

# ODA Today

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

## QuickBites

### 2014 Give Kids a Smile registration underway

Registration for the 12th annual Give Kids a Smile program began Oct. 1, and those who register their events at [www.ada.org/givekidsasmile](http://www.ada.org/givekidsasmile) by Nov. 8 will be considered to receive dental screening and oral care products from national sponsors Henry Schein and Colgate.

The official date for Give Kids a Smile is Feb. 7, 2014; however, events can be scheduled on any date. The ODA department of public service will again help register programs and assist with planning, finding resources, distributing product and oral health materials, issuing media advisories and more. Call Kathy at (800) 282-1526 for assistance.

A planning guide is available at [oda.org/community-involvement/give-kids-a-smile/](http://oda.org/community-involvement/give-kids-a-smile/).

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## 147th ODA Annual Session full of smiling faces

By Jackie Best  
Managing Editor

The 2013 ODA Annual Session was "The Source" for continuing education, supplies, camaraderie, entertainment and more.

"I think the 2013 ODA Annual Session was a success on many levels," said Dr. Bruce Grbach, 2013 Annual Session chair. "Most importantly, I saw many smiling faces and a lot of good times being shared by just about everyone."

More than 4,700 dental professionals attended Annual Session, which was Sept. 19-22 at the Greater Columbus Convention Center. Attendees had the chance to learn a new skill or improve a technique by attending CE courses, purchase products for their practices and connect with colleagues and friends at special events.

"My favorite part of any ODA Annual Session is the camaraderie that is built between attendees, exhibitors and speakers," Grbach said. "It's great to see friendships being made and renewed in the classrooms and the Exhibit Hall. The feeling of being part of this great event is something you can't experience at home. I invite you to join us in 2014 for 'ODA Live!'"

The 2013 ODA Annual Session had a variety of speakers, covering topics for the entire dental team. Some of the most popular nationally known speakers who presented at this year's Annual Session include Dr. Anthony Cardoza, Dr. Randy Huffines, Dr.



ODA Staff  
Dr. Anthony Cardoza (standing) presented a course on laser-assisted dentistry at the 147th Ohio Dental Association Annual Session in Columbus. During the course, attendees used lasers in a simulated dental hard and soft tissue environment.

David Rothman, Dr. Jeff Brucia, Dr. David Hornbrook, Dave Weber and Amy Morgan.

"It always makes me smile when I see how engaged our speakers are that they take the time to answer questions at breaks or at the end of a class," Grbach said. "The Annual Session Committee tries hard to bring the very best nationally known speakers to our

meeting, and it has been my pleasure to host these great and generous speakers."

On Sept. 21, attendees had the opportunity to earn up to two hours of free CE by attending Table Clinics. The presentations covered a wide variety of topics, and a panel of judges

See ANNUAL SESSION, page 15

## ODA House of Delegates meets, approves several resolutions

By ODA Staff

The Ohio Dental Association House of Delegates met Sept. 19 and 20 in conjunction with the 147th ODA Annual Session in Columbus.

During the meeting, the House of Delegates adopted several resolutions, including resolutions:

- That the ODA make advocating for increased dental Medicaid reimbursements a priority in its advocacy efforts.
- That the ODA monitor the implementation of the Affordable Care Act and the creation of the health insurance exchange in Ohio and keep ODA members apprised.
- That the ODA include in its legislative advocacy efforts allowing dental hygienists to re-cement temporary crowns without a dentist being physically present.
- That the ODA advocate to increase the dental biennial licensure fee by \$20 to go toward the Ohio Dentist Loan Repayment Program. This would increase each dentist's licensure fee for this program from \$20 to \$40.
- For the ODA's Council on Dental Care

See DELEGATES, page 3



Photo by Feinknopf  
Dr. Mark Bronson, a past president of the ODA, installs the 2013-14 Executive Committee. From left: Dr. David Waldman, secretary; Dr. Paul Casamassimo, president; Dr. Thomas Paumier, president-elect; Dr. Chris Connell, vice president; Dr. Kim Gardner, immediate past president; and Dr. Bert Jacob, treasurer.

### 2013-14 ODA Executive Committee officers installed

By ODA Staff

The ODA installed new Executive Committee officers for the 2013-14 term on Sept. 20 during the House of Delegates meeting.

The Executive Committee is the managing body of the ODA. The committee administers the policies established by the ODA House of Delegates and the Ad Interim Committee.

The 2013-14 Executive Committee Of-

ficers are:

- President: Paul Casamassimo, DDS, MS, Columbus
- President-elect: Thomas Paumier, DDS, Canton
- Vice President: Chris Connell, DDS, Lyndhurst
- Immediate Past President: Kim Gardner, DDS, Chardon
- Secretary: David Waldman, DDS,

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## ODA President Dr. Paul Casamassimo looks ahead at his 2013-14 term

*Dr. Paul Casamassimo began his term as Ohio Dental Association president at the end of the ODA House of Delegates in September. In his Q&A with "ODA Today," Casamassimo looks forward to his term.*

### What are some of the issues you expect the Ohio Dental Association to face during your presidency? How do you think the ODA should address these issues?

Although we hear this cliché often, it is true that we live in changing times. Go back five or six years and there was no recession, no Affordable Care Act, and no mid-level provider movement, to mention just a few major changes directly affecting us. These translate to current and future challenges for our members in Ohio and for the Ohio Dental Association. Some of these have been on our radar for some time, and others have risen to the surface. Who would have imagined that an insurer could tell us what our fee must be for a procedure that is not covered? Or for a therapeutic advance in the future that may not even be available to us right now to help our patients? The non-covered services challenge is one the ODA is facing right now in the legislature and I focus on this as an example of the kind of challenge none of us would have ever imagined just a few years ago. The Affordable Care Act will likely bring even more changes to the marketplace with new regulations that may not even address oral health care directly, but create market changes in health care that trickle down to us. To address these possibilities, I've charged the Association with strategizing how we can be ahead of the curve, participate in the development of the exchanges relative to the pediatric oral health mandate, and be attuned to changes in the health care environment that threaten our relationship with our patients. To cite another cliché, if you are not at the table, you might end up on the menu!

Access is always on the radar and our Association has been active in implementing the charges of last year's House to improve access to care for all Ohioans. If Medicaid expansion becomes a reality, we will have even more work to do to make that expansion more than just a hollow promise. The current administration in Ohio has been very communicative with the ODA, and we'd like to establish an on-going dialogue on Medicaid and how we can improve access. The fee schedule has been stagnant for well over a dozen years and now is so low it not only deters dentist participation, but threatens our safety net and educational programs that rely on these funds. Ironically, the state pays for inadequate dental care in emergency departments around the state when it can be doing definitive care in dentists' offices! Further, I want the ODA to be more aggressive in telling the public what we in Ohio's dental profession do for access. Organized dentistry did not create health disparities and we are trying to do something about it. That is a message that needs to get wider exposure.

The ODA will continue to speak in opposition to creating a new type of dental provider when we have not fully utilized the opportunities we have at hand to improve access to care. Plain and simple, the evidence to support improvement in access by restructuring our care delivery system is just not there. But I want us to go even further and engage decision makers in understanding that more "fixers," whether they are mid-level providers, or more dentists, will simply not solve the problem. I use the image of Lucy and Ethel in that classic clip from "I Love Lucy" trying to keep up with the candy on the conveyor belt – we can't fix our way out of dental caries. We need to be more earnest in our



ODA Staff  
ODA President Dr. Paul Casamassimo gives his president-elect address to the 2013 House of Delegates before being installed as the 2013-14 ODA president.

adoption of proven preventive methods including engaging children in oral health from age one year and in making sure that water fluoridation is safe from attack.

**If you could state one message to new ODA members, what would it be?**

After confirming that they made a good choice – they married well – I would remind them that the ODA remains the one entity that has their back after graduation and that of their patients; it is why we exist and why they need to throw their weight into making sure that this

continues. Membership may be the best professional investment that any dentist makes in a career.

**If you could state one message to ODA**

**See PRESIDENT, page 7**

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## The Director's Chair

David J. Owsiany, JD  
ODA Executive Director

What should you tell a new patient who has come to you after receiving treatment from another dentist with which the patient is dissatisfied?

All too often, I hear stories about needless conflict and occasionally litigation because a dentist makes disparaging comments about the previous treatment a patient received. The "ADA Principles of Ethics and Code of Professional Conduct" includes a section on "justifiable criticism," which provides that "patients should be informed of their present oral health status without disparaging comments about prior services."

The ADA's advisory opinion related to the "justifiable criticism" section points out that "patients are dependent on the expertise of dentists to know their oral health status." Because of that, dentists should exercise care to ensure their comments are "truthful, informed and justifiable." Moreover, "a difference of opinion as to preferred treatment should not be communicated to the patient in a manner which would unjustly imply mistreatment."

In some instances, it may be appropriate to consult with the previous treating dentist to determine the circumstances and conditions surrounding the previous treatment that was provided. For example, I recently had a conversation with a dentist who had concerns about whether a new patient's prior treatment plan was appropriate. Before jumping to conclusions, however, he called the patient's former dentist. During their conversation,

## Avoiding unjustified criticism of other dentists

he learned that the previous dentist had recommended a treatment plan that the patient rejected. Ultimately, the patient chose to pursue a different, less optimal, treatment plan. The previous dentist had explained the pros and cons of each approach and secured a signed informed consent document before treatment commenced.

