IN THIS ISSUE:

WHO'S ANSWERING THE PHONE? pg. 23

PREVENT EMPLOYEE WAGE AND HOUR CLAIMS pg. 33

ETHICS AND DENTAL TREATMENT OF THE ELDERLY pg. 35

VIRGINIA DENTAL
Journal

VOLUME 93, NUMBER 3 • JULY, AUGUST & SEPTEMBER 2016

THE Virginia MEETING®
A Program of the Virginia Dental Association

REGISTER TODAY
pg. 11

TO DO:

- Register for the Virginia Meeting – pg. 11
- Vote for VDA Leadership – see pg. 21
- Take the Medicaid Deferred Compensation Plan Survey – pg. 39

vadental.org

voted us **LABORATORY OF THE YEAR** for 2016!

DRAKE [REMOVABLE] DENTISTRY

800.476.2771

8510 Crown Crescent Court Charlotte, NC 28227 www.drakelab.com

Contact us for a full product list, or for info on our many removable services!

DAMAS FOR NORTH AMERICA

Certified Dental Laboratory

vdj 2/16

CONTENTS - VIRGINIA DENTAL JOURNAL

JULY - SEPTEMBER 2016 VOL. 93, NO 3

COLUMNS

3 PRESIDENT'S MESSAGE
Dr. Richard Taliaferro

5 MESSAGE FROM THE EDITOR
Dr. Richard F. Roadcap

7 LETTER TO THE EDITOR:
Doctor - What Would You Do Next?
Dr. Marvin E. Pizer

9 LETTER TO THE EDITOR:
Hypervirulent Strep
Dr. Henry Botuck

33 TIME FOR A CHECK-UP:
Prevent Employee Wage and Hour Claims
Douglas R. Burtch

35 ETHICS AND DENTAL TREATMENT OF THE ELDERLY
Dr. Richard F. Roadcap

37 CHOICES - CHANGE - CONSEQUENCES
What's Your Next Chapter?
Dr. James R. Schroeder

BACK COVER **MEMBER SPOTLIGHT:**
Dr. Thomas Littrell
Dr. Sarah Friend

SCIENTIFIC (24-31)

24 PATHOLOGY PUZZLER
Dr. John Svirsky

27 PERIODONTAL ABSTRACTS

Cover Photo: Norfolk, Virginia

FEATURES

6 GUEST EDITORIAL:
Smokeless Tobacco
Dr. Philip A. Gentry

11 VIRGINIA MEETING REGISTRATION

19 AN INTERVIEW WITH:
Dr. Cassidy Turner

20 PATRIOTISM AND PRIDE IN NORFOLK

22 CLINICAL SUCCESS STORY:
Treating Opioid Use Disorders
Dr. Marla Kushner

22 VDA SUPPORTS ANNUAL SCIENCE AND ENGINEERING FAIR
Dr. Brenda Young

23 WHO'S ANSWERING THE PHONE?

43 VDA SERVICES GLOVE PROGRAM
Cindy Hoogasian

ADVOCACY (38-42)

38 MEDICAID DEFERRED COMPENSATION PROGRAM
Dr. Roger Palmer

40 WHAT DOES VADPAC/ADPAC DO FOR ME?
Dr. Bruce Hutchison

41 STRONG VDA INVOLVEMENT AT 2016 ADA WASHINGTON LEADERSHIP CONFERENCE
Laura Givens

42 VADPAC UPDATE
Laura Givens

MEMBERSHIP (51-53)

51 TRUSTEE'S REPORT
Dr. Julian H. Fair, III

53 WELCOME NEW MEMBERS
Karen Clendenen

OUTREACH (45-50)

45 HOW DO YOU SAY THANK YOU?
Dr. Campbell Delk

46 "HOW DID I GET THIS?"
Dr. Richard F. Roadcap

46 GOVERNOR SHOWS HUGE SUPPORT FOR MOM
Tara Quinn

47 TEN REASONS TO GO ON A DENTAL MISSION TRIP
Dr. William T. Griffin

48 GREEN RUN HIGH SCHOOL, SITE OF FIRST VIRGINIA BEACH MOM PROJECT
Barbara Rollins

49 AN INTERVIEW WITH: BETH BORTZ

50 MOM RETURNS TO SPECIAL OLYMPICS TO PROVIDE CRITICAL CARE
Joel Rubin

UNIVERSITY CONNECTIONS (58-60)

58 A UNIQUE GIVE KIDS A SMILE DAY AT VCU
Dr. Elizabeth Berry

59 PATIENT CENTERED LEADERSHIP
David Voth

60 ORAL HEALTH SERVICES RESEARCH
Dr. David Sarrett

40 UNDER 40

A feature of the Virginia Dental Journal, "40 under 40" will introduce you to VDA members under forty years old in forty words or less.

DR. LAURA TOLUSSO GARDEN

UVA 2008, VCU School of Dentistry 2012, UNC AEGD 2013. Dr. Garden currently works in private practice in Midlothian, Virginia. She enjoys being active in local dental societies and study clubs for the collaboration, camaraderie, and increasing her dental knowledge.

VIRGINIA DENTAL JOURNAL

REPRESENTING AND SERVING MEMBER DENTISTS BY FOSTERING QUALITY ORAL HEALTH CARE AND EDUCATION.

EDITOR-IN-CHIEF	Richard F Roadcap, D.D.S., C.D.E.
ASSOCIATE EDITOR	Katie Lee, DDS
BUSINESS MANAGER	Terry D. Dickinson, D.D.S.
MANAGING EDITOR & GRAPHIC DESIGN	Shannon Jacobs

EDITORIAL BOARD
Drs. Ralph L. Anderson, Scott Berman, Carl M. Block, Gilbert L. Button, B. Ellen Byrne, Charles L. Cuttino III, Craig Dietrich, William V Dougherty, III, Frank H. Farrington, Jeffrey L. Hudgins, Wallace L. Huff, Rod Klima, Thomas E. Koertge, James R. Lance, Daniel M. Laskin, Karen S. McAndrew, Travis T. Patterson III, W. Baxter Perkinson, Jr., David Sarrett, Harvey A. Schenkein, James R. Schroeder, Harlan A. Schufeldt, James L. Slagle, Jr., Neil J. Small, John A. Svirsky, Ronald L. Tankersley, Roger E. Wood

VDA COMPONENT ASSOCIATE EDITORS
Dr. Rod M. Rogge, Dr. Catherine Oden Fulton, Dr. Michael Hanley, Dr. Frank Iuorno, Dr. Stephanie Vlahos, Dr. Sarah Friend, Dr. Jared C. Kleine, Dr. Chris Spagna, David Voth, VCU D-2018

BOARD OF DIRECTORS

PRESIDENT	Dr. Richard L. Taliaferro, Stephens City
PRESIDENT ELECT	Dr. William V. Dougherty, III, Falls Church
IMMEDIATE PAST PRESIDENT	Dr. Michael Link, Newport News
SECRETARY-TREASURER	Dr. J. Ted Sherwin, Orange
EXECUTIVE DIRECTOR	Dr. Terry Dickinson, Richmond
SPEAKER OF THE HOUSE	Dr. Scott Berman, Falls Church
COMPONENT 1	Dr. Anthony Peluso
COMPONENT 2	Dr. Scott Francis
COMPONENT 3	Dr. C. Sharone Ward
COMPONENT 4	Dr. Lanny Levenson
COMPONENT 5	Dr. David E. Black
COMPONENT 6	Dr. Cynthia Southern
COMPONENT 7	Dr. Jared C. Kleine
COMPONENT 8	Dr. Peter Cocolis
ADVISORY	Dr. David Sarrett
ADVISORY	Dr. A.J. Booker
EDITOR	Dr. Richard F. Roadcap
VCU D-2015	Brittany Field, VCU D-2017
LIAISON - ODDS	Dr. Randy Adams

Volume 93, Number 3 • July, August & September 2016

VIRGINIA DENTAL JOURNAL (Periodical Permit #660-300, ISSN 0049 6472) is published quarterly (January-March, April-June, July-September, October-December) by the Virginia Dental Association, 3460 Mayland Ct, Unit 110, Henrico, VA 23233, Phone (804)288-5750.

