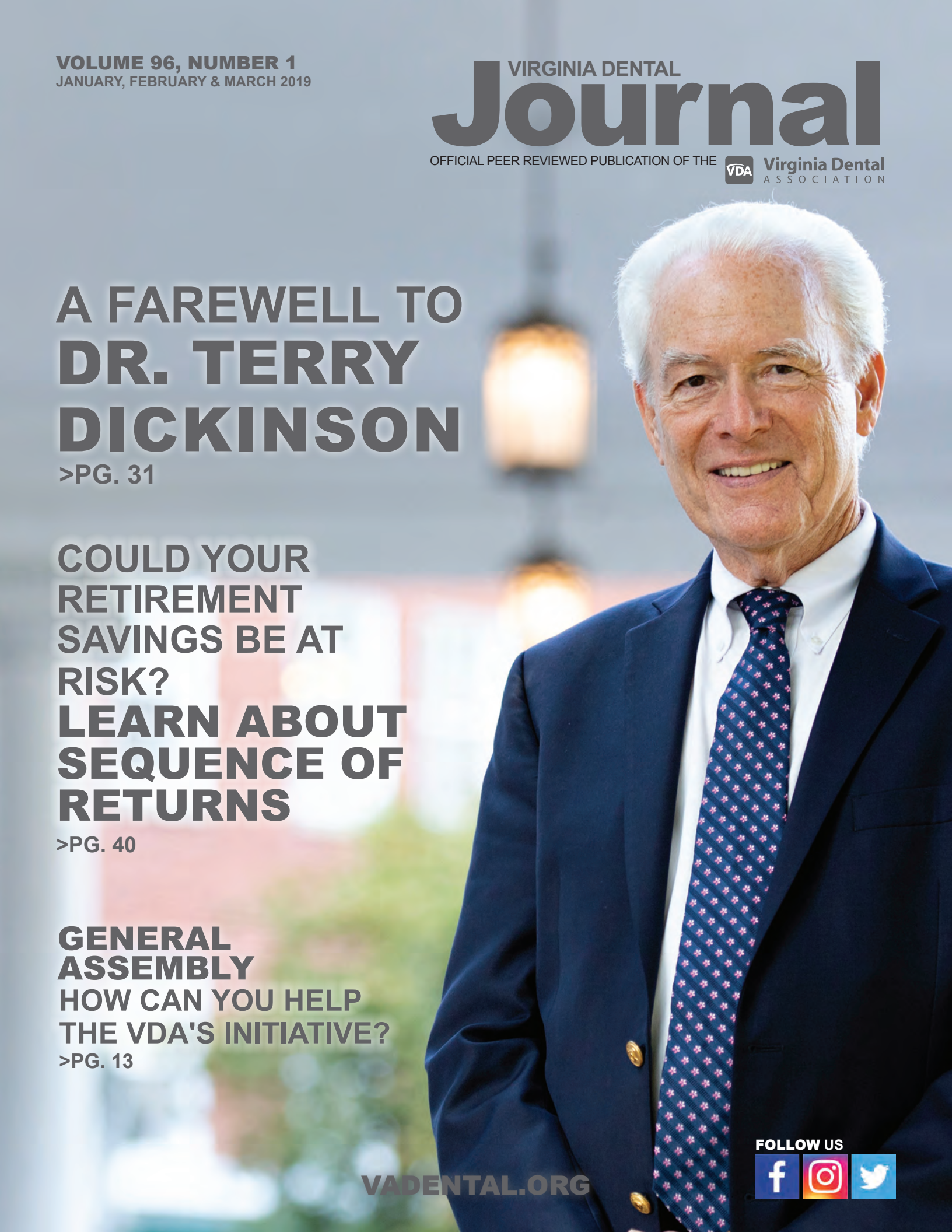
VOLUME 96, NUMBER 1
JANUARY, FEBRUARY & MARCH 2019

VIRGINIA DENTAL
Journal
OFFICIAL PEER REVIEWED PUBLICATION OF THE Virginia Dental ASSOCIATION



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FOLLOW US

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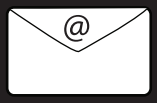

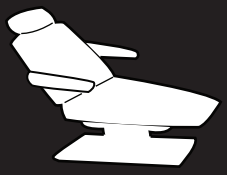

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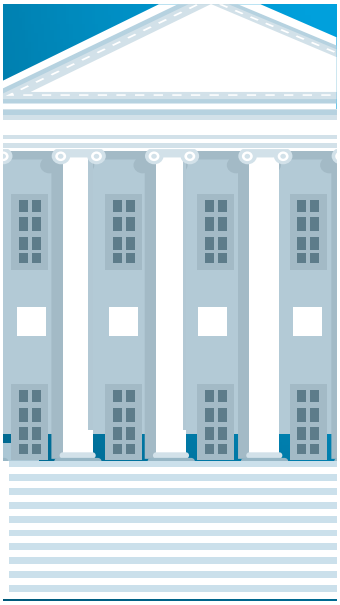

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2019 AND BEYOND...

Dr. Samuel W. Galstan

The VDA looks to 2019 with great memories of the past and great excitement about the future. Dr. Terry Dickinson has retired after nearly 19 years with the VDA, and we are most appreciative for the way that he has positioned the VDA. He will stay on with the VDA to help us with special projects. With Terry leaving, we have an exciting new opportunity for growth and change with Ryan Dunn, who will be coming to us from the Virginia Chamber of Commerce. He will be bringing both excitement and energy, plus the experience of being the associate director of a much larger organization. Ryan will help us with focusing on member value and developing some projects that are already in place, as well as some new ones that we will be rolling out in the next year. We have been hard at work for you and we are confident that you will like where our future is headed.

We recently hired Mr. Tom Bridenstein as the VDA's insurance consultant. Tom retired from the SCC Office of the Insurance Commissioner, and he brings a career's worth of knowledge and expertise to help our members. We have plans for Tom to discuss with staff the most common complaints and problems that members are encountering with insurance issues, and then to develop a best practice manual or online learning segment to help educate us so that we can avoid these pitfalls. This is in response to hearing, for years, that this is what VDA members wanted.

Another concern of VDA members is insurance reform, so this year we have House Bill 1682, the "Silent PPO" bill. If passed, this bill will make it illegal for insurance companies to sell, lease or transfer their providing dentists to another insurance network without informing the dentists and their patients of this arrangement. This brings transparency and fairness to this arrangement, and prevents patient confusion. The General Assembly session started January 9, 2019, so we encourage you to contact your legislators and ask them to support the VDA's "Silent PPO" legislation. Phone calls go a long way in communicating with our legislators, so please be involved with moving our legislation forward. This bill has proactive provider notification, front end notification to patients, back end notification to providers and patients, adherence to fee schedules (so the new network can't be a lesser fee schedule than the network that you have a contract with) and mandatory access to all network patients. This will be a great thing for Virginia dentists and their offices. The Council on Government Affairs has also made contacts with several insurance companies and has resolved some issues through these contacts.

VDA members will come together with other ADA members in Washington, D.C. for the Annual Dentists and Students Lobby Day, April 14-16, 2019. Contact Laura Givens, **givens@vadental.org**, if you would like to attend the VDA Legislative Day on the Hill in Richmond, on January 18, 2019 or the Dentists and Students Lobby Day.

The VDA will continue to do its best for our members, so please keep us informed about what you think is working, and what we can do better. In an effort to know your thoughts, please go to the VDA's website and take the 2019 member survey, **https://www.vadental.org/survey.** Last year we had 10% of our members respond, this year we would like to get 20%. If you have questions, please call Sarah Mattes Marshall at the VDA or email **mattes@vadental.org**.

This year the VDA's Annual meeting will be returning to Richmond September 25 -29, at the Richmond Marriott Downtown. Mark your calendars and plan on bringing your staff, and families. Unlike previous years, the ADA annual meeting takes place before the VDA meeting, this time in San Francisco September 4-9, 2019.

Remember, we are stronger together, so please continue to encourage new and old members alike to renew and retain their membership in organized dentistry and the VDA. Let's all work together to keep the VDA great!

MEDICARE AND DENTISTRY

Dr. Kirk Norbo, ADA 16th District Trustee

As the issue of access-to-care for the elderly continues to heat up, I want to make sure that VDA members are well informed of the ADA position on this matter. I'm sure that most of you are aware of the ongoing debate focused on how our profession can most effectively deliver dental care to the segment of our elder population that has little or no access to dental care. Expanding the Medicare program to include a comprehensive dental care benefit has gained some attention recently but with an estimated $32.4 billion price tag, funding represents a sizeable hurdle.

To bring everyone up to speed on the ADA's stance on Medicare, I think it would be helpful to include two of our policies that have been in effect since the early 1990s. In 1993, policy was passed that gave the association the authority to "seek legislation to provide fair and equitable treatment to all Medicare recipients by eliminating disparities in coverage for dental procedures" and in addition, "seek legislation which would provide for payment of dental services under Part B of Medicare in cases where the dental procedure is necessary and directly associated with a medical procedure or diagnosis."

The second policy of interest to this conversation was passed in 1990 and provided a definition for medically necessary care which is,

"the reasonable and appropriate diagnosis, treatment and follow up care (including supplies, appliances and devices) as determined and prescribed by qualified, appropriate health care providers in treating any condition, illness, disease, injury or birth developmental malformations. Care is medically necessary for the purpose of: controlling or eliminating infection, pain and disease, and restoring facial configuration or function necessary for speech, swallowing or chewing."

At the present time, kidney transplant surgery and radiation treatment of neoplastic disease are the only two medical procedures that are guaranteed to elicit Medicare payments to dental providers for care delivered that is necessary to improve the oral health of these patients.

Including these policies was not intended to bore you to tears but instead to make it clear where the ADA stands on the Medicare issue. Given the fact that these policies are nearly 30 years old, is it time to make changes or are we in agreement that these statements are still accurate in 2019?

The leadership of the ADA has spent a lot of time researching possible ways to deliver care to our senior citizens whose dental needs are unmet. Three options have been identified and could provide desired results: 1) Increase Medicaid funding for adult dental care: 2) Add a dental benefit to Medicare that would be limited to elders who cannot afford dentistry in our existing delivery model and 3) Means test this elderly population and formulate a system that would pay for care based on a poverty level scale.

The Oral Health America Coalition (OHA), of which the ADA is a member, recently came out with a statement that would significantly expand the dental benefits available in Medicare. The coalition states, "The Medicare program and all its beneficiaries should not be without the vital clinical and fiscal benefits of coverage for medically necessary oral/dental health therapies. Given the significant potential to improve health outcome and reduce program costs, we urge Congress and the Administration to explore options for extending such evidence-based coverage for all Medicare beneficiaries."

By altering the definition of medically necessary to include many more conditions that would require the delivery of dental care, this coalition is leading us down the road to the inclusion of comprehensive dental care in the Medicare system. The ADA is sending a letter asking this coalition to respect the ADA definition of "medically necessary" and not change this definition. If our request is denied, the ADA may elect to disengage from the OHA coalition.

Other opportunities may surface as the search for a solution to this problem continues. I can assure you that the ADA leadership has the best interests of our patients and member dentists in mind as we formulate an eldercare dental plan. Please contact me if you would like to discuss this issue or any other ADA/VDA matters.

GLAD TO BE HERE

Dr. Richard F. Roadcap

I first met Dr. Terry Dickinson in 1999. I was in charge of the component dental society meeting, and Dr. Charlie Cuttino, VDA President at the time, appeared with Terry in tow. We exchanged greetings, and I set about including the introductions in my agenda. I didn't know much about our new Executive Director, so I asked Charlie if he'd like to introduce him. He smiled and said, "No, you go ahead!" My notes were sparse. Soon after I asked Terry if he'd like to make a few remarks to the group, and he said "I'd rather not." I was flummoxed. Charlie handed off, and Terry decided to sit this one out. When the time came for introductions, all I could say was "I'd like to introduce our new Executive Director, Dr. Terry Dickinson. He hails from Houston, Texas, and he's glad to be here!"

Dr. Terry Dickinson left a successful full time private practice in Houston to become Executive Director. If not unheard of, it was unusual at the time for a dentist to serve as an ED for a large association. Association directors followed a career path that often involved serving in a number of capacities, with associations with diverse missions and purposes. Terry's predecessor, Bill Zepp, fit the mold. As you might have guessed, there's a national organization for career executive directors, the American Society of Association Executives (**https://www.asaecenter.org/**). It's fair to say Dr. Dickinson would be considered a non-traditional hire, one requiring a leap of faith on the part of the VDA and search committee.

About a year after his move to Virginia, a seminal event took place in the far southwest corner of the state that would not only change his life, but also the direction and mission of organized dentistry, in Virginia and in many other states as well. He attended a meeting with Sister Bernadette Kenny, MMM, (a.k.a. "Sister Bernie") a nurse practitioner. She had been recognized for providing care for the impoverished residents of the area with an organization of her own creation, The Health Wagon. Her challenge to Dr. Dickinson was blunt: find a way to deliver dental care to people living in Virginia's coalfields. A year later, the first Missions of Mercy project took place in a hangar at the Lonesome Pine airport in Wise, Virginia. The VDA Foundation keeps the honor roll of those who participated in the first MOM project.

More than once I've heard Terry say this event brought home to him the reason he came to Virginia. He'll admit he left Texas searching for something, not quite sure what it was. It not only changed the course of his life for the next 18 years, it set in motion a new path for organized dentistry in Virginia. Most associations that represent a trade or profession serve to protect the interests of their members. There's nothing wrong with that; they must be held accountable to those who provide their meal ticket. But Dr. Dickinson asked the question, what if organized dentistry (i.e., the VDA) could advance the interests of its members by addressing the ever-growing problem of access to care? What if a non-traditional hire like him could lead a diverse group of individuals on a path that would defy stereotypes and go to war with tradition? In 2000, it would have been difficult to envision an airport hangar in a remote area as the birthplace of a movement that's exceeded all expectations.

But one thing leads to another. Along the way, as his tenure continued and the projects accumulated, other states recognized Virginia's success and leadership in creating a new form of professional association. Others, both inside dentistry and in the public sphere recognized his success. Awards followed: in 2008, he was named Rural Health Practitioner of the Year; in 2009, he received the Distinguished Service Award from the National Governor's Association; and later both the American Dental Association (2010) and the International College of Dentists (2016) named him the recipient of their Humanitarian Awards.

L-R: Dr. Cassidy Turner, Dr. Dickinson and Dr. Juan Rojas

> EDITOR - CONTINUED ON PAGE 6

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Terry knew that awards were not ends unto themselves, but only a means to an end. For him integrity always superseded acclaim. I think his greatest desire was to have members recognize their potential, not only as students and doctors (a good doctor is a lifelong student), but also as members of their communities at large.

The VDA has not been immune to the many of the forces that plague membership associations. Nearly all US dental associations have been beset with declining membership, as measured by market share. Associations have frantically tried to align themselves with members' interests, in a marketplace where information technology serves as a great disrupter. Dentists' incomes have been flat or even declining for nearly ten years, due to demographics and many changes in the way healthcare is purchased. This has put pressure on dues revenues, forcing the VDA under Dr. Dickinson's stewardship to do more with less. When I graduated from dental school, most dentists in Virginia were white males who attended VCU and practiced in their hometowns. Now over half of dental students are female, and nearly 60% of dentists in Virginia graduated from a dental school in another state. Homogeneity has given way to diversity, and under Terry's leadership the VDA has adapted and conformed to a new reality; things will never be the same again.

Steve Jobs delivered the 2005 commencement address at Stanford University. He recalled how his would-be adoptive parents didn't want a boy, and he was placed with another couple; how he dropped out of college after six months; and how he was fired from Apple Computer, the company he founded. After reminding the graduates that we all face death someday, he left them with this message: "Your time is limited, so don't waste it living someone else's life." Dr. Terry Dickinson has spent the last eighteen years trying to make sure that VDA members had that opportunity. We all know MOM projects change the lives of patients. We'll also have to admit that in the process we also have been changed. Terry's retirement marks a changing of the guard. I look forward to working with Ryan Dunn, the next VDA Executive Director. I didn't consider my remarks in 1999 to be prophetic, but looking back I can say I'm glad to be here.

How Can **WE** Help...

...MAKE THE VDA THE BEST IT CAN BE?

The VDA strives to be your advocate for dentistry, oral health and your career. To help us in our mission, we are launching the second year of our membership survey. Annual results will help us gauge changes over time and respond quickly to your needs.

Your responses will also improve the way and speed with which we connect you with what matters most. Below are some preliminary results from the 2019 Membership Survey. If you haven't already, complete the survey today at **www.vadental.org/survey**

97
MEMBERS HAVE COMPLETED THE SURVEY SINCE SEPTEMBER 2018.
HAVE **YOU?**

42%
SAY CE IS WHAT THEY WANT MOST FROM THE VDA.

60%
SAY THEY WANT RESTORATIVE DENTISTRY CE. WHAT DO YOU WANT?

31%
PREFER HEARING FROM US IN THE JOURNAL
2nd to email at 94%

37%
ARE INTERESTED IN LEADERSHIP POSITIONS. HOW DO YOU LIKE TO BE INVOLVED?

64%
PREFER TO PAY DUES **THROUGH AN AUTO-RENEW** PLAN

72%
WANT EVENTS WITH ISSUE-BASED **SPEAKERS**
WHO DO YOU WANT TO HEAR?

THERE'S STILL TIME TO **RENEW YOUR MEMBERSHIP** FOR 2019 AND **SIGN UP FOR AUTO-RENEW.**
VISIT **VADENTAL.ORG** AND CLICK RENEW TODAY!

HPV VACCINATIONS UP TO AGE 45

Dr. Henry Botuck

There are only two vaccines, according to the CDC, that can prevent cancer: The hepatitis B vaccine, and the Merck HPV vaccine, Gardasil 9. Hepatitis B vaccine is given to all newborns and is generally accepted as a preventive for Hepatitis B. (Of course, not everyone who contracts B gets liver cancer, but a significant enough number do.) And, Gardasil 9 should be given to children around twelve years of age. This way they will develop an immunity to nine of the HPV viruses---the ones that are associated with oropharyngeal, vulvar, vaginal, penile, and anal cancers.

As of the end of 2017 barely 50% of American adolescents had received all of the recommended doses of Gardasil 9 (Two doses for those fifteen and under; three doses for those over fifteen). It would seem that because the HPV viruses are sexually transmitted, some medical and dental professionals hesitate to bring up the subject of the vaccine. Evidently, it is all right to see sexual activity in the movies and on TV, but they can't bring themselves to broach the subject with their patients. Some parents say that their children are not sexually active, so it is too early to vaccinate them. But that is just the point. The immune system is robust at that age, and it is smart to give them the vaccine before they might become sexually active. Of course, the antivaxers are also doing their best to undermine the use of Gardasil 9 and every other vaccine that helps prevent disease. And, no, you can't "catch" an HPV from the vaccine. Since the Merck vaccine only uses the proteins from the outer HPV shell to create virus like particles, the vaccine is not infectious. These proteins prompt the immune system to create antibodies that stop those nine HPVs. It would be foolish for parents to think that getting the vaccine will "promote" sexual activity amongst teenagers. In case they haven't yet realized it, it's the hormones!

There are about 150 different HPVs. They are transmitted through sexual activity, whether vaginal, anal, or oral. About 90% are cleared from the body within two years. But some of those that do not clear can progress to cancer many years later. Even those that are associated with cancer may not actually progress to cancer. We just don't know which patients will end up getting cancer and which ones will not. And even if we had an approved HPV test for Oropharyngeal Cancer (which we do not), there is no proven way to manage positive findings.[1]

The Australian government is proactive in this regard. It gives *all* children the vaccine between age 12-13, paid for by the state. They expect to almost eliminate cervical cancer (and by extension Oropharyngeal Cancer) by year 2040. On the other hand, the CDC predicts that the number of Oropharyngeal Cancers in this country will exceed cervical cancers by 2020. We are way behind on the prevention front.

Since Oropharyngeal Cancer is associated with some of the HPVs, this is a subject about which dentists should be educating their patients. While doing the oral cancer examination, we can be telling parents that it would be advisable to have their children vaccinated and why. The original recommendation from CDC was just for girls (cervical cancer the target). Later it was extended to boys, and then up to age 26 for females and 22 for males. But now it has been updated to age 45 for men and women.