By making a call to the previous dentist in addition to reviewing the patient's records, the dentist was able gain a complete understanding of the patient's situation, including the fact that he chose a plan different than the one recommended for him.

When a patient has concerns about his or her previous treatment, alternative avenues, such as suggesting the patient consider the peer review process, are preferable to making disparaging remarks directly to the patient. Peer review is an informal mediation process within organized dentistry designed to resolve dentist-patient disputes outside of the court system.

The ADA Code and its advisory opinion on "justifiable criticism" encourage

dentists to put the interests of the patient first. In the end, the dentist's main goal should be to explain to the patient his or her current oral health status and develop

a treatment plan to get the patient on a path to improved oral health. Unjustified criticism of prior treatment does nothing to advance the patient's oral health.



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### DELEGATES, from page 1

Programs and Dental Practice to review existing research on providing oral health care to children starting at age one, and consider developing a proposal to the 2014 House of Delegates to include a promotional campaign to the ODA membership based on its research.

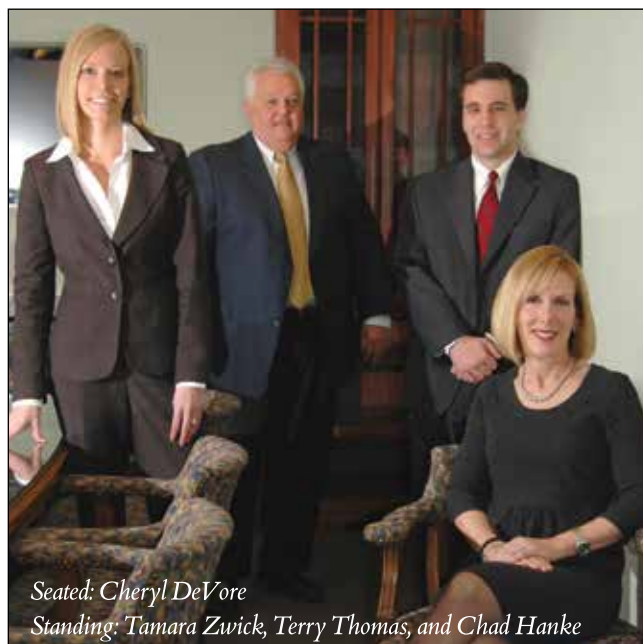
- To eliminate the requirement that new dentist members who are in a reduced dues membership category and are members of the ODA House of Delegates have to pay full ODA Active member dues in order to serve in the House of Delegates.

- To alter the ODA's dues rate for members who attain Active Life membership after Sept. 20, 2013, from 50 percent to 75 percent of ODA Active member dues. All ODA Active Life members who attained Active Life membership prior to Sept. 20, 2013, will maintain the ODA's existing dues rate of 50 percent of ODA Active members' dues.

For a complete list and more information about all of the resolutions approved by the ODA House of Delegates, visit [oda.org/news-and-events/house-of-delegates/](http://oda.org/news-and-events/house-of-delegates/).

Delegates also heard addresses from the president and president-elect, and reports from the executive director and a presentation by the chair of the ODA's Finance Committee on the financial outlook of the association, among other presentations.

The House of Delegates meets every year during Annual Session and is the policymaking body and supreme authoritative body of the ODA.



Seated: Cheryl DeVore  
Standing: Tamara Zwick, Terry Thomas, and Chad Hanke

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## Legal Briefs

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

Health care is rapidly changing, and much of that is due to advances in technology. Last month attendees at the Ohio Dental Association Annual Session were able to browse the latest and most advanced technology for the dental office, including electronic health records systems, Web designs, digital diagnostic tools and patient communication systems. Each of these technologies can help streamline office operations and provide an improved patient experience by collecting and utilizing data in more efficient ways. But they also carry additional risks that dentists must consider prior to use.

A data breach can be devastating for a health care provider's business. Federal laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA), Health Information Technology for Economic and Clinical Health Act (HITECH) and the Federal Trade Commission Act speak to a health care provider's obligations with regards to data security. Understanding these requirements and working proactively to prevent or limit the consequences of a data breach is critical. The potential penalties for incurring a data breach, even as a result of a theft, can be severe.

Earlier this year, the U.S. Department of Health and Human Services (HHS) announced that it had reached a settlement with a hospice facility located in Idaho for a data security breach under HIPAA. The breach was the result of the theft of an unencrypted laptop that contained patients' protected health information. The breach impacted less than 500 patients, yet the hospice facility was fined \$50,000. Even though the breach was caused by a theft, the facility was fined for failing to complete a risk analysis and not having a mobile device security policy in place.

Similarly, the Federal Trade Commission (FTC) also reached a settlement on a charge that the financial information and social security numbers of almost 300,000 customers of a cord blood bank had been exposed as a result of the theft of unencrypted back-up tapes, a laptop, external hard drive and a USB drive that had been in an employee's vehicle. The blood bank was required to establish a comprehensive security program and undergo external security audits, at its own expense, for a period of 20 years.

HHS also levied a fine against a cardiac surgery center last year. The center, based in Phoenix, had been using an Internet-based calendar for patients to schedule clinical and surgical appointments. The calendar was also publicly accessible. Under the settlement with HHS, the center was forced to pay \$100,000 and create and implement new safeguards to protect patient's health information.

The increase in data breach activity prompted HHS to release guidance specifically aimed at assisting small business health care providers comply with the privacy and security requirements when handling electronic data. HHS outlines 10 best practices for providers to prevent a breach of this data.

1. Use strong passwords on all computers and change those passwords frequently. A strong password is one at least eight characters in length, and includes upper and lower case letters, at least one number and at least one special character.

2. Utilize anti-virus software and update it frequently.

3. Use a firewall to prevent viruses and malware from entering the computer system.

4. Control and limit access to patients' protected health information. Only those employees in the office who must have access to a patient's individually identifiable information to complete their job responsibilities should have access to that data.

5. Control and protect the electronic devices that contain protected health information. More than half of data breaches involve the loss or theft of an electronic device, like a laptop or USB drive. As a result, many offices elect to not store any protected health information or financial information on portable electronic devices, but instead keep all of this data on a secure server. This option requires that the server also be protected from unauthorized access and protected from any environmental elements that may cause physical damage to the information.

6. Limit access to the wireless network. Many offices are offering WiFi access to patients to make the

experience more enjoyable. However, practices should use caution when offering this perk. Visitors should not be permitted access to the same network used to transmit the office's protected health information. Similarly, staff members should be instructed not to utilize the network for personal reasons. File sharing and messaging programs can expose all devices connected to the network to security threats.

7. Plan ahead for a loss of data. The unexpected does happen and it is best to try to anticipate those issues ahead of time. Many offices that rely on electronic data complete frequent back ups of that media and keep them in a different location. HHS suggests that keeping back-up data in the provider's home could be an adequate protection if it is kept in a fireproof, permanently installed home safe to which that only the provider maintains access.

8. Complete proper maintenance of the office computer system and electronic health record system.

9. Protect any mobile devices utilized by the office. HHS warns that transporting any mobile device is

"inherently risky." As a result, offices should encrypt any data that is transported and establish a mobile device security policy. The department has developed a site to assist on these issues that can be found at [www.healthit.gov/mobiledevices](http://www.healthit.gov/mobiledevices)

10. Train and educate all staff members on the importance of confidentiality and data security.

The FTC has also issued a guide for protecting personal information for businesses accessible on its website at [www.ftc.gov](http://www.ftc.gov). It identifies five key principles for businesses to follow: take stock and know what type of data the business has, keep only the data the business needs, protect the data, properly dispose of what isn't needed and create a response plan to respond to any security breaches.

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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## Ohio dentists make national impact as leaders with ADA

By Jackie Best  
Managing Editor

The Ohio Dental Association has several members serving in key leadership positions with the American Dental Association.

Having leaders at the national level gives Ohio a strong voice in the direction of the ADA. Continue reading below to learn about some of Ohio's leaders and what they are accomplishing at the ADA.

### Dr. Ron Lemmo – ADA Treasurer

As ADA treasurer, Lemmo's main responsibilities include designing a budgetary process in concert with the Board of Trustees, oversight of the ADA's finances and budget development, serving as the principle resource person for the budget reference committee in the House of Delegates and helping interpret the association's finances for members.

"A major component of my responsibility is communication with the House of Delegates, and I am attuned to educating members regarding financial matters that are important for them to have knowledge of as members of the House of Delegates in order to assist them as they fulfill their fiduciary responsibilities," Lemmo said.

Lemmo said one of his top goals as treasurer has been to tie the budget to the ADA strategic plan with specific goals, objectives and outcomes in line with the ADA's core values. To achieve this, Lemmo has worked with ADA councils and committees and others from the beginning of the budgeting process. He has also worked with various leaders to rank programs against a set of universal criteria reflecting the priorities of the ADA strategic plan.

