scott Gilliam; and ODA Executive Director David Owsiany have all presented written and/or verbal testimony to the committee in support of HB 159.

The legislation makes it an unfair or deceptive insurance practice for carriers to violate this prohibition and subjects violators to disciplinary action

by the Ohio Department of Insurance.

Thirty-two states have adopted laws to restrict insurers from setting dentists' fees for non-covered services and eight more state legislatures have considered taking similar action. Opposition to these bills from the insurance industry and other groups (e.g., businesses, unions, etc.) varies from state to state.

HB 159 is currently facing vigorous opposition from some dental insurers, the Ohio Chamber of Commerce and other business and insurance groups.

Other possible new issues

In addition to the resolution that established the ODA's policy to initiate the non-covered services bill, the ODA House of Delegates has additional policy actions authorizing the ODA to address other dental insurance related issues. These include:

- Third-party payer coverage of sedation/general anesthesia and associated hospital services for patients who receive dental treatment under anesthesia, due to a physical, mental or medical reasons,
- Taking appropriate actions to address any shortcomings in Ohio's regulation of silent preferred provider organizations (PPOs),
- Third-party payer coverage of individuals, regardless of age, for the dental and orthodontic treatment of cleft lip, cleft palate and other cranio-facial anomalies and
- Requiring that only dentists who

hold an active, non-restricted dental license issued in the United States be permitted to deny claims or act on appeals for reasons that require professional judgment.

The CDCPDP is currently monitoring and keeping the ODA advocacy team apprised of the legislative developments in other states on these initiatives.

What are you seeing in your practice

Other initiatives that have been introduced in recent years by other provider organizations include proposals to prohibit insurers from:

- Retroactively denying approved prior authorizations,
- Instituting "take-backs" or overpayment recovery beyond six months after a payment is made (current law allows carriers to go back up to two years to recover overpayments) and
- Unilaterally amending an existing contract between a provider and the insurer.

The American Dental Association is continuing to evaluate the possibility of

initiating class action lawsuits against insurance companies on the profession's behalf concerning underpayments to out-of-network dentists based on skewed fee data and some carriers' practices of recouping overpayments for one patient by lowering their reimbursements for other patients.

Another previously considered proposal would have lowered the prompt pay standard for clean electronic claims from 30 days to 15 and re-instituted the 30 day requirement for clean paper claims.

It may be helpful for ODA members to provide feedback on these issues to the ODA's Dental Insurance Working Group.

The ODA Dental Insurance Working Group continues to meet monthly to address dental insurance questions, concerns or complaints that are submitted by individual ODA member dentists. It oftentimes represents the first step in the ODA policy making process to develop positions on dental insurance

See **INSURANCE**, page 15

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

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Ohio Dental Association helps OSU ASDA chapter achieve success

By Nathan Prueter

OSU College of Dentistry Student

Over the past few years, The Ohio State University's American Student Dental Association (ASDA) chapter has achieved tremendous membership growth and received several prestigious awards, while becoming one of the premier chapters in the U.S. Ohio State's ASDA's recent growth and success is due to many reasons, but in my opinion, one of the most vital reasons ASDA has been able to achieve so many of its goals stems from the ideal relationship we have with the Ohio Dental Association.

As the 2011-12 OSU ASDA Legislative Liaison, I have had the opportunity to meet ASDA leaders from dental schools across the country, and I can positively say that few dental schools in the country have the kind of relationship that the OSU ASDA chapter has with the ODA members and staff.

2012 featured key changes to dental student involvement with the ODA brought about by collaboration between the Ohio State ASDA Chapter and the ODA Executive Committee to give up to 10 dental students direct involvement with the leaders of the ODA by placing a student consultant on each of the following ODA councils/committees:

- Council on Access to Care and Public Service – Michael Pappas '14
- Council on Dental Care Programs and Dental Practice – Jeff Gannon '14
- Council on Membership Services – Shanthi Cariappa '14
- Dental Education and Licensure Committee – Michael Border '15
- Annual Session Committee – Dan Magness '14
- Subcouncil on New Dentists – Andrew Hansen '14
- ODA's House of Delegates: Voting and Alternate delegates
- ODPAC Board of Directors: Two student liaisons – Nathan Prueter '14, Ben Kushnir '16

"Sitting on the ODA's Council on Dental Care Programs and Dental Practice (CD-CPDP) has been one of my most rewarding experiences in organized dentistry," Gannon said. "I have had the opportunity to meet with general practitioners and various specialists and discuss their perspectives on a wide array of issues facing dentistry from insurance and billing to government legislation."

Hansen agreed that serving on an ODA council has been a positive experience.

"Serving as a student consultant on the ODA's Subcouncil on New Dentists has not only allowed me to interact with some of the younger dentists from the state of Ohio, but it has also helped me become more familiar with the structure of the association and how it is run," Hansen said.

"Serving as a student consultant on the ODA's Subcouncil on New Dentists has not only allowed me to interact with some of the younger dentists from the state of Ohio, but it has also helped me become more familiar with the structure of the association and how it is run. This will make the process of becoming involved post-graduation much easier."

