

ODA Today

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

QuickBites

Renew membership by April 30 to continue receiving benefits

Ohio Dental Association membership dues must be paid by April 30 for the 2018 membership year in order to continue receiving exclusive member benefits.

Any member who did not pay their dues by Jan. 1, 2018, is considered past due. Dentists who have not already renewed their membership should do so as soon as possible so that membership benefits, including receiving the "ODA Today," do not lapse at the end of April.

Members can renew online at oda.org/renew, by mail to Ohio Dental Association, P.O. Box 182039, Dept 367, Columbus, OH 43218-2039, by fax at (614) 486-0381 or by phone at (800) 282-1526.

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ODA members talk to legislators about how to provide great dental care for Ohio's citizens

Representatives from the ODA testify in favor of non-covered services legislation

By Jackie Best Crowe
ODA Managing Editor

More than 100 dentists, dental residents, students and spouses met with their state senators and representatives at the 2018 Ohio Dental Association Day at the Statehouse on March 7, including 23 dental students from The Ohio State University and Case Western Reserve University.

"Day at the Statehouse is one of the most important events that the ODA puts on each year because it's our opportunity to explain to legislators our position on some of the bills coming through the House and the Senate," said ODA President Dr. Steve Moore.

Day at the Statehouse is the ODA's most important grassroots advocacy initiative, where dentists have the opportunity to educate their legislators on issues important to dentistry. Attendees met with nearly 100 legislative offices during this year's event, and 21 of Ohio's dental societies had members in attendance.

"Legislators want great dental care for Ohioans, but they require first-hand testimony



ODA Staff
ODA members along with students from The Ohio State University College of Dentistry and Case Western Reserve University School of Dental Medicine meet with Rep. John Barnes and his staff member during Day at the Statehouse.

and education," said Dr. James Smithson, a general dentist in Mount Gilead and first-time attendee at Day at the Statehouse. "Dental professionals are directly affected by legislators' level of education on specific dental matters, and that is what the Day at the Statehouse is all about: educating law makers. If dentists do not take the opportunity to forge the paths ahead, opposing special interest groups will have the ears of the legislators to themselves."

Before meeting with legislators, attendees had the opportunity to listen in on a conference call and attend legislative briefings where they learned details on the topics they were asked to discuss with their legislators and tips on how to have these conversations.

"Initially, I was actually very nervous speaking on behalf of my entire profession! However, I quickly realized the legislators

See STATEHOUSE, page 7

2018 Leadership Institute enhances abilities, inspires, provides updates and opportunities for networking

By Jackie Best Crowe
ODA Managing Editor

The 2018 ODA Leadership Institute – People, Purpose & Passion: The Pathway to Success – provided attendees an opportunity to build their leadership skills while also receiving updates on issues important to dentistry in Ohio and connecting with colleagues from across the state. More than 250 ODA members attended the event, including 23 dental students.

"I always enjoy The ODA leadership Institute," said Dr. Dale Anne Featheringham, an orthodontist in Columbus. "It's extremely well done, and I leave with valuable skills to enhance my leadership abilities, a comprehensive understanding of what the ODA and the ADA are doing to improve our practice lives, inspiration from seeing our Ohio leaders that now serve at the national level, and a feeling of camaraderie from spending time with dentists from all across the state – time well spent!"

Leadership Institute kicked off with a key-



ODA Staff
ADA Treasurer Dr. Ron Lemmo, ADA Seventh District Trustee Dr. Billie Sue Kyger, and ADA President Dr. Joe Crowley provide an ADA update at the ODA Leadership Institute.

note presentation by Pete Luongo, former president and CEO of the Berry Company, a small business marketing company. Luongo presented "10 Truths About Leadership ... It's Not Just About Winning," which is based off

of his behavior-driven model "The Leadership Pledge" that focuses on people, support, expectations, feedback and accountability.

See LEADERSHIP, page 15



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The Director's Chair

David J. Owsiany, JD
ODA Executive Director

On March 7, ODA President Dr. Steve Moore and I testified before the Ohio House Insurance Committee in favor of House Bill 367, which would prohibit the practice of dental insurance companies setting prices for services the insurers don't cover. Below is my testimony.

Chairman Brinkman, Vice Chairman Henne, Ranking Member Bocchieri and members of the House Insurance Committee:

My name is David Owsiany, and I am the executive director of the Ohio Dental Association. As many of you know, the ODA is the professional association of dentists in the state of Ohio. We represent 70 percent of Ohio's practicing dentists with more than 5,300 member dentists across the state. Thank you for this opportunity to testify in support of House Bill 367.

There are more than 4,000 dental practices in Ohio, delivering dental care to millions of Ohioans. According to a recent independent survey of Ohio dentists, conducted by the Saperstein and Associates survey research firm, nearly 70 percent of dental offices in Ohio are solo proprietorships.

While these dental offices provide valuable oral health services, they also operate as small businesses and serve as important sources of employment for Ohioans. The typical dental office has six employees, including dental hygienists, dental assistants and front desk staff. That means that more than 24,000 Ohioans work in dental offices statewide. And Ohio's dental offices generate significant economic activity in their communities – including the purchase of services and supplies and the payment of staff salaries and taxes. So, the impact of Ohio's dental practices is significant not just in terms of providing quality oral health care services but also as small businesses and employers.

Today, I testify in support of House Bill 367 because this legislation seeks to remedy an inequity in the dental insurance system. In the last few years, dental insurers began telling dentists what they can charge for services the insurers don't even cover. This scheme is inconsistent with the fundamental premise of dental benefits, which is to provide coverage for certain dental services for the enrollees. This practice of insurance companies dictating fees for services they don't even cover is creating significant hardships for

Testimony in support of non-covered services legislation



ODA Executive Director David Owsiany and ODA President Dr. Steve Moore answer questions from the Ohio House Insurance Committee during testimony on March 7 about legislation that would prohibit insurance companies from setting fees for services they do not cover.

dental offices. Dental practices operate at narrow margins because of the nature of providing dental care including high overhead costs related to dental technology, equipment and supplies.

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

It has been suggested that the dentists should just negotiate these non-covered services provisions out of the contracts. The problem is that these provider contracts are what lawyers call "contracts of adhesion." "Black's Law Dictionary" defines contracts of adhesion as "standardized contracts" that are offered on essentially a "take it or leave it" basis without affording the other party any realistic opportunity to bargain or otherwise negotiate.

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

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

As was the case with Dr. Moore, many of these contracts are "ever-green" contracts that are regularly renewed. So in many instances, dentists signed the initial contracts long before the insurance industry was setting fees for non-covered services. Now that the dentists have a significant portion of their patient bases – perhaps 20 percent, 30 percent or even 40 percent or more of their patients as enrollees of the insurance companies, the insurance companies have changed the rules midstream and are now dictating fees for services they do not cover. The dentists signed the contracts in good faith. The insurance companies have changed the rules. Most dentists aren't able to just walk away from these contracts and lose a significant portion of their patient base.

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

See TESTIMONY, page 3



President's Message

Steve Moore, DDS
ODA President

Return on investment

I recently returned from my third or fourth favorite dental meeting, the Mid-winter Meeting in Chicago. The exhibit hall was very large with hundreds of vendors. The selection of dental products ranged from the simple to the most extravagant.

From supplies that cost very little to equipment that cost hundreds of thousands of dollars. Amazingly, the products would: greatly improve office efficiency, upgrade your Internet and website (which will increase the number of new patients), boost staff satisfaction and provide any other possible dental practice enhancement you can imagine.

As I was walking around looking at the merchandise that would make my dental practice so much better, I got to thinking about my return on investment (ROI). Some of the products I have purchased have improved my practice, while other "amazing" pieces of equipment are evidently going to make the big closet in my office basement so much better someday. That is where some previous purchases have been stored for many years.