"I believe that these two initiatives are foundational components of the ADA becoming a strategically driven organization that is respectful of our governance structure, and the efficient utilization of our member's resources," Lemmo said. "This process also fosters communication, dialogue and transparency, which inspire trust in our association's financial processes."

Lemmo said having so many leaders from Ohio in leadership positions with the ADA gives Ohio dentists a strong voice in decision making on national issues and reflects the strong leadership at the ODA.

"These leaders are involved in shaping the future of our profession as it relates to education, membership value, advocacy, the practice of dentistry, and communication to our members and the public, and that benefits Ohio dentists, as well as the patients we have the privilege of serving," Lemmo said.

Lemmo said his favorite part about being a leader with the ADA is the involvement and opportunity to develop relationships with other leaders.

"It has put me in a position to understand complex issues and to be part of the development process to address these issues for the betterment of our members and the public we serve," Lemmo said. "This involvement has made me a better leader and a better dentist, and that along with the friendships and relationships I have built along the way are truly the benefits of involvement."

### Dr. Joe Crowley – ADA 7th District Trustee

The Board of Trustees is the managing body of the ADA. As District 7's representative, Crowley has been involved in board committees for the Audit and Information Technology.

Crowley is also a member of the task

force for the ADA Library Transition, which has created a plan to make the ADA Library into a modern and effective member service. The task force will be presenting the plan to the 2013 House of Delegates.

"The plan is outstanding and will have the ADA Library remain the most complete dental library in the world," Crowley said.

Crowley said his favorite part of being involved with the ADA has been the people he has worked with. He also said it's tremendous to have so many Ohio dentists in ADA leadership positions.

"The ODA gets first hand complete knowledge of the ongoing work at the ADA and allows the ODA to have front line input and impact on the work that is being completed at the ADA," he said. "The ODA influence has been outstanding and has been acknowledged as such."

Crowley added it's important to have great leadership at all levels of the organization.

"Organized dentistry at all levels of the tripartite has been and must continue to be instrumental in the way dentistry is perceived nationally and internationally as a profession," he said. "This makes it critical for the ADA and the tripartite to keep membership levels at an all-time high for us to be able to represent the profession in all the change that is occurring in the health care arena. So we must remain pertinent in all we do; this requires great leadership and loyal members."

### Dr. Tom Paumier – Chair, ADA Council on Members Insurance and Retirement Programs

The ADA Council on Members Insurance and Retirement Programs oversees the Term Life, Income Protection (Disability), Office Overhead Protection and Medcash insurance products offered through Great West Financial.

"The Council has recently completed a comprehensive financial audit and benchmarking study of the Insurance plans confirming the best in class status of the benefits and service as well as the most competitive prices available in the marketplace," Paumier said.

The council also oversees the Retirement Plan offerings from AXA Equitable.

As chairman of the council, Paumier participated in workgroups to study the retirement plans in order to make recommendations for new products and enhancements to existing products. He also chaired the Insurance Audit and Benchmark workgroup.

"This hands-on, in-depth involvement led to many enhancements in benefits and ensured continued financial stability for the insurance programs to guarantee continued historically high premium credits to provide deep discounts for our members," Paumier said. "The primary goal of the council is to enhance member value, and this has been accomplished by the council this year."

Paumier said it's great to have Ohio leaders at the ADA because they can gain direct knowledge of the issues facing the profession.

"It has practical implications for our members in their practices as we have influence in directing the products and services the ADA offers our members," Paumier said. "Our leaders have and will continue to influence the policies of the ADA. For our members who want to make suggestions or comment on any topic they are passionate about, they are ensured their voice will be heard at the ADA by

See LEADERS, page 11

## Ohio Dental Association Foundation makes a difference in big way for 2013

By ODA Staff

For the second consecutive year, the Ohio Dental Association Foundation set a record in the dollar amount of scholarships and grants awarded in Ohio – with \$101,230 given in 2013. A total of \$66,000 was collectively awarded to 28 dental students at The Ohio State University College of Dentistry or the Case Western Reserve University School of Dental Medicine. In addition, \$3,450 was collectively awarded to two students in the EFDA program at Case and to two dental hygiene students at Stark State College.

ODAF also awarded 11 grants this year, with three awarded to Ohio programs that will provide much needed dental care to U.S. veterans in Canton, Cincinnati and the Toledo/northwest Ohio area. The need for dental care among veterans is high because most veterans are not eligible to receive dental benefits through the U.S. Department of Veterans Affairs unless they were disabled while in the military or were prisoners of war.

"The foundation continues to make a significant difference to Ohio programs that serve the less fortunate," said Dr. Jack Spratt, ODAF chairman. "ODA members continue to volunteer and help improve oral health in their communities – and the Foundation is pleased that we can help support those programs that make such a difference."

Grants awarded by ODAF provide support for Ohio access to care programs and help dentists and other

volunteers serve diverse populations in need. In addition to the veterans' programs, the other programs funded will help indigent adults in Columbus and Newark, as well as help provide care at a children's dental clinic in Franklin County. In addition, three \$1,500 grants were given to oral surgery residency programs at the University of Cincinnati, OSU and CWRU. More information about all grants and scholarship recipients can be found online at [oda.org/community-involvement/oda-foundation/](http://oda.org/community-involvement/oda-foundation/).

Thanks to donor support, more than \$743,400 has been given in grants and scholarships since 1995. In the past 10 years alone, ODAF awarded \$98,313 in dental student scholarships and \$78,000 in grants to the Case Western Reserve University School of Dental Medicine, and \$176,000 in dental student scholarships and \$63,000 in grants to The Ohio State University College of Dentistry.

One of the primary fundraisers for grants and scholarships is ODAF's annual raffle – and this year, 596 tickets were sold. The winner of the top prize, a two-year automobile lease or the \$20,000 cash equivalent, is Dr. Mary Ellen Wynn of Cincinnati.

"When I write the check every year to support the ODA Foundation Car Raffle event, I never expect to win," Wynn said. "WOW, what a blessing, I've never even won a goldfish! I value the good work that the Foundation provides and I enjoy supporting their mission of education and outreach."

Second prize was a beautiful piece of

See FOUNDATION, page 7

## JOINING AND LEAVING THE DENTAL PRACTICE

Presented By

William P. Prescott, E.M.B.A., J.D.

Practice Transition Attorney

Former Dental Equipment and Supply Representative

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## Nominations sought for ODA vice speaker position

A call for nominations is now extended for the position of the Ohio Dental Association vice speaker of the House of Delegates. According to the ODA's bylaws, candidates for this appointed position must be an Active, Retired or Life member in good standing of the ODA. The term of office for the vice speaker is one year.

Candidates for the position should be a registered and/or certified parliamentarian or working to obtain his/her parliamentarian certification and should also possess a knowledge and familiarity with the ODA's bylaws. Additionally, candidates should have an understanding of, or be willing to develop an understanding of, the ODA's parliamentary authority, which is the "American Institute of Parliamentarians Standard Code of Parliamentary Procedure."

The vice speaker of the House of Delegates assists the speaker of the House of Delegates and parliamentarian during the ODA House of Delegates meetings, including presiding over the ODA House of Delegates meetings if needed.

Candidates should submit their curriculum vitae and a brief cover letter explaining why they are appropriate to hold the vice speaker position – for example association experience, leadership competencies, etc., to the ODA Executive Director, 1370 Dublin Road, Columbus, Ohio 43215 or at david@oda.org by Dec. 31, 2013.

### PRESIDENT, from page 2

#### leaders, what would it be?

Be creative! The old ways may not work in a changing world, and our members expect that we are at the leading edge of change, weighing what has proven effective in the past against new ways to solve problems and choosing well will help us to continue to thrive.

#### What, or who, helped you make the decision to pursue dentistry as a profession?

My father was a dentist. He worked in both a private practice and hospital environment. Much the same as others have heard from wise dentists who talk with other professionals, he told me that as a dentist my life would be my own. He enjoyed the respect of his community and yet had the time to be a husband and father, and my siblings and I enjoyed a wonderful life, exposed to both responsibility and opportunity. I still think dentistry offers that to its members, and the ODA hopes to keep that promise for the next generation of dentists.

#### What, or who, helped you make the decision to become involved in organized dentistry?

Honestly, early on, I swallowed hard every year when I wrote the dues check! I'm sure the young graduates of today have that same thickness in the throat that I experienced. What really got me involved was seeing that organized dentistry valued my involvement. As a writer, I was able to get my viewpoint to an audience through vehicles offered only by organized dentistry. Later, I saw the damage and risk posed by those who sit in the gallery and make judgments about the care system, but who never touch a patient. This was most poignant for me in the case of persons with special needs. Being a representative of organized dentistry, I have had many opportunities to bring forth to colleagues and others the needs of these patients and conversely, to express to advocates and parents of those with special needs,

the challenges we face caring for these patients. It's easy in our society today to have a "mouth," it is far more difficult to link that mouth with a brain and a heart.

#### What do you believe will be your biggest challenge as ODA president? And how will you address that challenge?

The plate is pretty full, so the biggest challenge will be to keep the momentum going and envision what is on the horizon at the same time. We've heard this before but it couldn't be more true. Our paid leadership and staff are the very best in the country. They are constantly called upon to advise the American Dental Association. Our members serve disproportionately on councils and committees at the highest levels. I'm confident that with the competence of our volunteer and paid leadership, we will tackle issues successfully.