Anyone who has had sexual contact can get HPV, even if it was only with one person, but infections are more likely in people who have had many sex partners. Adults may be in a monogamous relationship now, but they may begin dating again after death of a spouse or divorce, and then there is the problem of infidelity.

And that seems to be why the new guidelines say that adults up to the age of 45 can get the vaccine. The thinking seems to be that even if someone has been previously exposed to some of the cancer-causing HPVs, they could still benefit from being immunized against those that they have not contracted.

What can dentists do about prevention of Oropharyngeal Cancer? Still educate your staff about the value of HPV vaccination and the updated guidelines. Still educate your patients about HPV. Still recommend that children get the HPV vaccine. But now, in addition, let patients under age 45 know that they are eligible to receive the vaccine. (You can still get the vaccine after the age of 45, but that is considered off label). And that they should speak to their physicians to see if they should consider having the vaccine. It is not up to us to discuss each person's special circumstances. But, people need to know that a life-saving vaccine is available to them if they choose to get it, and the person to discuss this with is their family physician.

Oral cancer exams should continue to be a regular part of periodic oral examinations. But that isn't enough. Dentists need to be in the forefront of prevention!

1- American Cancer Society: HPV and HPV Testing

SOMEDAY, IT COULD BE YOU!

Dr. Marvin E. Pizer

For years I have written to our editor of the *Virginia Dental Journal* in the section referred to as "Letter to the Editor". In these columns I have tried to elaborate on some aspect of dentistry and medicine which we health professionals "have just not thought about" in our everyday practice.

Due to an accidental fall on our front porch, fracturing my right femur, I have been in a local hospital and then referred to this institution, named "The Fountains at Washington House", in Alexandria. This building is divided in four subdivisions referred to as:

1. Independent Living
2. Assisted Living
3. Rehabilitation
4. Skilled Nursing

As a patient in Rehabilitation (referred from Alexandria Hospital) I was treated by aides and a few competent Licensed Practical Nurses and about one RN per day. One RN administered the incorrect drug and another found difficulty in using the stethoscope. In auscultation of my chest a very competent LPN heard some significant sounds, and felt that a physician on this staff should be consulted. She called this "on call" physician and asked for an immediate consult. He responded "I'll see him on Sunday." This was either a Tuesday or Wednesday. For reasons unknown I survived and returned to my apartment in Assisted Living.

I have found the aides in Assisted Living to be as a group very cooperative and understanding with these patients. The individuals who dispense the drugs for the Assisted Living patients have had good training – a minimum of 60 hours of collegiate courses, plus a rigid final exam and then a state-approved license. Each of these drug dispensers must take a refresher course each year. In my year in Assisted Living, I can recall a few instances when I have received correct medication, but the incorrect dose.

Having friends who reside in Independent Living apartments, they seem mostly discontent about the food that is served. Some pay for food and even parking space for their cars. I find the food a problem since being of the Jewish faith, I do not eat pig meats and certain fish. I must admit some of the "in charge" people have tried to find me food that I can live with and enjoy. Most of my friends find the food here a major disaster.

Another question comes to mind: who should I remind about my hypertension? I am on three different medications to try and keep my blood pressure within reasonable limits. My blood pressure is taken only in the morning some days. I have asked how my physician can evaluate the anti-hypertensive drugs if the blood pressure is not taken more frequently. In most hospitals I've served the vitals are taken on patients approximately three times a day. (Maybe blood pressure is not a "vital" anymore!) I know this is not a hospital but similar health facilities do routinely check hypertensive patients more frequently!

I fully realize that no institution is perfect - but some simple rules could convert this institution into one of the better ones. Our physical therapy department has got to be one of the best. The education programs, entertainment, and exercise are excellent.

Some simple rules which do not make sense should be reviewed by some organization such as the JCAH evaluates hospitals or the American Nursing Association.

My point in writing in writing to my fellow dentists and physicians is simply to:

Check your health and accident insurance, or whatever your insurance may be, to see if your coverage at home would equal the institutional coverage you possess. Don't wait until an accident or other health problem occurs to find your insurance does not cover your needs at home.

If you need rehabilitation and/or assisted living find the places that are suitable for you and convenient for your family. Check the physicians who are "on call" in your chosen institution especially if your present physicians are not permitted to care for you.

There are other institutions in this area which may best fit your need. I know of a few and will be pleased to share with you the names if you desire. Call me at my apartment from 10:00 a.m. to 10 p.m., (703) 845-5130.

Stay well and stay away!

Virginia Dental ASSOCIATION

DDS10 2019 NEW DENTIST CONFERENCE

MARCH 1-2, 2019 | WILLIAMSBURG, VA

WILLIAMSBURG LODGE

FRIDAY, MARCH 1, 2019

12:00 PM	Visit with Exhibitors
1:00 PM	Welcome Session - **Dr. Samuel Galstan**
1:30 PM	The Grand Slam: Early Years of Private Practice - **Dr. Mark Hyman**
5:00 PM	Networking Reception
6:30 PM	"Mission Possible" Dinner

Wear your spy gear and be prepared to uncover each other's secrets!

SATURDAY, MARCH 2, 2019

8:00 AM	Breakfast
8:30 AM	Visit with Exhibitors
9:00 AM	Spring into the New Revolution of Endo - **Dr. John Olmsted**
12:15 PM	Lunch with our Exhibitors
1:30 PM	Cutting Edge Instruments, Irrigation, Obturation (Workshop) - **Dr. John Olmsted**
1:30 PM	Treatment Planning for Long-term Success - **Dr. Karen McAndrew**
5:30 PM	Happy Hour at a Local Restaurant

Register Now: *www.vadental.org/DDS10*

WORKING WITH YOU...

...TO IMPROVE ORAL HEALTH FOR VIRGINIANS

Sarah Bedard Holland; Chief Executive Officer, Virginia Oral Health Coalition

As members of the Virginia Dental Association you know firsthand the important role oral health plays in overall health. The Virginia Oral Health Coalition exists to ensure all Virginians have access to oral health services that are so important to overall health.

Since our founding in the basement of the Virginia Dental Association office in 2010, we've worked with over 1,000 partner organizations, providers, health advocates, and community members to create a healthier Virginia through education, advocacy, and community outreach. We could not have achieved these connections without support from our partners in dentistry.

Your participation and expertise are invaluable as we work to meet our shared goals to:

Provide educational resources and training. *How can you help? Join the Clinical Advisory Board!*

At the heart of our work is promoting and enabling the integration of oral health into all aspects of comprehensive health care. Of note, our work ensures that medical providers have the expertise and tools to include oral health education and referrals to a dental home in their practices. Dental providers have an important role in shaping our integration work as members of our Clinical Advisory Board (CAB). Members of the CAB weigh in on strategies to support our efforts to ensure the health system recognizes oral health as a part of overall health, and as schedules allow, CAB members lend their expertise as faculty trainers for medical and lay health professionals.

Advocate for policy change. *How can you help? Share your expertise with policymakers!*

The Coalition advocates for policies and legislation that support affordable and accessible health care that includes oral health. To accomplish this, we work with stakeholders across the Commonwealth to promote legislation like the addition of a comprehensive dental benefit for all adults enrolled in Medicaid. If you are interested in shaping our policy positions, I encourage you to become a member of our policy committee.

At the community level, we are proud to partner with the Virginia Department of Health and Virginia Dental Association to support community water fluoridation across the state. You can help ensure water in your community remains fluoridated by serving as a subject matter expert for our community water fluoridation rapid response team.

Create community level change. *How can you help? Take part in a Regional Oral Health Alliance!*

To meet the needs of individual communities in Virginia, the Coalition facilitates Regional Oral Health Alliances in Northern Virginia, South Hampton Roads, and Greater Richmond & Petersburg. We also partner closely with local health coalitions in Roanoke, Newport News, and southwest Virginia. These groups identify community-level opportunities for change, like increasing the number of pediatricians that are referring their young patients to a dental home; your firsthand knowledge of the challenges and opportunities in your practices will ensure the Regional Oral Health Alliances are best able to meet the needs of patients.

If you are interested in taking part in any of the above opportunities, please contact me directly at **sholland@vaoralhealth.org**. I look forward to the opportunity to continue to grow our relationship with each of you as we all work to improve oral health for Virginians.

ADVOCACY: HOW THE VDA CREATES LEGISLATION

LEGISLATION ISN'T CREATED OVERNIGHT. LEARN HOW THE VDA CRAFTS ITS LEGISLATIVE INITIATIVES.*

1

MEMBER IDEAS
Members submit an idea to their component for review.

2

LEADERSHIP/STAFF REVIEW
Component leadership and staff forwards approved ideas to the VDA Council on Government Affairs (CGA).

3

COUNCIL DISCUSSES
CGA discusses ideas during their January meeting and identifies the top issues.

4

FINE TUNE
CGA meets throughout the year to fine-tune keyissues.

5

PRESENT TO BOARD
CGA presents top ideas to the VDA Board of Directors for approval.

6

VOTE

DELEGATES VOTE
In September, the proposal is put before the VDA House of Delegates for final approval.

**This process can be circumvented in extenuating circumstances.*

7

SOLICIT SPONSORS
The CGA, VDA staff and lobbyists solidify content to introduce to the General Assembly.

2019 VIRGINIA GENERAL ASSEMBLY:

HOW CAN YOU HELP WITH THE VDA'S INITIATIVE?

Laura Givens, VDA Director of Legislative and Public Policy

January 9 marked the beginning of the 2019 General Assembly Session. What is on the VDA's agenda this year? At our request, Delegate Lee Ware has introduced HB1682 that would require transparency when insurance companies lease networks. We are asking legislators to support fairness and transparency in dental contracts and avoid surprises for patients.

BACKGROUND

The VDA Board of Directors approved the Council on Government Affairs' recommendation to pursue legislation to be introduced in the 2019 VA General Assembly that will address problems associated with leasing networks and what some refer to as 'Silent PPOs.'

A PPO is a type of health plan that contracts with providers (in this case dentists) to create a network of participating providers. PPO enrollees use a provider in the plan's network and pay an agreed upon amount for selected procedures. In a "silent PPO" the original plan rents its provider network to other payors of dental services (insurance companies, self-funded plans, or others) with whom the dentist never signed a contract – often without the dentist's consent.

Without the proactive notification and simple transparency measures that our legislation would provide, this practice is problematic for patients and the dental profession because, in some cases, the rental agreements take place without the dentist's knowledge or consent. Since the dentist may be unaware of the arrangement, accurate cost and benefit information cannot be provided to the patient at the time of service. This may cause the patient to forgo benefits and treatment to which they are entitled. This also poses a dilemma for dentists as in some cases they end up being contracted to provide services in a network they never joined and often do not find out about the contract until they receive payment from a 3rd party claiming the discount.

WHAT IS THIS LEGISLATION ATTEMPTING TO DO?

The Virginia General Assembly prohibited silent PPOs by Worker's Compensation carriers. This legislation does not prohibit any contract transactions; it simply provides fairness & transparency by adding the following five common-sense provisions:

PROACTIVE Provider Notification -- the carrier must notify (via first class mail or electronically if agreed to in advance) all affected providers that their participating provider contract is being rented or sold to a third party.

FRONT END Patient Notification – carriers must identify on the beneficiaries' ID card those network leasing/sharing arrangements in which the payor participates – allowing the dentist to give accurate benefit info BEFORE treatment.
BACK END Notification to Providers and Patients – carriers must ensure that an explanation of benefits (EOB) furnished to the participating provider identifies the contract source relied upon to discount reimbursement to the provider.
ADHERANCE to Fee Schedule – the silent PPO carrier must abide by the fee schedule set forth in the original contract.
MANDATORY ACCESS to All Network Patients – any carrier that utilizes a silent PPO network must include all provider directories, advertising, websites, etc. as it does with directly contracted providers.

WE NEED THE VDA MEMBERSHIP TO HELP!

Contact your legislators today and ask that they support HB1682 and sign on as a co-patron.
Delegate Lee Ware (R-Powhatan), who carried our original non-covered services bill, has agreed to carry this legislation. We do not plan on having a Senate bill but that could change depending on the dynamics going into session. If you are contacting a Senator, please ask him/her to co-patron the House bill.

How should you communicate with your legislators?
Email or mail a personal note to your legislators asking for their support of HB1682, which can be referenced online at **https://bit.ly/2QEYUwF** and talking points, which you can access on the VDA website.
Request a meeting with your legislators and meet with them- schedule a visit with them in Richmond or back in the district. Share the information on HB1682 with them during the meeting.
Call your legislators' offices and ask to speak with an aide or assistant to share the bill information with them over the phone.

Need Assistance on finding your legislators and contacting them?
To find your legislators (Delegate and Senator), please visit **http://whosmy.virginiageneralassembly.gov/** and fill in your home address.
Visit **http://virginiageneralassembly.gov/house/members/members.php** for a complete list of House of Delegates Members and visit **https://apps.senate.virginia.gov/Senator/index.php** for a complete list of Senators.
More Information on Advocating in Virginia
A helpful "Citizens Guide" can be found online at **https://www.vpap.org/general-assembly/citizens-guide/**

We look forward to seeing and hearing from you as we work together towards a positive result through the 45-day General Assembly session. Thank you for being a part of this important effort!

Questions? Contact Laura Givens at **givens@vadental.org** or 804-523-2185.

HELP WANTED

SEEKING **BOLD** REPRESENTATIVES TO DRIVE OUR POLITICAL FUNDRAISING EFFORTS

- ☑ Do you believe in the power of advocacy to steer the future of our profession?
- ☑ Are you willing and able to help convice fellow dentists to support the VDA PAC?

Virginia Dental ASSOCIATION

BECOME AN **ADVOCACY AMBASSADOR** BY JOINING THE NEWLY FORMED VDA PAC CONTRIBUTIONS SUB-COMMITTEE.

The time commitment will be less than 5 hours per month – but the impact could be exponential. Meet and develop relationships with fellow members while making a lasting impact on dentistry in the commonwealth.

Contact Laura Givens at *givens@vadental.org* or 804-523-2185 to volunteer today!

VDA PAC UPDATE

2018 FINAL CONTRIBUTION REPORT

Laura Givens, VDA Director of Legislative and Public Policy

The 2019 Virginia General Assembly begins their session this month and the VDA is addressing some important issues including a network leasing bill that is essentially asking legislators to support fairness and transparency in dental insurance contracts and avoid surprises for patients.

How can we maintain influence in Richmond? ALL DENTISTS must participate in the process! VDA members must make sure that dentistry's voice is heard and ensure that the interests of your patients are foremost in the General Assembly's eyes. If you haven't already contributed to the VDA PAC for the 2019 year, please make your contribution today! You can contribute when paying your VDA dues or contribute through the VDA website at **https://www.vadental.org/advocacy/vda-pac**. Contact Laura Givens at 804-523-2185 or **givens@vadental.org** for more information on how to become more involved in VDA PAC efforts. YOU can make a difference by effectively advocating for your profession!

Political Action Committee
VIRGINIA DENTAL ASSOCIATION

We would like to thank all 2018 VDA PAC contributors for your generosity! Please visit **https://www.vadental.org/advocacy/vda-pac** to find a list of all contributors.

Component	% of Members Contributing	2018 Goal	Amount Contributed	Per Capita Contribution	% of Goal Achieved
1 (Tidewater)	32%	$45,500	$30,045	$297	66%
2 (Peninsula)	39%	$27,500	$21,745	$320	79%
3 (Southside)	**38%**	**$14,000**	**$14,565**	**$267**	**104%**
4 (Richmond)	28%	$67,750	$58,925	$340	87%
5 (Piedmont)	34%	$30,000	$24,685	$301	82%
6 (Southwest VA)	49%	$25,250	$20,665	$318	82%
7 (Shenandoah Valley)	33%	$30,000	$26,870	$328	90%
8 (Northern VA)	28%	$135,000	$97,320	$310	72%
TOTAL	**32%**	**$375,000**	**$294,820**	**$310**	**79%**

Total Contributions: $294,820
2018 Goal: $375,000
Short of Goal: $80,180

Congratulations to Southside Dental Society for surpassing your goal!

HELP PROTECT THE FUTURE OF DENTISTRY!

LEGISLATORS ARE IN SESSION

WHY SHOULD I CARE?

Dr. Bruce Hutchison; Chair, VDA PAC

Each session, hundreds of bills are introduced that affect the profession of dentistry either directly or indirectly. Your VDA lobbyists, staff and volunteers monitor every bill looking for issues that will affect our profession, evaluate what those affects will be, and develop strategies to help pass, modify, or defeat each bill. The process goes on each and every year while we, VDA members, sit in our offices and practice dentistry. But can we afford to just let things happen? Who will shape the future of dentistry? Our voice, the dentists' voice, must be heard. Who knows more about the care our patients deserve and how best to deliver that care? We do.

The profession of dentistry must be safeguarded by the members of the profession, the dentists. Your voice must be heard and your financial support of VDA PAC must be a priority. We simply cannot afford to allow our profession to be overrun by insurance companies and government regulations. We must stand with **one voice united** to fight these threats. Each and every dentist must understand how legislators hold your personal future and the future of your profession in their hand. It is mandatory that we get involved on the grassroots level, become politically active, and become advocates for our profession and our patents. Each dentist must heed a call to action from the VDA to contact his/her legislator. No message is more effective with a legislator than one delivered by a constituent. And constituents who are active politically by being involved on the election campaign team or contributing either directly or thru VDA PAC are even more effective.

I love being a dentist, and I'll bet you do too. I see that others outside our profession are constantly trying to change the way we practice dentistry, and so do you. I see unnecessary regulations, that are not well thought out, that raise the costs of doing business and raise the costs of dental care for our patients, while not improving patient care or safety one bit. I see insurance companies constantly denying treatment, delaying payments, questioning nearly everything and driving the wedge deeper and deeper between me and my patients, destroying the sacred doctor- patient relationship. Will you let that happen? Or will you stand up and say "enough?"

How can dentists shape their future? Simple! Get involved, stay in touch, and support political action. Contributing to VDA PAC is easy and a perfect avenue to help carry our message to our state and national capitols, Richmond and Washington, DC. But we can only be effective with contributions from you, the dentist.

MANAGEMENT OF ORAL MUCOSITIS IN PEDIATRIC PATIENTS RECEIVING CANCER THERAPY: A SYSTEMATIC REVIEW AND META-ANALYSIS

MAZHARI F, SHIRAZI AS, SHABZENDEHDAR M. | PEDIATR BLOOD CANCER. 2018 HTTPS://DOI.ORG/10.1002/PBC.27403

Introduction

Mucositis is considered to be one of the most common oral problems associated with cancer therapy. Childhood cancer treatments also produce oral mucositis (OM) because the oral mucosa consist of rapidly dividing cells and are especially susceptible to cytotoxic therapy.
Oral complications from chemo- and radiotherapy arise from direct injury to the oral mucosa as well as from cytotoxic-induced myelosuppression that produce profound neutropenia. Oral inflammation can cause severe ulcers, infections, and problems in basic tasks like swallowing or consuming foods or drinks. OM occurs in 80% of patients undergoing chemotherapy, and in severe cases, OM can increase mortality by 40% due to secondary infection which may result in life-threatening sepsis. OM usually lasts 3 weeks and will gradually disappear provided that an infection does not complicate the situation. The main strategies used to manage OM are oral hygiene protocols, antimicrobial agents (chlorhexidine), anti-inflammatory agents (benzydamine), cytoprotective agents (glutamine), biological response modifiers (palifermin), low-level laser therapy (LLLT), anesthetics, and analgesics. This systematic review evaluates different preventative or therapeutic agents used to manage OM in children.

Methods

Comprehensive searches to identify relevant studies were performed using, MEDLINE via PubMed, Scopus, the Cochrane Database of Systematic Reviews, EMBASE, and the Web of Science. The review included trials that were published between 2006-2017. The outcome measures that were regarded to be of interest were severity, duration, and incidence of OM. Nine eligible studies were identified. Using random-effects models, standardized mean difference was estimated between treated and control groups across all studies. The Cochran test and the I2 index were performed for heterogeneity between studies. The significance level was set at P=0.05.

Results

Palifermin reduced the incidence (OR=4.131, P=0.000), duration (St diff mean= 0.803, P=0.000), and severity (St diff mean= 0.637, P=0.000) of OM in pediatric cancer patients significantly. However, the laser (LLLT) did not show significant efficacy in decreasing the incidence rate of OM (OR=2.870, P= 0.364).