– Andrew Hansen
OSU '14

"This will make the process of becoming involved post-graduation much easier."

As the result of the support and encouragement we've received from the ODA's members and staff, student participation at the ODA's Day at the Statehouse has doubled in each of the last two years.

In addition, Keith Kerns, ODA director of legal and legislative services, has worked very closely with ASDA to develop and present the Advocacy Academy. This first-of-its-kind program teaches dental students the basics of state civics, the different agencies that regulate dentistry, the current issues affecting dentistry at the state level and how to advocate for dentistry. This program is a two hour course held at the ODA for eight to 10 students per session. To date, over 50 OSU dental students have completed the course. This was many students' first visit to the ODA building and first direct interaction with the ODA. The Advocacy Academy concept is currently a program that several other ASDA chapters across the country are trying to implement.

In addition to the above-mentioned

"Sitting on the ODA's Council on Dental Care Programs and Dental Practice (CD-CPDP) has been one of my most rewarding experiences in organized dentistry. I have had the opportunity to meet with general practitioners and various specialists and discuss their perspectives on a wide array of issues facing dentistry from insurance and billing to government legislation."

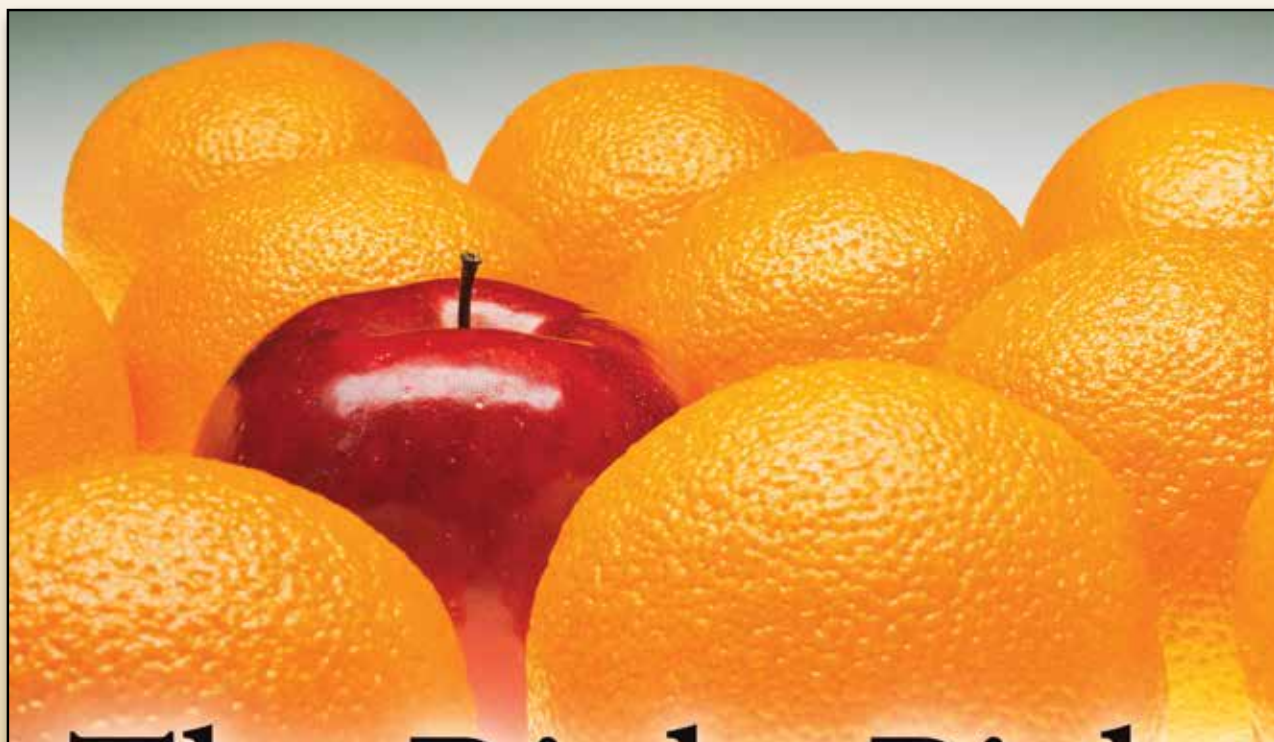
– Jeff Gannon
OSU '14

events, the ODA staff has been extremely helpful in other ways as well, including encouraging student participation in the ODA Annual Session and the ODA Leadership Institute. Keith Kerns, ODA Executive Director Dave Owsiany and several other ODA leaders have come to the dental school multiple times over the past few years, and presented "Lunch and Learns" covering a variety of topics. It's nice to know, as a student organization, that if the student body is interested in learning about a current dental issue

Keith, Dave and ODA member leaders are more than willing to come to the dental school and present to us.