My last comment on challenges is how we as representative of three-quarters of Ohio's dentists can exert more influence in our own benefit and that of our patients. I have asked our executive director, Dave Owsiany, to help us try to reach that goal within the boundaries of the law. I have no delusions that this will be easy, but it just seems to me that our sizable representation of Ohio's practicing dentists should net us a greater say in what is right for the citizens of Ohio and our profession!

#### Any closing remarks?

I'd tell every member to remember that the ODA leadership serves you and takes its role seriously. The converse of that is that we expect members to let us know how we are doing and to be willing to be a part of any solution. Finally, the people reading this don't need to. They know the value of membership. Share this with those on the fence or who have failed to realize that their interests are the ODA's interests; that their success comes from our success, and that our practice of dentistry is a privilege that must be protected and nurtured and the ODA does it best – for them.

### FOUNDATION, from page 6

jewelry that retails for \$3,000, and its winner was Dr. Brian Hockenberger of Norton. The third prize of \$1,000 cash was won by Dr. Jim Karlowicz of Dover.

Winning the Early Bird drawing \$500 prize was Dr. Henry A. Van Hala of North Canton, who donated the prize back to the Foundation. To learn more about the Ohio Dental Association Foundation and its good works, visit [www.oda.org](http://www.oda.org).



## "Current Concepts in Office Anesthesia 2013"

Saturday, December 14, 2013 8:00 AM to 4:30 PM  
Crowne Plaza Columbus North  
800-222-8207 [www.sunburyseminars.com](http://www.sunburyseminars.com)

## ODA Meeting & Event Calendar

Oct.

18 Council on Access to Care and Public Service

Nov.

8 Subcouncil on New Dentists  
8 Statewide Subcouncil on Peer Review conference call  
14-15 Annual Session Committee  
15 Council on Membership Services  
21-22 Executive Committee (Off-site)  
22 ODA Foundation Board

## Call for nominations extended for OSDB member

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

The Ohio Dental Association has the opportunity to recommend nominees to the Governor of Ohio for three possible dentist board member openings on the Ohio State Dental Board (OSDB), which may be vacant in April 2014. Two of these board member positions are for general dentists and the third board member position is for a dental specialist (other than a periodontist, which is already represented on the OSDB). The ODA Executive Committee is seeking potential candidates who are interested in serving in this capacity on the Ohio State Dental Board. The term of office for Ohio State Dental Board members is four years and meets on average eight to nine times per year.

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

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

Please send a nomination letter along with the nominee's curriculum vitae to the ODA Executive Director, 1370 Dublin Road, Columbus, OH 43215 by Dec. 31, 2013.

## Organization provides infection control resources

The Organization for Safety, Asepsis and Prevention has made several resources available to dental professionals to help support compliance efforts for safe infection prevention practices.

Because of last month's announcement of the first documented patient-to-patient transmission of hepatitis C virus in a dental practice in Tulsa, Okla., the organization has made these resources available to the public.

The organization developed a free downloadable hepatitis C toolkit featuring relevant regulations and guidelines, best practices, instructional resources and patient resources, which can be accessed at [www.osap.org/?page=Issues\\_HepC](http://www.osap.org/?page=Issues_HepC).

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\*These products are an example based on a typical office. Depending on the size of your office and other circumstances, savings may vary by practice. Visit [www.oda.org](http://www.oda.org) for more information on all ODASC products.

## Dental Insurance Corner

## Dealing with fees when third party payers get in the way

Christopher A. Moore, MA  
ODA Director of Dental Services

Dealing with the subject of fees can be a tricky and at times an uncomfortable but necessary part of the patient-dentist relationship. The subject can become even more difficult when third party payers become involved in the discussion.

One of the most antagonizing things a dentist can encounter involves an assertion that his/her fees are "too high." Too high? Says who? And who are they anyway to make such a claim?

Unfortunately, by the time a dentist gets to this point of a fee discussion with a patient, damage may have already been done to the patient-dentist relationship.

Providing patients with a clear understanding of the charges that will be associated with their care can help minimize problems. Knowing about two resources that are available to dentists and patients may also prove helpful in addressing the issue of fees and third party payers.

#### Ohio UCR disclosure law

Ohio has had a usual, customary and reasonable (UCR) disclosure law since 1994. The law requires third party payers to inform plan beneficiaries of the methodologies used to determine their UCR reimbursement rates.

The statute, ORC 3923.62, specifically requires third party payers that base their benefit payments on a usual

and customary fee charged by dentists to disclose to their policyholders upon request all of the following:

- The frequency of the determination of the usual and customary fee;
- A general description of the methodology used to determine usual and customary fees;
- The geographic area used to determine usual and customary fees;
- If the usual and customary fee for a service is determined by taking a sample of fees submitted on actual claims from dentists and then selecting a percentile of those fees, the percentile that is used by the insurer.

A violation of this statute constitutes an unfair and deceptive act or practice and could subject the insurer to disciplinary action from the Ohio Department of Insurance.

"Knowledge of Ohio's UCR disclosure law can help dentists assist their patients in obtaining a better understanding of their insurance company's reimbursement amounts," said Dr. Manny Chopra, chairman of the ODA Council on Dental Care Programs and Dental Practice.

#### FAIR Health

FAIR Health, Inc. is an independent, nonprofit organization that provides free health insurance information to assist patients in managing their health care costs through its FH Consumer Cost Lookup website, [www.fairhealthconsumer.org](http://www.fairhealthconsumer.org).

The website features a dental cost lookup tool that allows patients to access average fees by geographic area. The tool

also assists consumers in estimating their out-of-pocket costs and insurance reimbursement amounts for services provided by out-of-network dentists. The patient's true cost will vary based on their dentist's actual fee and specifics of their particular insurance plan. FAIR Health intends to introduce a similar tool for medical services.

FAIR Health derives its fee data from millions of dental claims that have been submitted to insurers across the country. The claims data is vetted by researchers and experts from numerous universities and other independent organizations.

FAIR Health also licenses its data for a fee to health insurance companies and other customers.

To utilize the Fair Health dental fee database, consumers simply enter their dentist's location (either ZIP code or city, state) and the type of service or procedure they expect to receive or have already received. The website uses lay terminology in listing 65 common dental services and procedures from which to choose.

The website also offers consumers information to better understand the complexities of health care reimbursement

including multiple tutorials on navigating the health care insurance system. These tutorials address in-network versus out-of-network plans, consumer cost-sharing, urgent care versus emergency care, provider networks, flexible spending plans, employer-sponsored plans and appealing insurance reimbursement decisions.

"FAIR Health and its FH Consumer Cost Lookup website has the potential to significantly assist patients in understanding their dental insurance coverage and the costs they will be asked to pay for their treatment," Chopra said.

FAIR Health was created in 2009 as a result of settlement agreements between then New York State Attorney General Andrew Cuomo and numerous health insurance companies doing business in the state of New York. Cuomo had alleged a company called Ingenix, a subsidiary of UnitedHealth Group that provides health care information, technology, research and consulting services, and many health insurance companies had potential conflicts of

See FEES, page 10

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](mailto:chrism@oda.org).

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\*Does not include fees for courses or special events tickets.

## Businesses must report unclaimed funds annually

By ODA Staff

Ohio businesses are required to submit an unclaimed funds report annually, even if they are not holding any unclaimed funds.

Generally, all states including Ohio have some type of unclaimed funds laws that declare money, property or other assets to be abandoned after a period of inactivity. In Ohio, property is generally considered to be abandoned if it remains unclaimed by the owner for three to five years and the owner cannot be located. Payroll checks can only be held for one year.

Businesses that have never filed an unclaimed property report may be subject to an audit by the state to determine compliance with the law, and businesses may be subject to interest or penalties on unclaimed funds that have not been reported or delivered to their owner.

Assets in a dental practice that could be considered unclaimed funds may include payroll (wages, bonuses, commissions); expense reimbursement checks; insurance proceeds due an individual; credit refund checks; refund and rebate checks; customer deposits; and other intangible interests or benefits. There are three types of accounts that are exempt from the unclaimed funds reporting in Ohio. They are:

- Wages less than \$50 issued on or after July 1, 2000.
- Gift certificates.
- Business-to-business transactions that are limited to funds paid or received as the result of the company's receipt or issuance of an invoice.

### Reporting unclaimed property

Ohio businesses have a number of responsibilities concerning unclaimed property. Initially, written notice must be sent to the apparent owner of the unclaimed property, if known. The state requires that an OUF-8 Notice of Unclaimed Funds form be sent to owners of dormant accounts with a balance of \$50 or more before the funds are reported as unclaimed. If after the mailing the property still remains unclaimed, businesses must report the property to the Ohio Director of Commerce.

The reports are due before Nov. 1 for the year as of the preceding June 30 and are filed using an OUF-1 Unclaimed Funds Reporting Form. Most importantly, businesses are required to turn over any and all unclaimed property to the state. Stiff penalties apply to businesses who fail to comply with any of these requirements.