Discussion

OM is a common condition associated with cancer treatment in the pediatric population and does not have definitive guidelines for treatment. Databases of comprehensive studies on OM prevention studies exist for adult populations, large, well-controlled studies in pediatric patients are lacking. Among the studies in the systematic review, there were enough studies for two agents (palifermin and LLLT) to be included in the systematic and meta-analysis. The results show that palifermin could reduce the incidence, severity, and duration of OM in cancer patients significantly and LLLT had no significant effect in decreasing the incidence rate of OM. Palifermin is a recombinant keratinocyte growth factor (KGF) that stimulates epithelial cell proliferation and increases the thickness of the non-keratinized layers of the oral leading to decreased incidence, duration and severity of mucositis. It also stimulates the production of the anti-inflammatory cytokine interleukin-13, reducing TNF and interfering with the mucositis process, and downregulates other cytokines, including TGF-B and PDGF, to decrease inflammatory response. LLLT hastens wound healing by increasing mitochondrial ATP production, local release of growth factors, increasing proliferation of fibroblasts, detoxifying oxygen free radicals, and increasing microcirculation in mucosa. It can be used as supportive treatment for OM, but it is expensive and requires technology and special training.

Conclusion

In conclusion, the available evidence supported a protocol only for palifermin. Well-designed studies of other agents are warranted.

DR. ROBERT LUNKA; RESIDENT IN PEDIATRIC DENTISTRY, VCU SCHOOL OF DENTISTRY

EFFECT OF AN EXPERIMENTAL DESENSITIZING AGENT ON REDUCTION OF BLEACHING-INDUCED TOOTH SENSITIVITY: A TRIPLE-BLIND RANDOMIZED CLINICAL TRIAL

PARREIRAS SO, ET. AL. | JADA. 2018; 149(4):281-290

A triple-blind randomized clinical trial evaluated the use of desensitizing agent with sensitivity induced by tooth bleaching. Tooth sensitivity is a common unfavorable outcome of esthetic tooth bleaching procedure. There are various factors that may contribute to this adverse effect such as at home bleaching, in office bleaching, length of application. This study utilized a desensitizing gel that contained 5% potassium nitrate and 5% glutaraldehyde applied before in-office bleaching with 35% hydrogen peroxide.

In a split-mouth design, 42 patients were selected and treatment was randomly assigned. One-half of their mouth received treatment with the desensitizing gel and the other half received treatment with the placebo gel. The desensitizing gels were applied and maintained in contact with the tooth enamel for 10 minutes, followed by two bleaching sessions separated by one week. Patients were then asked to report their tooth sensitivity levels for 1, 24, 48 hours post bleaching with a numeric scale. Color was also evaluated by means of a digital spectrophotometer and a value-oriented shade guide.

The study indicated a statistical difference between the group that had the desensitizing gel applied and the control group. The group that had the desensitizing gel showed a decrease in pain levels within the first hour and 24 hours. Pain did not persist in patients who had the desensitizing gel past 24 hours. The study revealed also revealed that the use of desensitizing gel had no effect on the outcome color between teeth that received the desensitizing gel and those that received the placebo gel.

This study could be an asset in a clinical setting and may potentially increase patient overall satisfaction post-procedure.

DR. LAJOI WIGGINS; RESIDENT IN PEDIATRIC DENTISTRY, VCU SCHOOL OF DENTISTRY

CURRENT UNDERSTANDING OF THE EPIDEMIOLOGY, MECHANISMS, AND PREVENTION OF DENTAL CARIES IN PRESCHOOL CHILDREN

TINANOFF N, KANELLIS MJ, VARGAS CM. . PEDIATR DENT. 2002; 24(6): 543-51

Background: The seriousness and societal costs of dental caries in preschool children are enormous. National data shows that caries is highly prevalent in poor and near poor US preschool children, yet this disease is infrequently treated. The etiology includes elevated colonization levels of mutans streptococci, high frequency sugar consumption, and developmental defects on primary teeth. A necessary first step in preventing dental caries in preschool children is evaluating the child's caries risk factors that include socioeconomic status, previous carious experience, presence of white spot lesions, presence of visible plaque, perceived risk by dental professionals, and microbiologic testing for the presence or quantity of mutans streptococci. Based on this knowledge, different preventive strategies, as well as different intensities of preventive therapies, can be employed. Caries preventive strategies in preschool children include diet modifications to reduce high frequency sugar consumption, supervised tooth brushing with fluoridated dentifrice, systemic fluoride supplements to children living in a nonfluoridated area that are at risk for caries, professional topical fluoride with fluoride varnish, and sealants for primary molars.

Conclusions: Although dental caries in preschool children is highly prevalent in the US, there has been little national recognition of the issue, and little effort expended regarding its understanding, prevention, and treatment. Additionally, more dental practitioners should be willing to see preschool children in their practices. More education is required for health care professionals to evaluate high caries risk children. Actively identifying children needing preventive services, better utilization of caries risk assessment and preventative strategies could produce enormous health benefits to preschool children.

DR. DAVID M. VOTH; RESIDENT IN PEDIATRIC DENTISTRY, VCU SCHOOL OF DENTISTRY

PEDIATRIC OBSTRUCTIVE SLEEP APNEA: A CONSENSUS, CONTROVERSY AND CRANIOFACIAL CONSIDERATIONS

GARG RK, AFIFI AM, GARLAND CB, SANCHEZ R, MOUNT DL | PLASTIC RECONSTR SURG. 2017; 140(5):987-997

Background: Pediatric obstructive sleep apnea (OSA) has been associated with learning impairment and behavioral problems such as hyperactivity and aggression. More serious sequelae include developmental and neurological delay, failure to thrive, and cardiovascular disease, including pulmonary hypertension and right ventricular hypertrophy. It is common in healthy children and occurs with a higher incidence among infants and children with craniofacial anomalies. Soft tissue hypertrophy is the most common cause; however, interplay between soft tissue and bone structure in children with craniofacial differences may also contribute to upper airway obstruction. Although snoring and work of breathing are predictors, overnight polysomnography is the gold standard for diagnosis. Treatment of children with adenotonsillectomy, the first-line treatment recommended for most children by the American Academy of Pediatrics, has been associated with improvements in behavior, school performance, and right ventricular hypertrophy. Despite this surgical success, approximately 20 percent of children have residual obstructive sleep apnea and there is a lack of evidence to guide the additional management. The goal of this review is to synthesize current knowledge of pediatric obstructive sleep apnea to inform evolving management strategies for this problem.

Pathophysiology: Pediatric obstructive sleep apnea is a form of sleep-disordered breathing involving prolonged partial upper airway obstruction and/or intermittent complete obstruction that disrupts sleep patterns and ventilation during sleep. Partial airway obstruction is common in children and sufficient to cause harmful sequelae because of decreased pulmonary reserve. Obstruction can occur in the context of (1) immaturity or dysregulation of the upper airway neuromotor system, and (2) soft-tissue enlargement caused by lymphoid tissue hypertrophy or obesity. Additionally, the craniofacial skeleton may impose morphological constraints. Soft-tissue hypertrophy is a common cause for upper airway narrowing in children with OSA. In fact, adenotonsillar hypertrophy peaks at 3 to 7 years of age and coincides with the peak incidence of childhood OSA. Enlarged tonsils and adenoids are a well-accepted target for intervention among healthy children. In children with craniosynostosis syndromes, efficacy data for adenotonsillectomy are mixed because these children are more likely to have multilevel airway obstruction. Although less common in children, obesity places children at risk of upper airway obstruction, as fat deposition impinges on the upper airway.

Craniofacial Contributions: Craniofacial skeletal morphology plays an important role in the patency of the upper airway in both healthy children and children with craniofacial anomalies. In healthy children, cephalometric studies have shown children with adenotonsillar hypertrophy and obstructive sleep apnea have craniofacial features associated with multilevel upper airway narrowing, the upper airway space is smaller, the mandible is retruded, the occlusal and mandibular planes are more vertically oriented, and the lower face is longer, all culminating in the term “adenoid facies.” The long, retrusive facial characteristics observed among healthy children with obstructive sleep apnea are hypothesized to occur because of muscular forces on the developing skeleton. As nasal airflow is obstructed, the extended head posture causes the neck fascia to exert a caudal pull on the mandible, which may lead to a more vertical growth. These children also resort to mouth breathing, resulting in caudal tongue movement and medialization of the buccal musculature against the maxilla, which may contribute to transverse maxillary constriction. It remains unknown whether the craniofacial morphology of children with obstructive sleep apnea results strictly from adaptive musculoskeletal imbalances in the setting of adenotonsillar hypertrophy, or whether there are other important developmental or genetic determinants. Children with cleft palate with or without cleft lip have been demonstrated to be at significantly increased risk of obstructive sleep apnea. Adenotonsillectomy and continuous positive airway pressure were common treatments that improved patients’ obstructive sleep apnea, although most had residual disease. As with healthy children, it has been theorized that, over time, craniofacial morphological changes that were compensatory may actually direct facial growth more caudally, compromising the airway. Additionally, pharyngeal flap surgery has the strongest association with obstructive sleep apnea, with reported rates as high as 38 to 93 percent. Children with craniofacial anomalies relating to craniosynostosis syndromes, Treacher Collins syndrome, hemifacial microsomia, Down syndrome and Pierre Robin sequence have been reported to have a high incidence of OSA. Among patients with craniosynostosis, a prospective study identified a greater severity of OSA among children with associated midface hypoplasia. Additionally, many of these conditions have been observed to have a more steeply inclined mandibular plane and retrognathia, findings likely associated with a small posterior airspace.

Evaluation and Diagnosis: The American Academy of Pediatrics has issued OSA guidelines for healthy children, recommending routine questioning about snoring during clinic visits. An overnight polysomnograph, however, is necessary to make an official diagnosis, as history and physical examination have low sensitivity and specificity in screening obstructive sleep apnea. Once the diagnosis has been made, further testing should be performed to localize the level of airway obstruction.

Obstructive Sleep Apnea Treatment Guidelines: As stated above, adenotonsillectomy is the first-line treatment for children with a diagnosis of obstructive sleep apnea and adenotonsillar hypertrophy. However, children who are not candidates for this surgery or who are refractory should be considered with positive airway pressure therapy.

Orthodontic and Craniofacial Treatments: There is increasing evidence that orthodontic and /or craniofacial interventions may benefit infants, healthy children, and children with craniofacial anomalies. Orthodontic treatments for children with OSA include oral appliance therapy and rapid maxillary expansion. These may be designed to correct malocclusion and direct growth of the tongue and facial bones. Additionally, these appliances increase the volume of the nasal airway and reduce nasal obstruction. Craniofacial surgery is most commonly reserved for children with airway obstruction in the setting of distinct craniofacial anomalies. Children with significant impairment of maxillary growth may also benefit from facial skeletal surgery. Once the child is skeletally mature, revision distraction or definitive orthognathic surgery may be performed. Multiple studies have shown an association between midface distraction and improvements in airway volume and OSA. A systematic review showed in improvement in respiratory status from Lefort II or III distraction osteogenesis.

Conclusions: Pediatric OSA is a broad spectrum disease resulting from neuromuscular dysfunction, lymphoid tissue hypertrophy, and craniofacial skeletal dysmorphology. Adenotonsillectomy is the standard for healthy children, continuous positive airway pressure, medications, orthodontic treatment, and craniofacial distraction should be considered for refractory patients and patients with multilevel obstruction in the setting of craniofacial anomalies. Future prospective studies are needed to improve diagnosis or pediatric OSA and clarify the role of craniofacial interventions for healthy children and children with craniofacial differences and if these characteristics persist into adulthood.

DR. CONNOR MCCALL; RESIDENT IN PEDIATRIC DENTISTRY, VCU SCHOOL OF DENTISTRY

TOP 10 WAYS TO GET INVOLVED WITH ORGANIZED DENTISTRY

GETTING INVOLVED DOESN'T HAVE TO TAKE A LOT OF TIME.
Here are 10 easy ways to get the most out of your member benefits and strengthen our organization at the same time.

1. **Serve on a council**
2. **Become a delegate**
3. **Write an article for the Journal**
4. **Try an endorsed product and review it for other members**
5. **Host a speaker or member for an upcoming event**
6. **Attend a student event**
7. **Ask a dentist to donate to VDA PAC**
8. **Connect with your representatives**
9. **Volunteer with the VDA Foundation**
10. **Reach out to one non-member and share one reason why you value your membership**

Virginia Dental ASSOCIATION

STILL HAVE QUESTIONS? WE HAVE THE ANSWERS.

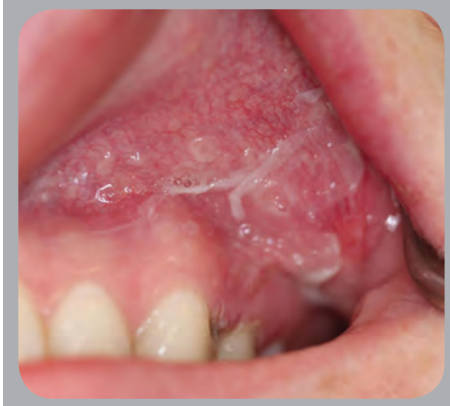
Sarah Mattes Marshall, *Membership Advocate*
Call (804) 523-2189 or email *mattes@vadental.org*

PATHOLOGY PUZZLER

DR. JOHN SVIRSKY

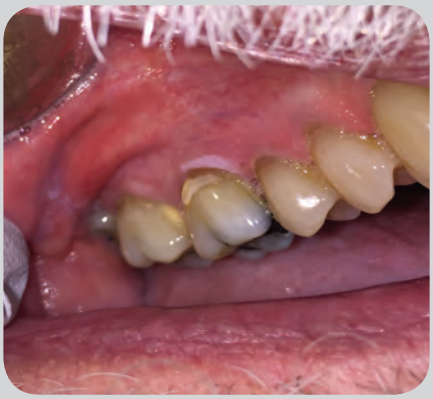
INSTRUCTIONS: *What is your clinical impression of each of the following cases? Answers are revealed on page 24.*

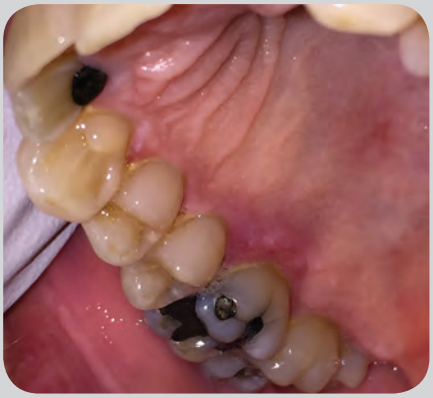
CASE ONE



A 25-year-old female dental student presented with a lesion that was painful. She had dental work done the previous day.

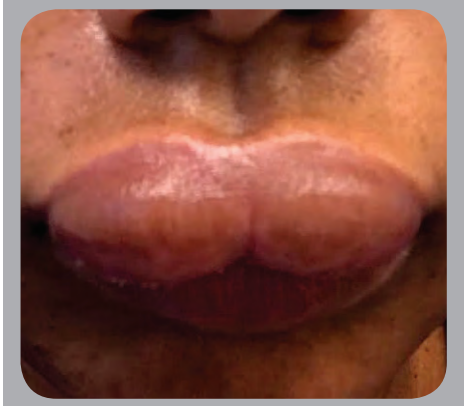
CASE TWO





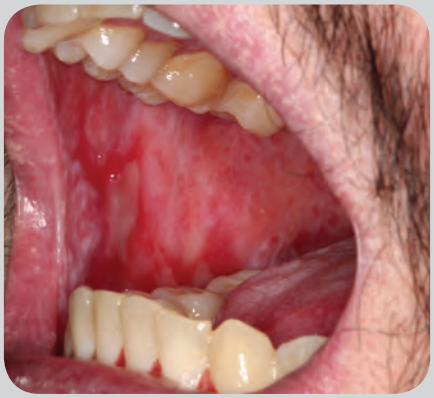
Lesions of the buccal and lingual gingival cuff in a 75-year-old white male. Patient referred for slight discomfort on palatal gingiva.

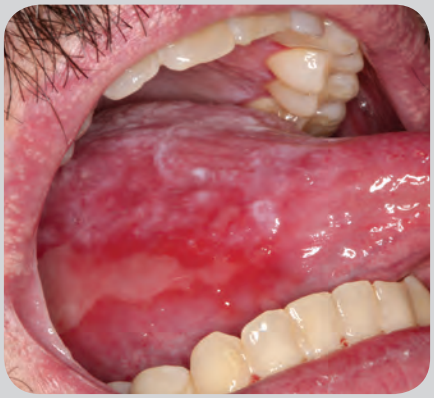
CASE THREE

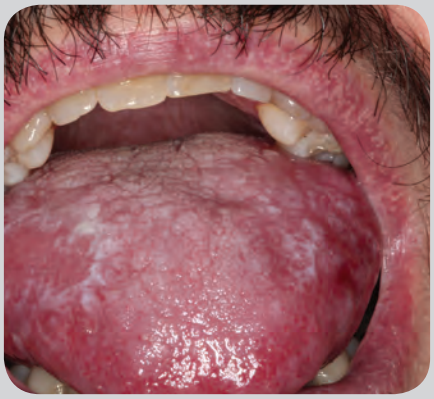


33-year-old female with a swollen lip upon awakening. This is the first experience with this condition.

CASE FOUR

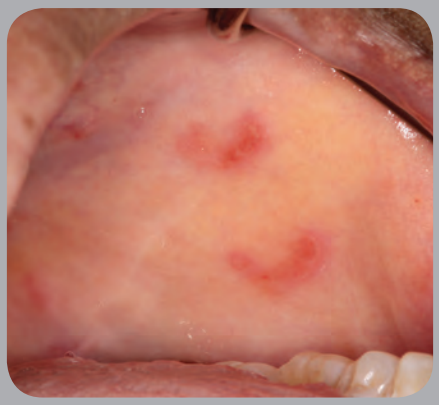


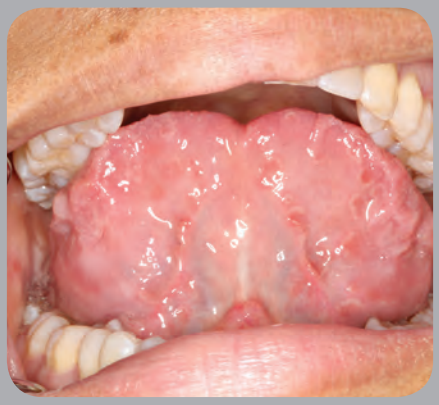


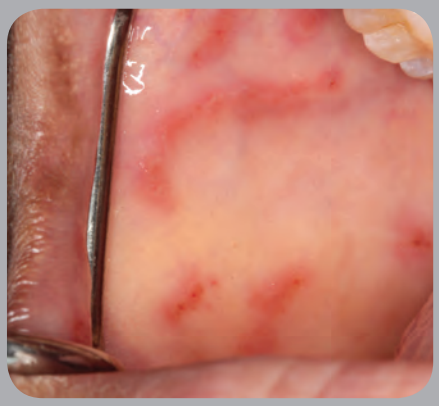


A 54-year-old male presented with painful lesions throughout the mouth. They had been present for a long time but have been increasing in severity.

CASE FIVE







The patient was at a recall examination and complained of slight burning when eating spicy foods.

PATHOLOGY PUZZLER - CONTINUED ON THE NEXT PAGE

< PATHOLOGY PUZZLER - CONTINUED FROM PREVIOUS PAGE

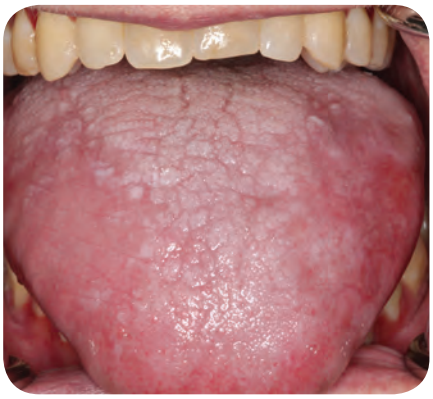
PATHOLOGY PUZZLER ANSWERS:

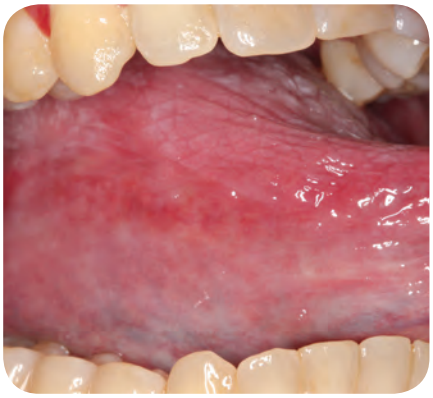
CASE ONE
Cotton roll burn! This dental student had a three-hour dental appointment and a cotton roll was removed without wetting it. It started to show discomfort when the anesthesia wore off and more discomfort the next day. This is a rare occurrence and was only the second time in the last 10 years that I have witnessed it.