The days of passing out a membership application and asking every dental student to join ASDA are over. Dental students want to know exactly what organized dentistry is doing, and there is no better way to spread that message than by learning from ODA members. I never fully appreciated the amount of work and

See ASDA, page 10



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Annual Session CE courses: Something for everybody

By ODA Staff

The 147th Ohio Dental Association Annual Session, to be held in Columbus from Sept. 19 to 22, will feature a wide selection of continuing education courses designed for every member of the dental team. Course offerings include lectures, roundtable discussions, and nearly 20 hard to find, hands-on workshops.

One innovative workshop the ODA is excited to offer this year is designed for the dentist and dental assistant to attend together. "Innovation in Direct Restorative Dentistry" will give attendees information about composite resin as a direct restorative solution for anterior and posterior restorations and discuss new technologies entering the market that address bulk filling techniques and self-etching alternatives. This course will be led by Dr. Mike Scoles from 9 a.m. to noon (Course Code F53 and F53-A for an assistant accompanying a dentist) and from 2 to 5 p.m. (Course Code F59 and F59-A for an assistant accompanying a dentist) on Friday, Sept. 20.

Continue reading below to find out about more of the stimulating offerings for the entire dental team, and visit www.oda.org/events to look up information on the courses listed below plus details on all of the speakers and a complete schedule of CE courses available at the 2013 ODA Annual Session.

For the Dental Assistant and EFDA

From hands-on courses especially for the chairside and the EFDA, to inspiring presentations to motivate and excite team members along their career path, the ODA has innovative programs designed for assistants. Look for course codes: T18, T33, F36, F36-A, F50, F53, F53-A, S73 and Y82.

Especially for Dental Hygienists

The ODA Annual Session has a reputation for offering outstanding courses and offerings especially for hygienists, and this year is no exception. From the Hygienist-only Roundtables, to perio topics to over-the-counter products to required courses such as medical emergencies and CPR training, a broad variety of learning opportunities await hygienists. Look for course codes: T21, F54, F57, S72, S79 and Y84.

Courses for the New Dentist

Dentists in practice less than 10 years will be interested in a variety of courses designed for the newer practitioner. From a special reception to practice marketing topics, to a fee reduction on a scientific CE course, the New Dentist will find a variety of opportunities. Look for course codes: T13, T32, F39, F62, F68, S78 and Y83, and Event Code E92.

Team Motivation & Training

A recent change in the Ohio State Dental Board continuing education requirements now allows dentists and dental hygienist to count up to six hours of practice management courses toward license renewal. Take advantage of the rule change to take staff to hear nationally known speakers such as Dave Weber, Amy Morgan and The Ritz-Carlton Leadership Center. Look for course codes: T13, T32, F42, F51, F65, F69 and S78.

For Dentists, By Topic

Each year, the Annual Session Committee selects courses designed to encompass all levels and skills of dental practice. Many lecture courses designed for dentists are accompanied by hands-on workshops.

- *Dental Implant Courses:* Look for course codes: T17, T28, F43, F46 and F66.
- *Restorative Dental or Esthetic Dental Courses:* Look for course codes: T10, T12, T20, T24, T27, T30, F45, F47, F53 & F53-A, F59 & F59-A, F61, F64 and S70.
- *New Products or Technology:* Look for course codes: T14, T29, F39, F40, F52 and Y83.
- *Endodontics:* Look for course codes, T19 and T31.



ODA Staff

The 2013 ODA Annual Session – Sept. 19 through 22 in Columbus – will have a variety of CE opportunities for the entire dental team and across many topics.

Registration

The pre-registration deadline is Aug. 2, so be sure to register online, fax in your registration, or have your registration postmarked by Aug. 2 to save on registration costs.

There are three ways to register for the 2013 ODA Annual Session.

1. Online at www.oda.org/events. Online registration will be open until the close of Annual Session, making it the most convenient and easiest way to register for the convention. You can access the site through your computer, tablet or smartphone.
2. Use the registration form provided in the preliminary program, the June "ODA Today" insert or online, and fax or mail following the directions on the form.

3. On-site at Annual Session – but be sure to arrive in plenty of time so you aren't late for your first course, and have backup course options ready in case your first choice is full.

Registration and a name badge are required to participate in all Annual Session activities. Please note that you should register for any free CE course you plan to attend to receive a ticket.

For any registrations received after Aug. 16, badges and tickets must be picked up at the ODA on-site registration area. Pre-registration is advised – not only will it save money, but avoids long registration lines and the risk of being closed out of popular CE programs.

For more information about registration, visit www.oda.org or check the preliminary program or the June "ODA Today" insert.



ODA Staff

A dental team gets hands-on attention from a speaker during a software CE course at the 2012 Annual Session. This year's Annual Session, Sept. 19-22, will provide a variety of opportunities for the entire dental team – from lectures to hands-on CE to roundtable discussions. For more information, visit www.oda.org.



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ASDA, from page 9

dedication it takes to be on an ODA Council or Board until I had the opportunity to attend their meetings. My fellow classmates and I have seen firsthand what it takes to be a leader in the ODA.

The commitment the ODA member leaders and ODA staff have to protecting the profession and serving the dental community has made a huge impact on how I view organized dentistry. My involvement in the ODA, while in dental school, is preparing me for career-long involvement and, hopefully, future leadership in the ODA.