### Filing a negative (none) report

Even if a practice's records show that the company is not holding any unclaimed funds, or if all owners respond to the OUF-8 Notice of Unclaimed Funds mailing, a Negative (NONE) Report using the OUF-1 Unclaimed Funds Reporting Form still must be filed annually.

The Ohio Department of Commerce, Division of Unclaimed Funds, in conjunction with the Ohio Business Gateway (OBG) offers companies the option of filing their Annual Report of Unclaimed Funds online. If your company currently files reports with other state agencies (sales and use tax reports) through the OBG, you may use your existing account information to log in to file your unclaimed funds report. First-time users will have to register their company with the OBG prior to filing. If filing manually, complete the top portion of the OUF-1 form; check NO and sign the report and mail.

For more information about unclaimed funds and how to file annual reports, visit <http://www.com.ohio.gov/unfd/>.

### FEES, from page 8

interest in a system that the insurers were using to calculate reimbursement for patients who received care from out-of-network health care providers.

In a 2008 statement, Cuomo said "Ingenix operates a defective and manipulated database that most major health insurance companies use to set reimbursement rates for out-of-network medical expenses ... [our] investigation found that two subsidiaries of United (the 'United insurers') dramatically under-reimbursed their members for out-of-network medical expenses by using data provided by Ingenix. Under the United insurers' health plans, members pay a higher premium for the right to use out-of-network doctors. In exchange, the insurers promise to cover up to 80 percent of either the doctor's full bill or of the 'reasonable and customary' rate depending upon which is cheaper. The attorney general's investigation found that by distorting the 'reasonable and customary' rate, the United insurers were able to keep their reimbursements artificially low and force patients to absorb a higher share of the costs."

Cuomo described an example of how the scheme worked. He contended the United insurers represented to their subscribers that the typical simple doctor visit fee was \$77 while knowing it was really \$200. After applying a common reimbursement rate of 80 percent to the \$77 the insurers would then only cover \$62 of the \$200 bill, leaving the patient with a \$138 balance.

Cuomo's investigation reported that the Ingenix produced reasonable and customary fees were remarkably lower than the actual cost of typical medical expenses. He also expressed concerns that the United insurers, which are owned by the same company (UnitedHealth Group) that owns Ingenix, hid their true relationship to Ingenix by claiming their reimbursement rates

### SAMPLE UCR DISCLOSURE REQUEST LETTER FOR PATIENTS' USE

Date \_\_\_\_\_

Third Party Payor \_\_\_\_\_

Dear \_\_\_\_\_:

On the attached Explanation of Benefits, dated \_\_\_\_\_, your organization denied me full payment of the actual dental charge submitted by my dentist, \_\_\_\_\_. Please provide me with the information listed below related to my claim:

1. The frequency of the determination of the usual and customary fee.
2. A general description of the methodology used to determine usual and customary fees.
3. The geographic area used to determine usual and customary fees, by zip code.
4. If the usual and customary fee for a service was determined by taking a sample of fees submitted on actual claims from dentists and then selecting a percentile of those fees, the percentile that was used.

This information is requested pursuant to Section 3923.61 of the Ohio Revised Code and necessary to afford me a full and fair review of my claim. Thank you.

Sincerely,

Patient name \_\_\_\_\_

Group number \_\_\_\_\_

Employee number \_\_\_\_\_

Cc: Patient may want to send a copy of this letter to:  
Benefits Manager at his/her place of employment  
The dentist

Enclosure: Explanation of Benefits

were determined by independent research.

Cuomo concluded the process for setting reasonable and customary fees was not accurate, transparent or independent, and when coupled with the ownership issues, created a conflict of interest designed to reimburse patients less while steering them toward in-network providers that cost the carrier less money.

Cuomo's legal action ultimately resulted

in the creation of FAIR Health and its development of "a non-industry, independent database, which can be used by insurers to help determine reimbursements for out-of-network charges and provide patients with a clear explanation of the reimbursement process."

For more information on FAIR Health or its companion website, FH Consumer Cost Lookup, visit [www.fairhealthus.org](http://www.fairhealthus.org) or [www.fairhealthconsumer.org](http://www.fairhealthconsumer.org), respectively.

### OFFICERS, from page 1

Youngstown

- Treasurer: Bert Jacob, DDS, Cincinnati
- Speaker of the House of Delegates (non-voting ex-officio mem-

ber): Michael Halasz, DDS, Kettering  
"I look forward to the year ahead," Casamassimo said in his address to the House of Delegates on Sept. 19. "The ODA continues to represent with excellence the needs of the citizens of Ohio as

well as its members. Our relationships with our patients and colleagues shape who we are and the values we hold important in this time of significant change in health care. We can never take these relationships for granted."

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## Electronic insurance claim management system provides savings to members

By ODA Staff

The Ohio Dental Association Services Corporation, Inc. (ODASC) endorses ClaimX, an electronic insurance claim management system that interfaces with dental practice management systems.

The program sends dental insurance claims electronically for 25 cents each. Many dentists pay 45 to 55 cents for the same service. In addition, ClaimX will provide free software, free training, free support and no contract or set up fees.

ClaimX uses the fastest, easiest technology and is backed by more than 55 years of combined experience in the field. By using ClaimX, members can save more

than 30 percent per month in processing claims compared to the national average.

The ClaimX program was tested by several ODA members and was given high marks for support, ease of use, integration with current practice management systems, a noticeable reduction in claim processing times and a significant reduction in costs.

ClaimX enables dentists to submit claims, view claim information and choose which to send or hold; and print required paper claims to the newest dental claim form – including the dentist's National Provider Identifier (NPI) number and store NPI numbers. It also allows offices to use the latest techniques to keep up with the

status of claims in real-time; and receive responses electronically and view electronic responses – EOBs, rejects, alerts and daily reports. Plus offices can manage claims with Watchdog™, see the average number of days each insurance company takes to pay a claim and see the expected payment date for each outstanding claim; and check patient eligibility before an office visit (this is an optional benefit). Offices also can utilize National Electronic Attachment, Inc (NEA), an electronic attachment clearinghouse used by ClaimX to submit required attachments of any type, for example, digital radiographs, periodontal charting, narratives, EOBs, lab reports, doctor notes or any other document re-

quired to process a claim.

ClaimX integrates with more than 70 dental practice management systems – the most popular being Dentrix, Practice Works, EagleSoft, Open Dental, Dental Vision, Mogo, EasyDental and SoftDent.

For dentists who are just starting out or who feel the expense of a software system is not justified, there are ways to utilize the ClaimX service to make operations more efficient. Dentists will need an NPI number, the Internet and computer for their office. There is a very low cost dental practice management software available called OpenDental ([www.opendental.com](http://www.opendental.com)).

See SAVINGS, page 14

### LEADERS, from page 6

our dedicated and respected volunteer leaders.”

Paumier also serves on the ADA Strategic Planning Committee, which is developing the ADA Strategic Plan for 2015-2020.

“As one of only two House of Delegate members on the Committee, it is a unique opportunity to influence the future direction of our association and gain the deepest understanding of the issues facing our profession and the programs designed to address them,” he said.

#### Dr. Tom Kelly – Incoming Chair, ADA Council on Membership

The Council on Membership is responsible for recruitment and retention efforts, creating and promoting membership benefits and providing value to best assist dentists. The council works with the tripartite to combine efforts and benefits, is responsible for the annual Conference on Recruitment and Retention and works to ensure the membership message is reaching new dentists.

Kelly is currently serving on the council and is the incoming chair. The council recently launched the Center for Professional Success on [ada.org](http://ada.org), which is an online education tool for members that will focus on the business of dentistry. The council also recently completed a member value survey to identify the strengths and gaps in member benefits in order to improve the ADA's value for members.

Kelly said the ODA does a great job training leaders, which help them to serve as great leaders at the ADA level as well.

“Because the ODA does such an outstanding job at leadership training through its council and committee work, Leadership Institute, and general expectation for leadership, ODA members who are fortunate to serve on ADA Councils do so with that leadership ability and expectation built in; we have a high standard of expectations based on strategic planning, proper budgeting, parliamentary procedure knowledge and bring that to the ADA councils we serve on,” Kelly said. “As a result, we are fortunate to be recognized for our preparedness and often elected to

serve as chairs. These skills help raise the bar for our council work, which benefits all members we serve.

“It is also a great feeling to be from Ohio and have the ODA recognized as a state association that really ‘gets it’ when it comes to all that we do for our members, patients and association,” he said.

Kelly said his favorite part about being a leader with the ADA is the friendships and camaraderie.

#### Dr. Henry Fields – Outgoing Chair, ADA Council on Government Affairs

The Council on Government Affairs monitors federal and state regulatory issues and formulates responses for the ADA based on existing ADA policy. The council also suggests new policy. The council works closely with the American Dental Political Action Committee (ADPAC) to advocate for issues affecting dentistry, plus helps the ADA respond to and take the lead in issues to gain control of agendas.

The council also oversees the State

Public Affairs (SPA) budget and grants by having two members on the oversight committee, which is chaired by Fields. The SPA provides grants to enrolled states to assist with their advocacy efforts.