The more I thought about what I spent

on all these products and equipment, the more I realized the best ROI I have ever made was joining organized dentistry. The benefits received are numerous; from the services and products offered by ODASC, the regulatory and legal information provided by the ODA staff, to the political advocacy on our behalf by the American Dental Association and Ohio Dental Association.

Thinking about all the useless stuff I have purchased over the years more than solidifies my realization that the best investment, with the best return on investment, is joining the organized dentistry tripartite, the American Dental Association, the Ohio Dental Association and your local component.

By the way – my favorite dental meeting by far is the ODA Annual Session!!

Email Dr. Moore at smoore@oda.org.

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Legal Briefs

Nathan E. DeLong, Esq.
ODA Director of Legal & Legislative Services

Handling negative online reviews about your practice

Today, many patients investigate your office prior to an initial appointment using Internet ratings sites such as Yelp, Healthgrades, Bestdentists, Angie's List, and RateaDentist. A majority of consumers report to trust online reviews as much as personal recommendations, meaning a single negative review can harm your practice by turning away prospective patients. Therefore, you need to make sure you are doing everything you can to maintain a positive online reputation.

Your online reputation depends on whether and/or how you react to what people say about you and your practice on the web. The initial reaction of many dentists is the desire to file a lawsuit to

have the negative review removed. However, a dentist wishing to do so faces the following disadvantages:

- The Web host is protected from liability under the Communications Decency Act of 1996 (47 U.S.C. Sec. 230) since the host is not a "publisher" of the comment.
- It is often difficult and expensive to obtain the identity of the content creator.
- Reviews and comments have wide protection as "opinions."
- Medical professionals may be constrained from responding by HIPAA and state privacy laws.
- Proving monetary damages is difficult to do.
- The lawsuit itself may result in bringing even greater attention to the negative review.

If litigation is not generally the answer to a negative review, then what is? Well, unfortunately there are no silver bullets. One thing you might try is to request that the Web host voluntarily remove the offending post. On this front, your chances

for success are not high, particularly if the posting falls into the category of the poster's opinion. You will likely maximize your chance of success in this appeal if you are able to demonstrate that the post violates the Web host's own "Terms of Use," which frequently prohibit users from posting material that is unlawful, untrue, harassing, libelous, defamatory, abusive, potentially tortious, threatening, or harmful.

You may decide ignoring the negative review is your best response, and often it will be. However, you should evaluate responding on a case-by-case basis. If you choose to respond, avoid violating HIPAA and remember that your "audience" is not the individual comment creator, but instead the dozens of others who will see your response and will likely judge you and your practice more on your response than on the negative comment itself. You do not want to engage in an online debate over the incident that provoked the review. Instead, you want to come off as caring, concerned and compassionate. A productive response along these lines might be:

"We are sorry that you feel that way. We treat hundreds of patients who are extremely satisfied with our practice, and we want to make sure that you are one of them. Please call our office so that we can see what we can do to make things right."

Another way to deal with a negative review is by receiving multiple positive reviews, effectively "burying" the negative review amid a quantity of positive ones. This can be accomplished through patients who have had positive experiences with your practice posting comments and ratings. However, you need to be cautious in this regard because there are regulations that limit your ability to solicit positive reviews by either compensating (whether by cash or by "in-kind" payment, such as discounts) reviewers or requesting persons associated with your practice (such as your staff) from posting positive comments. Reviewers who post such endorsements must disclose that they have been compensated for their review or disclose their relationship to the practice.

Responding appropriately to a negative review is often a difficult and emotional task, but it can be important to do so. Before you decide whether and/or how to respond, take a few deep breaths and consider how many people will really see the review and whether it will actually affect your practice. For additional guidance, please contact the ODA legal department at (800) 282-1526 or consult with an attorney.

Portions of this article came from the ADA's publication "A Dentist's Guide to the Law, 228 Things Every Dentist Should Know."



We are pleased to announce...

Dr. Satya Potaraju has acquired the German Village practice of Dr. Sam Latif in Columbus, Ohio

TESTIMONY, from page 2

model for House Bill 367.

This bill is very limited. It does not mandate coverage of any services or mandate that dental insurance companies pay a certain amount for any services. House Bill 367 just prohibits dental insurance companies from dictating fees for non-covered services. It is that simple.

Forty states have now passed this reform legislation including our neighboring states, Kentucky and Pennsylvania, and states of all different sizes and in every region of the country, including Illinois, Texas, California, Georgia, Washington, Virginia, North Carolina, and Wisconsin. The vast majority of American citizens live in states with these reforms in place. In all cases, despite dire predictions from the dental insurance companies, none of these states have experienced any difficulties in implementing the prohibition on dental insurers setting prices for non-covered services and none of these states have had any disruptions in their dental benefit marketplace and no state has experienced price spikes for dental services.

As many of you know, the organization I represent, the Ohio Dental Association, does not pursue legislative action related to the dental insurance industry very often, if ever. But this situation is a unique convergence of circumstances that makes legislative action necessary.

In the end, House Bill 367 is a very limited remedy targeted to a unique problem in the dental insurance marketplace. This reform will protect small business dental offices from these unfair practices and ensures that dental insurance companies are not interfering with dentists and their patients on services that the insurers do not even cover. I urge you to vote for House Bill 367 and add these common sense reforms for Ohio.

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



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ODA Foundation grant recipient creating tele-dentistry program to improve access to care

By Jackie Best Crowe
ODA Managing Editor

The ODA Foundation awarded Nationwide Children's Hospital a \$3,000 grant to help create a tele-dentistry program to aid with education, emergency care and outreach.

Nationwide Children's Hospital is using the funds to purchase several intraoral cameras to be used in a three-pronged approach to improve access to dental care.

The first prong of the tele-dentistry program is a pilot program at the NCH Lewis Center Emergency Department (LCED). Because there is no dentist on staff at the LCED, when patients come to the ER with a dental problem they might be sent to the main hospital in Columbus. When this happens, the patient may be charged for two emergency room visits.

Dr. Kim Hammersmith, pediatric dentistry outreach coordinator at NCH, said the intraoral cameras will allow health care providers at the Lewis Center ED to take pictures of the problem as well as use real-time video communication to consult live with a remote dentist, so the dentist can evaluate the problem and decide whether it is an emergency requiring the patient to travel to Columbus, or if the patient can be managed in the LCED and referred to a dental office for follow-up care.

"We did research and pulled charts from patients that presented to the Lewis Center ED after it had been open for eight months, and tele-dentistry could have avoided some transfers," Hammersmith said.

Hammersmith said that consulting with a dentist on a dental issue instead of a physician can also help patients feel more comfortable. She added that the tele-dentistry program will also likely help other health care providers learn more about oral conditions and dental trauma because a nurse or other health care provider will be with the patient while they are speaking to a dentist over a computer screen via tele-dentistry.

"I really think it's a win-win situation for everyone involved," Hammersmith said. "Given that the other option is nothing or traveling to Columbus and possibly not getting anything done, I think a tele-dentistry encounter really helps to have an expert on the line to give those recommendations."

The second prong of the approach is to use tele-dentistry in outreach programs. Nationwide Children's Hospital currently sends a hygienist to do dental screenings at Early Head Start programs through the Oral Health Access Supervision Program. Through the program, the hygienist provides screenings and fluoride varnish to children while the dentist is not physically present. If the hygienist spots an area on a tooth or the soft tissue that looks suspicious, he/she then refers the patient to Nationwide Children's Hospital so that a dentist can diagnose the problem and provide treatment recommendations.

Hammersmith said that with the intraoral cameras, the hygienist would be able to capture a photograph of the suspicious area(s) so that a dentist can decide if, when, and how the patient should be scheduled.

"A picture is worth a thousand words as far as helping to diagnose, especially when the dentist isn't physically present," Hammersmith said. "It really helps to diagnose and triage prior to them coming to Children's, or maybe we decide to just upload the photo in the patient's chart and see if it has changed at the next visit."