Nathan Prueter is a student at The Ohio State University College of Dentistry in the Class of 2014. He was the 2012-13 ASDA legislative liaison.

EXHIBIT HALL, from page 1

This event is for dentists only. Representatives from eight companies will be presenting the newest products at this elite event, and attendees won't have

far to walk to make a purchase since the breakfast takes place right in the Exhibit Hall. Attendees will earn two hours of CE credit, and the fee is \$85 for members and \$150 for non-members. Register with Course Code S69.

The door prize drawings in the Exhibit Hall are also seeing a few changes this year. New this year will be separate prize drawings each day for dentists, staff and hygienists. Tickets will be printed with registration packets, and a new ticket must be dropped off in the ODA Membership Booth each day to be eligible to win that day's prize.

Drawings for each category will take place Thursday, Sept. 19 at 5:30 p.m.; Friday, Sept. 20 at 5 p.m.; and Saturday, Sept. 21 at 1 p.m.

Prizes for dentists include: a \$500 gift card to Tiffany & Co., a Coach leather travel bag and an iPad. Prizes for hygienists include: a Coach purse, a sterling silver Tiffany 1837 Toggle Bracelet and a Kindle Fire. Prizes for dental staff include: a Coach leather wristlet, a sterling silver Tiffany Open Heart Necklace and an iPod Touch.

"Make sure your staff and hygienist visit the Exhibit Hall to see any products they may want to utilize in your office, and also make sure they have the opportunity to go back to the ODA Membership Booth to drop off their daily raffle ticket to win fabulous prizes like a Coach bag," Tertel said.

Exhibit Hall Hours

Thursday, Sept. 19: Noon - 6:30 p.m.
Friday, Sept. 20: 10 a.m. - 6 p.m.
Saturday, Sept. 21: 10 a.m. - 2 p.m.

Attendees will also have the opportunity to win prizes from social media games that will be going on in the Exhibit Hall throughout the convention.

"Be sure to have your smartphone charged in one of the charging stations in the Membership Booth so that you can be ready to participate in some of the social media events going on in the hall," Tertel said.

Another new option in the Exhibit Hall this year will be the opportunity for attendees to advance-purchase boxed lunches. These lunches will be a quick and delicious way for attendees to grab lunch between courses and still have time to browse the Exhibit Hall. For more information on ordering these lunches, visit www.oda.org or check your mailbox for the Annual Session program.

To make the most of a visit to the Exhibit Hall, Tertel recommends visiting www.oda.org and looking at the Exhibit Hall directory to browse what companies will be exhibiting and where their booths will be located. You can view a map of the Exhibit Hall floor, view a list of exhibitors or search by category.

"You can download and print a map to start making your plan for visiting the hall, especially if you're looking for hard-to-find products," Tertel said. "You can determine your route in the hall to see your favorite exhibitors, but also new exhibitors of products you've never seen before."

The Exhibit Hall will also feature several special events throughout Annual Session.

The Welcome Reception will be Thursday, Sept. 19 from 5 to 6:30 p.m. This kick-off to Annual Session will feature free hors d'oeuvres and cash bars. There will also be a special program for dental students where member dentists will escort them around the Exhibit Hall and introduce them to the convenience of purchasing products at a dental trade show. Members of the Ohio Dental Political Action Committee (ODPAC) will receive a free drink by stopping by the Membership Booth.

On Friday, Sept. 20, Take A Break! in the Exhibit Hall from 3 to 4 p.m. Enjoy ice cream or freshly baked cookies while browsing the booths.

If you don't want to miss the weekend's football games, stop by Tailgate! From 11 a.m. to 2 p.m. Saturday, Sept. 21. Keep up with the day's games and enjoy popcorn and a free drink.

Table Clinics will also be presented Saturday and give attendees the opportunity to earn up to two hours of free CE. Table Clinics will be presented by member dentists, auxiliary staff, dental students and hygiene students from 11:30 a.m. to 1:30 p.m.

Attendees will also have the opportunity to meet with ODA staff members in the Membership Booth. On Friday, Sept. 20, Chris Moore, director of dental services, and Keith Kerns, director of legal and legislative services, will be available from 5 to 6 p.m. to answer questions. On Saturday, Sept. 21, from 10 to 11 a.m., Kathy Woodard, director of public service; Karli Hill, director of membership and marketing; and Jackie Best, managing editor, will be available.

"Be sure to realize the value of your membership by visiting the ODA Membership Booth to get information from your ODA staff and get any questions answered that you may need, and pick up information about ODA supported products through ODASC," Tertel said.

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The Explorer

Matthew J. Messina, DDS
Executive Editor

Personalized Care

CBSNews.com posted a story on June 11, titled "Genetic Test May Tell How Often You Need to Go to Dentist." Author Ryan Jaslow reports that, "researchers tracked dental patients for 16 years, looking for gum disease and tooth loss, and found that people with healthy mouths who have mutations in their IL-1 (interleukin-1) gene are more likely to have teeth woes than those without the genetic variation. ... That suggests that people who take care of their teeth and have help from genetics may not need two trips to the dentist each year."