SUBSCRIPTION RATES
Members $6.00 included in your annual membership dues.
Members – Additional Copy: $3.00
Non-Members- Single Copy: $6.00
Non-Member outside the US: $12.00
Annual Subscriptions
in the US: $24.00
outside the US: $48.00

Second class postage paid at Richmond, Virginia.

Copyright Virginia Dental Association 2016

POSTMASTER Send address changes to: Virginia Dental Journal, 3460 Mayland Ct, Unit 110, Henrico, VA 23233.

MANUSCRIPT, COMMUNICATION & ADVERTISING Managing Editor, Shannon Jacobs, 3460 Mayland Ct, Unit 110, Henrico, VA 23233 or jacobs@vadental.org

PRESIDENT'S MESSAGE

Dr. Richard Taliaferro

This will be my last *Journal* message as your President. It has been an honor to serve as your President. I have enjoyed meeting lots of folks during my travels around Virginia to components and various other commitments.

Though my travels, I have found that many dentists are doing well in their practices. I have also talked to dentists who are not doing as well as they were in previous years. Obviously, the economy has both a positive and a negative effect of our practices. I've met many students, and while they are excited about entering the dental market place, they are concerned about the debt that they will be paying off over the next several years. There have always been obstacles that dentists must overcome to be successful. However, I believe it is more difficult now and will continue into the future. I am not preaching doomsday, I am just speaking the truth. I am still optimistic about our future if we approach it correctly. Dentists in the future will have to be more adaptable to change. They will have to be better managers of their practices. Most important, they will have to have a patient-centered practice that will be aware of their patient's desires and needs and be able to meet that need.

The ADA and VDA have recognized the changes and are taking a proactive response. We are looking at future trends in health care, especially in dentistry. We are educating members on those trends so that they can maneuver their practices accordingly. By knowing those trends we can be proactive and stay ahead of the curve. For instance, we are seeing an increase in children's dental visits to our offices. This is, in part, a result of increased Medicaid eligibility. With efficient, ethical care, one can be successful treating this population. In Virginia, your dental leadership will do our best to insure that we are adequately compensated by Medicaid, otherwise both the patients and dentists will be losers. There is an abundance of information available to members to cope with these changes. Should you have questions about these resources or how to use them, contact the VDA office, they will be happy to guide you.

We had a successful legislative session this year. Three bills including the non-covered services bill with a deminimis clause, a bill dealing with mobile dental clinics and nursing home privileges, and a remote supervision hygiene bill all passed unanimously in the House and Senate. This success was due to efforts prior to the session by VDA members educating legislators about our upcoming bills. We also worked for and got $200,000 in funding for our Missions of Mercy projects over the next two years. We had concerns about attempts to add another citizen member to the Board of Dentistry without consulting us and the bill was carried over to 2017.

We are still working to get implementation of the deferred Medicaid payment to providers as passed by the General Assembly two years ago. You will recall that the bill was patterned after one Arkansas passed, and it allows Virginia dentist Medicaid providers to have Medicaid payments deposited into the Virginia Retirement System (VRS) under our Social Security number. That would allow us to make a tax-deferred deposit into an additional retirement account that would have no effect on totals for 401(k) or IRA accounts that we might also have. We pushed the bill because even though Virginia has some of the better Medicaid reimbursements for dentists in the nation, they are not keeping up with inflation. We wanted to insure that the program would continue to have dentists participating. We believe the deferred payments will be an incentive to keep dentist providers on board. Arkansas implemented the program for only a few thousand dollars. DMAS and DentaQuest have stated that the costs could be up to $500,000 to the state, and we vehemently disagree. They also argue that many providers are not interested in the deferred payment program. They sent a survey out to dentists that, in many cases, went to our "spam" folders, and very few dentists responded.

Your leadership is responding by sending out a new survey to all members in this issue of the *Journal* **(see page 39)**. We urge you to fill this out and return it as soon as possible. An overwhelmingly positive response to the survey from our members will help make our case for implementing this important program.

Most members are aware of issues dealing with sedation, specifically mild sedation which would include nitrous oxide or a light oral sedative such as Valium® or Ativan®. We felt the new regulations were too severe and with several expert witnesses including Drs. Tegwyn Brickhouse, Rob Strauss, Carl Atkins, and David Sarrett speaking for us the Board has elected to rewrite the regulation and fast track the change.

All members should be aware that the Board of Dentistry has revamped the regulations into four chapters. Your VDA leadership had let the Board know of our concerns, and that we felt we were not being informed of these changes as had been done in the past. The Board of Dentistry has responded by having Board members and officials going to components and groups to inform us about changes and posting them on the Board of Dentistry website. We feel this is a positive direction for all parties.

Our Ambassador program, despite some setbacks, is now operating. Thank you to Dr. Elizabeth Reynolds, the Membership Council, and the folks around the state who are a part of this important program. Our hope is that the program will help a great deal in building our membership. You can find information on the program by going to the VDA website. We are always looking for more Ambassadors. Don't forget you don't have to be an Ambassador to invite someone to become a member. All of us as present members should be on the lookout for new members.

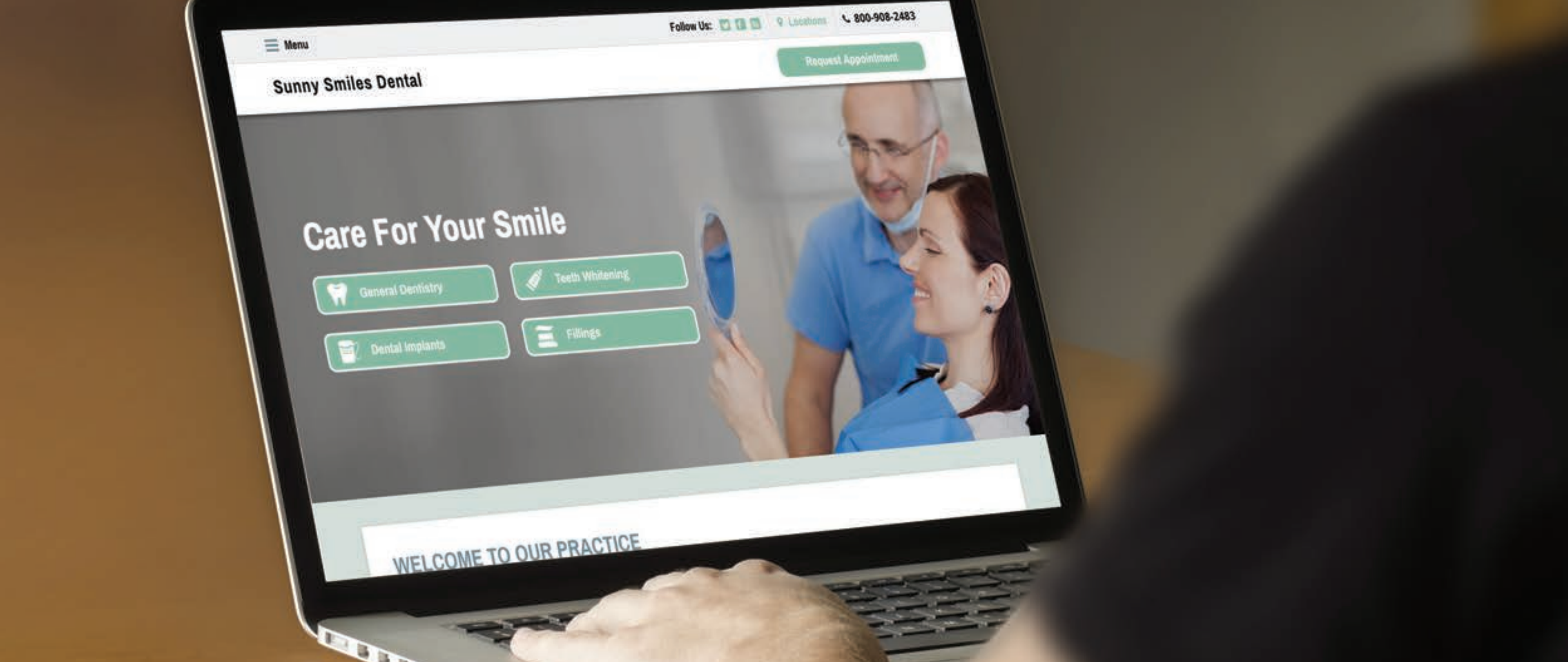
The Non-Renew Task Force, chaired by Dr. Scott Francis, has done a great job this year. They have cut the number of non-renews substantially compared to recent years. Not to insult our members, but I would respectfully suggest renewing when you get your statements in November or at least before the end of the year. Several thousand dollars are wasted each year with staff and volunteers pursuing non-renews that eventually renew. The money used in that task could be better used toward other important membership programs.