Dr. Kim Hammersmith, pediatric dentistry outreach coordinator at NCH Dr. Macaire Thiel, a pediatric dental resident, trains a nurse at the Lewis Center Emergency Department on how to use intraoral cameras so that when patients present to the ED with a dental concern, they can consult with a remote dentist to evaluate the problem.

Hammersmith said that sometimes a parent will take time off work, get their child out of daycare and ride the bus across town to come to Nationwide Children's for an appointment after seeing a hygienist through OHASP. Occasionally when the patient arrives, the dentist finds that it is something small that doesn't need immediate attention. Hammersmith said using the cameras for capturing photographs would help parents avoid taking unnecessary time off work to come to NCH because a dentist could look at the problem remotely and determine whether or not an appointment was necessary.

The third prong of the approach is to use the intraoral cameras for educational purposes on the OSU College of Dentistry Dental HOME pediatric mobile unit and at the other organizations where the community dental fellows practice. The mobile unit is staffed by fellows who supervise the OSU dental students.

The cameras will be used to help in case presentations, where the fellows and dental students discuss various cases they see and how they could be treated. Hammersmith said having actual photos of the teeth or mouth will enhance their

ability to educate the students. NCH pediatric dentistry residents may also be able to use the intraoral cameras for consults and treatment planning.

Legislation currently pending in the Ohio Senate, House Bill 184 – The Ohio Dental Care Optimization Act, would create more opportunities for NCH and other dentists to utilize tele-dentistry to help improve access to care.

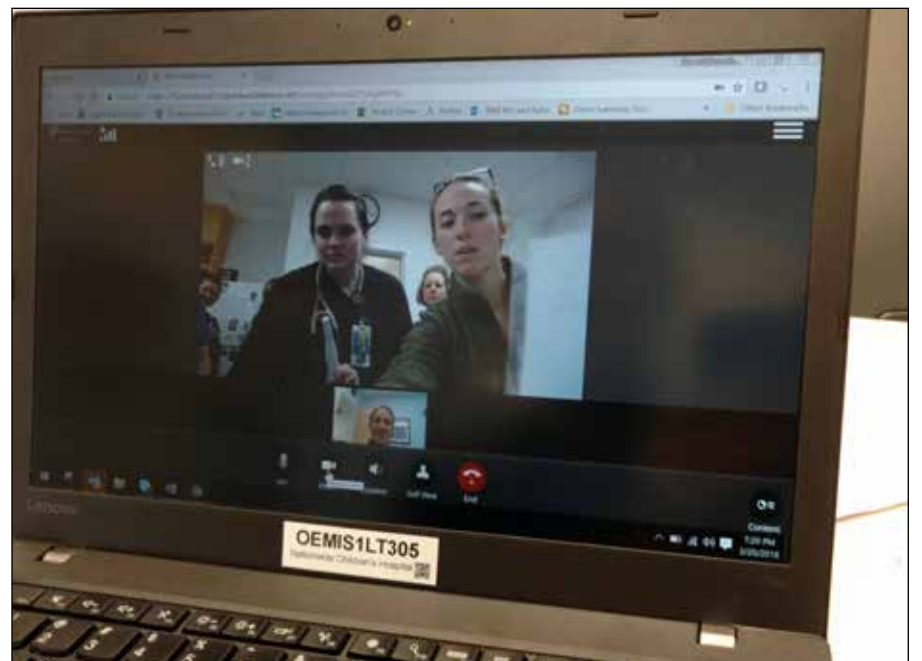
The bill would update Ohio's laws to allow for the use of tele-dentistry to deliver dental care to Ohioans, especially in remote underserved areas, and to provide other reforms to improve access to dental care in Ohio.

Hammersmith said that the passage of House Bill 184 would greatly impact NCH's ability to provide access to care through tele-dentistry.

The main impact the legislation would have on utilizing tele-dentistry is that dentists would be able to be reimbursed for providing an exam via tele-dentistry, whereas currently there is no reimbursement for a tele-dentistry consultation or exam. Hammersmith said that receiving reimbursement for this type of care would allow NCH to greatly expand its use of tele-dentistry and make it a more sustainable program.

"It will make more sense to expand when it's formally recognized as a service instead of a free consult or volunteer

See TELE-DENTISTRY, page 15



Dr. Kim Hammersmith, pediatric dentistry outreach coordinator at NCH Dr. Macaire Thiel, a pediatric dental resident, trains a nurse at the Lewis Center Emergency Department how to use video communication to consult live with a remote dentist when a patient comes to the ED with an oral health concern.

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Dental OPTIONS Update

The ODA recently emailed a survey to all dentists who have signed up to provide discounted and/or donated care to Ohio's working poor through the Dental OPTIONS program. The program has been on hold since 2016, but the ODA received the following update from the Ohio Department of Health, the state organization that operates the program:

Dear OPTIONS Providers,

Thank you for your support for the OPTIONS program and your patience as ODH has undergone a reorganization that resulted in a delay in the operations of the program.

ODH has been able to identify some funds for 2018 through state fiscal year 2019 that can be used to assist a limited number of individuals currently on the waiting list. We hope that you are still able and interested in continuing to participate in the program.

As we look towards the future ODH will be working with the ODH Office of Financial Affairs to identify a source of funds that can be used to continue the work of the OPTIONS program. Many state and federal grant dollars are required to be spent on specified age groups and on focused activities therefore the challenge becomes finding discretionary funds that can be used for the purposes of the OPTIONS program.

ODH values the partnership with the ODA and is committed to assisting Ohio's most vulnerable individuals in meeting their oral health needs. ODH will keep the ODA apprised of their progress as they move forward in their budget discussion.

-Ohio Department of Health Oral Health Program

The ODA encourages all OPTIONS providers to complete the survey, which will help ODH match patients with an OPTIONS dentist. Any ODA members who are not part of OPTIONS but would like to participate should complete the dentist enrollment form on the ODA website. Both the enrollment form and a link to the survey can be found at <http://oda.org/community-involvement/dental-options/>.

2018 NHSC loan repayment program application now available

The National Health Service Corps is now accepting applications for its loan repayment program.

The program provides loan repayment for dentists and other health care professionals that practice for two years in a Health Professional Shortage Area. The program aims to find participants who demonstrate a willingness to continue practicing in a Health Professional Shortage Area beyond their two year commitment.

Participants can receive up to \$50,000 in loan repayment for a two-year full-time commitment. For a two-year part-time commitment, participants can receive up to \$25,000 in loan repayment.

The application deadline is April 23. For more information and to apply, visit nhsc.hrsa.gov/loanrepayment/.

Currently 32 dentists are serving in the National Health Service Corps in Ohio.

ODAF scholarship, grant applications open

Applications for the ODA Foundation's 2018 scholarships and grants are now open. Available scholarship opportunities for 2018 include:

- Dental Student Scholarship for dental students who are Ohio residents, members of ASDA and who will be D2s, D3s and D4s in Fall 2018
- Mercer Leadership Scholarship for OSU dental students entering their D4 year in Fall 2018 who have been Ohio residents for at least five years, are members of ASDA and have a commitment to leadership in dental school and their community
- EFDA Student Scholarship for Ohio resident dental assistants and hygienists who will be enrolled in an Ohio EFDA program in 2018
- Community Dental Health Coordinator Scholarship for individuals applying to a CDHC program who currently are employed by Ohio oral health related organizations

The deadline for all scholarship applications is June 28.

The ODA Foundation also offers Access to Dental Care Grants for Ohio-based oral health-related programs that reach out to the underserved. Applicants must be 501(c)3 organizations in Ohio. The application process is a two step process with a letter of inquiry due by May 23 and the grant proposal due by June 13.

Scholarship and grant application packets can be downloaded at www.oda.org/community-involvement/oda-foundation/odaf-grants-and-scholarships/.