Fields said one of the most important successes while he has been chair has been restructuring the SPA and getting ahead of the curve by moving forward with calls to action.

Fields said having so many leaders from Ohio demonstrates the state's desire to place qualified people in national positions.

“It certainly demonstrates our conscientious nature and desire to place the best people in national offices for the benefit of the ADA,” Fields said. “My impression is that council members take Ohioans seriously and as those who will be prepared and ready to face the issues with open minds and hard questions.”

Fields said what he enjoys most about being involved with the ADA is seeing improvement, which sometimes happens immediately, but other times is recognized much later.



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The Blackwell Inn

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*Dr. Kristin McNamara*

- **Oral Cancer: Risk Factors, Risk Presentations and Diagnostic Aids**

*Dr. John Kalmar*

- **Radiographic Manifestations of Systematic Diseases**

*Dr. Jahanzeb Chaudhry*

- **What the Dental Practitioner Should Know About Facial Skin Lesions**

*Dr. Carl Allen*

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## The Explorer

Matthew J. Messina, DDS  
Executive Editor

## Six Flags

Last month's rant about the general lack of happiness in the country, especially as it relates to the Affordable Care Act (ACA) was so well received that I suspect that there are many of you that are as annoyed as I am. In fact, if return emails are an indication (and they usually are), there's a great deal of pent up anger looking for an outlet.

This month, I'm hoping to offer a plan – and to enlist some help. I can't do it alone, but with your help, and the help of your friends and neighbors, we can succeed.

As I write this, the confirmation has just come in that there was a case of patient-to-patient transmission of Hepatitis C through the poor sterilization practices of Dr. Harrington, the oral surgeon in Tulsa, Okla. This is terrible news for his patients and my heart goes out to them. All of our thoughts and prayers are with them and their families as they deal with this difficult information.

As healers, we strive every day to provide the best possible care to all of our patients. As I repeatedly tell my patients and also, when asked in the numerous media interviews that this event has spawned, proper infection control isn't difficult but it requires commitment and attention to detail. Millions of dental procedures are done safely every day through the efforts of committed dentists and their dental

teams across the country. This story receives the high level of attention that it is getting because an event like this is so exceedingly rare.

This is an easy story for the media to tell. In fact, it's one of their favorites: they have victims and they have villains. In this case, there are real victims and we all feel badly for them and wish that they would not have been exposed to infectious diseases through the alleged negligent practices of an oral surgeon. He is the villain in this story, and appropriately so.

However, we are all being drawn into the narrative, because it fits with the refrain with which we have been assaulted for years now. As the dentist (physicians too), we are the reason that health care is so expensive, the reason that so many Americans can't get health care – we're just in it to make money, no matter what it costs the little guy. Nothing could be further from the truth, but we have been written into this story as the villain for a long time.

It's not that the members of the media mean us harm, but their stories have villains, victims and heroes. We're going to be one of the three. Think of the recurring images of dentists in pop culture – movies, TV shows and books. It's going to take a huge effort to change our casting in this play. But it begins now.

As sad as we are for the patients in Tulsa, we can join them in being angry at the dentist. He broke the code and endangered his patients. As a profession, dentistry has always ranked at the top of public opinion polls when people are asked to list professions that they trust. We have used that trust to be able to provide the finest dental care for the greatest number of people in the world.

We must work to maintain that trusted position and I take offense at anything that chips away at that perception. Most dentists and their team members are

dedicated, hard-working people with a desire to help. It is time for us to begin to reclaim the narrative – and this is the perfect place to start.

We have a great story to tell. We work hard every day to see to it that dental care is provided in a comfortable yet safe environment. We need to tell our patients – and show them – what we are doing on their behalf. Dentistry is a complex medical specialty. We have made it look too easy for too long. It is time to reaffirm the high level of skill required to do what we do. There is a reason why this is a doctoral degree.

Whenever I'm discouraged about the difficulty of the task ahead, I take time to look up at the moon. I can't see them, but I know that there are six flags up there. If we can send men to the moon to walk around and plant flags, then return safely to earth, we surely can begin to tell a better story.

Plus, astronauts have a way of putting our earthly concerns in proper perspective. I had the privilege of joining NASA Apollo 13 commander Jim Lovell for lunch some years ago. He said that we should "be thankful for problems. If they were less difficult, someone with less ability might have your job." That's always excellent advice.

We know the heroes and heroines – we see them at work every day. Our patients are predisposed to trust us. They like us and have a vested interest in our success. For when we do our jobs well, the American public can lead a long, healthy life. We are the advocates for our patient's health and well-being.

It's long past time for us to get out there and tell our story. Because if we don't, someone else will. I've seen that movie and I don't like the way it ends. Let's all work together to write a happier ending!

*Dr. Messina may be reached at [docmessina@cox.net](mailto:docmessina@cox.net).*



## Between the Lines

Ken Jones, DDS, JD  
Guest Columnist

## Exordium and Terminus<sup>i</sup>

"In the year 2525, If man is still alive  
If woman can survive,  
They may find, In the year 3535  
Ain't gonna need to tell the truth, tell no lies  
Everything you think, do, and say  
Is in the pill you took today"<sup>ii</sup>  
– Zagar and Evans

It's always interesting to predict the future. Everyone seems to have a different idea of the world five or 20 (let alone, a thousand) years from now. Some folks are certain of the way dentistry should be, but some of today's commentators seem a little bi-polar. One day, they call for another year or two of education for "dentists" because our profession is so tough that we need to be MD level, "real" doctors. Yet, in the next breath, they tell us that most of what we do is so easy, a high school grad with a couple years of tech school-type training can do it just as well – or, maybe, even better.

So, let's talk about the who and the how of access to dental care just a few decades down the road. When I think about my vision of the future of oral health care, I have a hard time being positive and, so far, no-one's convinced me that I am very much in the wrong. While I hope that it

won't be as dismal as the vision I present to you today, I'm not particularly confident that dentists will still be around. I think my first profession will, mostly, have gone the way of the dinosaurs, and I think that we'll do it to ourselves. I certainly won't be excited to see my great grandkids follow in my footsteps.

Supposedly, according to many public health practitioners, we can, even now, create dental health in the presence of crappy oral hygiene, so I guess we no longer need to stress prevention. That should eliminate the need for dental hygienists. Why bother to have someone with all that expensive education clean teeth and teach oral hygiene? If today's dental placaters get their way, someone will just swab on some stuff to re-calcify the teeth until the primary tooth is lost and the whole mess starts all over when the

permanent teeth erupt.

And decay will definitely still be around, since I don't foresee much change in the responsibility factor of the quickly increasing population of unmarried, teenage moms out there. (Marriage and live-in daddies will likely be even more a thing of the past just a few decades down the road.) So, if we're not going to pound good oral hygiene techniques and familial responsibility into the brains of those pubescent mamas, why do we need anyone in public health doing research to advance their public good?

In the same way that some of today's medical care is no longer under supervision from (or even contact with) a physician, tomorrow's dentistry will be done by much less trained dental practitioners,

See **FUTURE**, page 13

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Robert Buchholz, DDS  
Guest Columnist

## Sunday School

Three years ago I had no clue of the whereabouts of Salt Lick and Lynch and the counties of Harlan, Bath and McCreary. But then again, I had no clue that the practice of dentistry would be a faint vision in my rear view mirror of life. I traveled to these Kentucky cities and counties this summer, as a volunteer for Lexington Kentucky's God's Pantry Food Bank, which was conducting "Hunger In America" client surveys in food pantries across central, south and eastern Kentucky. Having practiced 40 years in suburban Greater Cincinnati, and specifically affluent West Chester county, poverty in my mind was predominately confined to the inner city of Cincinnati, with limited pockets dispersed among other area communities.

After all, isn't the "Free Store" in downtown Cincinnati? Of course I knew what poverty was and is. I could spot an impoverished individual in a heartbeat, can't everyone? Aren't they the people that post up at the end of an off ramp of I-Whatever, with a cardboard sign bearing the message, "Unemployed – please help!" or something in that vain?

Uh ... stereotypes, they're too easy to banter around and accept in life.

Of course I knew what poverty was – or so I thought.

In Kentucky, and I believe one will discover in all 50 states, an individual in need of pantry assistance isn't necessarily filthy, unkempt, illiterate, unemployed, or only black, Hispanic or white. They're not all "rednecks," and "If you want to hold your life together, use Duct Tape" is not their motto.

I discovered that poverty and associated hunger, at a moment's notice, can savage any American. I witnessed individuals who for the first time in their life had to present documents that verified their eligibility for free food. They were so humbled and embarrassed, tears were streaming down their cheeks, bathing

their feelings of shame.

I thought I knew what it meant to be humbled, but now I had borne witness.

However, there is a common denominator that seems to exist with these folks, and I believe it is not singular to "Kentuckians" only. I'll grant you the fact that the facilities that were distributing the food were Christian entities, but these folks didn't just show up for their "pantry day" handout and disappear. Sundays for them meant being present in a house of worship to give thanks. And it didn't hurt that the place of worship was either next to or attached to the pantry.