Kudos to Dr. Mark Crabtree and the folks in Martinsville who have gotten the education process started for the Community Dental Health Coordinator (CDHC). Dr. Crabtree has spent a few years working on this important project going back to being involved with the ADA task force that established this important dental team member. The CDHC training is offered by Patrick Henry Community College in Martinsville and is available online at other locations with hands on experience being received in Martinsville. The CDHC is similar to a Community Health Worker who helps educate local people about dental health and helps navigate them through the system. This person will be an important part of the dental team to guide patients to Medicaid providers, and in areas that have clinics to do government assisted work such as Medicaid. The program was tested on the Eastern Shore last summer and was very successful.

The Virginia Meeting in September is shaping up as a great meeting. We have several nationally recognized speakers and lots of other activities to make a great meeting.

I close this letter by thanking you for allowing me to serve as your President. I consider it a great honor just to practice dentistry. It has been a major highlight of my career to serve in the VDA leadership. As always I hope that we all share a great passion for dentistry and our profession.

We make websites for **dentists.**



Trusted by over 7,000 practices. Chosen by 45 healthcare associations. Proven through 14 years of experience. Despite all this, dentists don't choose us because of our résumé. Dentists choose us because we put new patients in their chairs.

Call 844.818.1570 for **50% off setup** and **2 months free hosting.**

Offer good through September 30, 2016.

"Officite made the process seamless and the staff was great! Everything we asked, they delivered!

– DRS. MENAKER & RODNEY, DDS, CHARLOTTE, NC

844.818.1570

Officite.com/VDAJournal

MESSAGE FROM THE EDITOR

Dr. Richard F. Roadcap

This year two neighbors reminded me what it means to sacrifice. One donated a kidney to a woman she'd never met. Another declined a significant promotion in his career field to avoid taking his teenaged children out of their community schools. All of us have made planned sacrifices in gaining an education, starting a practice, buying a home, and so forth. Few of us have the opportunity to make life-changing sacrifices on a moment's reflection.

Not long ago I received a phone call from Dr. Manny Michaels of Norfolk. He's a past-president of the VDA, and the prestigious Lifetime Achievement Award is named in his honor. He told me that a close friend and colleague, Dr. Jack Atkins, had passed away, and *Journal* readers needed to know more about his remarkable life and career. He also told me to call Dr. Atkins's widow, Fay, as she would be glad to talk with me, and was expecting my call. I followed up on his suggestion. I never had the good fortune to meet Dr. Atkins.

I called Mrs. Atkins on a Saturday afternoon, she answered the phone, and we had a delightful conversation. She seemed eager to talk about her late husband's life and accomplishments. She began by telling about his life after dentistry: cross-country bicycling. The first of his three rides across the US took place when he was 73; the last when he was 80. His grandson accompanied him on the second trip. He was an avid cyclist: "The bike has kept him going the last 20 years!" She said even in the last year of his life (at 92) he would ride two hours a day. She also told me he practiced in Norfolk, Chesapeake, and most recently, Virginia Beach. It was a wonderful practice where "patients were like family and friends". The flag bearer at Dr. Atkins's funeral was a Mr. Bauer, who'd been his patient since age five. His former hygienist told patients and friends about his 80th birthday, and over 350 cards arrived in the mail.

What inspired Dr. Atkins to seek a career in dentistry? His father, Thomas, was in a terrible automobile accident, and the attending dentist's miracles of reconstruction led young Jack to a decision to devote his life to healing others. Events conspired to delay his education: World War II began and he enlisted in the Army, first as an infantryman. He returned home, finished high school, and applied for a slot in the Army Air Forces, the forerunner of today's US Air Force. He was chosen to be a glider pilot, ferrying troops behind a cargo plane, which released the engine-less aircraft to an uncertain destination behind enemy lines. (To learn more about gliders in WWII, watch the PBS video, "Reconstructing the D-Day Gliders", http://www.pbs.org/wgbh/nova/military/d-day-gliders.html.) After the war he flew conventional aircraft, bringing former prisoners-of-war home to the US.

Dr. Atkins resumed his education, first at what is now Old Dominion University, and then completed his undergraduate studies at The College of William and Mary. He applied and was accepted into dental school. I told Mrs. Atkins that I also attended VCU, and she said "You can say that, but it's still MCV." Many years of successful dental practice followed, and a well-deserved retirement loomed on the horizon. As a child he'd read the story of a medical missionary in India, and according to a local paper, he was "entranced".[1] By chance he learned that a friend he'd known at church, a physician, had volunteered his services in Africa. The newspaper reports that Dr. Atkins had it all planned: two weeks in Central America, and then a flight back home. His church's mission board had another idea for him: two months in India. Following a sleepless night, he broke the news to his wife. She wasn't surprised to hear he was going to India.

After two months at a Baptist Hospital in southern India, a weary Dr. Atkins could not picture himself returning to this third-world country. But after three months back home in Virginia, "it was all I could think about… there's something very special about India. It really grows on you."[2] He returned to India, this time for six weeks. He was overwhelmed by the suffering he encountered. Other mission trips followed. He helped establish clinics in Benin (in West Africa) and Nigeria. He went unaccompanied, and Mrs. Atkins says "It was a wonderful experience for him. He touched an awful lot of lives."

In addition to serving as President of the Tidewater Dental Association and the Virginia Academy of General Dentistry, in 1996 Dr. Atkins was chosen to carry the Olympic torch on a leg of its journey through Hampton Roads. His wife says, "It was the highlight of his life!" He was also recognized as a Hometown Hero by a national veterans' organization.

1 Scott Wash, "Dentist spreads faith through missionary work", *Beacon*, December 26-27, 1985.

2 (*Beacon*, 1985)

Dr. John "Jack" Atkins loved his country, his family, his profession, and his fellow man. For those he loved he made many sacrifices. Kipling wrote "Oh, East is East and West is West, and never the twain shall meet." Healthcare professionals are known for keeping separate their professional and personal lives. But Dr. Atkins found it impossible to divide among his talents, his faith, and his desire to help others. Sacrifice gave him the opportunity to combine them all.