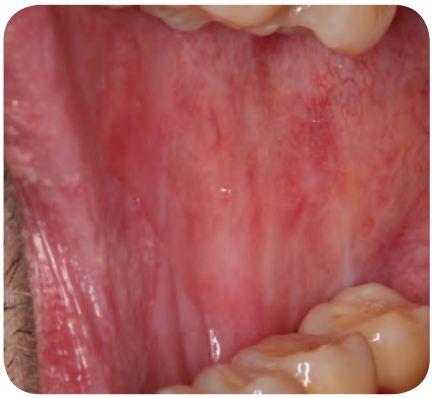
CASE TWO
Squamous cell carcinoma. This was a complete surprise. The early cancer was on the palatal gingiva. Cancer of this size does not typically present with pain, and gingival cancer is the most frequently missed oral cancer.

CASE THREE
Angioedema. This is the patient's appearance after two weeks of steroids.

CASE FOUR
Chronic ulcerative stomatitis. Notice in photos the lichenoid appearance of the tongue. This condition is considered to be a recalcitrant form of lichen planus and responds well to Plaquenil (Hydroxychloroquine). Photos below show the healing after one month of Plaquenil.







CASE FIVE
Erythema migrans (ectopic geographic tongue). Geographic tongue can occur throughout the mouth but typically will have tongue lesions. This case is a nice example of tongue and cheek lesions.

NEW YEAR'S RESOLUTION: **ATTEND A VDA EVENT!**

This year, set a resolution to get involved in organized dentistry. Attending an event, especially at the local level, is often the first step in making a difference in your profession.

Check our website, ***www.vadental.org/events***, for a list of upcoming events in your area and around the Commonwealth.

Attending an event helps you:

- Earn CE credits
- Build your referral network
- Troubleshoot practice management challenges with peers
- Share your big ideas or industry headaches and brainstorm ways you can change dentistry for the better
- Find mentees or become a mentor

Virginia Dental ASSOCIATION

STILL HAVE QUESTIONS?
WE HAVE THE ANSWERS. CONTACT:

Sarah Mattes Marshall, *Membership Advocate*
Call (804) 523.2189 or email *mattes@vadental.org*

PROJECT HOMELESS CONNECT

A RESOURCE FAIR FOR HOMELESS IN RICHMOND

Michael Rogers; Homeward, Community Engagement Manager

Project Homeless Connect (PHC) is a one-day resource fair for people experiencing homelessness or a housing crisis in the Richmond region. The services at the event are at no cost to the client-guests.

This year's event hosted over 50 services providers including Virginia Dental Association Foundation (VDAF), Missions of Mercy (MOM), and VCU School of Dentistry and Dental Hygiene. The collaborative effort of the event succeeded in connecting over 600 client-guests with hundreds of collective services. The dental team contributed dozens of extractions, oral exams, cleanings, and x-rays.

In addition to dental services, clients also connected to Medicaid applications, housing searches, an on-site resume clinic, IDs, and additional employment services. While to purpose of the event is to connect people experiencing homelessness with the resources they need to overcome their crisis, it is also an opportunity for our community to "connect" in order to help solve a difficult problem.

A common response from our volunteers and service providers is that they appreciated the opportunity to connect with their neighbors in crisis and to hear their life stories and experiences. Some of the stories shared were shaped by grief, loss, or addiction. Still many PHC volunteers and service providers mentioned how they were surprised by the resiliency expressed and sense of community experienced by people who were facing hardships that many people would find unbearable.

The theme that we have heard the most from the conversations had during Project Homeless Connect 2018 is one that has become a common refrain in our community events: the volunteers and providers were moved by how the stories they heard from their neighbors experiencing homelessness were not unfamiliar or foreign to them. Many of the client-guests had lived lives just like the people working with them, but when trauma, loss, mistakes, or an unexpected expense came their way, they lacked the safety net of family, community, or access to resources to help them pull through a difficult season and as a result, they found themselves in an emergency shelter or living on the street. Hearing from our neighbors in crisis helps us to understand what we can do to help as a community.

At Homeward, our goal is to continue to reduce the extent of this crisis and the length of time people remain homeless. We know that having a place to call home makes it more likely that people can seek employment, get medical treatment, work to address their addiction, or simply provide better support for their children. Project Homeless Connect exits to provide these types of services to people so that they can focus on finding safe and stable housing.

We are grateful for our partners like VDAF, MOM, and VCU for supporting the guests of PHC 2018. We look forward to continuing our partnership in the future.

Editor's Note: Homeward is the planning and support agency for homeless services in greater Richmond. Their mission is to prevent, reduce, and end homelessness by facilitating creative solutions through the collaboration, coordination, and cooperation of regional resources and services.

MR. JONES SMILES BACK

Jennifer Brown; John Randolph Foundation

Laughter drifts out the front of the dental office as I step inside. Rounding the corner, I can see the source of all the hilarity, Reginald C. Jones, seated in the dental chair. He's smiling ear-to-ear though he's missing several bottom teeth. It's his second appointment to have dentures fitted, the last time he had some placed on his top jaw.

This appointment has really been about 40 years in the making because it was then that Mr. Jones put gold fronts on his teeth. Now, at 67, the decay spreading underneath meant they had to be removed. With a bewildered look, Mr. Jones blurts out, "There was no way I could afford it all!"

He does a few odd jobs for people with his truck while volunteering to bring food from the food pantries to people who can't leave their home. But that couldn't begin to cover the cost of his dental needs.

One day, Mr. Jones read an article about Virginia Dental Association Foundation (VDAF). He contacted them and was given a case manager, Barbara Rollins. She sent him the application and worked with him to get all the documentation together.

"When she first said hello on the phone, I could just feel the love through the phone, and she's just a wonderful person," Mr. Jones remembers. Then Barbara chimes in, "First of all, it's been a pure pleasure. When he calls I can just hold the phone up, and we all hear him. He's the most upbeat person to get a call from, and he really brightens our day."

With the support of John Randolph Foundation, VDAF connected Mr. Jones with. Dr. Thomas Schleicher, DDS. They were able to remove the gold, clean out all the decay, and replace his teeth with partial, porcelain dentures.

Left to right: Barbara Rollins with VDAF, Dr. Thomas Schleicher, patient Reggie Jones, and Dental Assistant Miranda Craft.

"These are my people!" Mr. Jones says with a smile, "I love everybody at this office. It's strange, I'm always bringing sweets into a dental office, but that's what I do. I don't have much so I give 'em what I can."

Moving down the hallway, I walk into a back room of Dr. Schleicher's office and watch two dental assistants put a small porcelain block into a cylindrical machine. The machine lets out an electronic hum and goes to work cutting a denture, perfectly sized, for Mr. Jones.

This is one of my favorite things about Virginia Dental Association Foundation, they are getting their beneficiaries really excellent care. They go above and beyond to make sure the patients are truly healthy, which means they can go on to serve and better their communities for years to come.

Kevin Foster, JRF Director of Programs adds, "I am just amazed at Mr. Jones' service to his community. Keeping him healthy and active means he can help more people through his own "giving back". He amplifies the impact of our grant. It's a win-win for the Foundation."

Editor's Note: This article was reprinted with permission from the John Randolph Foundation. The original article can be found at: **https://bit.ly/2CFedgm**

2019 VIRGINIA MEETING

Virginia Dental ASSOCIATION

SAVE THE DATE







SEPTEMBER 25-29

Richmond Marriott Downtown

MEETING AGENDA

Thursday, September 26

CONTINUING EDUCATION COURSES*

Dr. Mike Dorociak: Restorative
Dr. Sarah Glass: Oral Pathology
Ms. Leslie Canham: OSHA and HIPAA
Dr. Chris Richardson: Periodontics
Dr. Sorin Uram-Tuculescu: Prosthodontics
CPR

SOCIAL EVENTS

Pierre Fauchard Breakfast
VDA's Annual Golf Tournament: 10:00 a.m.
Exhibit Hall Open: 4:00 p.m. – 6:00 p.m.
Ping Pong Tournament
ACD Dinner

Friday, September 27

CONTINUING EDUCATION COURSES*

Dr. John Svirsky: Oral Pathology
Dr. Sonali Rathore: Oral and Maxillofacial Radiology
Dr. Greg Psaltis: Pediatrics; Internet and Dentistry
Dr. Tom McDonald: Restorative
Mr. Brad Kucharo: Financial Independence
Ms. Wendi Briggs: Hygiene
Mr. Mitchell Gardiner: Medical Consent
Dr. Dean DeLuke: Medical Emergencies
Dr. Bruce DeGinder & Mr. Lucian Sarega: Travel
Bank of America Practice Solutions

SOCIAL EVENTS

AGD Breakfast
Exhibit Hall Open: 10:00 a.m. – 5:00 p.m.
VDA Fellows Lunch
16th District Meeting
VDA New Dentist & Dental Student Reception
VDA President's Party

HOUSE OF DELEGATES & REFERENCE COMMITTEES

Saturday, September 28

CONTINUING EDUCATION COURSES*

Ms. Annette Giles: CDT Codes
Dr. Sonali Rathore: Oral and Maxillofacial Radiology
Mr. Andrew Miller: Online Presence
Mr. Mitchell Gardiner: Medical Consent
Dr. John Svirsky: Oral Pathology
Dr. Bruce DeGinder & Mr. Lucian Sarega: Travel
Mrs. Mary Ellen Psaltis: Overall Health and Nutrition
Dr. Sarah Glass: Oral Pathology
Dr. Omar Abubaker: Opioids
ACLS

SOCIAL EVENTS

ICD Breakfast
Component Leadership Meeting
VDA Foundation Annual Celebration

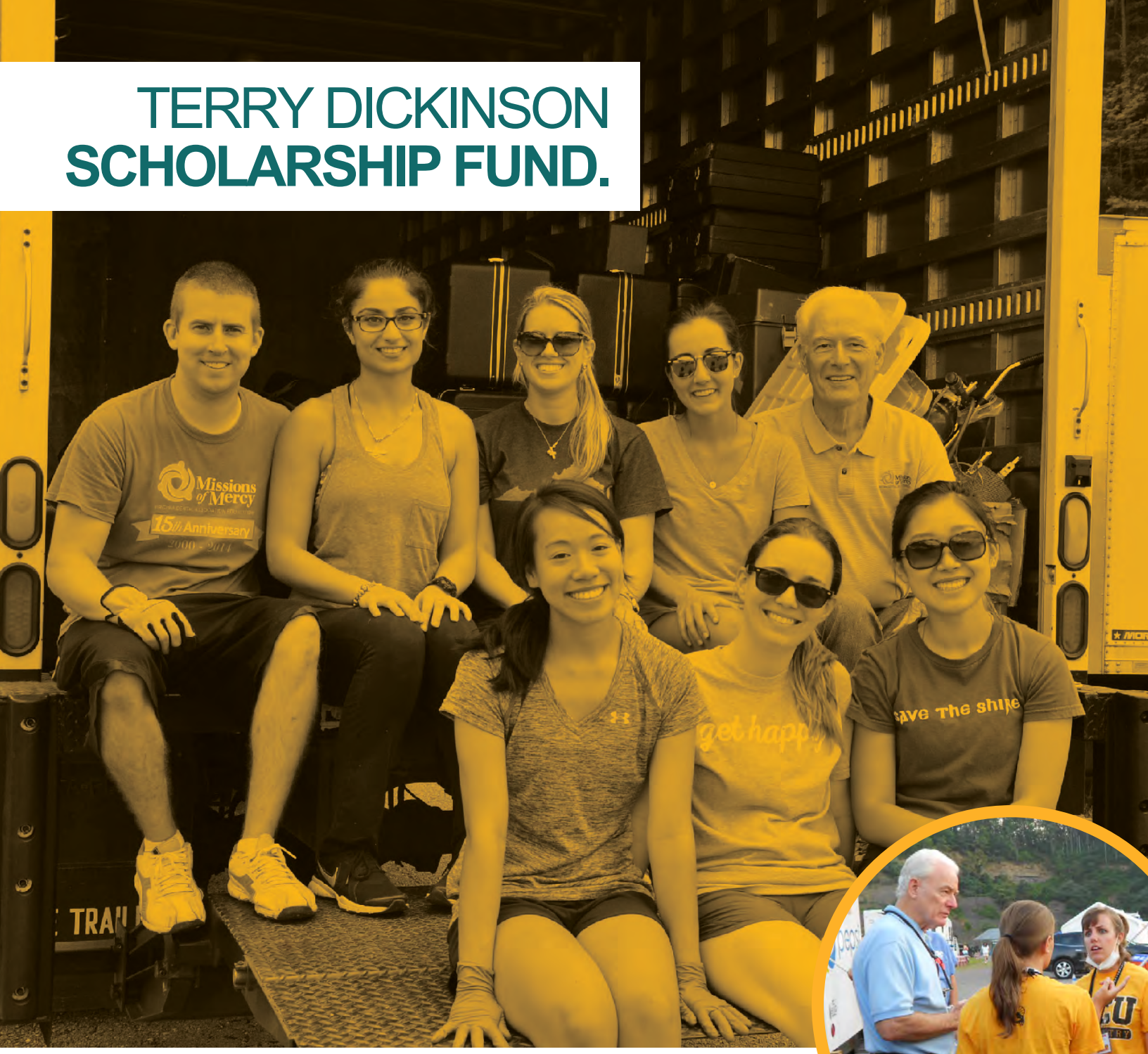
Sunday, September 29

ANNUAL BUSINESS MEETING

HOUSE OF DELEGATES

*** SPEAKER SCHEDULE SUBJECT TO CHANGE**

TERRY DICKINSON
SCHOLARSHIP FUND.



Celebrate Dr. Terry Dickinson's career by recognizing fourth year dental students who exemplify community outreach.

Make a donation to the **Terry Dickinson Scholarship Fund.**
https://www.vdaf.org/donors

VDA **Foundation**
VIRGINIA DENTAL ASSOCIATION

AN INTERVIEW WITH DR. TERRY DICKINSON

HUMANITY...
IN THE END THAT'S ALL WE HAVE

SINCE YOU ARRIVED IN VIRGINIA, HOW HAS DENTISTRY (AND THE VDA) CHANGED?

I think overall the one major change that I have observed is that our care to our patients has been turned into products instead of services. There's the do-it-yourself dentistry, commoditization and websites where people are looking for something based on cost and not on quality. Insurance companies tried to look at quality. Insurance companies are now rating you with stars, trying to drive clients into particular offices, and this is based on fee schedules and reimbursements. They had no data to back up those star ratings. We are going to see in the future third party plans using data to drive outcomes and values. Texas is now the first state where they are looking into care based not on procedures, but outcomes. Now I hear that, in the Pacific Northwest, Oregon and Washington are beginning to do the same through Kaiser Permanente. I suspect we are going to see that more and more; reimbursement based on outcomes 'values' and not so much on procedures. Medicine has been trying to do this, but has not been very successful. The difficulty comes in how do you measure the role behavior plays in outcomes? DentaQuest has recently set up an arrangement with one of the two largest Medicaid providers in Texas, a 12-office group, built around this premise. They are trying to design outcomes-based treatment to figure out if what they are doing is reducing caries and getting periodontal disease under control. I suspect we will see more experiments like this in the future.

WHAT HAS BEEN THE GREATEST SATISFACTION TO YOU WHILE SERVING AS EXECUTIVE DIRECTOR?

Seeing recent dental school graduates from 1999 forward, now in practice 15-18 years. It's exciting for me to see them going out and becoming leaders. One thing that has brought the most satisfaction to me has been being in situations where I can interact with these students. These are the ones that are going to represent the future (of our profession). These young leaders create a sense of optimism that brings me a great deal of satisfaction. Of course, I am immensely proud of what we have accomplished through the MOM Project. It's been amazing to see these young dental students who were intimately involved in the MOM Project via being student coordinators, come back after graduating and serving once again. I suspect they will continue to make a difference in the lives of those who struggle each and every day.

IF YOU COULD HAVE DONE ANYTHING DIFFERENTLY, WHAT WOULD IT BE?

Probably understanding better the changes and challenges new members are facing. Years ago it was expected that a high percentage (of dentists) would join, but that isn't the case anymore. Changes inside and outside the profession have created challenges, and I wish we could have understood the dynamics earlier. The rapidity of change caught me by surprise; it occurred more rapidly than I expected. I do think we have adjusted to the new trends that we are now seeing and will be better prepared as we move forward into the future.

IF YOU COULD MAKE ONE CHANGE TO ORGANIZED DENTISTRY WHAT WOULD IT BE?

Getting all our members, leaders, all of us, to look outside the mouth and see what's going on around us. We have been remiss to not see the dynamic changes, and our leaders need to be prepared for that change. We need to look at the data and be prepared for the challenges that we will surely face in the uncertain future.

WHAT DO YOU SEE AS THE VDA'S GREATEST STRENGTH? ITS GREATEST WEAKNESS?

Today I had a meeting with our greatest strength, our staff. Some have worked here as long as 20 years. The staff has helped make me who I am. They are self-guided and target focused on our mission- to serve our members and be the place they come for support and help. They are the greatest team I've ever worked with. They are the center of what goes on in the VDA and the state.

One weakness of the VDA and other associations is the feeling that things are going to stay the same. We must prepare ourselves for change, and how it will affect us.

HAVE THERE BEEN PLEASANT SURPRISES IN THE LAST NINETEEN YEARS? CONVERSELY, HAS THERE BEEN DISAPPOINTMENT?

It's been a pleasant surprise to see the strength of the leadership we have. I've worked with 20 VDA presidents during my time, and I've learned something from each one. It's a big commitment (from them) as we ask them to give their time, energy, and commitment from the time they have been elected president-elect to their time serving as president. I'm fortunate to have served under an impressive group of leaders.
As for disappointment, I take it on myself for not always being able to recognize, what constitutes value. This is the key to recruiting and retaining members. How do we find it? We do so many things (here) that constitute value, but there is always something missing. Value means different things to different people. How do we package it such a way so that they'll say, "That's why I write the check!"?

WHEN YOU LEFT TEXAS TO COME TO VIRGINIA (IN 1999) WHAT WERE YOU EXPECTING TO FIND?

I didn't know what to expect. I'd been in private practice for 30 years. I had a staff then that was bigger than the VDA staff is now. I hadn't been in the association business before I transitioned to the VDA but had done a lot of volunteer work with the TDA and the ADA- but really, nothing prepared me for this new position. The VDA had similar structures to how the TDA operated in Texas. Coming from something you knew well to something you weren't very knowledgeable about was very disconcerting. Bill Zepp spent three or four days 'preparing' me for this job. Then I spent the next few days and weeks waiting for something to happen. I knew I wanted to have a greater impact on the profession. I thought being an Executive Director would allow me to be able to do that. Charlie Cuttino and Bud Zimmer were just two of the people who went out of their way to help me. They were very generous with their time, and they wanted very much for me to be successful. I hope they feel that their efforts were worth their time!

YOU'VE WORKED WITH COUNTLESS VOLUNTEERS. WHAT MAKES A DENTIST A GOOD LEADER?

What is leadership? You hear lots of adjectives: compassionate, caring, courageous, bold. All of these are descriptive adjectives. That's part of it. But the best leaders are more than that. My dental hero is (Dr.) Art Dugoni, former dean of the University of the Pacific dental school. He was always curious and willing to take a risk about what was going on. He shared his vulnerability as an individual and as a person, and he shared the positive and the negative of his life. What that does to you means we have to share our humanity – in the end, that's all we have. It creates a sense of trust. If the leader of a team is not vulnerable, then you won't create a sense of trust. That's where the magic happens. It creates a group that feels safe, and creates the magic inside. If the leader is not trustworthy, you'll never have the magic happen.