Recognizing this fact provides members of our profession a couple of opportunities. The first one, oral health education, is the master key for solving the access issue. Casting aside any politicized views you embrace, can you envision the opportunity of having 10 minutes of a community's undivided attention, on a Sunday morning, to deliver a dental sermon possibly titled "Don't do the Dew." Accompanying this would be a power point presentation provided by the (Ohio ... or any state) Dental association for Sunday school classes that teaches the importance of taking care of one's teeth ... for life. And, with a willing ... priest, pastor, rabbi, imam ... you can preach or present to your heart's content. I'd be willing to bet this type of presentation would top any of our public or private institutions' personal health classes. When you control the content, you control the message, and the word "doctor" still implies a position of importance in our society!

The second opportunity is going to be more difficult for the profession and dentists to wrap our arms around and won't come without capital input.

Each pantry I visited had zero dental commodities. I asked if they ever received any toothbrushes, toothpaste, floss or any other dental related product. The good news was, yes, and even more positive was, the suppliers of dental products were dentists serving that respective community. "But ... we always need ..." was what I heard at every pantry.

As a private practitioner, I routinely was asked to give toothbrushes and toothpaste to different groups, schools and missionaries. Reach Out Lakota, West Chester's pantry of sorts, also received donations. However, what most people believe is, we receive these products free, from drug companies and dental product manufacturers. If you doubt me, start asking your patients where they think

their "free" toothbrush (with your name engraved), small tube of toothpaste and floss comes from when they check out after their periodic visit.

I did see diabetic test meters, vaporizers, NyQuil, Acetaminophen, vitamins, children's chewable vitamins and several other medicinal items available during my survey visits.

So why is there a discrepancy of health products available?

I don't have the answer.

I do know that I had no idea how generous Walmart was and is with the "Hunger in America" program. And perhaps because of their "all in" attitude, others like Kroger and Meijer and many others also are participants.

Maybe when one is the recipient of someone's generosity, it's best to not be too demanding.

So here are the dental needs I witnessed:

- Children's toothpaste
- Children's toothbrushes
- Adult toothpaste
- Adult toothbrushes
- Denture adhesives
- Xylitol mints and gum (my preference)
- Floss
- Anything dental that hasn't expired and you're not using but someone could benefit from!

I've been blessed in my lifetime and never realized how much, until this summer.

If you are contributing to a pantry in your community, God bless you. If you haven't in the past, and would like to help, perhaps your Chamber of Commerce or Rotary Club can guide you.

Finally, I'm sorry. I realize that these past five years have been the most stressful times any small business owner has ever had to deal with, and I'm asking you to give again, of your resources ... whether it be your time or money. "If you don't ask the question, you'll never get an answer" has always been my philosophy in life. Please take a moment to ask yourself, could helping a pantry be a positive in your life?

*Dr. Buchholz may be reached at rbuchh@windstream.net.*

Visit [www.oda.org](http://www.oda.org) for current and archived "ODA Today" stories.

## FUTURE, from page 12

such as our current DHATs, but unsupervised, and in their own government or health care facility operator. The difference is, in medicine, the auxiliary practitioner is highly trained in a particular area, while in dentistry, the lesser trained of today's profession will be the "dentist" of tomorrow, the new primary care "expert."

Part of that rationale will be the view that there is little need for a "dentist" to have training in the basic sciences beyond a high school chemistry and biology class, if that. Probably, good grades in shop classes will be more important. Even if we keep the chalk carving part of the DAT's as the dental tech school entry requirement, experience says that most of us made it through that with only a minimal amount of practice – and some of us even broke the chalk!

Since the vast majority of orthodontics is for esthetics, that specialty will bite the dust. There is little need for good looks if all the kids want to do is sit at their computers and avoid inter-personal relationships. Impactions and other more complicated surgical procedures will be carried out by physician-surgeons, so we can scratch the oral surgery specialty as well. Simple extractions will be done by the same high-school grads that do the few fillings still in vogue. Training will be, as in the old days, mostly by observation and apprenticeship, i.e. the blind leading the blind. Yep, the need for tomorrow's "dentist" seems to be disappearing, slowly but surely.

Endo, in an increasing number of offices – even specialty offices – is already on the way out. Periodontists will follow the endodontists into oblivion. Implants are, even now, more profitable. Crowns on top of those implants will most likely be non-existent, though, since we all know from the ads just how easy it is to toss a couple of little metal stubs into the jaw-bone to support and retain a denture. And have you noticed the lack of wrinkles and gray hair in the denture adhesive ads lately? Younger and younger, with every advertising campaign. Tomorrow's esthetic dentist will probably be a lab guy who finally gets to make un-supervised dentures in his basement – legally.

One of the things that won't change is the need. Or maybe, it will. Or maybe just the necessity:

"In the year 4545

Ain't gonna need your teeth, won't need your eyes

You won't find a thing to chew

Nobody's gonna look at you"<sup>iii</sup>

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

<sup>i</sup> *Beginning and End – Zagar and Evans*

<sup>ii</sup> [www.lyricsfreak.com/z/zagar+and+evans/in+the+year+2525\\_20647779.html](http://www.lyricsfreak.com/z/zagar+and+evans/in+the+year+2525_20647779.html)

<sup>iii</sup> *Ibid*



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## Collaborative effort results in innovative school-based dental center

By Jackie Best  
Managing Editor

A public, private, professional collaboration has allowed several groups in Ohio to bring their strengths to the table and open the state's first school-based dental clinic, the Delta Dental Center at Oyler School in Cincinnati.

The center had its grand opening Sept. 23 thanks to a collaboration among several entities, including the Cincinnati Dental Society's Oral Health Foundation, the Children's Oral Health Network, the Cincinnati Health Department, Cincinnati Public Schools, the Delta Dental Foundation and Growing Well Cincinnati, among others.

"In the past, when we were all working on our own, none of us were able to fully utilize our resources," said Dr. Patty Walter, a Cincinnati Oral Health Foundation past-president. "With this collaboration we can. For me, it's a totally different way to provide care. I think long-term it's going to allow us to keep doing these things. The sky's the limit. This is an important role for



Submitted photo  
Dr. Michael Schaeffer, a Cincinnati Dental Society member also representing the Delta Dental Foundation, and Dr. Patty Walter, representing the Cincinnati Dental Society's Oral Health Foundation, cut the ribbon at the grand opening of the Delta Dental Center at Oyler School.

organized dentistry to look at."

The center, which has three chairs and is a fixed clinic, is run by the Cincinnati Health Department and is a federally qualified health center (FQHC) lookalike, which

offers enhanced reimbursements for Medicaid patients. The center is operated by a full staff of paid personnel for four days of the week, and one day a week volunteers from the Cincinnati Dental Society

will staff the clinic to see children who are not covered by insurance or Medicaid and treat them at no cost. About 20 percent of students at Oyler School are uninsured and do not receive Medicaid benefits. The Cincinnati Dental Society will also be able to help provide volunteer specialists as needed.

A portable dental unit will travel to area schools to provide examinations and preventive care. Children who need further dental care will be transported back to the Delta Dental Center at Oyler School for treatment.

"I'm really expecting to see the true impact in 10 to 15 years," said Paul Rudolph, director of the Children's Oral Health Network. "We need to create a generation of children who do not have unmet medical and dental needs. Having these kids grow up where they're not having dental pain will have an impact on their learning in school, and we actually have a chance to impact the cycle of poverty."

The idea for the Delta Dental Center at Oyler School developed out of roundtable discussions among various oral health organizations in Cincinnati, which became known as the Children's Oral Health Network. The group decided it wanted to create a school-based dental clinic.

"Looking at different programs, we were really determined to create a business model that would be financially sustainable," Rudolph said. He added that to be financially sustainable, the clinic needed to have three chairs and needed the right sized school in need of dental services, which they found in Oyler School.

Oyler School seemed like the perfect fit because of the number of students – almost 800 in pre-kindergarten through 12th grade – and the success the school has had with other public-private partnerships, Rudolph said.

"I never fathomed that we could have

See CENTER, page 15

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### SAVINGS, from page 11

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**ANNUAL SESSION, from page 1**

rated each of them.

This year's winners are: Best of Show: Dr. Jared Schellenberg and Dr. Ryan Shurtz; Auxiliary: Barbara Kinselman and Mary Kay Scaramucci; First Place Graduate Dental Student: Dr. Caroline Ghattas Ayoub; and Second Place Graduate Dental Student: Dr. Long Nguyen.

Between CE courses, attendees also had the opportunity to shop the Exhibit Hall to purchase products for their practices. With more than 200 exhibitors present, the Exhibit Hall allowed attendees to try out products, compare prices and speak with knowledgeable representatives all in one place.

"The Exhibit Hall at the ODA Annual Session still is the premier place in Ohio and neighboring states to learn about new products and to explore the ever changing world of dental equipment," Grbach said. "We are a dental shopper's dream, offering so many things under one roof."

One new opportunity in the Exhibit Hall this year was the Dentist's New Product Roundtable, where attendees had the chance to learn about the latest products and technology up-close from representatives.

"Every ODA Annual Session is special

in its own way," Grbach said. "The ODA Annual Session Committee listens to the feedback that we receive from our attendees and exhibitors and tries to implement changes that will better our meeting. At the suggestion of our Exhibitor Advisory Committee, we tried the Dentist's New Product Round Table on Saturday morning this year."