Jack Atkins (1944)

Jack Atkins (1996)

GUEST EDITORIAL - FOR THE PATIENT

SMOKELESS TOBACCO EFFECTS ON DENTAL HEALTH

Dr. Philip A. Gentry

With cigarette smoking becoming socially unacceptable and prohibited in many areas, some, especially high school boys, are using smokeless tobacco. Smokeless tobacco includes chew, spit, dip, snuff, snus, and any dissolvable tobacco product. Many people believe these products are safer than smoking. This is not true! With the tobacco in contact with your gums for long periods of time, you will become addicted and dangerous consequences will occur. Nicotine in tobacco is what causes the addiction. One small can of chewing tobacco contains 144 milligrams of nicotine, which is equivalent to 80 cigarettes.

Chewing tobacco will cause the following to your mouth:

- Stained teeth- Your teeth will look ugly.
- Bad breath- Your mouth will stink.
- Tooth decay- Tobacco juice and added sugars for flavor cause cavities.
- Loss of taste and smell- Can't enjoy food.
- Gum recession and gum disease- Gums loss and teeth will fall out.
- Leukoplakia- Premalignant white patches on gums that can lead to cancer.
- Cancer- Tobacco contains 28 cancer causing chemicals.

If you use any type of tobacco you need to stop immediately! Smoking 1 cigarette causes 1.8 milligrams of nicotine to be absorbed into the blood, while a pinch of chewing tobacco allows 3.6 to 4.5 milligrams of nicotine to enter the bloodstream. Nicotine is highly addictive. Upon entering the bloodstream, it immediately stimulates the adrenal glands to release epinephrine, which stimulates the brain to increase blood pressure, respiration, and heart rate, giving the user a "kick". Nicotine, just like heroin and cocaine, also increases the levels of the neurotransmitter, dopamine, which control the brain's reward and pleasure pathways. Although there is more nicotine in chewing tobacco, research has shown the withdrawal symptoms are equivalent. Nicotine is toxic and is actually the tobacco plants natural insecticide against being eaten by insects. For centuries gardeners have used a home-made mixture of tobacco and water to kill insects!

In order to stop, you need to set up a Quit Date and come up with a Quitting Plan. In my opinion, the best way is to decide you really want to quit. Get psyched up and do it! Quit "cold turkey" or try slowly cutting back by using less and less each time and switch to a product containing less nicotine. Substitute sugar free gum or sunflower seeds. Surround yourself with a support group of people who do not use tobacco. Visit your dentist and get your teeth cleaned so your mouth feels fresh and clean. Exercise and keep busy.

Quitting will be difficult. Nicotine is about as addictive as heroin and crack cocaine, and more addictive than crystal meth, alcohol, and cocaine. You have become physically and emotionally addicted and quitting causes unpleasant withdrawal symptoms. These include:

- dizziness
- depression
- anxiety
- feelings of frustration
- impatience and anger
- irritability
- trouble sleeping
- difficulty concentrating
- restlessness, headaches, tiredness
- increased appetite, weight gain
- slower heart rate

For those that need extra help, consult your dentist or primary care physician to discuss if any medicines can help. Using some form of nicotine replacement therapy such as nicotine gum, patch, lozenges, inhaler, or nasal spray can double your chances of quitting. Here are some medicines to consider:

- Commit®
- CHANTIX*
- Habitrol
- Nicoderm CQ
- Nicorette
- Nicotrol®/Nicotrol® NS
- NiQuitin CQ
- Zyban

Smokeless tobacco is just as bad as smoking cigarettes. Smokeless tobacco is disgusting, causes gum disease, and tooth decay, and is a waste of money. Smokeless tobacco users have an 80% higher risk of oral cancer and a 60% higher risk of pancreatic and esophageal cancer. If you use both tobacco and alcohol your cancer risk is 100% greater than non-users. Smokeless tobacco products increase the risk of heart attack and stroke. It even says so on the label. Please quit!

Dr. Philip A. Gentry is a Fellow of The Academy of General Dentistry and has been practicing in Arlington, Virginia for 27 years. He serves on The Dean's Faculty in The Advanced Education in General Dentistry Department at The University of Maryland School of Dentistry.

References:

https://www.ucanquit2.org/HowToQuit/Medicines/MedicinesFAQ.aspx#Withdrawal

http://stopswithme.com/facts-and-stats/smokeless/

http://www.nidcr.nih.gov/oralhealth/Topics/SmokelessTobacco/SmokelessTobaccoAGuideforQuitting.htm

http://www.quitlinenc.com/health-professionals/tobacco-dependence-medication/treatment-for-smokeless-tobacco

http://www.cancer.org/acs/groups/cid/documents/webcontent/acspc-035551-pdf.pdf

http://www.tobaccofreeflorida.com/how-to-quit/smokeless-tobacco-what-you-need-to-know/

https://www.deltadentalins.com/oral_health/smokelesstobacco.html

http://oralhealthamerica.org/wp-content/uploads/What-you-need-to-know.pdf

http://www.cancercenter.com/oral-cancer/risk-factors/

https://www.drugabuse.gov/drugs-abuse/tobacco-nicotine

http://whyquit.com/whyquit/LinksAAddiction.html

https://www.psychologytoday.com/conditions/nicotine

http://www.acs.org/content/acs/en/pressroom/presspacs/2010/acs-presspac-october-27-2010/tobacco-and-its-evil-cousin-nicotine-are-good-as-a-pesticide.html

LETTER TO THE EDITOR:

DOCTOR - WHAT WOULD YOU DO NEXT?

Dr. Marvin E. Pizer

This 72 year-old white male was diagnosed and treated for an infiltrating well-differentiated squamous cell carcinoma in the right floor of the mouth by his general surgeon. The lesion was described as 3.5 cm in length and 7 mm in width extending from cuspid to first molar. After treatment, the patient was referred to a radiation oncologist. The radiation oncologist administered a cancericidal dose of cobalt to the right floor of the mouth and adjacent tongue. The radiation oncologist informed me that there was induration from the frenum of the tongue for a distance of 5.5 cm which was considered to be fibrosis. The patient was followed closely by the radiation oncologist until two ulcers were noted on this fibrotic tissue. At this finding the patient was referred to me to widely excise the ulcers with the possibility of this being a malignant recurrence.(A) (3). This was 30 years ago.

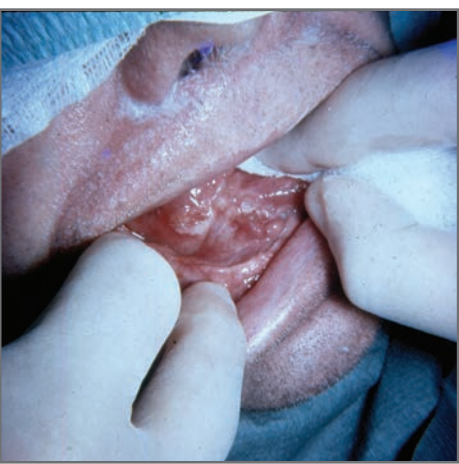


Figure A: This patient has had surgery and radiation prior to this slide for a carcinoma, right floor of the mouth. Note the significant ulcer on a raised "fibrotic" floor of the mouth. This was my initial view and palpation of this possible recurrent malignancy.

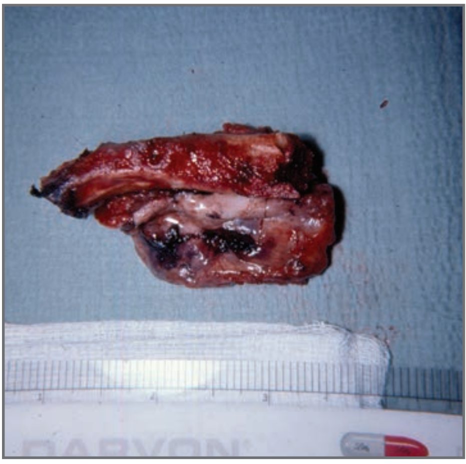


Figure B: This is the specimen I excised and referred to Pathology after multiple frozen section biopsies revealed the extent of this malignancy.