YOU TRANSITIONED FROM A FULL-TIME PRIVATE PRACTICE TO A LARGE DENTAL ASSOCIATION. HOW HAS THIS CHANGED YOUR PERCEPTION OF THE DENTAL PROFESSION?

I used to have tunnel vision. I had tunnel vision no different than anybody else. I was interested in placing the best composite, the best porcelain. I had no realization of the effect people outside the profession were having on professional rules and regulation. If you lift your head up and ask, "What is it that is creating more stress?" It's commoditization; bidding on a website for the price of dental care; do-it-yourself dentistry. Bleaching was the first do-it-yourself dentistry. Then we started doing other things, such as taking a picture of teeth so you can get referred to a dentist. As a profession, we are expected to be ethical practitioners. These (new) companies are created by entrepreneurial young people, and funded by venture capital. Millennials are brought up in the world of the i-Phone, Amazon, and price comparisons online. Services are now viewed as a product. Does that mean the future is bleak? No, it's a message we should paying attention to what is going on around us.

WHAT WOULD YOU LIKE TO BE DOING FIVE YEARS FROM NOW?

Well, of course, having more family time is important. I don't know how involved I will be with organized dentistry. I will continue to be involved with the leadership program I am building. I hope the program becomes recognized across the country. And I plan to have more time for the grandkids as they grow – if you don't spend time with them now, they will grow up before you know it. Time, and how you use it, has become the most precious commodity and I intend to use it wisely. And lastly, looking back on almost 20 years of memories with the VDA…..

TO MY AMAZING FRIENDS

I'M ETERNALLY GRATEFUL

Dr. Terry Dickinson, VDA Executive Director (1999-2018)

Having been asked to write a 'final' letter to the VDA membership, I find myself at another transformational point in my life. After nineteen and one-half years of serving as your executive director, trying to put into words all the feelings I am having seems an insurmountable task. In addition, how do you condense all those special moments in your life onto this single piece of paper?

Some history first- what started out as a 5-year journey of self-exploration, led me to Richmond in July of 1999. I still remember the call I received from Charlie Cuttino that June evening of 1999. "The VDA would like to offer you the job of being our next executive director". Never expecting to be chosen because there were only 2 dentists at that time as executive directors of state dental associations, I sure had a big 'gulp' moment. I thought I was prepared to transition out of clinical practice, but when it came time for it to happen, all of a sudden, doubts came rushing back. Why would you want to leave a successful practice in Houston, Texas and move to somewhere you had no roots or friends. I would be giving up all that I knew and was used to, the predictability, the success, the beautiful home and all our friends in Texas. I am sure my friends thought it was just a temporary loss of sanity and all would quickly return to normal. Here, in front of me, was one of those defining moments in life- here was the step to take or not take into the unknown. At that point, I decided I didn't want to look back at that moment and say 'I wish I had taken that fork in the road'.

Thankfully, for me, I chose to take the step that brought me to the VDA! I still remember that first week on the job at the old office on Monument Avenue. I was sitting there thinking 'what am I supposed to be doing?' I think I was waiting for my patient to show up! Well, thanks to many people who believed in me, I stopped looking.

I have learned so much about association management and leadership through these 19+ years from so many in the VDA. I am in debt to all of you who believed in me and gave me your guidance and counsel. I can't imagine the comfort I currently have in this position if I hadn't had each of you to support and guide me. At times, I am sure your patience was tested. But, you were always there to point the way. You have so much to be proud of in your leadership and in those who serve this association each day. And, I can't say enough about the VDA staff- they simply are amazing! I have never seen a staff that better represents you in everything they do. They consistently give so much of their time and energy to represent you in this great profession. I know that they, and our members, each believe, that without each other, we simply would have no association or profession that we could be proud of. The values that bind us together as a profession will always direct our course as we traverse the seas of change and unpredictability. The challenges that lie ahead for this association and this profession will not be easy, but I know they will be addressed with the same consistency of leadership and steady course of this great association.

And finally, I have had no greater honor and privilege than what you have given me by allowing me to serve as your executive director. For that, I am eternally grateful.

Sine die…

Terry

A FAREWELL

COMMONWEALTH of VIRGINIA

Office of the Governor

Ralph S. Northam
Governor

August 1, 2018

To: Members of the dental profession in Virginia

RE: The retirement of Dr. Terry Dickinson

Dear Friends:

I would like to extend my sincere congratulations and best wishes to Dr. Terry Dickinson on his retirement as Executive Director of the Virginia Dental Association. His tenure, which spanned nineteen years, has been marked by dedicated service to the dental profession and the citizens of Virginia. His efforts led to the creation of Missions of Mercy, which this year celebrates its 100th event. MOM Projects have brought much-needed dental care to underserved Virginians, and the concept has now spread to 38 states. Also, he was instrumental in the founding of Smiles for Children, Virginia's dental Medicaid program, which has become a model for other states seeking to expand both the number of providers participating and the number of children receiving treatment.

Dr. Dickinson has been the recipient of many awards, which include the 2007 Shils Award from the Dr. Edward B. Shils Entrepreneurial Education Fund, the 2008 Rural Health Practitioner of the Year, the 2009 Distinguished Service Award from the National Governor's Association, the 2010 Humanitarian Award from the American Dental Association, and the 2016 Humanitarian Award from International College of Dentists – USA Section.

Dr. Dickinson's tenure has not only brought great respect and credibility to the dental profession in Virginia and the nation, but also has instilled in a generation of dentists and dental students an ethic of public service that will accompany them for their entire career. I thank Dr. Dickinson for his remarkable service, and I wish him continued success in his future endeavors.

Sincerely,

Ralph S. Northam

Patrick Henry Building • 1111 East Broad Street • Richmond, Virginia 23219
(804) 786-2211 • TTY (800) 828-1120
www.governor.virginia.gov

MARK R. WARNER
VIRGINIA

A FAREWELL

UNITED STATES SENATOR
WASHINGTON, D.C.

November 1, 2018

Dr. Terry Dickinson
Executive Director
Virginia Dental Association
3460 Mayland Court, Suite 110
Richmond, VA 23233-1454

Dear Terry,

I am pleased to extend my warmest greetings on the occasion of your retirement from the Virginia Dental Association.

Your service as the executive director of the Virginia Dental Association reflects your hard work and commitment. In this role and by establishing the Mission of Mercy, you have greatly improved access to dental care for uninsured and under-insured Virginians. Oral health is such an important factor in overall health; your efforts have improved so many lives. I join your friends and colleagues in paying tribute to you for your twenty years leading the Virginia Dental Association.

I know that you will have many fond recollections of the friendships that you have developed over your career. May these friendships and the experiences you have gained over time serve you well as you embark on new and exciting challenges. On this important occasion, I am very pleased to join with your family, friends, and colleagues in wishing you the very best for a fulfilling and successful retirement.

Sincerely,

Mark R Warner

MARK R. WARNER
United States Senator

A FAREWELL

COMMONWEALTH OF VIRGINIA
HOUSE OF DELEGATES
RICHMOND

M. KIRKLAND "KIRK" COX
SPEAKER

SPEAKER'S ROOM
STATE CAPITOL
POST OFFICE BOX 406
RICHMOND, VIRGINIA 23218

SIXTY-SIXTH DISTRICT

COMMITTEE ASSIGNMENTS:
RULES (CHAIRMAN)

October 2018

Dr. Terry Dickinson
Executive Director
Virginia Dental Association

Dear Dr. Dickinson,

Congratulations on your retirement from the Virginia Dental Association after 20 years of service to your field and colleagues across our Commonwealth. I thank you for your dedication to dentists and your patients.

A smile is an intimate part of one's identity. Having a good, healthy smile makes people feel confident. Your work not only as a longtime dentist, but as founder of Missions of Mercy, has impacted countless Virginians and their smiles. Your work allows many to smile with confidence, and I imagine their stories could fill an entire book.

As Executive Director of the Virginia Dental Association, you have relentlessly advocated on behalf of dentists, bringing their concerns to the General Assembly. Under your leadership, the VDA is well respected by legislators from both parties. While you leave big shoes to fill, I know the VDA will continue to thrive and be an effective voice for dentists because of the foundation you leave behind.

Again, congratulations on your retirement from the Virginia Dental Association after 20 years. I thank you for your hard work on behalf of your profession and your determination to make Virginia a better place to live, work, and raise a family.

Sincerely,

Kirk Cox

PHONE: (804) 698-1066 • E-MAIL: DELKCOX@HOUSE.VIRGINIA.GOV

A FAREWELL

Tim Kaine
United States Senator

Virginia

September 7, 2018

Dear Friends and Member of the Virginia Dental Community,

It gives me great pleasure to congratulate Dr. Terry Dickinson on his retirement as Executive Director of the Virginia Dental Association. His invaluable and distinguished work has made him a leader in the dental field in the Commonwealth and his presence in the community will be missed.

I am fortunate enough to have been able to meet with Dr. Dickinson throughout my years in the Senate. I have also had the privilege to see his important work with Mission of Mercy firsthand in Wise County. His Mission of Mercy programs have provided critical dental care to Virginians who previously did not have access to it. These programs, and Dr. Dickinson's commitment to public service, have inspired dentists throughout the Commonwealth and the rest of the nation. I know that his impact will continue to be felt long after his retirement.

Dr. Dickinson's distinction is also shown through his many accolades. These include the 2009 Distinguished Service Award from the National Governor's Association, the 2010 Humanitarian Award from the American Dental Association, and the 2016 Humanitarian Award from the USA Section of the International College of Dentists.

On behalf of the people of Virginia, I would like to thank Dr. Dickinson for many years of work and leadership in the dental field. I wish him all the best as he heads into a well-earned retirement.

Sincerely,

Tim Kaine

ATTRACTING MILLENNIALS

WHAT THEY REALLY CARE ABOUT WHEN IT COMES TO SELECTING A DENTAL PROVIDER

Kelsey Leavey

According to the American Dental Association, less than 30 percent of adults age 19-34 visited a dentist in the last 12 months. There is a huge opportunity to capture the millennial market and turn them into regular patients. However, reaching this market and differentiating your practice from others can be a challenge, especially if you have limited time and resources.

I, like most patients in this target audience, have become increasingly accustomed to "researching" medical/dental providers before contacting the practice to schedule an appointment. Access to the internet has given patients more information than ever to consider their options, allowing them to make more informed decisions about dental care.

As a millennial that regularly visits the dentist, I recently found myself searching for a new dentist after my doctor of 27 years retired. On my journey to find a new dentist I talked to other millennials about what they looked for when finding a new provider and came across a few commonalities.

WORD OF MOUTH AND REVIEWS

Not unlike other generations, millennials trust the recommendations of peers and colleagues when they're searching for a new dentist. While you cannot control what your existing patients say about you, you can control the experience they have with your practice.

This experience starts even before a patient walks through the door. From how you handle appointment scheduling to appointment reminders, offering a variety of communication channels (giving options like phone call, email or text) is what patients have come to expect.

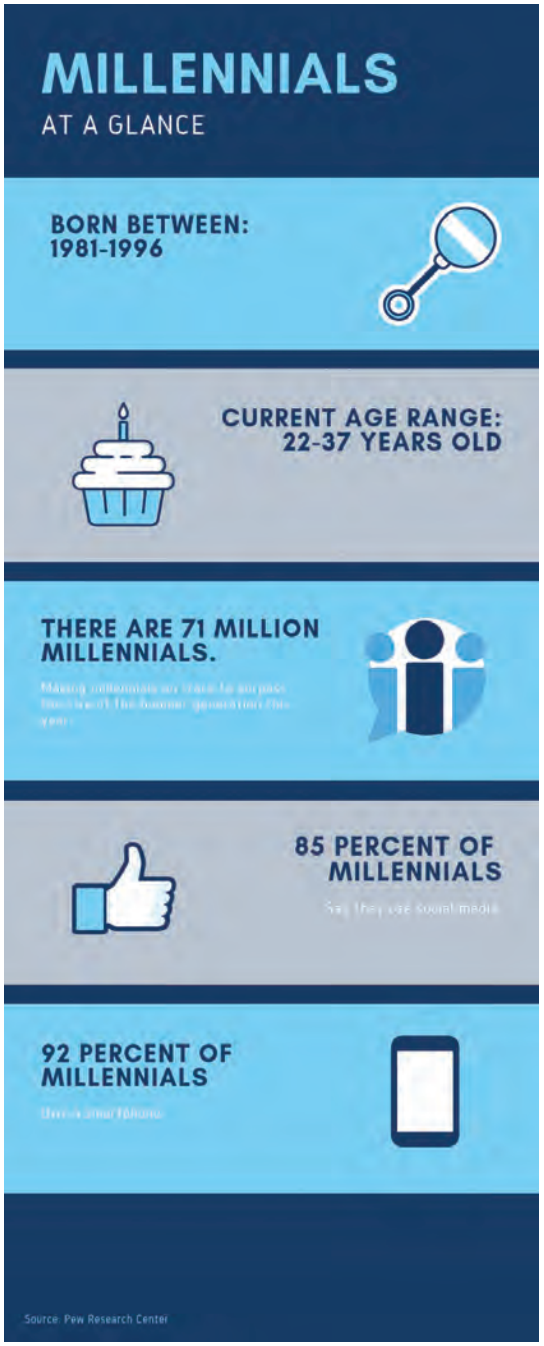
Once patients are in the office, your practice will have to determine what sets it apart. Do you offer amenities like heated blankets, the latest technology and tools, or an office comfort dog? Is your priority offering an unparalleled customer service experience? Is your staff encouraged to build relationships with patients? Define what's important to your practice and take the necessary steps to create your unique patient experience.

All of these interactions with your practice will impact how existing patients talk about you should they be asked by a friend, colleague or family member if they recommend their dentist or not. Making current patients advocates for your practice can have a major impact on referrals.

Millennials may also ask for recommendations online, using the Facebook recommendation feature — reaching wider into their network of connections in their search for a dentist. And beyond asking for recommendations, this demographic may further their word of mouth research by reading online reviews about your practice. Be in the know about what your patients are saying about your practice and take the necessary steps to course correct where it's needed.

COMMUNITY INVOLVEMENT

Your practice's community involvement likely isn't going to be the only thing that attracts a new millennial patient, but it could be something that sets you apart, all other things being equal. If your practice is being intentional about giving back to the community through volunteering or giving monetarily make sure you're sharing that information on



social media, on your website and with patients when they come in for a visit. Finding a cause that aligns with your practice's values and sharing that commitment to the cause on your social channels and website can differentiate you from other practices.

THINK MOBILE FIRST

For good or for bad, the millennial generation has the ability and desire to find the information they need, at a moments notice — and that often means seeking out information on their smartphone, rather than using a laptop or desktop computer.

One way to ensure you don't turn off this generation of on the go information seekers is to make sure your website is at the very least mobile-friendly. And if redesigning your practice's website is on the table for 2019, ask your web developer about using responsive design.

TRANSPARENCY

Questions about insurance and the cost of care at your practice can all factor into a patient's selection process. The catch here is that millennials don't want to pick up the phone to find out what insurance your practice accepts.

Consider sharing information about accepted insurance plans and policies around cost of care on your website. If your practice offers payment plans or a variety of payment options make that clear on your website too.

Include information on your website about direct contact information for support staff that can answer billing questions either by phone or by email.

LOCATION

According to the American Dental Association, 22 percent of Virginians cited inconvenient location or time as a reason for not visiting the dentist more frequently. And while moving your practice to attract new patients certainly isn't feasible, taking advantage of local based marketing can help make your practice more visible to prospective patients searching online for information about dental practices.

One simple local marketing tactic to keep your practice on the radar of those who live or work near your practice is creating and maintaining your Google My Business listing. At the very least keep the information on your listing like your phone number, address, website and practice hours up to date.

As you kick off the new year, make it your resolution to consider how marketing to millennials will fit into your marketing strategy for the year.

Editor's Note: Kelsey Leavey is a public relations and social media specialist at The Hodges Partnership. She works with clients to tell their stories through traditional and digital media. She can be contacted at **kleavey@hodgespart.com**.

DID YOU KNOW?

A SERIES FROM THE VIRGINIA BOARD OF DENTISTRY

COMPLYING WITH INVESTIGATION OR INSPECTION

Did you know that it is unprofessional practice for a dentist to commit any act that violates provisions of the Code that reasonably relate to the practice of dentistry, including but not limited to failing to cooperate with an employee of the Department of Health Professions in the conduct of an investigation or inspection? **§ 54.1-111.A(7) of the Code of Virginia and 18VAC60-21-70.A(5) of the Regulations Governing the Practice of Dentistry.**

RECORDS

Did you know that medical records maintained by any health care provider as defined in § 32.1-127.1:03 of the Code of Virginia shall be the property of such health care provider or, in the case of a health care provider employed by another health care provider, the property of the employer? And that such health care provider shall release copies of any such medical records in compliance with § 32.1-127.1:03 or § 8.01-413 of the Code, if the request is made for purposes of litigation, or as otherwise provided by state or federal law? **§ 54.1-2403.3 of the Code of Virginia.**

LICENSE RENEWAL

Did you know that the license or permit of any person who does not return the completed renewal form and fees by the deadline shall automatically expire and become invalid, and his practice of dentistry shall be illegal and may subject the licensee to disciplinary action by the Board? **18VAC60-21-240.A of the Regulations Governing the Practice of Dentistry.**

POTENTIAL IMPACT OF SEQUENCE OF RETURNS RISK

Bobby Moyer, CFA; Director of Research/Senior Portfolio Manager, ACG Financial

For many dentists nearing retirement, investing has been a helpful way to build wealth and create a cushion for financial security. After a long career, your financial goals may take different shapes – perhaps you'd like to relax and spend time with family or you may be interested in maintaining an active lifestyle, possibly even continuing to work in some capacity. Some dentists would like to ensure there's something left behind for their loved ones while also achieving their desired lifestyle in retirement. Whatever your goals, you deserve to pursue them on your own terms. After all, you've worked your entire career to achieve some of these goals. You've earned it.

But, to live the lifestyle you imagine, you can't stop planning after building your wealth. As you get closer to retirement, you begin to think more about taking money from your investment portfolio, what we refer to as the distribution phase. As you focus more and more on your strategy for creating portfolio distributions during your retirement years, thoughts about how to be sure you have enough money are top of mind. Next, you start to consider all the different factors that help determine if you'll have enough money in retirement like your budget, expenses and sources of retirement income other than your investment portfolio, such as Social Security and possibly a pension plan.

Based on these factors, you may determine that you need to withdraw a certain amount of money from your portfolio each month to meet your living expenses, during retirement. Or, you might decide to withdraw a certain percentage of your portfolio each year and adjust your expenses to this level of income. A general rule of thumb is that you can withdraw between four and five percent of your investment value annually and not run out of money, assuming the investment strategy is sound.

But there's another critical factor that many retirees neglect to consider when planning their distribution strategy: the potential impact of sequence of returns risk on their portfolio balance.

Sequence of Returns Risk

Sequence of returns risk is the risk that lower or negative returns will be experienced early during a portfolio's withdrawal period — or in other words, during the early years of retirement. When this happens, it can have a devastating effect on an individual's financial security during retirement. This happens because low or negative returns early in retirement reduce the portfolio balance upon which future returns are based.

Many people mistakenly look at average annual return over a period of years and assume that their portfolio will grow by this amount during this time. But this isn't necessarily the case while distributions are being made. Why? It's because the portfolio won't earn that average return every year. Some years it will earn more, while some years it will earn less. If it draws less during the early withdrawal years, this will negatively impact the portfolio over the long term.

Similar Retirees, Different Results

Consider Dr. John Gellert and Dr. Nancy Sloan. They are both ready to retire at 65 years of age. Each has a $1 million retirement portfolio invested in an index fund that tracks the S&P 500 and each plan to withdraw $50,000 per year to meet their expenses in retirement. Dr. Gellert retired in 2000, and between 2000 and 2016, his S&P 500 indexed portfolio earned an average annual return of 4.51 percent. At the end of 2016, his portfolio value had fallen to $311,384. Now let's reverse the sequence of returns by assuming that Dr. Sloan retires in 2016 and look at returns going backward to the year 2000. After the same 17-year timeframe and the same 4.51 percent averaged annualized return, Dr. Sloan's portfolio value would rise to $1,132,866.

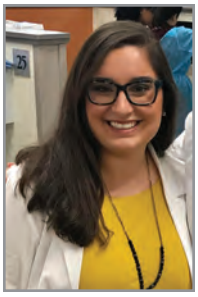
How is This Possible?