The study, published on May 20 in the "Journal of Dental Research," was funded by the National Institutes of Health and tests were provided by Interleukin Genetics, a company that employed two of the study authors.

Study lead author Dr. William Giannobile, chair of the Department of Periodontics and Oral Medicine at the University of Michigan School of Dentistry, characterized the study saying "we think that now with this new information, we're able to treat patients at the individual level ... instead of a one-size-fits-all treatment."

Dr. Ray C. Williams, dean of the School of Dental Medicine at Stony Brook (SUNY), was quoted by the New York Times saying that the research "sounds the signal that it is time to make dentistry more individual and more personalized." However, he faulted the study authors for not directly addressing the subjects' oral hygiene, which is a major factor in predicting tooth loss.

The study examined a sample of more than 5,000 patients over a 16-year period. The researchers explored the association between long-term tooth loss and the frequency of preventive dental visits in adults, relative to three risk factors for periodontal disease: smoking, diabetes and interleukin-1 genetic variations. Patients were considered at low-risk if they had none of these factors.

High risk patients who had two preventive dental visits a year lost significantly fewer teeth than those who had one preventive visit a year. For people with low risk, there was no significant difference in tooth loss based on the one versus two preventive dental visits a year.

Once again, we have a case where a research study confirms what we know to be the case, but the reporting of the study completely misses the mark. The study reaffirms that patients who receive preventive care at the appropriate intervals show significantly less tooth loss than patients who do not seek dental care often enough.

Unfortunately, confirming established information is not exciting enough, so we step over those facts to conclude that for people without the IL-1 genetic mutation marker, fewer dental visits than two times a year appear to be fine. The fact

that media reporting of dental research ignores the substantive findings of a study to trumpet a peripheral footnote is not new. I have railed about that for years now. What gets me about this story is the fact that dentistry, like medicine, is now engaged in a race to find tests that can be done to take the human element out of patient care.

To listen to the dental researchers, "individualized, personal care" is the result of taking a saliva swab and running a test in the office to evaluate a genetic marker, in this case IL-1. If the test is positive for the mutation, then the patient is at higher risk for dental disease and should be seen twice a year. If negative, then once a year should be fine. No thinking required. We have a protocol. Run the test and do what it says. That's personalized care.

Except for the fact that the study ignored pesky little things like the effect of poor oral hygiene, which would require someone to do an examination and make the judgment call that this patient would benefit from more frequent preventive visits. Other observations that factor in are such mundane habits as smoking and the presence and size of previous restorations. Those things require the subjective procedure known as the oral examination.

If you walk into a hospital these days, you will notice that most of the medical staff has a tablet computer of some sort. Patient care involves typing information into the computer and evaluating test data received. Patients complain that the health care team seems to be treating the computer more than the human being who is the patient. Hospitals are embracing the

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Between the Lines

Ken Jones, DDS, JD
Guest Columnist

Idiot!

"Stupid is as stupid does."
— Forrest Gump

As far as I could tell, he removed neither his eyes nor his fast-moving thumbs from the hand-held whatever that was propped up on top of the steering wheel as he cut across two lanes of out-of-Columbus-bound I-71 traffic and almost exterminated an orange barrel and two motorcycles on the way to the exit ramp. Thankfully, I had seen him wobbling in and out of his traffic lane about five miles before that dim-witted move, and I stayed as far back as I thought was prudent. My real fear was that he would wipe out on the concrete construction barriers, traffic would be blocked, and I'd never get home in time for supper.

I wasn't the only one who expressed his feelings about this fool. It was a beautiful Friday rush hour. Many of our windows were down and at least a couple of convertible tops were folded back as we zipped along at almost 45 miles per hour. It's amazing how well screaming voices carry, even in freeway traffic. I think I learned a few new ways to use profanity from the folks he almost killed.

Last night's news told us that at least one Ohio community has tired of idiots who feel it's necessary to text behind the wheel. They've increased that stupidity to a primary traffic offense, which means they can stop you and ticket you for texting itself, not just secondarily if they stop you for something else. It's about time. I'd like to see them make it an offense to

text while walking, eating at the restaurant table next to me, or while having any kind of social discourse. And that goes for phone calls, too. When I call my wife from the grocery, it's to ask her what kind of cereal to buy — I don't block the aisles while I prattle on with everyone I know.

Actually, I'm conflicted about cell phones and cars. Mobile communication and I have had a fairly long acquaintance. First, it was a CB radio. Then came a "bag-phone" that had to be plugged into the lighter socket to power on, and was attached to a three foot antenna plunked magnetically onto the roof with the cord stuck through the open vent window. That one served to keep me awake after a day's work, four hours of law school and an hour's drive home as I talked to my wife and to my two daughters, who were miles away in college. But, when I saw British university pubs in 1994 London filled with young men and women on the prowl, one hand holding a glass of stout, the other holding a small mobile phone, I knew we were doomed.