But Annual Session wasn't just about business. Several special events were held, including receptions, luncheons and celebrations, where attendees could reconnect with friends and meet new colleagues.

One special event, the Callahan Celebration of Excellence honoring outgoing ODA President Dr. Kim Gardner, recognized the 2013 Awards of Excellence winners.

2013 Awards of Excellence winners include:

- Callahan Memorial Award: Dr. Sol Silverman
- Distinguished Dentist Award: Dr. Joseph Crowley
- Achievement Award: Dr. Jerold Goldberg
- Marvin Fisk Humanitarian Award: Dr. Linda Smith
- N. Wayne Hiatt Rising Star Award: Dr. Britt McCarthy

For more information about the award winners, visit [www.oda.org](http://www.oda.org) or check the August and September issues of the "ODA Today."

The ODA Leadership Pin was awarded to Dr. Tom Graham.

Ohio Dental Political Action Committee (ODPAC) awards were also presented at the celebration, honoring the Eastern Ohio Dental Society for the highest percentage of membership for a small society, and the Akron Dental Society for "Deepest Pockets for Dentistry" (highest average contribution) and the highest percentage of membership for a large society.

"I would like to thank all the attendees and other participants for making the 2013 ODA Annual Session 'The Source' for so many great things," Grbach said. "I hope to see all of you in 2014 for 'ODA Live!'"

**Save the Date!**

The ODA Annual Session Committee is already planning next year's Annual Session. The 2014 Annual Session – "ODA Live!" – will be Sept. 11-14, 2014, at the Greater Columbus Convention Center. Save the date now and make sure to take advantage of all the opportunities that will be available at next year's ODA Annual Session.

**CENTER, from page 14**

a group so diverse to collaborate for the same purpose: to provide a good dental home for children," said Vicki Nixon, executive director of the Cincinnati Dental Society. "When you see the diverse background, and to say we can make this happen in less than nine months, with the only agenda being to bring in dental services in a school-based health center – for organized dentistry, this is huge."

The Cincinnati Dental Society has prioritized treating children without insurance or Medicaid for several years. They have operated the Roselawn Dental Center for eight years, and will be transitioning that clinic into the Delta Dental Center at Oyler School. The Cincinnati Dental Society Oral Health Foundation board members decided that transitioning the Roselawn Dental Center into the center at Oyler School would be most beneficial for their patients because many more resources would be available to them, Nixon said.

"The thing that is difficult with independent projects is you're trying to do everything yourself," Walter said. "The Delta Dental Center at Oyler School is a great collaboration with private, professional and public resources."

The school-based dental model also will help the center overcome some of the transportation problems that some clinics face because many of the patients will just need to walk down the hallway to get to the clinic. The center will also be working with other organizations to provide transportation for those students at other schools that will be receiving care at the Oyler School. The center will also get consent forms from all of the students at the beginning of each school year.

One issue the center will be working to overcome with the students is scheduling.

"I know one of the challenges we'll have is making sure we don't conflict with school schedules," Rudolph said. "We don't want to take them out of core education classes, and we also want to make sure they're not missing any meals because those might be their only meals of the day."

The Delta Dental Center at the Oyler School will also help open up resources in safety net clinics around Cincinnati so that adults can receive care there more quickly, Rudolph said. He said he also hopes the Delta Dental Center will be able to expand to treating adults and young children, first by expanding services to pregnant moms and 0- to 5-year-olds.

The Cincinnati Dental Society Oral Health Foundation provided funding for the renovations that were necessary to create the clinic, the Delta Dental Foundation funded all the equipment to operate the clinic and Proctor and Gamble provided a grant to build the foundation of the portable dental team. Cincinnati Children's Hospital Medical Center and Interact for Health also have provided funding.

Cincinnati Public Schools is allowing the center to use the space in the school rent-free, and it is also paying for the utilities.

"Everyone left self-interest at the door and focused on one thing. It was amazing," Walter said. "It's one of the things that make me excited about going to the office every day. It keeps me optimistic about my profession and the future of the profession."

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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.

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Associate Dentist Openings in Cincinnati, Dayton, Columbus and Akron. Employment model with competitive base salary and monthly bonus. General dentistry with an emphasis on pediatrics. No production quotas. Flexible schedules for "floater" positions. Emphasis on quality of life and a standardized work week. Contact Scott M. Shue at (770) 855-1877 or via email at sshue@cshh.com.

Associate dentist opportunity available in well-established, high-tech Dayton/Kettering practice. A few years of experience preferred. Please inquire by email to shari@dayton-dentistry.com.

Associate opportunities in Northwest Ohio. Excellent opportunities for general dentists with an expanding multi-location dental practice. Competitive compensation package including the following benefits: 401(K) + company match; paid lab fees; paid malpractice insurance; paid license renewals, membership dues and continuing education; health insurance; disability, life, vision and dependent care account. We invest in state of the art clinical and information technology. New graduates and experienced dentists welcome! Please call Ryan McAlees at (419) 724-1654 or email at ryan.mcalees@cornerdental.com.

Associate opportunity, Cincinnati, Columbus & Dayton. One to four days per week available. Contact Thomas Niederhelman, (614) 235-3411 or (740) 404-5677; e-mail niederhelman@gmail.com.

Associate position available in Kettering, Ohio 2 days per week. Opportunity to increase to 3-4 days per week. Please call Mr. Sullivan @ (937) 430-4317.

Associate position with possible buy out opportunity. Busy Orrville practice. Well trained staff to help you achieve maximum production. Please call (330) 682-0911 & ask for Linda or reply to info@orrvilledentistry.com.

Associate position with potential buy-out in a great NE Ohio practice. High-tech equip., well-trained staff & well-established patients. Contact jhmdds@gmail.com.

Associate position with potential buy-out opportunity of growing practice in Northwest Ohio. If you have a passion for providing comprehensive dentistry with a professional well-trained team, this opportunity maybe for you. Young graduates, or graduates of a GPR will be considered. Contact egentlecarindg@hotmail.com with resume.

Associate wanted. Full time position in the

Cincinnati/Clifton area. Quality oriented, expanding practice, no Medicaid. Currently open three days a week, looking to expand to four days a week. Pay based on production, we pay lab bills. Partnership potential in the future. Contact Marc Lewis at (614) 581-7260 or email at Niederhelman@gmail.com.

Associate wanted for busy practice at the Greene town center in Beavercreek, OH. We are a well established practice that strives to create great experiences for our patients and provide the highest quality of care. We are in a beautiful office with 6 operatories & room for expansion. We are seeking a highly motivated dentist that puts the needs of their patients first. Please call Kris at (937) 912-0101 for more details

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Cincinnati Ohio - Associate Dentist, Full Time, needed in our very busy, fast growing, and multiple-location General Practice. Qualifications must include either a year of General Practice experience or a GPR/AEGD residency. Please inquire by calling (513) 454-1800 or send resume to mimeister@aol.com.

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Orthodontist needed one or two days a week in Columbus and Cleveland. Generous base pay plus bonus. All fee for service offering Invisalign, white braces, etc. Modern offices and experienced traveling staff. Call (440) 446-1555 or email Dr. Sam Jaffe at sam@americandentalcenters.com.

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Part-time Associate General Dentist opportunity to join our growing family practice in Cuyahoga Falls. 2+ years experience preferred; new graduates also considered. Candidate should excel in all aspects of general dentistry and be prepared to treatment plan and provide the best dental care possible. Contact cfdentist@gmail.com with resume.

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



Part-time position in upscale family/cosmetic private practice. High-tech office. Great staff. Quality oriented individual needed. Experience preferred. Mansfield area. Please inquire by email to craigcalendds@gmail.com. Part time or Full time opportunity available in private restorative and cosmetic dental practice. Please e-mail resume to RPGarvey@aol.com.

Part time or Full time opportunity available in private restorative and cosmetic dental practice. Please e-mail resume to RPGarvey@aol.com.

Partners wanted. We are a group practice where each doctor owns an equal share of the partnership. We practice on our own patients setting individual treatment plans. Retail locations give great visibility and we have availability six days per week. We are looking for motivated doctors who want to own their practice while practicing in a relaxed manner as part of the team. Practices are managed by the partners keeping overheads well below average. Please call Dr Morrison (614) 404-8565 or email emorrison@comfortdental.biz.

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

We need your help in changing lives, one smile at time. Michigan Community Dental Clinics, Inc. is seeking dentists to join our elite group of 60 quality oriented dental practitioners. We have experienced exponential growth throughout Michigan over a five year period. Our growth continues, and we have several more offices opening in the coming years. We welcome talking to dentists and dental specialists who have a mindset of continuous quality improvement. Our culture is one which places "patients first". Due to recently increased capacity, we have outstanding full and part-time opportunities. Our facilities fully utilize an electronic patient record, state-of-the-art equipment and the finest sundries available in dentistry.

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We are looking for a full-time dentist to work our Coshocton location. Partnership potential. Great staff with excellent work environment. Unlimited earning potential. Don't miss out on this opportunity! Contact Priscilla via email priscilla@priscillaworld.com.

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

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