How could this happen when both Dr. Gellert and Dr. Sloan were invested in the same index fund, earning the same average return over the same period, and withdrew the same amount of money each year? It happened because the sequence of returns between 2000 and 2016 is vastly different from the sequence of returns between 2016 and 2000 (or in other words, going backward).

During the first three years, after Dr. Gellert retired in 2000, the S&P lost 9.10 percent, 11.89 percent and 22.10 percent. Along with his $50,000 annual withdrawals, this dropped his portfolio balance all the way down to $519,446 – just three years after his retirement his portfolio was worth nearly 50 percent less. It grew to $609.492 over the next five years but then plummeted to $352,492 after the financial crisis of 2008-2009.

Even though the S&P 500 has positive returns every year after this, including healthy double-digit returns during several years, the portfolio was never able to recover from heavy losses during the first three years after Dr. Gellert retired.

> RISK - CONTINUED ON PAGE 42



ETHICS:
TREATING PATIENTS WITH SPECIAL NEEDS

Blakely N. Pond; Class of 2020, VCU School of Dentistry

I recently attended a Richmond Dental Society meeting. The guest speakers, Dr. Al Stenger and Dr. Gregory Cole, spoke on “Legal, Ethical, and Technical Guidance for Treating Patients with Special Needs”. Their passion inspired me to help eliminate the access to care issue that many patients with special needs face. I want to share the same passion in hopes of inspiring others.

A special needs patient is any patient who may require special consideration when receiving dental treatment. This can be due to physical, mental, developmental, or cognitive conditions such as autism, Alzheimer’s disease, Down Syndrome, cerebral palsy, and more. Disabilities affect up to thirteen percent of the United States population. Some dentists may be under the assumption that these patients need to see a specialized provider or be referred for sedation or hospital dentistry. However, a study from Tufts University Medical and Dental schools showed that one third of these patients were able to receive dental treatment without advanced behavior management or behavioral assistance. (1) Hence, all dentists are capable of treating patients with special needs. Why then do so many of these patients and their families report being turned away from practices or having to drive miles past many dental offices before finding one that will offer care? According to Dr. Conway Upshur, Assistant Professor of General Practice at VCU, “Patients with needs that fall significantly outside of a dentist's normal schedule will always have difficulty finding a provider. People, particularly business/practice owners, prefer predictability in their day and in their bottom lines. If an office is not accustomed to accommodating patients with special needs, then seeing those patients will usually be avoided.”

Legally, patients with disabilities cannot be discriminated against. If you are accepting new patients in your office, then you should also be open to receiving new patients with disabilities. In order to allow for equal access care for disabled persons, a dentist should expect to care for one to two disabled patients each day. Disabled persons should be treated on the same basis as non-disabled persons. This applies to those procedures performed in the office, referred procedures, missed appointments, financial obligations, recommendations, and more. If you do not perform sedation or general anesthesia in your office, carefully evaluate if these services are actually needed for the care that will be provided. If true, it is acceptable to refer the patient to a dentist who can treat them appropriately. If there is someone in your community who markets his practice towards treating patients with disabilities, you should refer the patient there only after an in-depth discussion with the patient on why that practice may be a better fit. In addition, you should make it clear to the patient that you are willing to treat them so that the referral is not perceived as a refusal of treatment. Do not forget to document all information discussed with the patient.

The ADA Principles of Ethics and Code of Professional Conduct discusses that the practice of dentistry requires, “Qualities of honesty, compassion, kindness, integrity, fairness and charity…each dentist should share in providing advocacy to, and care of the underserved.” The principles of patient autonomy, non-maleficence, beneficence, justice, and veracity apply to special needs patients as much as any other patient that comes into the dental office. It is the dentist’s responsibility to let the patient and caregiver make educated decisions on care. It is the dentist’s responsibility to do no harm, to promote the patient’s welfare, to treat the patient with fairness, and to remain truthful in all things. Dentists not only can uphold these ethical principles through patient care but also through being a voice for the underserved. As dentists, we are able to advocate on behalf of these patients to make sure they are able to receive the care that is needed.

In 2017, the National Council on Disability began working to address the neglect of care for special needs patients. The council examined code of ethics, surveyed dental curriculum, explored the impact of Medicaid, and made recommendations to policymakers as well as the ADA. Dentists should support these efforts so that improvements can be made in education and coverage will allow more access to care for these individuals.

So what works when treating patients with special needs? A positive attitude, patience, creative thinking, encouragement, having the family/caregiver present, comfortable positioning for patient and provider, treatment aids, and when necessary, pharmacological restraint. A positive attitude and patience are a must when working these patients. In addition, with some creative thinking and encouragement the dental team can discover treatment options that are suitable. Having a family member or caregiver present may add stability and familiarity to the environment and can help with communication. Special needs patients may not have the ability to

> ETHICS - CONTINUED ON PAGE 42

< RISK - CONTINUED FROM PAGE 40

Cushioning the Blow
Now let's look at what happened to Dr. Sloan's portfolio. She didn't experience a negative return until the financial crisis, or eight years after she retired. During this time, her portfolio grew to $2,125,733. In other words, it more than doubled even though she was taking out $50,000 every year.

After the financial crisis, Dr. Sloan's portfolio dropped to $1,307.757. That's a big hit to be sure. But because the down year came after eight good years, Dr. Sloan's portfolio balance held up far better than the balance in Dr. Gellert's portfolio, which suffered three down years immediately after he retired.

Reducing Sequence of Returns Risk
Now that you understand sequence of returns risk, is there anything you can do to reduce it? While you can't predict what the markets will do after you retire, and you may not be able to control exactly when you retire, you can reduce your vulnerability to sequence or returns risk by reducing portfolio volatility. The best way to accomplish this is by devising an investing strategy tailored to your individual retirement income goals and needs.

To learn more about devising a portfolio distribution strategy during retirement, visit our website to download our eBook, Retirement Distribution Planning: A Guide to Making Your Income Last and save the date, Thursday, February 7 from 6-8pm to attend our exclusive VDA Member Dinner hosted by ACG, HIrschler Fleischer and Keiter. To reserve your seat, visit **http://pages.acgworldwide.com/vda-member-dentist-dinner-presentation-reservation**.

Editor's Note:
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< ETHICS - CONTINUED FROM PAGE 41

position themselves like other patients. A stable head position and finger rests are essential. It is almost a guarantee that there will be movement during treatment. Silver diamine fluoride, fluoride varnish, or a moisture-tolerant bioactive ionic restorative material may be ideal to use with these patients as compared to other dental materials. It is important to set goals, know the desired endpoint, and be able to define what success looks like. Success may look very different for special needs patients compared to other patients in your practice. Educating the patients and families on appropriate and attainable oral hygiene and home care is essential. Disease control and prevention is key. As a last resort, advanced behavior techniques such as sedation and general anesthesia may be required. Keep in mind the risks that are involved with these techniques. Not only is there significant cost but there also can be cognitive decline after surgery for elderly individuals with previous cognitive impairment. (2, 3)

How can change begin with you? Step out of your comfort zone and say "Yes" to treating these patients. Seek training and experience for staff and yourself. Dr. Upshur commented, "A front office may be unfamiliar with the benefits that many patients with special needs use, the dentist and staff may feel awkward around patients whose needs, behavior, etc. are unfamiliar…a comprehensive, practice-oriented CE course could alleviate a lot of this uncertainty for those interested. Having a specific time each week or month to accommodate patients with special needs may make the different routine more palatable." Secondly, provide support for other dentists and establish a known network of providers who are passionate about serving this population. Finally, do not forget the difference your voice can make in advocating for these patients to have access to care and appropriate coverage. As Dr. Upshur said, "Increasing the number of dentists, offices, and dental schools that will forego their usual routine and do something new will probably require organized dentistry to lead a cultural shift among dentists regarding their role in treating the underserved." You can make a difference in the lives of this underserved population. Step out of your comfort zone and say "Yes"!

Editor's Note: Ms. Pond would like to thank Dr. Al Stenger and Dr. Gregory Cole for sharing their presentation on "Legal, Ethical, and Technical Guidance for Treating Patients with Special Needs", and also Dr. Conway Upshur for his comments and advice.

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BOARD OF DENTISTRY

REPORT FROM DECEMBER 14, 2018 MEETING

Ursula Klostermyer, DDS, PhD

This was the last Board meeting of 2018.

- The meeting opened with the public comment made by an attorney from the American Association of Orthodontists, who shared patient complaints against the "Smile Direct Club". All presented patient cases had a non-successful "Smile Direct" orthodontic outcome; actually, the treatment had resulted in severe gum and bone loss. To protect the public health and safety, the Board was asked to stop the practices of the Smile Direct Club.
- Ms. Elaine Yeatts, Senior Policy Analyst for the Department of Health Professions, introduced the proposed legislation on administration of Schedule VI drugs by dental hygienists, which was recently approved by Gov. Northam's office.
- The adoption of final regulations for opioid prescriptions was approved.
- The adoption of proposed regulations for administration of sedation and anesthesia were approved. A point was made that dentists have to be available in the facilities – but not necessarily in the same room.
- A number of dental specialists were present at the meeting and waited for the decision of the Board. With two Board members in opposition, the Board approved the proposed regulations for use of dental specialties. During discussion, it was emphasized that these regulations mirror the language in the Code of Virginia. It was referred to pages 156-158 for both the amended regulations and current Code. Specialists should feel encouraged to have some creative ideas to get this problem solved and this should be presented to the Board in the future.
- The annual licensure renewal schedule was approved. To reduce administrative effort, the licensure renewal will, beginning in 2021, be connected with the birth month of the Dentist/Dental Hygienist/Dental Assistant II. On page 263 a list with the renewal proposal payments can be found. The CE credits, though, will renew with the calendar year. This Board of Medicine has used the same schedule for renewal and CE for many years.
- The adoption of proposed regulations for education and training of Dental Assistants II were approved
- Due to the approval of the NOIRA for required content of examination, it will run now as a "fast-track" action
- The action on petition for CE rulemaking from Dr. Ilchyshyn was denied. The dental CE credits are type I credits, while the medical CEs are divided up into Type I (approved CE courses) and Type II (personal chosen hours, such as teaching etc.) CE credits. The petitioner had sought the award of CE credits to licensees who supervise volunteers.
- The Board will work to revise the Guidance Documents indicated on the agenda as they have been or are in the process of amending regulations that would change the content in these guidelines. The topics are:
    - Practice of Dental Hygienists under remote supervision
    - Standards for Professional Conduct in the Practice of Dentistry
    - Policy on Recovery of Disciplinary Costs
    - Policy on Dental Clinical Examination Acceptable to the Board
    - These topics above are open for public comments.
- Regarding the A1C Diabetes Testing, Mr. Rutkowski (legal counsel and member of the Dental Board), read the definition of Dentistry and indicated that he did not believe that, based on the current definition, A1C diabetes testing would fall under the scope of practice. Some of the Board members disagreed since diabetes is associated with periodontal disease, which may affect the whole body. As no agreement could be found for a clear definition the Board decided to refer to the Legislative-Regulatory committee for further research and discussion.

Editor's Note: This information is presented for the benefit of our readers and is deemed reliable, but not guaranteed. All VDA members are advised to read and comprehend all Virginia Board of Dentistry policies and regulations.

HAS YOUR OFFICE BEEN HIJACKED?

James R. Schroeder, DDS, MS

Why would I title an article about your office being hijacked? My definition of "hijacked" is losing control of your intended direction due to a takeover by an internal or external party, often leaving you with a helpless feeling. Working within the dental industry for more 30 years has given me a unique perspective of working with students, young practitioners, and those going through the many transitions of a professional career and practice ownership. Every day, new players are influencing the delivery of dental healthcare. For those established practices, failure to recognize the new entities can have a significant impact on the health of your practice. The demanding nature of delivering patient care often leaves little time to step back and make an objective assessment of "where is my practice going?" Professionals in all stages in dentistry and medicine are experiencing enormous vulnerability. For most, healthcare professionals enter their field with a desire to help people and earn an above average income. Young professionals and seasoned doctors face the challenge of making decisions to develop both leadership and business platforms necessary to execute and enjoy the delivery of their professional skills. Without these, the professional is unknowingly hijacked!

A plethora of business and insurance entities are influencing the delivery of dental health care. At the same time, many solo and small groups are operating "business-as-usual". There is growing opinion supported by early evidence that the solo dentist business model will be replaced by large corporate structures or diversified business models. The ADA reported, in 1991, 67% of dentists chose the pathway of solo practice and in 2010, it was 59%. Certainly, some dentists graduate with natural abilities and skills to manage and lead a dental practice, in addition to providing patient care. These individuals will be attracted to the independence of business ownership. The *Journal of the American Dental Association* and other journals highlight the many factors influencing the choices of the more recent graduates.

Business models that provide leverage of the corporate purchasing power and other levels of expertise yet provide the independence of solo business ownership are developing in response to the larger corporate owned entities. While we transition from Baby Boomers (age 54-73) to Generation X (39-53) and now Millennials, each group brings different priorities to the decision-making process. Our profession is faced with people outside our profession developing different business models with the mind-set that there is profit to be made by designing a "better way" to deliver dental care than the cottage industry of the solo practitioner. How does that help a practitioner today prevent a hijack of his practice in a changing industry?

We cannot ignore the paradigm shift that is taking place all around us. A few takeaways for your consideration to strengthen your practice in today's culture are:

• Step back from "doing dentistry" and dedicate quality planning time for assessment of your P&L and operations of your business functions.

Use a trusted consultant or colleague and look at the factual trajectory/trend of your numbers. Careful assessment of your systems can reveal areas for improvement and growth. Be careful not to draw conclusions based on your feelings... just the facts! Interpretation of the trends comes after the assessment. Insurance programs must be reviewed with a careful understanding of what it means to sign on as a provider. Many practices have been hijacked due to the low reimbursements for services, forbidding upgrades in technology and retaining quality staff. The belief is that you must participate in all reimbursement plans, but...really? A large segment of the population still puts great value on customer service and quality

of care in a safe environment delivered by a qualified team. Exceptional quality and customer service requires leadership and an intentional plan. To compete in today's world of health care, it requires new and refined tools outside our dental skills, more so today than 20 years ago, such as system efficiencies and internal communication skills that educate your patients on the value of what you provide. The power of mass marketing and technology cannot be ignored in gaining an audience to attract new patients. At the same time, building internal strength by word-of-mouth remains a powerful force when developed. In many practices there is little effort on building internal referrals. We can learn from our corporate players as they drive their decisions from spread sheets using detailed tracking of revenue, expenditures, and marketing research along with the leverage of purchasing power. Operating a small business requires time, qualified counsel, and accountability to make the best decisions and stay on the cutting edge of exceptional quality and profitability. How do you eat an elephant? One piece at a time, not in-between patients, but with the use of dedicated planning time. Many times I encounter physicians and dentists who make decisions based on business beliefs from 10 years ago that may no longer be true. They'll say, "Don't bother me with the facts. I am going to believe what I want." Most doctors excelled in school by mastering a body of knowledge. Unfortunately, we often think that our professional mastery extends into other areas. We don't know what we don't know. This can be very risky! Don't be hijacked by an outdated or overloaded mind.

• The explosion of expectations and regulations of employees: "staff", "team members "or "HR" demands time and planning if we are to maximize our investment.

New business models take this responsibility from the dentist and manage with legal expertise not previously required. If you have 6 FTEs and 20 W-2s for 2018, something is wrong with your hiring process or your internal culture. Employees represent 25-30% of your line item expenses and can be your greatest asset. With an expenditure of 30% of your revenue we can no longer afford to not invest and develop our employees. As a leader this cannot be ignored. Your assessment, planning, and implementation of growth plans for each employee can yield a great return on your investment. This investment also creates a very loyal employee that impacts patient care. A small business owner must also be a developer of his people. Your view of an employee as an asset and not a liability is critical. As a business leader, this will greatly enhance your profitability and professional satisfaction of your practice. Caution: I often encounter offices where a well-intentioned doctor delegates many decisions to a staff member without clear direction, accountability, an development only to find out the individual has taken the office in a different direction than intended! Hijacked! The busy doctor didn't take the time to provide the leadership and accountability to keep the ship on its desired course. The uncomfortable feeling of addressing difficult staff issues further leads to going off your intentional course. In private coaching sessions, the doctor often confesses, "I've lost control of my practice."

My experience working within our industry indicates embezzlement is quite common in small dental and medical practices. Almost all doctors claim "not in my practice" when I raise this issue. It has become increasingly difficult to stay on top of the many management, regulatory, and leadership demands, in addition to being a provider of quality patient care. I admire our profession and those individuals wearing the many hats required to maintain a profitable and quality-centered practice. With the New Year underway, my encouragement to each of my colleagues is to schedule time for an assessment of your practice, followed by developing a vision with your team to address strategies for growth from your assessment.

I welcome a call, should you have questions. Each stage of our profession poses different opportunities and challenges. We have a great profession, but I have many young colleagues coming to me with a sense of being overwhelmed. I remind them if it were easy anyone could do it. With planning, good counsel, and reflective time to think, many "hijacks" can be prevented.

Editor's Note: Dr. Schroeder practiced dentistry in Richmond for over 30 years and is the founder of Leadership by Design, a practice consulting firm. If you have questions, or have an interest in implementing a change in your office, you can contact Dr Jim Schroeder at **jim@drjimschroeder.com**, (804) 897-5000 or by visiting the website **www.lbdtransitions.com**.

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CARITAS EVENT

PSI OMEGA DENTAL FRATERNITY

Sebastian Viski, Associate Editor; Class of 2020, VCU School of Dentistry

Each year dental students and faculty from VCU School of Dentistry share their knowledge through Psi Omega dental fraternity's charity events. Caritas, https://www.caritasva.org/, a traditional service project among Psi Omega members, is a program in which students and faculty travel to homeless shelter locations and provide head and neck exams and oral screenings for their residents. This program brings together several programs from VCU, including the school of medicine and the school of pharmacy, to provide some guidance to patients with limited access to medical care.

This past month, we had the honor of having Randolph A. Coffey, DMD, Associate Professor of General Practice at the dental school, accompany us to the women's shelter at St. David's Episcopal Church. At this Caritas event we screened about 30 female patients. The events begin with volunteers getting to know the residents or helping with serving food. In partnership with VCU Medical and Pharmacy Schools, the screenings consist of a thorough medical history, along with blood pressure, blood sugar, and cholesterol checks. After proceeding through the previous stations, residents come to the dentistry station. We provide a limited oral exam, with a comprehensive head and neck exam, and oral cancer screenings. Each patient is given an extensive list with detailed information of dental offices around Richmond and surrounding areas where they can get free or reduced-cost dental work. In more severe cases, where active infection or suspect lesions are found, the residents are brought to VCU Dental Care for immediate treatment. Each facility keeps the records of these screenings. Sometimes, we bring the residents to MOM projects to attend to their needs.

This year's Psi Omega community service chair and president of the class of 2020, Hannah Ehreth, organized six Caritas events, in which over 80 male and female residents were screened. Each year the students and faculty devote their time to provide comfort, share their knowledge and passion of dentistry, and expand the list of offices that allow the project to grow and continue.

We would like to thank the director of the dental hygiene program, Michelle R. McGregor, RDH, BS, MEd, for her devotion in helping us with most of the Caritas events. Mrs. McGregor travels with us to almost all the events and serves as a guidance counselor.

At the end of each session, we provide oral hygiene instructions and give the residents oral hygiene kits where we demonstrate a customized oral hygiene approach to aid in maintaining good oral care practices.