Ohio Dental Association seeks information on donated care

The Ohio Dental Association is looking for information about donated care that is provided across the state. This information assists the ODA's lobbying team in advocating for legislation related to dentistry and shows legislators the caring generosity of Ohio dentists.

To report donated care, visit oda.org/community-involvement/report-donated-care/. Reported information will only be used collectively, and no names of dentists or offices will be used unless the office is contacted for permission.

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ODA Meeting & Event Calendar

Apr.

8-10 ADA Dentist and Student Lobby Day
27 Callahan Memorial Commission

May

4 ODA Foundation Board of Trustees
10-11 Executive Committee
16 Dental Education and Licensure Committee
18 Council on Membership Services
28 ODA office closed for holiday

Don't forget to renew tripartite membership before benefits lapse at the end of April

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Dentists can pay their dues using Reward Program Payment with Benco Dental. The Reward Program Payment allows dentists to redeem their Benco Dental BluChips® for a dues credit toward their ADA, ODA and local dental society dues. In order to use this payment option when paying dues, dentists will need to contact Benco Dental by logging onto mybencorewards.com or calling (800) GO-BENCO ext. 2005 and request that their BluChips be redeemed for membership dues.

Download and print employment posters online

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

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CHAIRMAN'S CHOICE

Ever been sued?

Editor's Note: Dr. Elizabeth Mueller, a pediatric dentist in Cincinnati, is the ODA Annual Session 2018 general chairman. Throughout the year, she will be sharing details on some of her favorite CE programs being offered during the ODA's 152nd Annual Session, Sept. 13-16, 2018 in Columbus. Here is her third installment.

**By Dr. Elizabeth Mueller
2018 ODA Annual Session Chairman**

So far, the answer is NO! Thirty-seven years of practice and knock on wood. But I have many friends who tell horror stories about crazy patients, crazy parents, crazy employees. And these are good practitioners! How can we protect ourselves from frightening and costly litigation?

This year at the ODA Annual Session in Columbus, on Saturday, Sept. 15 we are having a speaker who can help you defend yourself! Dr. Mitchell Gardiner, an expert dental witness, Rutgers School of Dental Medicine faculty member and practicing dentist from New Jersey, will be giving two presentations. In the morning, you will learn about standard of care. What is it? Who decides it? Are you doing it? Are you documenting it all? Is it the specialist's standard or general dentist's standard? You will also get a refresher on informed consent. What does getting informed consent really entail and are you documenting it correctly?

In the afternoon, Dr. Gardiner will be speaking on malpractice prevention for



Dr. Mitchell Gardiner will present two courses at the ODA Annual Session on Sept. 15.

the dental team. You will learn in this course how a dental team can save your fanny in a difficult situation. What the dental team does or doesn't do, says or doesn't say and documents in the patient record is a matter of utmost importance in avoidance and defense of litigation.

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ODA Annual Session - Sept. 13-16, 2018

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- | | |
|------------------------|---------------------|
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| Dr. Charles Blair | Dr. Mel Hawkins |
| Dr. Jeff Brucia | Dr. Doug Lambert |
| Dr. Gordon Christensen | Dr. Roger Levin |
| Dr. Howard Farran | Dr. Don Lewis |
| Dr. Kathy Flaitz | John Molinari, PhD |
| Dr. Gary Glassman | Dr. Mark Murphy |
| Susan Gunn | Betsy Reynolds, RDH |

To get the most out of this class, bring your staff. Unshared information in your head does not protect you. Dentistry is a team sport!

Drawing from his firsthand knowledge

of real cases in which he has participated, Dr. Gardiner will both frighten and enlighten you.

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ODA Annual Session course registration will be open at oda.org/events by May 1!

Like the ODA Annual Session Facebook page!



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Check out the ODA's Volunteer Connection page, where dentists can find a list of volunteer opportunities for dentists and specialists listed by county. For more details, visit <http://oda.org/community-involvement/volunteer-opportunities/>.

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



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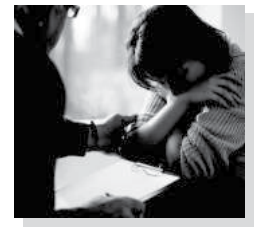
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STATEHOUSE, from page 1

we met with are on our team," Smithson said. "Ultimately, we have the same end goal: great dental care for Ohio's citizens. This common ground enabled an easier conversation regarding advocating for or against pending legislation. The ODA prepared me so that I could speak confidently about topics and answer any questions directed towards me."

At this year's event, attendees spoke to their legislators in favor of House Bill 184 – the Ohio Dental Care Optimization Act. The bill will update Ohio's laws to allow for the use of tele-dentistry to deliver dental care to Ohioans, especially in remote underserved areas, and to provide other reforms to improve access to dental care in Ohio.

Attendees also spoke to their legislators about Senate Bill 98, which would create dental therapists in Ohio. A dental therapist would receive three years of post-high school training and would then be able to perform irreversible surgical procedures without a dentist being physically present. The ODA opposes dental therapists because they do not receive adequate training to perform irreversible surgical procedures and present a risk to vulnerable patients, and the proposal is a diversion of resources that can be better utilized to support programs that are proven to improve access to dental care.

Additionally, attendees spoke to their legislators about Senate Bill 87 and House Bill 367, which is legislation that would prohibit dental insurance plans from setting the fees for dental services the insurance company does not cover for the enrollee.

"As a 2016 graduate, I quickly learned how the dental profession is directly impacted by state legislation," Smithson said. "In dental school we train to be great clinicians, but fighting cavities is not the only battle for dentists! There are many groups led by non-dentists that would like to dictate how we practice in our profession. Personally and professionally, I felt an obligation to steer the trajectory towards a better outcome for both dentists and patients in Ohio."

Smithson added that he highly encour-



ODA Staff

Sen. Bill Coley with ODA President Dr. Steve Moore at ODA Day at the Statehouse on March 7. Coley spoke to Day at the Statehouse attendees at a morning legislative briefing.

ages younger dentists to get involved in Day at the Statehouse.

"Legislators are enthused and refreshed to see new faces in the meetings," he said.

In addition to the legislative meetings, representatives from the ODA testified in favor of House Bill 367, which would prohibit insurance companies from setting fees for services they do not cover.

ODA President Dr. Steve Moore along with ODA Executive Director David Owsiany testified before the Ohio House Insurance Committee.

During Moore's testimony, he explained that provider agreements with insurance companies are generally not negotiated and insurance companies have a substantial market power advantage in the contracting process.

Moore also shared a story about providing one of his long-standing patients a dental implant, which was not a covered service under her insurance plan. She agreed to pay Moore's full fee, however, Moore received notice from her dental insurer that there was a limitation on how much he could charge for the procedure.

"This limited fee set by the insurer was actually less than what I had expended in supplies, lab costs and staff time," Moore

said during testimony. "My business lost money performing the implant. The next time the patient came to my office I explained what had happened and told her that I would not be able to perform her additional implants due to the fee limitation."

The patient wanted to continue treatment and offered to pay Moore's regular fee, but her proposal would have put Moore in violation of the provider agreement, he said.

"This is a long standing patient, who received dental treatment that she valued and was willing to pay for, but because of the economics of dental insurance and the non-covered service provision of my provider agreement, she chose a less than ideal option," Moore said.

During Owsiany's testimony, he spoke about how a dental practice is a small business that cannot band together with other dentists to negotiate with insurance companies because it would be a violation of anti-trust law. He also spoke about how non-covered services legislation in other states has not caused any price spikes for dental services. To read Owsiany's full testimony, see the article "Testimony in support of non-covered services legislation" on page 2.

ODA Seeking Nominations for Awards of Excellence

By ODA Staff

The Ohio Dental Association is seeking nominations for its 2018 Awards of Excellence program.