Both my cars have hands-free bluetooth service, so I don't have to touch my phone to communicate. I'll use it — briefly — if I have to take a call, but I seldom make calls to others while driving. I need to have a real reason, and not just babbling with friends on their next newest model iPhone. I'm perfectly capable of entertaining myself as I travel, listening to '60s music on SiriusXM, talking with my passengers, or writing these opinion pieces in my mind. I can do that and still stay safely alert with my hands, eyes and mind directing the car down the road.

Today, we have cell phones and iPads and tablets and Nooks and crannies and things to play games on that only the demented could have foreseen just 25 years ago. Yes, I used the relatively infant Internet when I was studying in London. Yes, it was nice to be able to pay bills online with Quicken after my friend down the street emailed me the billing information (attachments were rare at that point

of the World Wide Web). And yes, there were ways to do those things easily and reliably — like, doing them while sitting safely in my flat, not while steering with my knees through Hyde Park.

Our obsession with these auditory micro-computer ear-warmers borders on the fanatical. I've recently done consults for four attorneys — on both sides of the issue — about the ability of dentists to practice on patients who text or surf the Web while reclining in the dental chair. One of those attorneys also asked if she should have been concerned when her own dentist's phone rang while he was prepping her tooth for a crown. (It startled the dentist and he jumped a little, but he took the phone from his pocket and answered it. Then he sent a text to someone before he went back to work — without washing his hands or changing gloves.) I wanted to ask if he then needed to start a root canal for the same tooth.

Think of the other people around you. When you go to a CE course, turn off your phone, your computer and all your assorted electronics. I remind my listeners to do that — in fact, I insist on it. There are very few reasons to need them, especially if you actually want to learn something. Not many things are as annoying as someone who answers a phone in the middle of my sentence. However, I did give a reprieve to a senior dental student whose wife was due to deliver at any moment.

Protect yourselves. Have your patients turn off their phones, at least as soon as they pass through the door from the waiting room to the operator, if not sooner. Leave yours (and your staffs') in the back room — preferably, turned off as well. Distractions like texting, surfing and chair-side phone calls do not mix with dentistry. Get smart — remove those temptations that might end your day in a negligence lawsuit.

p.s. NOT sent from my iPhone — I don't do stupid!

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Robert Buchholz, DDS
Guest Columnist

Save the Children from ... Whom?

Whether it's about poverty, orphans, or disease, when there's a need to pull on someone's heart strings, always invoke a reference to children. "Save them," "Feed them," "Adopt Them," "Vaccinate Them," do something, anything, but for heaven's sake don't ignore their plight. Perhaps that's why Maine's Speaker of the House, Mark Eves, has sponsored a bill, L.D. 1230, establishing dental therapist criteria and guidelines to "help the 55 percent of children eligible for MaineCare," that he believes aren't receiving dental care.

OK ... so let's make it about children. According to the Bill, Maine's proposed midlevel auxiliaries (licensed hygienists) would need a minimum of an additional 500-1000 extra hours of training, under a dentist's supervision, in order to perform "simple" drilling and filling and extractions of loose (baby?) teeth.

I've always believed that the reason dentistry is a unique profession is because our procedures vary from one individual to another. The reason for this is we are

the only professionals performing surgical procedures on patients who, in the majority of instances, are conscious. They're awake! Their muscles are tense, their salivary glands are active, they sweat profusely, and at a moments notice will bury their tongue in a bur that is spinning in excess of 50,000 RPMs, at times.

I also believe the reason most of us are excellent at performing our jobs is due to the length of time required to attain our degrees. I'm including in this time our undergraduate studies because there are areas of knowledge not provided in dental school that make us better practitioners.

I won't pretend to speak for today's dental graduates, but in 1972, with a diploma in hand, the patients I was least prepared to perform dentistry for were children. So I did an internship or externship if you prefer, in the Navy, for 18 months, to hone my skills. And, I never performed a procedure on a child. But ... I had learned ... I had gained additional experience and was willing to deal with children. Besides, I was the father of a 2-year-old daughter that threw herself on the floor and banged her head when she didn't get her way. If nothing else, I was becoming more experienced in child behavior.

Ready, Set ... Fail!
Let's begin with extractions.

How about the frequency I've been radiographically deceived by a deciduous upper molar, thinking it would be an easy removal, only to have the lingual root thinned by resorption, hiding behind the crown and a third of the permanent bicuspid's root. It's the norm, not the exception. Snap!

Will this situation be included in the

500+ hours of midlevel education? Happy mutilation ... sorry, I meant root retrieval. So much for the definition of loose. As a general practitioner, wearing magnification and a LED headlight, chipping deciduous root tips can be difficult at any level.

The same applies when performing simple drilling. Is an anesthetic being utilized? How about the administration of Nitrous Oxide? Is the dentist inducing the child or is the midlevel? And before I get too far ahead of myself, what is the definition of a child? In my experience anyone 2 years old up to the age of 6 or 7 is a child. Below age 2, I'm dealing with infants. Above age 7 I'm treating pre-teens. Anyone that's a teenager has all the equipment of an adult but lacks the experience of an adult, and we call that maturity.