L-R: Hannah Ehreth D2020, Randolph Coffey, DMD, Sebastian Viski D2020

IN MEMORY OF:

Name	City	Date of Death	Age
Dr. Joseph A. Catanzano	Washington, DC	October 3, 2018	73
Dr. Jack W. Chevalier	Henrico	August 2, 2018	90
Dr. Edwin D. Cooke	Prince George	October 8, 2018	85
Dr. Charles F. Fletcher	Springfield	November 9, 2018	94
Dr. Benjamin W. Foster	Suffolk	October 23, 2018	74
Dr. John W. King	Midlothian	December 24, 2017	68
Dr. George Orlove	Chevy Chase, MD	December 7, 2018	82
Dr. Joe A. Paget	Blacksburg	November 7, 2018	69
Dr. Ted P. Przybyla	Vienna	October 30, 2018	83
Dr. Robert K. Rosenberg	McLean	October 7, 2018	80
Dr. Harold P. Wittman	Rockville, MD	November 27, 2018	87

AWARDS AND RECOGNITION

DR. TED SHERWIN
Elected as Treasurer
American Dental Association

DR. MONROE HARRIS
"Person of the Year"
Richmond Times Dispatch

DR. DEAN DELUKE
Outstanding Predoctoral Educator
AAOMS

DR. DANIEL LASKIN
Distinguished Editor Award
American Dental Association

2018 VDA FELLOWS - Component 1: Harlan K. Hendircks, Barclay K. Weisberg. Component 2: Sayward E. Duggan, Robert J. Field, John Randall Owen, Russell S. Taylor. Component 4: Cheryl B. Billingsley, Cassidy L. Turner. Component 5: James K. Cornick, Carrington W. Crawford, Kevin P. Snow. Component 7: Cory C. Burgoyne. Component 8: David Palmieri, James Willis.

ROBBIE SCHUREMAN
Terry Dickinson Award
Virginia Dental Association Foundation

2018 ICD FELLOWS - L-R: Drs. Frank Iuorno, Eser Tufekci and Steven Lindauer

WELCOME NEW MEMBERS

THROUGH DECEMBER 1, 2018

Contact Sarah Mattes Marshall, Membership Advocate, to get involved.
804.523.2189 or mattes@vadental.org

Tidewater DENTAL ASSOCIATION

Dr. Irtiza Abbas – Chesapeake – University of Texas Health Science Center Houston Dental Branch 2018

Dr. Adam Becker – Virginia Beach – Virginia Commonwealth University School of Dentistry 2011

Dr. Matthew Cronan – Virginia Beach – Tufts University School of Dental Medicine 2015

Dr. Lisa Doan – Chesapeake – Virginia Commonwealth University School of Dentistry 2016

Dr. Emma Dodge – Portsmouth – Marquette University School of Dentistry 2018

Dr. Valeria Pizzini – Norfolk – Virginia Commonwealth University School of Dentistry 2014

Dr. Mark Turkewitz – Virginia Beach – Temple University The Maurice H. Kornberg School of Dentistry 2014

Dr. Frank Yeh – Virginia Beach – University of Pittsburgh School of Dental Medicine 2008

Peninsula DENTAL SOCIETY

Dr. Aaron Marks – Williamsburg – Oregon Health and Science University School of Dentistry 2010

Dr. William Watson, Jr. – Newport News – University of Iowa College of Dentistry 1989

Southside DENTAL SOCIETY

Dr. Jilesh Gandhi – Petersburg – New York University College of Dentistry 2015

Richmond DENTAL SOCIETY

Dr. Firas Albadran – Glen Allen – MA-Barkshire Medical Center 2018

Dr. Shivangi Amin – Glen Allen – New York University College of Dentistry 2017

Dr. Erin Arroyo – Richmond – Boston University Goldman School of Dentistry 2011

Dr. John Barry – Richmond – Virginia Commonwealth University School of Dentistry 1985

Dr. Joseph Bousaba – Richmond – Boston University Goldman School of Dental Medicine 2013

Dr. Catherine Dallow – Glen Allen – University of Puerto Rico 2015

Dr. Susan DellaRipa – Mechanicsville – University of Pennsylvania School of Dental Medicine 2009

Dr. Edina Gorman – Mechanicsville – Virginia Commonwealth University School of Dentistry 2017

Dr. Nam Le – Mechanicsville – Virginia Commonwealth University School of Dentistry 2017

Dr. Allison Loflin – Richmond – Virginia Commonwealth University School of Dentistry 2015

Dr. Wyatt Loflin – Richmond – Virginia Commonwealth University School of Dentistry 2016

Dr. Yvonne Mack – Richmond – University of Pennsylvania School of Dental Medicine 2018

Dr. Brandon Wong – Ashland – Tufts University School of Dental Medicine 2018

Piedmont DENTAL SOCIETY

Dr. Spenser Briggs – Lynchburg – East Carolina University School of Dental Medicine 2018

Dr. Jeffery Kesecker – Lynchburg – West Virginia University School of Dentistry 2013

Dr. Jonathan Robinson – Blacksburg – East Carolina University School of Dental Medicine 2018

Southwest Virginia DENTAL SOCIETY

Dr. Matthew Hofrichter – Roanoke – Virginia Commonwealth University School of Dentistry 2016

Shenandoah Valley DENTAL ASSOCIATION

Dr. Pavani Gedela – Meharry Medical College School of Dentistry 2017

Dr. Sarah Ott – Charlottesville – Temple University The Maurice H. Kornberg School of Dentistry 2001

Dr. Kimberly Tran – Charlottesville – Virginia Commonwealth University School of Dentistry 2014

Are you interested in getting involved with the VDA in a leadership position?
Then you're in luck! We currently have openings in the following positions:

- **President Elect** (1 year term) - 1 position available
- **Secretary/Treasurer** (2 year term) - 1 position available
- **ADA Delegate** (3 year term) - 3 positions available
- **ADA Alternate Delegate** (2 year term) - 6 positions available

Learn more about the open positions and how to apply at
https://www.vadental.org/about-us/leadership-opportunities

Northern Virginia DENTAL SOCIETY

Dr. Melanie Allgeyer – Burke – Rutgers School of Dental Medicine 1997

Dr. Anna Azar – Arlington – Boston University Goldman School of Dental Medicine 2013

Dr. Layla Baidas – McLean – WA-Yakima Valley Farm Workers Clinic/Northwest Dental Residency 2017

Dr. Deborah Baker – Stephens City – University of Southern California Herman Ostrow School of Dentistry 1999

Dr. Olivia Bassily – Alexandria – University of Florida College of Dentistry 2017

Dr. Arezou Daneshvar – Leesburg – West Virginia University School of Dentistry 2004

Dr. Hung Duong – Arlington – Howard University College of Dentistry 2002

Dr. Abu-Bakr El-Masry – Gainesville – NY-Lutheran Medical Center, Dept of Dental Service 2017

Dr. Nicole Hong – Fairfax – University of Maryland Dental School, Baltimore College of Dentistry 2018

Dr. Krina Jasani – Fairfax – Boston University Goldman School of Dental Medicine 2011

Dr. Chris Kim – Alexandria – University of California at San Francisco School of Dentistry 2015

Dr. Sun Kim – Vienna – Virginia Commonwealth University School of Dentistry 2016

Dr. Joao Matias – Arlington – Howard University College of Dentistry 2018

Dr. Kelly Mayer – Arlington – Virginia Commonwealth University School of Dentistry 2010

Dr. Jennifer Novak – Manassas – Virginia Commonwealth University School of Dentistry 2016

Dr. Vikram Pole – Oakton – University of Pittsburgh School of Dental Medicine 2016

Dr. Nitin Rajput – Arlington – New Jersey University of Medicine and Dentistry 2012

Dr. Andrea Rodriguez – Annandale – Virginia Commonwealth University School of Dentistry 2015

Dr. Salar Sanjari – Fairfax – University of Maryland Dental School Baltimore College of Dental Surgery 2014

Dr. Audrey Torma – Springfield – Ohio State University College of Dentistry 2008

Dr. Quyen Tran – Alexandria – Medical University of South Carolina James B. Edwards College of Dental Medicine 2016

Dr. Krisha Verma – Sterling – Rutgers School of Dental Medicine 2016

VDA HOUSE OF DELEGATES

ACTIONS IN BRIEF - SEPTEMBER 21-23, 2018

1. Reaffirmed: The VDA Board of Directors' decision to allow the VDSC to use the VDA email list to promote use of the VDSC vendors.

2. Approved: The Council on Government Affairs resolution in support of hiring a dental benefits staff member, as an employee of the VDA, to assist VDA members with dental insurance issues and problems.

3. Approved: The Council on Government Affairs' recommendation that the VDA pursue legislation, to be presented to the 2019 VA General Assembly, to address problems associated with Silent PPOs. The Council will provide specific language for the proposed legislation.

4. Approved: The following Bylaw amendment:
Article VII, §6 - Names and Duties of Standing Committees
6. Peer Review and Patient Relations Committee
b. Duties: It shall be the duty of this Committee: (1) to maintain liaison with component peer review and patient relations committees; (2) to hear and act on appeals resulting from actions of component society peer review committees; (3) to exchange information concerning effective ways of handling patient grievances and peer review. ; and (4) to keep the peer review manual current by proposing new and appropriate changes to the Board of Directors. In all original hearings, actions on appeal, and other matters brought to the Committee, the Committee shall conform/follow/be guided by the provisions of the ADA peer review manual. The Committee shall meet at least one time a year and additional meetings scheduled at the call of the chair.

5. Referred: Back to the Board of Directors for further study: The Council on Government Affairs approved the concept of dentists administering flu vaccines in their offices and requests approval to proceed with this initiative.

6. Approved: The following Bylaws amendment (changing the Task Force on Marketing to a Standing Council):
Article VII §7.3 (existing numbers 3 and 4 will be renumbered accordingly)
Council on Marketing
a. Membership: This Council shall consist of five to ten members at-large
and one ASDA member of the VCU School of Dentistry. The members at-large shall serve three year staggered terms to be appointed annually by the President-Elect. Members at-large shall be representative of the diversity of the VDA membership and shall include a new dentist (less than ten years since receiving a D.D.S./D.M.D. degree). Membership shall be based on skill set, expertise and passion.The Council shall meet at least four times a year with additional meetings at the call of the Chair.

b. Duties: It shall be the duty of this Council: (1) to lead all marketing,advertising, branding and public relations efforts of the Virginia Dental Association; (2) to support the established communications strategy of the VDA and serve as a focus group and resource to the Communications Department; (3) to foster relationships among members to strengthen the VDA community; (4) to promote the importance of oral health and to educate the public about oral health concerns and (5) to promote the Association and its programs to members, potential members, and the dental community at large.

c. The Council may appoint subcommittees as needed consisting of individuals, not limited to the VDA members, that have the expertise and skill set needed to accomplish desired goals.

7. Approved: The following Bylaws amendment (additional duties of the President-Elect): Article IV, § 4-B
i. Serve as an advisory (non-voting) member to all task forces and work groups.
j. The President-Elect shall appoint the members of the Council on Marketing.

8. Approved: The 2019 Budget as submitted.

VDA BOARD OF DIRECTORS

ACTIONS IN BRIEF - SEPTEMBER 19-23, 2018

1. Approved: A resolution to ratify the selection of Ryan Dunn as the VDA executive director beginning January 1, 2019.

2. Approved: A resolution that the Board will contribute $5,000.00 to the Terry Dickinson Scholarship Fund.

3. Approved: A resolution to move forward with developing the concept of the 4th Value – Terry Dickinson to present a budget and contract to the Board of Directors at the November meeting.

4. Approved: The following appointments for 2018 – 2019:
   A. Parliamentarian: Dr. Christie Hamlin
   B. Journal Editor: Dr. Richard F. Roadcap
   C. Executive Director: Terry D. Dickinson – September – December 31, 2018
   Ryan Dunn – beginning January 1, 2019
   D. Legal Counsel: David Lionberger, Esq., Scott Johnson, Esq.
   E. VDSC Board of Directors:
   Dr. Stephen Radcliffe, President, Dr. Roger Wood, Vice President, Dr. Rodney Klima, Sec/Treasurer, Dr. Kevin Bibona, Dr. Ralph Howell, Jr., Dr. Bruce Hutchison, Dr. Lanny Levenson, Dr. Robert Levine, Dr. Kirk Norbo, Dr. Edward Weisberg, Dr. Cynthia Southern, Advisory, Dr. Harvey Shiflet, Advisory, Dr. James Willis, Advisory, Dr. Ted Sherwin, liaison.

5. Approved: A resolution to invite Chris Sealey, formerly with K12, Inc., to the November Board of Directors meeting to discuss setting up a platform for online CE courses and discuss costs involved. Budgetary Impact: None at this time, but if approved, possibly $7,000.00.

ACTIONS IN BRIEF - NOVEMBER 9, 2018

1. Approved: A resolution to engage the services of Chris Sealey to create an online learning platform and courses to work with the newly created Online Learning Committee of the VDA.
   Budget Impact: $8,500 year 1, $4,500 year 2, etc.

2. Approved: A resolution to create an Online Learning Committee for the sole purpose of creating an online CE curriculum list by November 2019, with approximately 10 credit hours available for distribution as an added free member benefit. Budget $8,500 for the first year and $4,500 a year ongoing. This cost will become a line item in the VDA budget. The committee will report back to the Board at the April 2019 meeting.

3. Approved: Ted Sherwin was elected ADA Treasurer and therefore cannot serve as a delegate to the ADA House of Delegates.
   • Cynthia Southern was appointed to serve the remaining year of Ted Sherwin's term as ADA delegate.
   • Benita Miller was appointed to serve the remaining year of Cynthia Southern's ADA alternate delegate term.

4. Approved: The appointment of Cynthia Southern to serve as VDA Secretary/Treasurer. She will serve the remaining year of Ted Sherwin's term. (Ted Sherwin resigned from the position after being elected ADA Treasurer.)

5. Approved The members of the 2019 VDAF Board of Directors:
   Barry Isringhausen (President), Robbie Schureman (Vice President) Graham Gardner (Secretary), William R. Harland, Jr. (Treasurer), Anne C. Adams, DDS, Nate Armistead, DDS, Thomas S. Cooke III, DDS, Patrick W. Finnerty, Ralph L. Howell, Jr., DDS, Audra Y. Jones, DDS, David S. Lionberger, Esq., Preston B. Loving, DDS, Derek Rickson, D4, Norma N. Roadcap, Juan A. Rojas, DDS, Carlos S. Smith, DDS, Robert Walker, D. Omar Watson, MD, DDS, DMD, FACS, Edward J. Weisberg, DDS, John Wheelock, D3. Ex Officio: Samuel W. Galstan, DDS, MPH, MAGD, (VDA President), Elizabeth C. Reynolds, DDS, (VDA President Elect).

VDA ANNUAL BUSINESS MEETING

MINUTES - SEPTEMBER 23, 2018

1. President Dr. Benita A. Miller called the meeting to order and the flag pledge was recited.

2. The following deceased members were remembered:
Component 2: Richard D. Barnes, Irving V. Behm. **Component 4**: Carol N. Brooks, Norman W. Littleton, John W. King, John J. Sweeney. **Component 5**: Thomas T. Upshur. **Component 7**: Wallace B. Lutz. **Component 8**: Carol P. Burke, Richard C. Fisher, Frederick S. Krochmal, David D. Peete.

3. Recognition was given to the following:

2018 VDA Fellows:
Component 1: Harlan K. Hendircks, Barclay K. Weisberg. **Component 2**: Sayward E. Duggan, Robert J. Field, John Randall Owen, Russell S. Taylor. **Component 4**: Cheryl B. Billingsley, Cassidy L. Turner. **Component 5**: James K. Cornick, Carrington W. Crawford, Kevin P. Snow. **Component 7**: Cory C. Burgoyne. **Component 8**: David Palmieri, James Willis.

2018 Recipients of Life Member Certificates:
Component 1: Ann-Marie Funda, Andrew I. Horowitz, Douglas J. Hughes, Michael Ireland, Steven L. Lang, Mark S. Levin, Louis C. Peron, Gail V. Plauka, Richard K. Quigg, Rod M. Rogge, Carl P. Roy, Cary L. Savage Jr., Harvey H. Shiflet III, Jonathan Wong. Tarek O. Zaki. **Component 2**: Mark B. Artzer, William J. Bennett, Walton L. Bolger, Wayne E. Booker, Thomas Butterfoss, Henry A. Cathey Jr., William R. Cornette, William T. Green, George A. Jacobs, John T. Jobe IV, Michael J. Kokorelis, Alfred P. Moore, Fabienne J. Morgan, Russell A. Pape. **Component 3**: Melvin J. Austin, William F. Callery, Charles E. Gaskins III, Keith L. Little, Sandra J. Smith. **Component 4**: Charles H. Barrett, Charles W. Dabney, Stanley D. Dameron, Edward N. Griggs III, Nola W. Harrington, Edward L. Mustian III, Jerry L. Posenau, Eli W. Robinson, David C. Sarrett, Allen D. Schultz, Stephen J. Todd, Thomas H. Trow, Frank A. Wade, Barry Weiss. **Component 5**: A. Scott Anderson III, Anthony D. Bailey, Kenneth R. Chalfant, Martha C. Cutright, Richard L. Fisher, Michael E. Lavinder, Terry W. Slaughter, Fremont A. Vess Jr., Thomas L. Walker, John H. Walrod. **Component 6**: Walter D. Shields, Dennis L. Vaughan. **Component 7**: D. C. Devening Jr., James Hutchens, Richard S. Mansfield, Diana Marchibroda, Joesph M. McIntyre, David E. Redmon, John R. Roller, Harry M. Sartelle III, Richard L. Taliaferro. **Component 8**: Gary V. Avakian, William A. Belt, Robert A. Claybrook Jr., Anne M. Compton, Candance E. Evans, Mark E. Golub, John A. Good, John T. Grubbs, Gary L. Hartz, Richard A. Hinkle, Herschel L. Jones, Carroll A. Johnston, Stanley F. Kayes, Scott H. Leaf, Alex McMillan IV, Thomas J. McVay, Arthur J. Novick, Thomas C. Roberts Jr., Elaine K. Sours, Philip J. Tomaselli, Jr., Rena T. Vakay.

2018 Recipients of 50 Year Membership Certificates:
Component 1: Paul M. Brickman, William F. Bussey, Arthur L. Glick, Mark L. Radler, Michael E. Starling. **Component 2**: Lanny C. Hinson, Dennis Katz. **Component 3**: James V. Carpenter. **Component 4**: Elmo J. Bowen Jr., Donald G. Crabtree, Terry D. Dickinson, Jeffrey Levin. **Component 5**: James W. Adams Jr., Robert W. Cocke. **Component 6**:Thomas R. Jones John D. Semones. **Component 7**: Joseph J. Waff III. **Component 8**: Mitchell J. Bukzin, Stephen E. Burch, Albert A. Citron, Jerome A. Covel, Charles M. Deutsch, David E. Dodrill, Arnold S. Fariello, John N. Howell II, Robert McHugh, Joseph Skapars, Roland E. Stecher.

2018 Receipts of 60 Year Membership Certificates:
Component 1: Arnold M. Hoffman, LeRoy Howell Sr., Howard L. Kesser, Joseph H. McCoy Jr., Leroy J. Pearlman. **Component 4**: Fitzgerald G. Grayson, Edward H. Radcliffe. **Component 5**: Richard L. Fisher, Jessie W. Mayhew Jr. **Component 6**: Charles D. King, Robert G. Moore, Gene P. Reasor, Harold P. Remines. **Component 8**: George R. Keough, John S. Rushton, Roy E. Stanford Jr., William Wallert, Lawrence L. Ziemianski.

2018 Recipients of 70 Year Membership Certificates:
Component 1: Odilon P. Delcambre, Vernie C. Lawrence. **Component 5**: Walter S. Claytor.

5. The following VDA awards were presented:
Honorary Membership: Bonnie Anderson, VDA staff; Barbara Rollins, VDAF staff

Emanuel W. Michaels Distinguished Dentist Award: J. Ted Sherwin
New Dentist: Erika A. Anderson
Leadership: Randy Adams, David E. Black and William V. Dougherty III
Presidential Citations: Caitlin S. Batchelor, David E. Black, Scott H. Francis, Frank P. Iuorno, Bruce R. Hutchison, Michael S. Morgan, Roger A. Palmer, Elizabeth C. Reynolds, J. Ted Sherwin, Cynthia Southern, Ronald L. Tankersley, Cassidy L. Turner.

6. Bruce Hutchison, VADPAC chair, gave a committee update and announced the following VADPAC awards:

Component Member Contributions:
Large Component – Tidewater Dental Association (32%)
Shenandoah Valley Dental Association (32%)
Small Component – Southwest Virginia Dental Society (45%)

Component Winners for Total Contributions:
Large Component – Richmond Dental Society – reached 84% of their total goal
Small Component – Southside Dental Society – the only component to reach and surpass their total goal.

The Governor's and Apollonia Club members were recognized.

Winner of the drawing for a $500 gift certificate for contributing to VADPAC during The Virginia Meeting – Charles L. Cuttino.