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

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

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

- **Distinguished Dentist Award** – the most prestigious of the ODA's awards, is presented to an ODA member who has demonstrated service, commitment and dedication to the profession throughout his/her career. Nominees should display leadership, dedication, commitment and outstanding contributions at the local, state and national levels.
- **Achievement Award** – is presented to a dentist or an individual who has made outstanding contributions to the dental profession and to oral health. Nominees are not required to be dentists, but should display a personal and professional commitment to the profession and the public's oral health. These individuals are honored as ambassadors for the profession to the community.
- **Marvin Fisk Humanitarian Award** – honors ODA members who offer dedication to improving oral health care in at-risk communities. Nominees may have served overseas or closer to home, spending time and often their own finances and other personal resources to help improve oral health care and fight illnesses.
- **N. Wayne Hiatt Rising Star Award** – is presented to an ODA member in practice 10 years or less who has demonstrated outstanding leadership and commitment to organized dentistry. ODA members who began to practice January 1, 2008 or later are eligible. Past award honorees have shown outstanding initiative, a strong commitment to volunteerism and promise for continued accomplishment within the profession.
- **Access to Dental Care Program Award** – honors an outstanding program (not an individual) that helps reduce the access to care problem in Ohio by offering free or reduced fee dental care to underserved populations.

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

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

The ODA will present the awards during the ODA's 152nd Annual Session in September 2018 in Columbus.

Have a question? Contact the Ohio Dental Association!

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Dental Insurance Corner

WILMAPC letter sent to many Ohio dentists

By Christopher Moore, MA
ODA Director of Dental Services

Many Ohio Dental Association members have contacted the ODA concerning a February letter they received from WILMAPC, the state of Ohio's Workplace Injury Labor Management Approved Provider Committee. The letter congratulated the dentists on being selected to be part of "a select group of providers committed to ensuring that State Agency injured workers receive the best medical care" and provided instructions to follow should the dentist not want to serve as part of the panel's participating provider network.

Since last year, the letter has been sent to around 1,000 Ohio dentists who have been certified by the Ohio Bureau of Workers' Compensation since 2009.

WILMAPC is a partnership borne out of contract negotiations between the state of Ohio and four state employee labor unions, the Ohio Civil Service Employees Association (OCSEA), the Service Employees International Union/District 1199 (SEIU), the Ohio Education Association (OEA) and the Fraternal Order of Police (FOP).

It was created to administer a panel of health care providers to treat state employees who are eligible to receive salary continuation and occupational injury leave workers' compensation benefits. Salary continuation is a benefit offered by the state of Ohio for employ-

ees that are injured at work, providing them with 100 percent, uninterrupted pay for up to 480 hours. Occupational injury leave of up to 960 hours is a benefit offered to state of Ohio employees at certain agencies who are injured on the job as a direct result of a ward of the state (e.g., an injury caused by inmate, client, patient, resident, youth or student). Some examples of the state agencies within WILMAPC's purview include the Ohio Department of Rehabilitation and Correction, Ohio Department of Youth Services, Ohio Department of Mental Health, Ohio Department of Developmental Disabilities and Ohio Department of Transportation. WILMAPC's does not cover city, county or university employees or private sector employees.

WILMAPC is a state agency that is separate from the Ohio Bureau of Workers' Compensation though it works tangentially with BWC. From the perspective of the dentist or any other health care practitioner, a WILMAPC covered patient's treatment and claim is handled the same as that of a patient covered by BWC. The differences between WILMAPC and BWC patients are relative to the non-care related benefits the patient receives (i.e., salary continuation and occupational injury leave benefits) and do not have a bearing on the treatment or financial relationship the dentist has with the patient.

To be eligible to receive salary continuation or occupational injury leave benefits, a WILMAPC covered patient must go

to a medical doctor, doctor of osteopathic medicine, chiropractor, podiatrist, dentist, psychologist or mechanotherapist who is a member of the WILMAPC provider panel. The WILMAPC provider panel is not the same as the list of BWC certified providers. WILMAPC panel providers must be both BWC certified and meet workers' compensation claim volume requirements. Given the small number of oral health related occupational injuries, however, it does not appear that dentists have to meet the same volume requirements that the other types of health care practitioners must meet. Participating on the WILMAPC provider panel does not have any effect on a dentist's dealings with BWC or the management of their claims, billing or payment for services the dentist provides to BWC covered patients.

It is important to note that a dentist does not have to be part of the WILMAPC provider panel if the patient is referred to the dentist for treatment by the provider of record, i.e., a medical doctor, doctor of osteopathic medicine, chiropractor, podiatrist, dentist, psychologist or mechanotherapist who is already a member of

the WILMAPC provider panel. In this case, the dentist only needs to be a BWC certified provider in order to provide care and receive reimbursement for his or her services.

From the state of Ohio's perspective, the goals of WILMAPC is to 1) provide for no interruption in the injured employee's wages, 2) afford covered injured workers access to quality care for a safe and long-term return to work from practitioners who are experienced in treating workplace injuries and 3) reduce the administrative fees and premiums paid to BWC.

"While treating patients covered by workers' comp happens on a very infrequent basis for most dentists, it is helpful to know what to do if a patient of record does encounter an oral health related on-the-job injury," said Dr. David Kimberly, chair of the ODA Council on Dental Care Programs and Dental Practice.

Additional information concerning WILMAPC may be obtained at das.ohio.gov/wilmapc, 614-466-0570 (phone), 614-644-0121 (fax) or ocbinfo@das.ohio.gov.

ODA members who would like to submit a dental insurance related question, problem or concern may do so by sending the appropriate information to the ODA Dental Insurance Working Group, 1370 Dublin Road, Columbus, OH 43215, or 614-486-0381 FAX, or chrism@oda.org. To see past issues of the Dental Insurance Corner, visit www.oda.org/news and choose the category "ODA Today" and subcategory "Dental Insurance Corner."



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As health insurance costs continue to rise, what solutions are available to dental offices?

By ODA Staff

Health insurance is becoming more and more expensive, and costs are expected to continue to increase in 2019. Many dental offices may be wondering what their insurance options are and what would be best for them and their staffs.

The first health insurance option that many dental offices are choosing is individual insurance. Some offices choose to increase their employees' salaries so that they can purchase their own individual insurance plan.

Individual insurance plans often have limited provider and hospital networks, plus higher deductibles and limits on benefits. Costs are continuing to rise especially for those who do not receive a government subsidy, and those subsidies are in question altogether for 2019.

Two other options are available that may provide some cost-savings to participants, but also come with significant disadvantages.

The first option that some insurance agents are suggesting is short-term insurance. Short-term insurance plans typically last six months and can only be renewed twice. These plans do not cover pre-existing conditions or the eight essential health benefits created by the Affordable Care Act (preventive care, emergency services, hospitalization, chronic disease management, maternity and newborn care, mental health and substance use services, prescription drugs, laboratory services and pediatric care). Consumers with these plans are liable for a tax penalty for not having an ACA-compliant health plan, and if the end of the coverage pe-

riod falls outside of open enrollment, the consumer will be uninsured until they are able to sign up for insurance during the next open enrollment period.

The second option available to consumers is Christian health ministry plans. With these plans, there is no guarantee that medical bills will be shared by all members and there are no legal protections to ensure that claims will be paid. The plans aren't required to cover the same services that insurance companies must cover, including preventive care, treatments for pre-existing conditions and birth control. These plans make coverage decisions based on their moral guidelines. Because these plans are not regulated or protected by the government, there is generally a limited appeals process for disputes. With these plans, it's possible that the cost of medical care could exceed the amount of money available and therefore the plan would not be able to cover the claims.

A fourth health insurance option available is group health insurance. Group health insurance plans often have larger provider and hospital networks, so participating in a group health insurance plan can increase access to more, and often better, doctors and hospitals. Group plans also typically have more deductible options and larger cost savings because the group is able to negotiate better rates and discounts.

The Ohio Dental Association Services Corp. offers a group health benefits plan – the ODA Wellness Trust. The ODA Wellness Trust was created a few years ago as the ODA was looking for a viable option for its members in light of the rising costs of health insurance and the difficult insur-

ance marketplace.