Generally for me, after age 7, reasoning with a child became easier. Oh, I still had to be sneaky quick. Hide the needle, place the nitrous mask and tell them they're just like an astronaut. But above all, have a plan individualized for that specific child's procedure that minimizes the time spent with the drill in the mouth.

Any more than 15 minutes of drill time on someone age 5 to 7 years old usually became a battle, and anyone from 2 and below 6, I had better be working at "light speed."

So much for simple drilling!
These arguments I'm making were probably made by over 100 dentists that testified against the Maine legislation. There is

no reasoning with legislators that are convinced, because Alaska and Minnesota have midlevels, there is no possible harm not to try it in their state. It's my "bridge" philosophy. "These states 'jumped' off the bridge, so why shouldn't we?"

In Ohio, we as yet haven't had a legislator be a jumper. Given time, there will be one. Most probably the individual will be of a certain political persuasion. And, as long as the status quo remains as it is, midlevel legislation will not advance. Unless you've totally missed the developing demographic trends in America, the "quo" is changing. I often thought it wouldn't occur until around 2050, after all the boomers had passed and Generations X, Y, and Millennials become the rule makers.

Being retired, I still worry about our profession, but now not to death. Folks, we have to take each year one at a time. You've got to keep giving your hard earned money to the Ohio Dental Political Action Committee (ODPAC). And our ODPAC representatives need to literally drag legislators into their offices, put gowns on them and let them watch how much effort, skill and knowledge it takes to perform a simple filling or extraction on a child.

As long as we professionals do this, then we've done our best. The consequences of bad decision making won't be on our shoulders. The end results will never be constant.

Change is always inevitable.
Dr. Buchholz may be reached at rbuchh@windstream.net.

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concept of providing individualized care, but are perceived as becoming more impersonal with each passing month.

Dentistry has always been a profession where patients feel that they have a chance to be heard. The exam is personal, since the dentist must enter the patient's space in order to see and touch the mouth. We provide "personalized care" in that we know each case is unique. We recognize standards and patterns of disease, yet we individualize each treatment plan for the patient and his/her personal situation. Testing and the data it creates can be a valuable adjunct to our examination. However, I hope we never lose the human touch that makes our care truly "personal."

I am concerned that the movement to greater reliance on testing devalues what we see in favor of what we can test. Are insurance companies more likely to pay for two preventive visits a year if we show them a genetic test indicating that the patient is at higher risk for dental disease? What I see to be more likely is an insurance company justifying only paying for one preventive visit since the patient does not have the mutated IL-1 marker. That is the challenge of dentistry and medicine today, insurance companies do not trust what we see and document on an examination. They increasingly require objective measures (radiographs, test data) to support a diagnosis, even

though we realize that increases the cost of care due to testing that is unnecessary for clinical treatment.

Personalized care may not be as efficient, but it produces the best result, in that the patient feels that his/her feelings have value and they can participate in their own care. When we use our experience and training to make the most of the diagnostic information at hand, not simply rely on objective testing and treatment protocols, we can reach the proper diagnosis and treatment for each individual. In that way we can achieve truly personalized care.

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

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2 - Pelton Crane track lights, \$425 each. Alabama cart, \$250. Adec Microcard, \$250. 2 - DocPort DV LED Intraoral cameras with 4 docking stations, \$500. Orascoptic Zeon Fiber Optic Illuminator with 3 light sources, \$1500. Call Bill at (330) 606-9862.

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We are moving into a new space and need to upgrade some things. We have for sale a DenOptix unit from 2005, a Siemens Orthopantomograph 10, and an Apollo Classic Bronze vacuum by Midmark. In addition, we have intraoral phosphor plates size 2 (13), size 1 (6) and size 0 (7), Rinn placement guides and several barrier envelopes that are included. The plate for the pan is also included. Asking \$6,500 for everything but the main items can be sold individually. Call (740) 363-9741 for more information.

Practice for Sale

Building and dental practice are a package. Special interest, orthodontics, and/or

GP. Three operatories; approx. 1400 sq ft on first floor. Has N20 in all operatories. Location: picturesque Westpark area of Cleveland; one mile north of Hopkins Airport. For more details call Fran Kysela at (877) 492-7917 at Kysela Pere et Fils Ltd.

NPTN. Practices currently for sale in Columbus, Cincinnati, West Union, Piqua, and Willoughby Hills. Low commissions to sellers - no fees to buyers. Free appraisal/legal drafts with practice listing. Buyer representation available. Call Jason Gamble (614) 648-8118 or visit www.nptnetwork.com.

PARAGON Dental Practice Transitions currently has GP listings in LORAIN, FRANKLIN, BROWN, CLERMONT counties and (2) PERIODONTAL Practices in Central Ohio Please see our website at www.paragon.us.com for details of all current listings or contact Jennifer Bruner at (614) 588-3519 or jbruner@paragon.us.com.

Practice for sale with 5 year buy out or associate/partnership, office sharing available East side of Cleveland. Excellent opportunity for a dentist who is relocating or who wants to grow a practice with minimum attrition. Interested parties call Dr. Nancy Arndt (440) 449-0069.