7. Marcel Lambrechts announced the golf tournament winners.

8. The following election results were announced:
President Elect – Elizabeth C. Reynolds
ADA Delegates (3 year terms ending in 2021) – David C. Anderson, William V. Dougherty III, Samuel W. Galstan and Elizabeth C. Reynolds
ADA Alternate Delegates (2 year terms ending in 2020) – Christine D. Howell (Dani), Justin R. Norbo, Cassidy Turner, James W. Willis and Brenda J. Young.

9. The out-going component presidents were recognized:
Joseph A. Bernier-Rodriguez (1)
Sayward Duggan (2)
Kevin Snow (5)
Marlon Goad (6)
Julie Hawley (3)
Trisha A. Krause (4)
Brooke D. Goodwin (7)
James W. Willis

10. The president installed the newly elected VDA officers, ADA delegation members and the following component presidents:
Adrian M. Laxa (1)
George A. Jacobs (2)
Eric R. Shell (3)
Marcel G. Lambrechts (4)
Nichole DeShon (5)
Brian C. Thompson (6)
Brooke D. Goodwin (7) – second term
Melanie W. Hartman (8)

11. Benita Miller presented Dr. Terry Dickinson, VDA Executive Director, letters from Governor Ralph Northam and Senator Tim Kaine in honor of his upcoming retirement. Dr. Dickinson addressed the membership.

12. The president thanked Elizabeth Miller and the Council on Sessions for their hard work resulting in a successful meeting.

13. Benita Miller presented incoming president, Samuel W. Galstan, with the president's pin.

14. Sam Galstan presented Benita Miller with the past president's pin, the VDA Torch Bearer Award and the ADA Constituent Past President's Pin. She was also given a gift in appreciation of her service during the past year.

15. The meeting was adjourned.

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JOBS Dentists

6129 - Dentist
Full time associate dentist needed for a busy, family oriented, general practice. 4-5 days per week, no weekends or evenings. Full benefits including PTO, 401K, bonuses, health insurance and allowances for professional certifications, license and CE. Seeking a highly motivated, experienced dentist with excellent interpersonal skills and communication. Our office has an excellent, experienced long term staff and has been serving patients for over 20 years. We are a private, non-corporate office that prides ourselves on providing personalized, honest services to our patients.
Contact: Fredericksburg Dental Associates, 540-373-0602, **galatrodds@fdadental.com**

6134 – Associate Dentist
Light Wave Dental is hiring an Associate Dentist for a well established but growing practice in the Fredericksburg area. We are looking for an experienced Dentist, a strong leader and someone who wants to pursue ownership within a few years. If you are looking to build your career and establish roots in the community, we would like to hear from you.
Contact: Light Wave Dental, **jen@lightwavedental.com**

6143 - Full Time Dentist Blacksburg, VA
Cook Family Dentistry is a busy practice in Blacksburg, Virginia and we're looking for a full time dentist to step into a busy schedule! Current doctors' schedules are booked out 10 plus weeks. We have a modern office, comprised of 10 operatories, with an eleventh that could be finished when needed. Our growing team currently has four full time hygienists and two doctors (one full time and one part time), in addition to experienced assistants and business staff to help with everybody's success! We are searching for a conscientious and motivated dentist that is comfortable working on patients of all ages. Being competent in extractions is also a plus. The ideal candidate is looking for a long term match and works well in a team setting. The position would be 3-4.5 days a week and includes benefits (health insurance, 401K). There is no better place to call home than Blacksburg, as we have "city like" benefits due to venues at Virginia Tech, and the proximity to mountains and the New River Valley.
Contact: Dr. Loren Cook, 540-951-8383, **bburgdentaljob@gmail.com**

6146 – Periodontist
Dental Health Associates is a well-established, Community focused Practice looking for a Periodontist to help manage its busy interdisciplinary case load. We are looking for a well-trained, highly skilled Periodontist with exceptional people skills. A good candidate will be well versed in all areas of surgical and non-surgical periodontal care including implantology and Oral Surgery including extraction of 3rd molars. A great opportunity to get into a growing group! Interested Doctors apply to: **drcalvano@mydha.net**

6147 – Associate Dentist, Virginia Beach
Full time associate dentist needed for a busy general practice 4 days per week, no weekends or evenings. Modern 8-operatory, chartless practice with digital x-rays and digital scanners. Looking for individual interested in performing a wide variety of dental treatment. We offer competitive salary and benefits. Email CV to **dlj@cox.net**.

6150 - Associate Dentist
FFS office in Midlothian, VA seeking associate dentist with a servant leader's personality for 3 days/week. Position available immediately. Must have at least 2 years experience or significant AEGD/GPR experience. Must be proficient in all aspects of dentistry. Please pass on if you know anyone who may be interested.
Contact: Carrie | 804-379-4460 | **midlodentist@gmail.com**

6155 - DDS
We are currently seeking a part time general dentist at our location. We are a private owned, family oriented office. We are a well established but growing practice in the beautiful harbor view area of northern Suffolk. The schedule could be flexible and we are willing to work with the doctor on days available. Looking forward to hearing from you.
Contact: Charlott lopez | 330-801-5891 |**Charlott.malailua@gmail.com**

6156 – Pediatric Dentist
We are hiring a Pediatric Dentist for our newly renovated Leesburg Family Smiles practice in the heart of Loudoun County. If you are an experienced Pediatric Dentist who wants to join a high performing group practice and have the chance to become an owner, this may be just the right opportunity for you.
Does this sound like you? Highest standards of clinical quality and patient care; Collaboration with a group of experienced and award-winning doctors; Desire to become an owner of your practice. What you can expect from Light Wave Dental: Competitive compensation model; Health benefits; 401(k) matching; CE dollars for courses and travel; Annual funding toward subscriptions and dues; Fully covered malpractice insurance; Path to becoming an owner. If this resonates with you, we should talk. Send your resume to Justin Jory at **justin@lightwavedental.com**

6157 – Associate Dentist – Yorktown
We are hiring an Associate Dentist for our practice in the Yorktown/Gloucester area. Light Wave Dental's team of providers

JOBS Dentists

are passionate and hard working. Our doctors and staff build strong and long-standing relationships with their patients, families and the community. Our company is rooted in the core values of honesty, caring, growth-mindedness and hard work. We do what is right for the patient, every time. Our team of experts create a truly exceptional experience for our patients, and our outstanding patient reviews are evidence of this. What you can expect from Light Wave Dental: Competitive compensation model; Health benefits; 401(k) matching; CE dollars for courses and travel; Annual funding toward subscriptions and dues; Fully covered malpractice insurance; Path to becoming an owner. If this resonates with you, we should talk. Send your resume to Justin Jory at **justin@lightwavedental.com**

6160 - Richmond
Looking for an experienced general Dentist who is comfortable with all aspects of general dentistry. We are seeking a full time or part time dentist. We have three busy state of the art facilities in and around Richmond, paperless and digital X rays. We have five full time dentists and a part time Orthodontist. Quality oriented, patient focused, friendly and well trained staff. We are locally owned and operated. Partnership opportunity are available for the appropriate candidates. Immediate opening and great pay, please send your resume for an interview.
Contact: Dr. Varkey | 804-874-2333 | **richmonddentist@gmail.com**

6166 – Dentist (Hampton)
Busy Hampton, VA office is actively looking for a full-time or part-time Dental Associate that provides excellent general dentistry. This candidate must be a friendly, outgoing and a motivated General Dentist with at least 2 years of experience, a team player and ready to work! Great earning potential! Must have an active Virginia License. Please forward your resume to **familydentistry11@yahoo.com** or call 202-909-3675 ASAP! Our state-of-the-art dental practice is searching for a skilled and experienced Dentist with excellent communication skills to join our professional team. The ideal candidate for this position has worked with patients of all ages, is proficient in performing regular checkups and complex dental procedures and is committed to the highest quality of patient care. Those who are qualified and in search of a long-term career opportunity in a cutting-edge practice are encouraged to submit an application today. Diagnose and provide appropriate dental treatment to patients, including regular cleanings, root canals, surgical extractions, implants and cosmetic dentistry -Educate patients and parents of patients on maintaining proper oral health -Communicate with dental staff on our team regarding patient treatment plans -Prescribe medications as necessary -Carefully document all medications, diagnoses, treatments and consultations -Supervise the work of professional, technical and administrative staff Job Type: Full-time
Contact: Regina Vanlear | 757-838-5999 |**FAMILYDENTISTRY11@YAHOO.COM**

6171 – Dentist
Established dental practice is looking for a general dentist for our solo practice. Great earning potential with treatment autonomy. Practice in digital operatories with state-of-the-art equipment including E4D CAD/CAM. Our long-term hygienist and experienced staff are here to support you. Mentoring available if desired. Our office is in Altavista which is 20 minutes south of Lynchburg. If being a major provider in a small town, low stress environment is where you want to be, you'll love it here. Otherwise, it's a great opportunity to be productive in a low cost of living area for a short-term period. Salary or production based compensation available. Benefits include Health Insurance and 401K. DDS/DMD from an accredited University and active Virginia Dental Board License required. All inquiries are welcome.
Contact: Erin Fields | 434-660-4703 | **erin_fields@hughes.net**

6177 – Full Time Associate Dentist
Fast growing PPO/FFS private family practice in beautiful Virginia Beach, VA is searching for a general dentist associate to join our awesome team. We strive to create long term relationships with patients and deliver the best care available. Our practice offers general, cosmetic and restorative dentistry to patients of all ages (mostly adults). Offering a competitive salary.. Looking for a driven dentist who is detail oriented, has great bedside manner, exceptional patient communication skills and ability to connect well with patients. Mentorship with the emphasis on the business side of dentistry. This position has the potential of partnership. Two years working in private practice preferred. Self-motivate new graduates are welcome. Please include a cover letter, resume, and list of references. We look forward to hearing from you!
Contact: **jointheteamvb@gmail.com**

6176 – Associate Dentist
We are looking for a bright goal oriented team player to join our growing dental group! The ideal candidate will be a general practice dentist that can provide all aspects of general dentistry including endodontics, restorative, implants, extractions and prosthodontics (fixed and removable). Our practices are state of the art, paperless and fully digital with very experienced and knowledgeable teams to help ensure your success! We also offer a competitive benefits packet that includes health insurance and 401k matching in addition to a compensation package designed to reward stellar production. If this interests you, send your resume to swvadental@gmail.com. Recent graduates are also encouraged to apply.
Contact: Sherry Guerrant | 540-444-5659 | **swvadental@gmail.com**

6178 – Associate Dentist
Dental Health Associates is a rapidly growing Dr. owned and managed multi-office group practice in the heart of the Shenandoah Valley in Virginia. We strive for excellent comprehensive full mouth Dentistry. We have a strong commitment to CE, training and mentorship. Seasoned Dentists, AEGD/GPR graduates or new Dentists are welcome to come grow with us. Opportunities throughout the Shenandoah Valley and surrounding areas. Excellent compensation and benefits package including Malpractice, Medical, 401K matching and CE stipend. A route to ownership/partnership is available. Meet us at **www.mydentalhealthassociates.com**

JOBS Dentists

6179 – Pediatric Dentist
Dental Health Associates is a well-established, Community focused Practice looking for a great Pediatric Dentist to help manage its busy interdisciplinary case load. We are looking for a well-trained, highly skilled Pedodontist with exceptional people skills who is dedicated to the oral health of children. A good candidate will be well versed in all areas of pediatric dental care. A great opportunity to get into a growing group! Interested Pediatric Dentist
Contact: Dr. Dennis Calvano | 540-248-2500 | **drcalvano@mydha.net**

6190 – Dentist new/experienced
Open position starting early 2019 for full time or part time dentist in Virginia Beach and Norfolk. Excellent pay and benefits.
Contact: Amber Baer | 757-499-0389 |**amber@partnersindentalhealth.com**

6192 – Part Time Dentist – Richmond
Part time dentist needed Richmond, Virginia. Looking for an experienced dentist to work in a general dental office. Competency in all aspects of dentistry especially oral surgery required. Base salary plus percentage of collection. Send resume to **associateswanted@yahoo.com** or call 804-314-4803. Position is available immediately.

6194 - Associates General Dentist
We are looking for a motivated general dentist to join our well-established practice in Leesburg. The ideal candidate should have good communication skills, have a patient centered philosophy, outgoing personality, and enjoys interpersonal interactions with patients. Experience would be preferred, with a GP residency being plus. Proficiency in diagnosis , comprehensive treatment planning and most aspects of general dentistry is required. Duties include practice building with treatment autonomy. There would be a buy in opportunity. Requirements: DDS License in good standing and current in Virginia. DEA License, Malpractice INS CPR certifications. Hours are open for discussion with compensation negotiable and commensurate with experience.
Contact: **bmskdental@gmail.com**

JOBS Staff

6136 - Dental Hygienist - Full Time
Registered Dental Hygienist positions available. Dental Health Associates is looking for Registered Dental Hygienists for the Staunton, Harrisonburg, and Lexington office locations. Flexible schedule, paid CE, vacation and holiday pay, health, vision, dental benefits, 401-K, HSA, paid association dues and annual license fee. Qualified candidates submit your resume and cover letter. Sign on bonus Job Type: Full-time Submit resumes to **jayd@mydha.net**

6145 – Dental Hygienist
JOIN OUR TEAM! We are seeking an RDH for our established general dental office located in Charlottesville, VA. Our family practice provides existing and new patients with high quality care in an enjoyable atmosphere using modern equipment, technology, and procedures. All interested candidates are encouraged to apply. This is a flexible position, Full Time or Part Time. Excellent pay and benefits available. Please send your information today!
Contact: Pat, 434-977-4101, **pat@drtisdelle.com**

6154 – Patient Coordinator
We are looking for a patient coordinator who is, enthusiastic, good team player to join our office. At least 1 year of front desk experience preferred. Full time position . Monday - Thursday 8am-5pm and Friday 8-12 pm.,
Contact: dr khisti | 804-874-5005 | **manik_khisti@yahoo.com**

6164 – Dental Assistant
A dental assistant is needed ASAP to join our fabulous and growing team. DENTAL EXPERIENCE REQUIRED. Duties include: answering phones, scheduling appointments, computer experience, attention to detail, multi-tasking, insurance coordination and customer service.
Full time and Part time hours available. Compensation depends on experience. If your interested please email your resumes to: **familydentistry11@yahoo.com** OR call 202-909-3675 ASAP! Applicants must possess the ability to work in a progressive environment. Busy Hampton, VA office is actively looking for a full-time or part-time DENTAL ASSISTANT. This candidate must be friendly, outgoing and motivated.
Contact: Regina Vanlear | 757-838-5999 |**familydentistry11@yahoo.com**

6165 – Dental Coordinator/Front Desk
DENTAL COORDINATOR needed ASAP to join our fabulous and growing team. DENTAL EXPERIENCE REQUIRED. Duties include: answering phones, scheduling appointments, computer experience, attention to detail, multi-tasking, insurance coordination and customer service. Full time and Part time hours available. Compensation depends on experience. If you're interested please email your resumes to: **familydentistry11@yahoo.com** OR call 202-909-3675 ASAP! Applicants must possess the ability to work in a progressive environment. Busy Hampton, VA office is actively looking for a full-time or part-time DENTAL COORDINATOR. This candidate must be friendly, outgoing and motivated.
Contact: Regina Vanlear | 757-838-5999 |**FAMILYDENTISTRY11@YAHOO.COM**

6195 - Part Time Dental Hygienist
Awesome RDH position available immediately, 2-3 days per week. Our well respected office is located in historic Charlottesville, Va . We value your expertise and commitment in providing professional care to our wonderful patients. Wage and possible part-time benefits are negotiable. We look forward to scheduling your interview soon.
Contact: Judy | 434-974-6492 | **krasmussendmd@yahoo.com**

Office Space Sale/Lease

6133 - Dental Office Space for Lease in Purcellville
Great dental office space would be perfect for a specialty practice. Can be used as a start up or even a satellite office. Total of 1770 sq. ft office. Located on Main Street with good visibility on the second floor. Waiting room is a very nice area with a lot of natural light. Office is currently plumbed for two operatories, with four rooms total. Space includes four ops, sterilization area, staff kitchen area, waiting area, front office and lab. This is a beautiful office. Some equipment available with lease. We have built a new office in Leesburg so we no longer need our satellite office. No patient charts are being sold. Photos available upon request.
Contact: Kim Davis, 703-568-5773, **kim@lightwavedental.com**

6161 – Dental Office Space for Lease in King George
Spacious dental office with superb visibility on a highway. The community has few dental providers in the area and would be a great start-up location for a new dentist or shared practice for multiple specialities. Total of 3100 sq. ft office. Located on Highway 3 with excellent visibility from the road and includes ample parking. Front desk and waiting room renovations completed in 2016. The clinic is currently plumbed for 8 operatories. Space includes six working operatories, lab and sterilization area, staff kitchen area, waiting room, front office, consultation room and doctor's office. This is a beautiful office. Some equipment available with lease. No patient charts are being sold. Photos available upon request.
Contact: Justin | 509-434-9364 | **jkcbigsky@gmail.com**

6173 – Office Space for Share or Rent
Office space available to share or rent. Ideal for a specialist or a general dentist with patient load.
Contact: Reza | 703-807-0808 | **napalmrez@gmail.com**

6181 – Condominium Office For Sale
4 operatories, 2 plumbed, 2 partially plumbed. Reception room, business office, lab, private bathroom, storage room, private entrance. Office entrance in front of elevator. Four floor medical/ dental building with very large parking lot. 1097 sq. ft. Located close to Mt. Vernon Hospital.
Contact: 703-765-7014

Practice Transitions

6116 - Practice for Sale - Franklin VA
I am the oldest practicing dentist in a partnership of three and looking to retire in the spring of 2019. I have been practicing for 43 years and have 1700 active patients most of which I have been seeing for years. Office is completely digital & chartless with 2 treatment and 2 hygiene rooms available. Average yearly collections of $450,000 working 4 days a week. Staff have years of experience know patients well and willing to stay.
Contact: William Thornton, 757-562-6223, **wnthornton47@yahoo.com**

6128 - Oral Surgery Practice for Sale
Oral Surgery Practice in Virginia- New Listing. Grossing 1 million in an area of exceptional and continued growth! Excellent referral and patient base. State of the art equipment, digital radiography, CBCT, new computers and server. Practice has high collections with low overhead. Practice focuses on dentoalveolar, implants, and office-based anesthesia. Doctor is very flexible with transition timetable. Call or email Tom Bonsack DDS, at 410-218-4061 or **tom@midatlanticdentaltransitions.com** for more details.

6151 – Virginia Beach Practice For Sale
Highly desirable location, beautifully equipped, Fee For Service practice, 3 day work week with annual revenues of 400K priced to sell. Committed staff, long term patient base, flexible owner ready to retire. Real Estate offered for sale with Practice or lease with purchase option. Full proforma and after tax cash flow available after NDA in place.
Contact: William | **virginiadentist2019@gmail.com**

Products & Services

6168 – Opportunity to Start Your Own Dental Practice in Chesapeake, VA
Opportunity to Start Your Own Dental Practice in Chesapeake, VA Thomas J. Ishom D.D.S. MCV D76 3217 Western Branch Blvd. Suite C Chesapeake, VA 23321. The office is in the Western Branch part of Chesapeake, VA off Route 17 and Taylor Road. I am retiring and you have the opportunity of moving in and starting your own dental practice. The office layout contains one Hygiene Room and two Dental Operatories, a dental lab room, an employee kitchen, a doctor's office, a receptionist/business office, a large Reception Room, three restrooms, a dark room, a pan x-ray area, two storage closets, and much cabinet and other storage space. The building owner is willing to extend the lease. A detailed list of dental equipment is available. This is a great opportunity for you for approximately $22,000. You may email me or call my home – 757-484-6202 and leave a message. I will return your call. Maybe this is the opportunity for which you were looking. The faithfulness of the Lord endures forever (Psalms 117:2). Contact: Thomas J. Ishom D.D.S. | 757-484-6206 |**thomasishomdds@cox.net**

6191 – Dental Practice Appraisals
General and specialty appraisals since 1985. Buyers looking at a practice should verify the asking price using our "Second Opinion" appraisal ($195) before spending tens of thousands of dollars. Full, complete, easy to understand appraisal for purchase, sale, partnership, mediation, estate planning ($995). Details at **www.polcariassociates.com** Questions?
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