The ODA Wellness Trust is a self-funded, cost-effective group health benefit plan. It is exclusively for ODA members and their staff and offers traditional benefit plans as well as Health Savings Account plans.

The ODA Wellness Trust does not require any employer contribution and employers can choose to have their staff pay for some or all of the premium costs. Employers are required to offer the insurance to all full-time employees, and employees are allowed to decline the coverage by completing a waiver form.

Participants in the plan can easily reach an insurance agent at the ODA who will handle the claim in a fast, attentive and courteous manner. The Wellness Trust also has a simple claims process and provides timely payments.

The Wellness Trust provides more safety and cost savings as the group grows, so the more offices that participate the better the plan will be. The Wellness Trust also provides dentists with a benefit plan that may help them retain staff and improve staff satisfaction with their benefits.

Studies have shown that delayed care is associated with worse health outcomes and higher costs, and access to health insurance reduces these delays. The best option for dentists who would like to save money and also purchase a high quality health plan is by choosing the highest deductible they are comfortable with.

Open enrollment for the ODA Wellness Trust occurs each fall, but offices should begin researching insurance options before open enrollment. For more information, visit odawt.org or call 800-282-1526.

Numbers to know

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

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Ohio Department of Health
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Ohio Dental Association
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Ohio Dental Association Services Corp. Inc. (ODASC)
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Ohio Dental Association Wellness Trust (ODAWT)
(800) 282-1526 or (614) 486-2700
www.odawt.org

Ohio State Dental Board
(614) 466-2580

Medicaid
Dentists who need to enroll as a Medicaid Provider should contact the HMOs directly. For problems with Medicaid, contact the ODA at (800) 282-1526.

Staffed Dental Societies:

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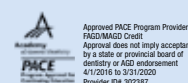
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Component societies awarded for recruitment, retention efforts

By Jackie Best Crowe
ODA Managing Editor

The Columbus Dental Society received the 2017 Membership Award Program for Success (MAP for Success) Most Innovative Recruitment and Retention Initiative for its CDS Family and Friends night.

The event took place at a Columbus Clippers game and 200 people attended.

“CDS Family and Friends night was a social event planned to bring together CDS members, their families and staff for a fun evening out at Huntington Park,” said Michael O’Toole, CDS executive director. “We invited local dental students to get into the mix as well. As potential members, the students got to interact with the dentists and see them in a social setting. With the help of our sponsor, Zimmerman, Boltz and Co., we were able to make this a low cost event.”

O’Toole said the goal of the event was to bring together members in a fun setting outside of the office.

“Our members have very busy lives,” he said. “When they aren’t in the office they want to be with their family. So it’s hard to get out and just socialize with other dental professionals. This was a fun evening that gave everyone time to catch up, talk a little shop and enjoy the great American pastime of baseball.”

He said the event was extremely well received, and the dental society had to keep adding tickets to the event until there weren’t any more tickets available.

“Last year was so well received, we’re going to do it again this year and it will be bigger and better,” he said.

In addition to the award for Most Innovative Recruitment and Retention Initiative, the Membership Award Program for Success also recognized several other dental societies for their 2017 recruitment and retention:

- Best Recruitment Effort (Large Component): Toledo Dental Society
- Best Recruitment Effort (Small Component): Central Ohio Dental Society and Keely Dental Society
- Best Retention Percentage (Large Component): Toledo Dental Society
- Best Retention Percentage (Small Component): Tuscarawas Dental Society and Western Ohio Dental Society

For resources and information to help with grassroots membership outreach efforts, visit oda.org/member-resources/membership-recruitment-and-retention/



Photo submitted by the Columbus Dental Society

The Columbus Dental Society received the 2017 Membership Award Program for Success (MAP for Success) Most Innovative Recruitment and Retention Initiative for its CDS Family and Friends night at a Columbus Clippers game.

ODA podcast now available on iTunes, other listening apps

By ODA Staff

The ODA’s podcast, ODcAst: The Ohio Dental Podcast, is now available on iTunes, Google Play, Stitcher and TuneIn. The podcast also continues to be available on the ODA’s website at oda.org/resource-library/.

The ODA’s podcast is intended to be a convenient communications vehicle featuring ODA staff members and other experts discussing the latest information related to the ODA and dentistry in Ohio.

Recent topics include:

- 2018 legislative update
- new opioid prescribing rules for acute pain in Ohio
- new mandate requiring most dental offices to have an amalgam separator
- membership benefits
- how to plan a Give Kids A Smile event
- a discussion with Dr. Steve Moore on his upcoming year as president

ODA’s managing editor Jackie Best Crowe is the host of the monthly ODcAst. Feel free to send Jackie an email at Jackie@oda.org to suggest topics you would like to hear discussed on a future ODcAst.



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Opioid prescribing in Ohio down nearly 30 percent in 2017

Report shows continued progress in reducing supply of prescription opioids

Submitted by the State of Ohio Board of Pharmacy

Opioids prescribed to Ohio patients declined for the fifth consecutive year in 2017, according to a newly released report from the State Board of Pharmacy's Ohio Automated Rx Reporting System (OARRS).

Between 2012 and 2017, the total number of opioids dispensed to Ohio patients decreased by 225 million doses or 28.4 percent. The report finds an 88 percent decrease in the amount of people engaged in the practice of doctor shopping since 2012. Additionally, the use of OARRS continues to break records, with more than 88 million patient reports requested last year; or an increase of 4,900 percent since 2011.

"Ohio has one of the most comprehen-

sive and aggressive approaches in the country to tackling the opioid epidemic," said State of Ohio Board of Pharmacy Executive Director Steven W. Schierholt. "Through improvements to OARRS, new prescribing rules and guidelines, shuttering pill mills and aggressive regulatory action against unscrupulous prescribers, the state is making considerable progress in reducing the supply of prescription opioids and other controlled substances that can be abused or diverted."

Established in 2006, OARRS collects information on all outpatient prescriptions for controlled substances and one non-controlled substance (gabapentin) dispensed by Ohio-licensed pharmacies and personally furnished by Ohio prescribers.

OARRS data is available to prescribers when they treat patients, pharmacists

when presented with prescriptions from patients and law enforcement officers during active drug-related investigations.

"It is widely accepted that prescription opioid abuse often progresses to the use of heroin and other illicit drugs. That is why Ohio's efforts to reduce exposure to prescription opioids are essential to combatting this public health crisis," said Tracy Plouck, Director of the Ohio Department of Mental Health and Addiction Services.

Additional resources:

- An executive summary of the report can be accessed at www.pharmacy.ohio.gov/Summary2017
- The complete 2017 OARRS Annual Report can be accessed by visiting www.pharmacy.ohio.gov/OARRS2017
- Updated county level data for 2017 can be accessed by visiting www.pharmacy.ohio.gov/county

ODA takes initiatives to curb opioid prescribing

By ODA Staff

Opioid abuse is a significant concern in Ohio and across America. Because of the steps being taken by Ohio's policymakers and interested parties, including prescribers, significant progress is being made in addressing this problem.

The Ohio Dental Association is proud to partner with policymakers and other interested parties to address this critical issue.

The ODA has held educational seminars across Ohio on issues related to preventing prescription drug abuse, identifying doctor shopping, best prescribing practices, and proper usage of the OARRS database to prevent drug diversion.

In 2017, Ohio Attorney General Mike DeWine spoke to more than 200 dentists about prescription opioid abuse and the heroin epidemic in Ohio at the Ohio Dental Association Leadership Institute. In addition to the keynote presentation by DeWine, the event also featured a breakout session on "Dentistry's Role in Addressing Ohio's Opioid Crisis," which focused on the impact addiction is having on Ohio's families and communities and considerations dentists should take into account when prescribing medications for patients. The 2018 ODA Leadership Institute also featured a breakout session on opioid prescribing habits and regulations.