After taking the patient's medical history and a physical examination of the head and neck, I immediately knew this patient was a very poor risk for general anesthesia and even a poor risk for major surgery. The patient gave a history of excessive smoking of cigars and moderate consumption of alcohol, as well as symptoms of heart and lung disease. At this point the patient was hospitalized and many consultants contacted. These specialists included a cardiologist, pulmonologist, anesthesiologist, medical oncologist, radiation oncologist, general surgeon (with excellent background in head and neck surgery) and myself. (2)

Medically the patient was in atrial fibrillation with a rapid ventricular response, arteriosclerotic heart disease and obstructive pulmonary disease. No evidence of metastatic malignant disease was noted.

The patient was digitalized with digoxin and it was felt that the patient was acceptable for general anesthesia. The oncologists agreed that wide local excision would be the procedure of choice at this time. (4)

Under nasotracheal general anesthesia I did multiple frozen section biopsies, starting at the frenum to the retromolar triangle, to the periosteum of lingual borders of the mandible, and the lateral boarders of the tongue and all biopsied tissues were positive for squamous cell carcinoma. In order to get normal tissue margins it was necessary to remove the entire right floor of the mouth, including the deep portion of the submaxillary gland, the sublingual gland, the lateral borders of the right tongue and the mandible from the angle to the cuspid. After controlling the bleeding, I contoured a Steinmann Pin

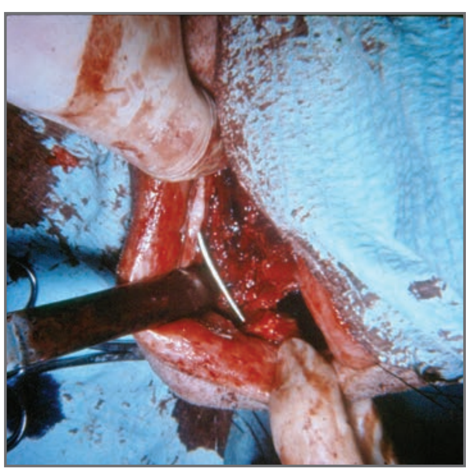


Figure C: An intra-oral view of the Steinmann Pin to replace the resected bone.

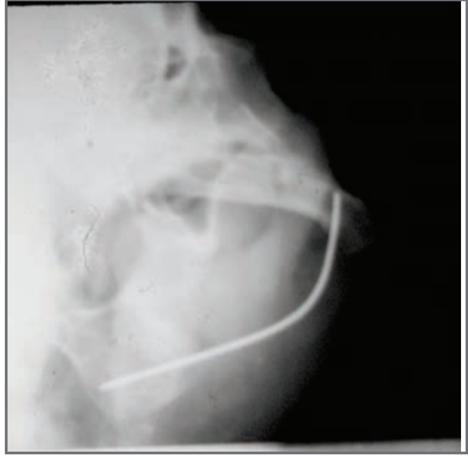


Figure D: Radiograph showing the Steinmann Pin in position.

and inserted into openings (that were made by a round bur) in the posterior and anterior segment of the residual right mandible. A water-tight closure was accomplished by undermining the right buccal mucosa and suturing to the tongue. All of the hard and soft tissue was sent to pathology for final diagnosis. (B) (C) (D)

The postoperative course was stormy necessitating a transfer of the patient to the Cardiac Care Unit. He very slowly recovered and was discharged three weeks postoperative.

The final pathology read "A grade 1 epidermoid carcinoma with central ulceration. Floor of the mouth margins and depth clear of tumor. Mandible negative for tumor metastases."

Our patient was seen on a monthly basis. The firsts visit revealed mobility of the Steinmann Pin and it was painlessly removed. The mandible was surprisingly firm. He also had good facial contour. (E) (F). On the third monthly visit, I detected in the neck and felt a firm and tender lymph node. It was biopsied and found to be malignant. The oncology team decided that a right radical neck dissection was indicated. Our general surgeon did this procedure and found other malignant nodes. Postoperatively the medical oncologist put the patient on methotrexate. There were no systemic metastases. The patient was now followed closely by the general

CONTINUED ON PAGE 8

CONTINUED FROM PAGE 7

surgeon, medical oncologist and myself. Approximately three months postoperative, I felt an indurated mass subcutaneously in the neck which we all agreed was an indication for an aspiration biopsy. This again revealed the same malignancy and surrounding necrosis of skin. The medical oncologist began intra-tumor injections with methotrexate. This seemed to contain the malignancy. While the team was contemplating our next procedure, we were informed that the patient's general weakness, anorexia, and depression required hospitalization. While in the hospital he died of congestive heart failure eight days after admission. However an autopsy revealed that the immediate cause of death was bilateral bronchial pneumonia. There was no distant metastasis and only the right neck had Grade 1 residual epidermoid carcinoma. There was no evidence of malignant disease in the mouth.

If I were treating this patient today (2016) I would employ lymphatic mapping with a drug named Lymphoseek®. (1) I would inject Lymphoseek when I realized the extent of the carcinoma in the floor of the mouth. This Lymphoseek is injected adjacent to the neoplasia and will reveal the status of the neck.

Lymphoseek is an agent referred to as a "receptor-target" because it binds to receptor sites on the lymph nodes that drain the malignancy. The lymph nodes that drain the malignancy are identified by an imaging procedure called Lymphoscintigraphy. Usually 3 to 4 lymph nodes which retain this drug are biopsied – if these nodes show the malignancy, then you know there is malignant metastasis to that side of the neck. Finding normal nodes is an accurate determination of a normal and uninvolved neck. Lymphoseek has been approved for malignant disease of the mouth by the FDA in 2015. It is being utilized by the Head and Neck Surgery Department at the M.D. Anderson Cancer Center (University of Texas), and others.

Researchers are now developing target cancer drugs. The approach is to identify the molecular and cell changes in each patient's malignancy and have chemotherapy destroy that specific cancer and not injure the normal cells.

Would an earlier diagnosis and prophylactic neck dissection have made a difference?

References

1. Lai SY, Head and Neck Cancer News, April 2014
2. Pizer ME. The Oral Cancer Team. Virginia Dent J. 1968; Vol. 45
3. Archer WH. Oral and Maxillofacial Surgery, Vol 2, 5th Ed. 1975. WB Saunders
4. Pizer ME, Kay S. Mouth Cancer – Concepts of Treatment. Virginia Med Monthly. 1972;

*Emeritus Staff, Alexandria Hospital, Alexandria, Va.

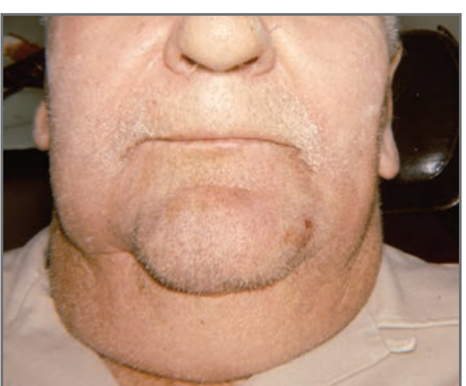


Figure E: Frontal view of face following removal of Steinmann Pin from mandible. Six weeks postoperative.

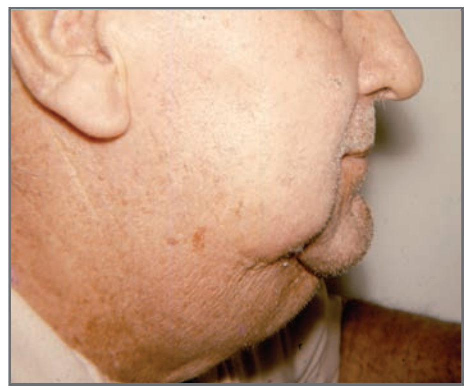


Figure F: Lateral view of face following removal of Steinmann Pin from mandible. Six weeks postoperative.