Practices for Sale - Ohio. Please call Steve Jordan, (888) 302-3975 or visit pmagroup.net.

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

Wanted to Buy

Sell Your Practice With No Middleman! I am a dentist looking to buy a dental practice in Columbus area or surroundings. If you plan to sell your practice or looking for someone to buy into your practice with couple years of full transition & want to avoid brokers and middlemen, please contact me directly to explore the opportunity at (614) 753-6541 or email me at ColumbusDdsDentist@gmail.com.

INSURANCE, from page 8

related issues.

"ODA members who encounter unfair or inappropriate third-party payer practices should report them to the ODA's Dental Insurance Working Group," said Dr. Sharon K. Parsons, chair of the ODA Council on Dental Care Programs and Dental Practice. "This is especially important in dealing with dental insurance issues or problems that have not already been identified for ODA action."

REFORM, from page 4

insurance plans of dental offices. For the last 25 years, ODASC has been working to offer the best possible health insurance scenarios for dentists and their staff and will continue to do so with the implementation of health care reform.

If you have any questions about how health care reform might impact your health insurance or would like more information about the ODASC health insurance plan, call (800) 282-1526 or visit www.oda.org. Watch future issues of the "ODA Today" to find out more about how health care reform could impact dental practices.

ODA Today Classified Advertising

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

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

Have a question? Contact the Ohio Dental Association!
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For lease: approx. 2600 sq ft. dental office; Mentor, Ohio. Great location - 18,000 cars daily, near Wal-mart, Bob Evans, Applebee's, K-Mart etc. Features 6 ops, lab, private Dr. office w/ private bath, customer and employee bath. Renovated approx 5 years ago, great condition. Call TR Hach (owner/agent) for details (440) 479-1607.

Fully equipped 2-operator 700 sq.ft. office ready for immediate occupancy. Great start-up/satellite office. Low overhead. Digital Pano & Xrays. Networked computers. Second floor of renovated building. Across from busy intersection & Plaza. West Cleveland. Contact 216-502-0375 for details.

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

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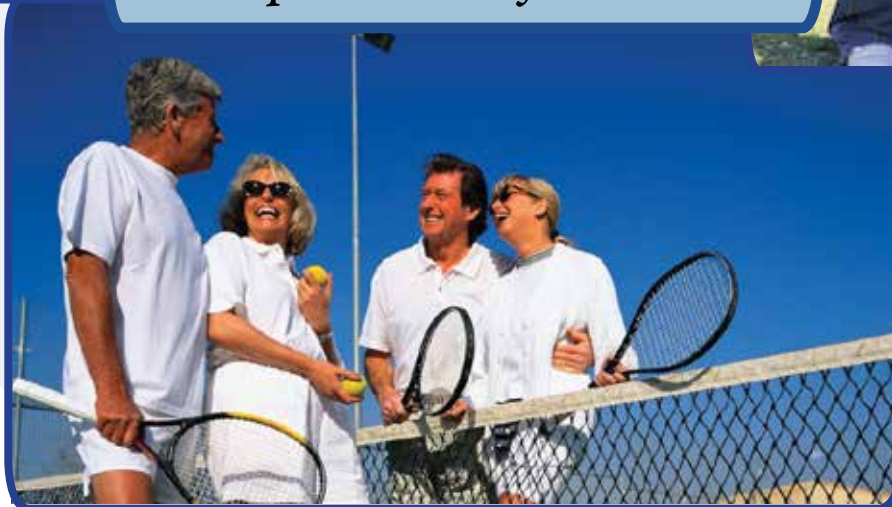
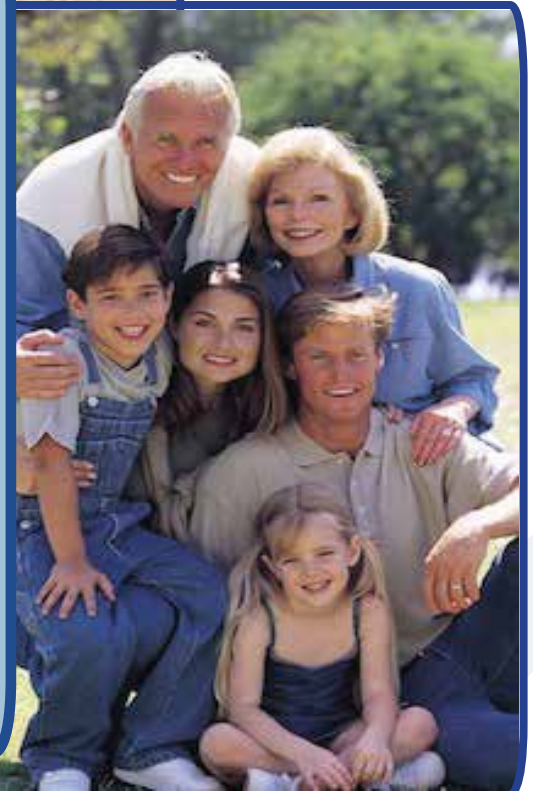


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