The ODA also hosted a CE course on opioids at the 2017 ODA Annual Session, where representatives from the Ohio State Board of Pharmacy, Ohio Dental Association and Ohio State Dental Board presented information about the OARRS database, trends of prescription drug abuse, prescribing laws in Ohio and more.

Additionally, ODA staff and leaders travel around the state throughout the year presenting CE courses about opioids.

The ODA also provides resources to dentists through publications and its website related to preventing prescription drug abuse and promoting best practices for pain management. The ODA also promotes the Governor's Cabinet Opiate Action Team's resources to member dentists across the state to ensure they have the latest tools to address this issue.

The issue of preventing drug diversion and opiate addiction is important to the dental profession and the ODA. The ODA will continue to lead the efforts in addressing these issues to promote a healthy Ohio.

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

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Dr. Perrino has been a practicing dentist for over 30 years. He is actively involved in organized dentistry, having served on numerous committees and councils at the local, state, and national level. Dr. Perrino was admitted to the Ohio Bar in 2014 and will be assisting in the representation and defense of dentists in all practice related matters.



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The Explorer

Matthew J. Messina, DDS
Executive Editor

Pain management

It's time to have frank discussion about pain management. In fact, it's long past time. In 2016, opioids (prescription opioids, as well as the street drugs heroin and fentanyl) killed more than 42,000 people. That's the population of Warren, or Fairfield, or Dublin, or Findlay dead in a year. That's the largest number of drug overdose deaths on record. According to the Centers for Disease Control and Prevention, 40 percent of those deaths involved a prescription pain reliever. In addition to those victims, another 1.8 million Americans (including 152,000 teenagers) reported abusing or being dependent on prescription pain relievers, according to the Substance Abuse and Mental Health Services Administration. That's roughly the entire state of Nebraska abusing prescription pain medications. As staggering as these numbers are, it is the individual victims and their personal tragedies that deserve our attention. Taken collectively, these are truly depressing statistics, but each one has a face and a family. The opioid crisis is so pervasive now that I'm sure each one of us knows someone personally who has been affected by this epidemic. I can remember the names and see the tearful faces as I type this.

Dentists are not the root cause of this problem, but we need to be part of the solution. We have to be! The Ohio

Dental Association has been working with the Ohio State Dental Board and the Ohio State Board of Pharmacy for several years now to reduce the number of opioid medications prescribed and to target the individuals who may be at risk for abuse of these medications or seeking to divert these medications to others.

I'm pleased to be able to report that through our education efforts, we are making progress. According to data just released by the Ohio State Board of Pharmacy, doctors prescribed fewer opioids in 2017, which continues an ongoing trend. This was the fifth year in a row that the number of opioid prescriptions reported to the Ohio Automated Rx Reporting System (OARRS) fell. There were still 568 million opioid doses dispensed to Ohio patients in 2017, but that was down from 631 million in 2016. The all-time high was 793 million doses in 2012. This represents a 28.4 percent decrease in the last five years.

The report found a decrease in the number of prescribers from 66,650 in 2012 to 55,100 in 2017. The number of patients receiving opioid prescriptions dropped to just below 2 million from a high of over 3 million in 2012. It is encouraging that fewer prescribers wrote prescriptions that were then given to a significantly lower number of individuals.

A recent point of emphasis for Ohio is tracking the number of opioid doses for acute pain. This is of significant interest for dentists, as we rarely, if ever, treat chronic pain. The number of doses for acute pain fell to just under 17 million in 2017, which is down from a high of 31.2 million in 2012. The duration of the average prescription also was reduced from 8.37 days to 7.1 days.

Sadly, despite the measurable success of the efforts of the medical and dental profession in reducing the number of opioid medications prescribed, the opioid crisis continues to explode, with exponential

growth in the numbers of addicted people and overdose deaths. Even though the prescription numbers are already moving in the right direction through just education and increased awareness of medical professionals, government mandates on continuing education, prescription dose and duration limits, and drug monitoring are forthcoming.

The ODA and ADA, as the scientifically based professional associations, are working with the OSDB and federal and state legislators to ensure that any mandates are evidence-based and likely to produce the required results. Continuing education should be specific to the practice of dentistry, apply to other state requirements for CE, and of a length that is reasonable to achieve mastery of the desired material. Dosing and duration guidelines should permit the necessary professional judgment of the treating dentist, while accepting the commonly held belief that a seven-day initial dose is appropriate for the treatment of acute dental pain. Given the success of the OARRS registry, we support mandating the continued use of drug monitoring programs to promote the appropriate use of opioid pain relievers for legitimate medical purposes and to deter the misuse, abuse, and diversion of these substances.

As a profession, we also need to have a discussion with our patients about the meaning of pain management. While most dental procedures today can be done without pain, there are some things that will produce some postoperative discomfort. Extractions, root canals, implant placement and periodontal surgery quickly come to mind. People seem to feel that it is the responsibility of their dentist to see to it that they feel no pain. Absence of pain is not the goal. We seek to manage their pain. After a surgical procedure, there will be discomfort. A patient needs to understand that they will not feel perfect for a few days. In fact, they

may feel sore and uncomfortable, but they will be OK. Some discomfort is, in fact, effective pain management.

With appropriate expectations, a dentist can predictably manage postoperative pain utilizing non-narcotic medications such as ibuprofen and acetaminophen. Studies have shown that an appropriate mix of acetaminophen and ibuprofen is often more effective than narcotics. Opioids work by making the brain feel like pain is lessening. Anti-inflammatory medications work to reduce the pain at its source. Opioids make the body release the hormone dopamine, which causes you to feel pleasure. That's what leads to addiction.

It's unfortunate that patient satisfaction surveys are increasingly used to measure the effectiveness of medical treatment. As long as the patient is asked, "Was your pain managed as well as you needed?" there will be pressure on dentists and physicians to provide narcotic pain medications. As a profession, we cannot succeed if we are scored on whether we gave patients the medications they wanted at the same time as we are mandated to reduce the prescriptions we write.

I am proud of our profession for the efforts we have made to help stem the tide of the opioid epidemic. There is only so much that we can do on the prescriber side as prescription medications are statistically 40 percent of the overall problem. However, the crisis is out of control and we must do our part in finding a solution. Life has pain associated with it. Absence of pain through medications can't be our goal. Having a direct discussion with patients about the nature of pain management is a process that we must begin. Progress will require a societal change in how we deal with pain, but we can't get there if we don't start. There's too much at stake for us to fail.

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



It's Your Choice

Robert Buchholz, DDS
Guest Columnist

Once upon a time...

This past winter I had the pleasure of attending the installation of the officers of the Cincinnati Dental Society. Living in central Kentucky makes an event such as this a trip and not a jaunt. During the social hour prior to the dinner and ceremonies, I was privileged to be a listener, not a participant, in what basically was a discussion about decisions concerning our profession's ethics.

Now I realize that most of you are saying, "there's nothing unusual about that, been there done that ... many times." Suddenly I had a "eureka" moment. Standing next to Dr. Frank Recker, I wondered if it was possible that the Cincinnati Dental Society might have, as members, the most dual licensed dentist/lawyers of any local professional organization in America.

All of you know about the ethical issues that face every health profession. You also know that decades ago, the legal profession flipped every other profession on its head when they challenged the rules that limit a professional's advertising rights.

In the dental profession, the rule of thumb used to be:

A specialist must limit his/her amount of general dentistry practice to no more than 10 percent of their total practice. For

years this guideline was respected, to the best of my knowledge and experience. Today, if one challenged this arbitrary percentage, the powers to be ... AKA the enforcers, would probably have to abandon this parameter.

Restraint of trade rulings CURRENTLY trump any profession's ethical guidelines as well as their perceived moral high ground ... every time, in our Republic.

Laws don't necessarily equate to what is morally correct. There are several controversial examples of issues that dominate our news cycles and courts on an annual basis.