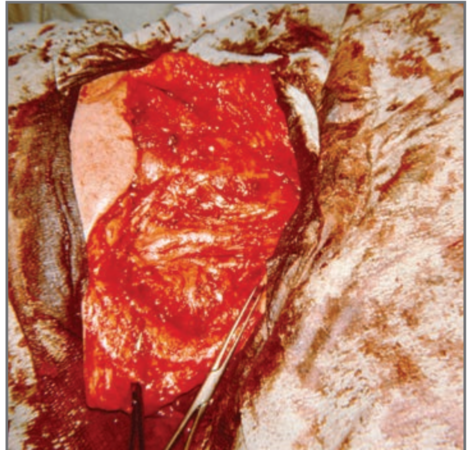


Figure G: Clinical view of neck dissections.

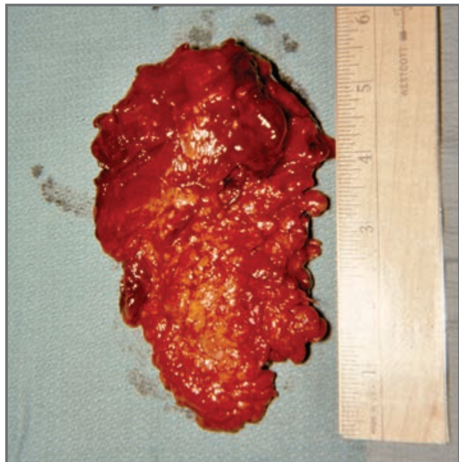


Figure H: View of specimen sent to Pathology.

LETTER TO THE EDITOR:

HYPERVIRULENT STREP

Henry M. Botuck, DDS

A hypervirulent strain of streptococcus A (emm59) has been isolated in the southwestern United States. It is related to one that was isolated in Canada 2006-2009. Strep A has long been associated with strep throats and invasive skin infections. This particular strain is associated more with necrotizing fasciitis. It also is known as a flesh-eating bacteria that can cause loss of limbs, and even death.

I bring this up because we need to be prepared for any of the many virulent organisms out there that could find their way to our offices. Our defenses should prepare us for the worst-case scenario.

Working with the high speed handpiece and the ultrasonic scaler, we get about 100,000 aerosols per cubic foot directed at our hair, face, glasses, mask, arms, neck, and torso. If those aerosols contain streptococcus A, as an example, and you have bare skin, then you leave yourself and your family open to possible throat and skin infections (worst case scenario: necrotizing fasciitis).

Although OSHA regulations specify long sleeved gowns, I see too many dentists wearing short sleeves. Short sleeves AND open at the neck. I suggest that you become aware of how this potentially affects not only your heath, but your family's health as well. When it comes to family illness, I think of little children as Petri dishes that bring home bacteria and viruses. Children seem to be incubators for illnesses that run through the whole family. Well, what about you? What illnesses do you bring home to your family? You may not realize it, but you could also be a contributor. I will explain.

We all wear gowns, masks, gloves, and glasses (In addition, I strongly suggest a head covering). And, we think the family is safe, because we leave all those contaminated items at the office. However, an article in JAMA Internal Medicine changed my thinking. It is entitled, "Contamination of health care personnel during removal of personal protective equipment"[1]. This article shows that dentists, hygienists, and assistants could also become the family Petri dish for disease.

So, to my mind, there needs to be a sea change in the way we approach the subject of protective gowns. New evidence requires a new approach. Cloth gowns that open in the front aren't protective enough. Short sleeves are not protective enough. Disposable gowns that open in the back, are.

"But, we've always used cloth gowns," or "Disposable gowns don't look as nice", are not valid arguments against their use. How you practice dentistry should be based on the latest evidence, and not on an inflexible emotional tie to what we are used to doing. We need to adapt. I come from an era before we used gloves and masks. Does anyone want to go back to that way of practicing dentistry? "But my hands perspire". "It's harder to breath". Now, I am talking about disposable gowns and hair coverings. So, hear me out.

Disposable gowns have long sleeves, a high neckline, and open from behind. So, you get maximum protection from those aerosols. But, the key to not bringing home bacteria and viruses from the office is the way you take the gown off.

Disposable gowns tie in the back. You wouldn't necessarily need someone to untie them for you, although you could do it that way. You could also grab the front of the gown with both gloved hands and pull forward, thus tearing the ties and enabling you to pull the gown off your shoulders. Once the ties are untied or broken, the contaminated gloves and the gown can be removed at the same time. (note: when donning gloves, they should cover at least one inch of the sleeve) Just grab the sleeve and the glove of the right hand with the gloved left hand, and pull both that sleeve and glove off together.

The gown is now inside out, and the uncontaminated inside can be touched with the newly bared right hand. Continue to hold the right glove and sleeve with the gloved left hand. Now use that newly bared right hand to remove both the left sleeve and glove together from the inside. Then dump the balled-up gown and gloves into the trash and wash your hands. As you will note, neither your street clothes nor your skin will be touched by the contaminated portions of your gown.

Thus, in this age of antibiotic resistant bacteria, you could safely say that your clothes were not a source of infection for your family.

Wash your face with soap and water after your last patient in the morning and the last one in the afternoon.

Wear a disposable hair covering (they are styled for men and women) so as not to bring home bacteria from your hair to contaminate your pillow and/or your family.
It just takes a change of mindset. With all of the publicity about antibiotic resistant bacteria, patients appreciate doctors' offices where infection prevention is taken seriously. Wear your disposable gown as a badge. You don't need a colored cloth gown to impress patients in this day and age.

---

1 - Thomas ME, Kundrapu S, Thota P, et al. Contamination of health care personnel during removal of personal protective equipment. JAMA Intern Med. Published online October 12, 2015.

DR. ANNE NEWMAN

A University of Michigan graduate twice over, Dr. Anne Newman completed a GPR through the University of Tennessee and joined a Roanoke-based private practice. She focuses on designing long-term comprehensive treatment plans with goals of expanding to sports dentistry.

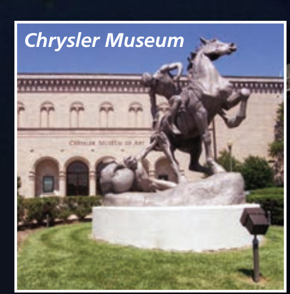
Oceans of Opportunity

September 14-18, 2016 • Norfolk Waterside Marriott • Norfolk, VA

2016 REGISTRATION MATERIALS

Register online at www.vadental.org/events/virginia-meeting

MacArthur Mall


Chrysler Museum

Norfolk Botanical Gardens

Taste Tidewater Tours

Sail Nauticus

#VirginiaMeeting

Registration Form (PAGE 1 OF 2)

SEPTEMBER 14-18, 2016

Please use this page and the next to register for the **2016 Virginia Meeting**. Please note that each registrant will require a separate form. Feel free to make copies of this form as needed.

**membership verification required*

✓	*Registration Type**	*On/Before July 22*	*July 23 - August 28*	*On Site Sept. 14-18*
	VDA Member Dentist	$270	$325	$375
	VDA Member Dentist (1-3 years out of dental school)	$60	$70	$85
	VDA Member Dentist (4-6 years out of dental school)	$130	$160	$185
	VDA Member Dentist (7-9 years out of dental school)	$200	$245	$285
	ADA Dentist (Non-VDA)	$410	$470	$530
	NON-Member Dentists	$675	$705	$745
	Active Military Dentists (Non-VDA)	$200	$300	$350
	ODDS Member Dentist (Non-VDA)	$270	$325	$375
	Retired Life VDA Member	$0	$0	$25
	Assistant	$75	$80	$85
	Office Staff	$75	$80	$85
	Lab Technician	$75	$80	$85
	Hygienist	$75	$80	$85
	Spouse/Guest of Registrant	$40	$45	$50
	Guest (ages 12 and under)	$15	$20	$25
	Student (Dental, Hygiene, Assisting)	$0	$0	$0
	Exhibitor	$0	$0	$0

Registration Sponsored by

Virginia Meeting App

☐ Again this year, a Virginia Meeting App will be available, which will include all content normally in the onsite brochure. If you plan to continue utilizing the paper brochure, please check this box and we will print one for you. If you do not check the box, you are indicating that you would prefer to use the app instead.