If a lawyer/dentist declares themselves to be a specialist in the field of endodontics, what should the consequences be if said lawyer/endodontist also advertises that he/she places implants? I know what a lawyer SHOULD say in this situation. "The practice of endodontics centers on preserving the natural tooth." And vice versa, "Placing implants is an action that involves the removal of a tooth and subsequent placing of an artificial substitute for said removed tooth."

Therefore, a lawyer/endodontist SHOULD recuse him/her(self) from participating in this type of activity (placing implants) because the decision making would clearly be a conflict of interest.

Every day we make decisions that result in the preservation or loss of teeth.

What's imperative is that we, to the best of our abilities, allow the patient to make an informed decision on their own. We're their guidance counselors. And part of that guidance involves the physiological and economic ramifications of that patient's decision making.

Further muddling the dental professional's ethical decision making in today's society is the corporatization of practices and their accompanying concepts of

delivering services. Adding a layer of decision making in the world of health care doesn't absolve individuals from responsible decision making.

Ethics are simply guidelines. Much like the TEN COMMANDMENTS, ethics are intended to direct our individual moral compass.

Laws, on the other hand, are our current society's rules. Rules, when violated, impart negative consequences referred to as punishments. And what follows next is enforcement of the penalty that's attached to the respective law that's been broken ... except maybe in California currently!

Our associations, at all three levels of our tripartite, are NOT going to strike fear in any current or future member by threatening to expel said individual for a violation(s) of "The Code of Ethics."

Last month's "ODA Today" included an article that referred to some of our profession's ethical guidelines that begin with the word "AVOID." Any ethic that begins with "avoid" is irrelevant and invites violation. "Avoid" carries no punishment and merely means "We hope you don't do this." Our ethical guidelines should say "don't do this" or "thou shall not."

The ultimate entity that's responsible for assuring the services that we provide for the public are righteous rests with each state's health boards. And in most states, the health care boards are inadequately funded/staffed to keep up with their respective profession's bad actors.

It's an imperfect system but "it is what it is." My suggestion to those of you that still know and strongly believe what is commonly considered right vs. wrong, is the following:

If you think someone/something is egregiously wrong, then file a complaint with the Dental Board.

If you're afraid about legal consequenc-

es, then file the complaint anonymously. Believe me, the board knows who the bad professionals are. Don't assume someone else has filed a complaint. Put the onus of protecting the public's health squarely where it belongs.

Our Republic has and always will have to wrestle constantly with legal vs. moral/ethical interpretation of our actions as members of society. That means as a profession, our leaders must constantly weigh our ethical decisions against the yardstick of self-serving protectionism.

Even though I personally have strong beliefs of what is ethically right and wrong, that doesn't mean those beliefs necessarily equate to what is the law.

And it also doesn't preclude me from encouraging my profession's representatives from continually making efforts to change the legal opinions and rulings that currently exist in this Republic that we reside in.

The most important thing to remember is, our tripartite form of representation will hopefully continue to put forth ideas that truly represent the best interest of the patients that we serve ... and not for ourselves! When that occurs, as a profession, we are behaving in an honorable fashion.

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

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



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

TELE-DENTISTRY, from page 4

service," she said. "Until House Bill 184 passes, I don't see dentists using tele-dentistry on a daily basis. Every now and then it might help, but on a larger scale it has to be sustainable and formalized."

Hammersmith said that with the Lewis Center program, the dentists at NCH are adding to their current responsibilities, but are not being reimbursed for the additional time. If dentists are reimbursed for their time, it may allow NCH to add additional manpower and resources and expand the program to other emergency departments and urgent care facilities.

Additionally, through OHASP, patients must be seen by a dentist within six months of the visit with the hygienist. House Bill 184 would allow that dental visit to happen remotely via tele-dentistry, which would allow the dentist to remain in the office with the ability to do other work and see other patients in between seeing tele-dentistry patients.

Hammersmith said she also sees several potential uses for tele-dentistry in the future if House Bill 184 is passed. One possible use is for clinics who would like to provide care in a difficult to reach area. Hygienists could visit those patients and the dentist could remain at the office and see the remote patients via tele-dentistry, while still having the ability to see patients in his or her office as well.

Another possibility would be for general dentists to be able to consult with specialists via tele-dentistry, potentially saving the patient a trip to a specialist.

"There are a thousand directions we can see this going. Tele-dentistry can do nothing but increase access to care," Hammersmith said. "Tele-dentistry is a smart use of resources and technology that is already available to us, bringing the consult to where the patients are."

LEADERSHIP, from page 1

Attendees also had the opportunity to attend two of the following breakout sessions to learn more about a specific topic of interest:

- Dental Marketing Made Simple
- Best Practices in Dental Office Human Resources
- Pain Management in the Dental Office: An Update on Ohio's Prescribing Rules

"The marketing insights at the breakout session made it more apparent how much we have to deal with to be successful," said Emma Wise, a second year dental student at The Ohio State University. "The HR breakout session was also extremely helpful for thinking beyond being an associate."

In the afternoon, attendees heard a presentation from ADA President Dr. Joe Crowley and Director of the ADA's Center for Professional Success Dr. Betsy Shapiro on "Resources for a Thriving Dental Practice: The ADA Center for Professional Success." In the presentation, Shapiro discussed ADA resources for members about practice management, regulatory compliance, third-party payer issues, risk management and more.

"I thought the presentation on the ADA Center for Professional Success was very helpful in demonstrating the resources that are accessible as we graduate and look for job opportunities, especially the loan consolidation program," Wise said.

The day ended with a reception hosted by Superior Dental Care, where dentists caught up with colleagues from across the state.

Day two began with an ADA update from ADA Seventh District Trustee Dr. Billie Sue Kyger, ADA Treasurer Dr. Ron Lemmo and ADA President Dr. Joe Crowley.

Attendees then heard an update from ODA's legislative team about current issues at the statehouse as well as an election preview.

The event concluded with a keynote presentation from Dr. Tom Paumier, a past ODA president and general dentist from Canton who serves on the faculty of the Mercy Medical Center Dental General Practice Residency program. He discussed "The Oral Health-Systemic Health Connection: What's the Evidence?" and gave an overview of where there have been



ODA Staff
Dr. Tom Paumier, a past ODA president and general dentist from Canton, discusses "The Oral Health-Systemic Health Connection: What's the Evidence?" at the 2018 ODA Leadership Institute.

associations between dental disease and systemic disease.

"The biggest reason why I come to the Leadership Institute is the diversity of CE you get, and it's fast paced and doesn't feel like a big long course," said Christopher Heck, a general dentist in Cincinnati. "The best leaders are here, and whether you talk to them or listen to them speak, it's a way to know who's carrying the torch for Ohio. It's always fresh, it's not the same, and it's free. Everybody needs to come at least once."

Heck has attended the Leadership Institute the last three years and said it's a great opportunity for new dentists.

"It gives you an opportunity to figure out different ways to get involved," he said. "It keeps you up to date on legal concerns, and every young dentist needs to be aware of that. It can be easy to gloss over these things when you are at the office and don't have time, but at Leadership Institute you can focus on what's going on. It's also a great opportunity to network with people who practice around you and others in the state."

Leadership Institute is the ODA's award-winning program developed to help all ODA members become more successful and effective leaders. Attendees consistently rank the event as one of the top leadership development workshops.

The ODA Leadership Institute was sponsored by Superior Dental Care.

Visit <http://www.oda.org> for current and archived ODA Today stories.



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Dr. Michael Pappas

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If you are thinking about starting-up a new practice, there is no one more knowledgeable in what makes a good practice location than Bob Brooks of Practice Endeavors. Of our six new start-ups that Practice Endeavors assisted with, all achieved nearly \$1 million in first year gross collections."

Dr. Ali Khaksar



Dr. Michael Pappas recently purchased a practice from Dr. Ali Khaksar with the expertise of Practice Endeavors.

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