Virginia Meeting Mailing List

☐ I would like to **OPT OUT** of the Virginia Meeting mailing list. (Leave blank if you would like to be included in meeting communications. See page 21 for details.)

Annual VDA Golf Tournament

Code **S41** - *Additional Information*

Handicap: ______________________

I would like to be grouped with the following players:

____

____

____

Prefix: Mr. Mrs. Ms. Dr. **Required*

*First Name: ______________________

*Last Name: ______________________

Company Name: ______________________

Specialty: ______________________

Component: ______________________

*Phone: ______________________

*Mailing Address: ______________________

____

Membership #: ______________________

*Email: ______________________

Total Cost $

❑ VISA ❑ MC ❑ AMEX

Expires: ______________

Card#: ______________________ 3 or 4 digit code: ______

Name on Card: ______________________

Address on Credit Account: ______________________

____

Signature: ______________________

Print Name: ______________________

*Emergency Contact Name: ______________________

*Emergency Contact Phone: ______________________

In case of refund, check should be made payable to: ______________________

If paying by check, make payable to VDA • **Mail:** The Virginia Meeting c/o Custom Registration, 2001 E. Randol Mill Road, Suite 135, Arlington, TX 76011 • **Phone:** (817) 277-7187 • **Fax:** (817) 277-7616 • **Online:** www.vadental.org

Refund and Cancellation Policy: All refunds must be submitted in writing by August 26, 2016. Conference badges and materials must accompany request. All refunds are subject to a 20% charge per total registration fee that will be processed within 15 business days to the primary registrant. The 20% fee will be calculated based on the original registration total. Refunds will be processed via check to the original payee within 10 business days for receipt of request. **No refund requests will be accepted after August 26, 2016.**

Registration Form (PAGE 2 OF 2)

Please register for any course, activity, or event you would like to attend to be granted access.
(✓ check corresponding box)

THURSDAY, SEPTEMBER 15, 2016

✓	Code	Course Title/Topic	Speaker/Event Host	Time	Credits	Fee
	T8	Pierre Fauchard Breakfast	Pierre Fauchard Academy	7:00am-8:00am	0	$45
	T1	Ignite the Power in Your Practice	Mrs. Debra Engelhardt-Nash	8:00am-3:00pm	6	$0
	T3	Ten Things I'm Concerned About in the Practice of Dentistry	Mr. Theodore Passineau	8:30am-11:30pm	3	$0
	T2	Patients Undergoing Radiation and Chemotherapy; Dental Care and Concerns	Dr. Casey Leser	8:30am-11:30am	3	$0
	T4	Boxed Lunch Pick-Up **Circle Type: Turkey Ham Roast Beef Salad None**	VDA	11:30am-1:30pm	0	$24
	T6	Dental Digital Marketing: 7 Simple Moves to Become More Searchable…	Mr. Corey Perlman	12:30pm-3:30pm	3	$0
	T9	Living Healthy in a Doubleburger.com World…	Mr. Joe Piscatella	12:30pm-3:30pm	3	$0
	T5	Heartsaver CPR	CPR - TCLS	1:00pm-3:00pm	2	$65
	T10	Exhibit Hall Opening Reception	VDA	4:30pm-6:30pm	0	$0

FRIDAY, SEPTEMBER 16, 2016

✓	Code	Course Title/Topic	Speaker/Event Host	Time	Credits	Fee
	F11	AGD Breakfast	Academy of General Dentistry	7:00am-8:00am	0	$0
	F12	Restorative Materials Update 2016	Dr. Jeff Brucia	8:00am-3:00pm	6	$0
	F21	Living Healthy in a Doubleburger.com World…	Mr. Joe Piscatella	8:30am-11:30am	3	$0
	F14	Top Trends in Periodontology	Mrs. Rebecca Wilder	8:30am-3:30pm	6	$0
	F15	Immediate vs. Delayed Sockets	Dr. Dennis Tarnow	8:30am-11:30am	3	$0
	F26	Glass Blowing-Chrysler Museum	Chrysler Museum	9:00am-12:00pm	0	$60
	F16	Boxed Lunch Pick-Up **Circle Type: Turkey Ham Roast Beef Salad None**	VDA	11:30am-1:30pm	0	$24
	F17	VDA Fellows Lunch	VDA Fellows	Noon-1:30pm	0	$35
	F18	Raising Fit Kids in a Fast World	Mr. Joe Piscatella	Noon-1:30pm	1	$0
	F20	Healthcare Provider CPR	CPR - TCLS	12:30pm-4:30pm	4	$75
	F19	Interdisciplinary Approach for Treating the Esthetically Compromised Patient	Dr. Dennis Tarnow	1:00pm-4:00pm	3	$0
	F22	Considering Practice Ownership?	Mr. Contrucci & Mr. Abdulla	1:00pm-4:00pm	3	$0
	F23	International and Local Volunteer Dental Projects: What's it All About Anyway?	Dr. Frank Serio	1:00pm-4:00pm	3	$0
	F27	Craft Brewery Tour	Craft Brewery	4:00pm-7:00pm	0	$70
	F44	Exhibit Hall Closing Reception	VDA	4:30pm-6:30pm	0	$0
	F24	VDA New Dentist Reception	VDA New Dentist Committee	5:00pm-6:00pm	0	$0
	F25/F25A	VDA President's Party	VDA	7:00pm-10:00pm	0	$65/$30

SATURDAY, SEPTEMBER 17, 2016

✓	Code	Course Title/Topic	Speaker/Event Host	Time	Credits	Fee
	S30	ICD Breakfast	ICD Breakfast	7:30am-8:30am	0	$25
	S46	Your Sixth Sense: Understanding Body Language and Human Decision-Making…	Dr. Christopher Ramsey	8:00am-3:00pm	6	$0
	S31	Advanced Cardiac Life Support	ACLS-TCLS	8:00am-5:00pm	6	TBD
	S37	Sail Nauticus	Sail Nauticus	8:30am-11:30am	0	$55
	S28	Ten Things I'm Concerned About in the Practice of Dentistry	Mr. Theodore Passineau	8:30am-11:30am	3	$0
	S38	Turning High Income into High Wealth	Mr. Cuskovic, Mr. Moyer, & Mr. Kupstas	8:30am-11:30am	3	$0
	S29	Oral and Head/Neck Exam Revisited	Dr. Casey Leser	8:30am-11:30am	3	$0
	S33	Pulp Therapy for Primary and Young Permanent Molars	Dr. Patrice Wunsch	8:30am-11:30am	3	$0
	S32	The Psychology of Success: Secrets the Superstars Know	Mr. Bruce Christopher	9:00am-Noon	3	$0
	S40	Chrysler Museum Tour	Chrysler Museum	10:00am-11:30am	0	$10
	S45	Boxed Lunch Pick-Up **Circle Type: Turkey Ham Roast Beef Salad None**	VDA	11:30am-1:30pm	0	$24
	S39	Colonial Home Tour	Colonial Home	12:00pm-2:00pm	0	$5
	S36	Endodontics for 2016	Dr. Tim Finkler	1:00pm-4:00pm	3	$50
	S35	Leap! The Net Will Appear!	Mr. Bruce Christopher	1:00pm-4:00pm	3	$0
	S41	Annual VDA Golf Tournament (lunch grilled on site, included)	VDA	1:00pm Start Time	0	$175
	S34	VDA Foundation Annual Celebration (Slover Library)	VDA Foundation	7:00pm-10:00pm	0	$75

SUNDAY, SEPTEMBER 18, 2016

✓	Code	Course Title/Topic	Speaker/Event Host	Time	Credits	Fee
	Sun42	Past Presidents' Breakfast	VDA	7:00am-8:00am	0	$0
	Sun43	Slover Library Tour	Slover Library	9:30am-11:30am	0	$10

Your Name: ______________________________ **Total Cost** $ ______

REGISTER ONLINE: WWW.VADENTAL.ORG/EVENTS/VIRGINIA-MEETING

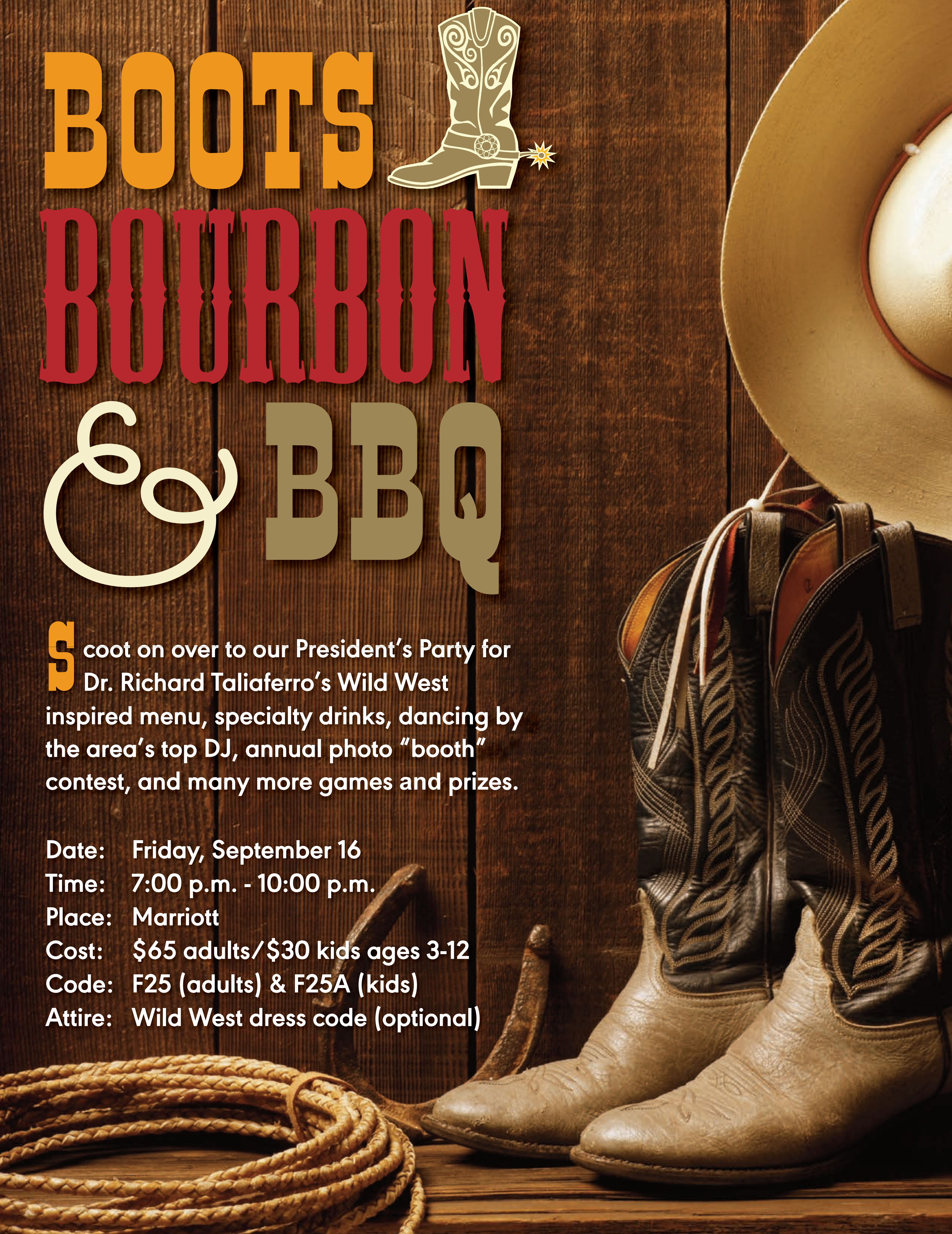

BOOTS
BOURBON
& BBQ
Scoot on over to our President's Party for Dr. Richard Taliaferro's Wild West inspired menu, specialty drinks, dancing by the area's top DJ, annual photo "booth" contest, and many more games and prizes.
Date: Friday, September 16
Time: 7:00 p.m. - 10:00 p.m.
Place: Marriott
Cost: $65 adults/$30 kids ages 3-12
Code: F25 (adults) & F25A (kids)
Attire: Wild West dress code (optional)

Exhibit Hall Info

Exhibit Hall Hours

Thursday 1:00pm-6:30pm
Friday 8:00am-6:00pm
Saturday CLOSED

Exhibit Hall Schedule of Events:

Opening Reception . . . . . Thursday, 4:30pm-6:30pm
Free Beer and Wine (one per person) sponsored by Patterson Dental and West End Orthodontics

Boxed Lunch Pick-Up . . . Friday, 11:30am-1:30pm

Lunch Seating . . . . Friday, 11:30am-1:30pm

Snacks . . . . Friday, 2:00pm-4:30pm

Closing Reception . . . . . . Friday, 4:30pm-6:30pm

VIRGINIA MEETING EXHIBITORS: *as of June 24, 2016*

ACG
A-dec
ADS South
Ameritas
Asset Protection Group, Inc.
Association Gloves - VDA Services Glove Program
B&B Insurance Assoc., Inc.
Bank of America Practice Solutions
BestCard LLC
BioHorizons
Brasseler USA
CareCredit
Carestream Dental
Chas. Lunsford Son & Associates
Colgate Oral Health Network
Commonwealth Transitions, LLC
Crystal Dental Design
Delta Dental of Virginia
Demandforce
Dental Care Alliance
DentaQuest
Dentegra Insurance Company
DENTSPLY
DENTSPLY Implants
Dentsply Sirona Endodontics
Designs for Vision, Inc.
Digital Doc, LLC
Doral Refining Corp
Drake Precision Dental Laboratories
Enovative Technologies
GC America
GlaxoSmithKline
Goodwin Dental Lab
Heavenly Handpiece Express
Henry Schein Dental
Hiossen
Hu-Friedy
iMedicor
Implant Direct
Ivoclar Vivadent, Inc.
Komet USA
Lab One Dental
Leadership By Design
Lending Club Patient Solutions
LumaDent
MacPractice
MedPro
NanoSeptic Self-Cleaning Surfaces
National Practice Transitions, LLC
Nobel Biocare
Patterson Dental Supply, Inc.
Philips Sonicare and Zoom Whitening
PNC Healthcare Business Banking
Porter Royal Sales
Procter & Gamble Professional Oral Health
Prosites
R.K. Tongue Co., Inc./TonguelGerner Financial Services, LLC
Salvin Dental Specialties, Inc.
SDI (North America) Inc.
Social Dental
SolmeteX, LLC
State Corporation Commission/Bureau of Insurance
Sunstar Americas
SurgiTel/General Scientific Corporation
The Gideons International
Tidewater Physical Therapy, Inc.
UBS Financial Services
Ultradent Products, Inc.
Ultralight Optics, Inc.
VADPAC
VCU School Of Dentistry
VDA Services
Virginia Dental Assistants Association
Virginia Dental Association Foundation
Virginia Department of Health, Office of Family Health Services, Dental Health
Virginia Oral Health Coalition
WEAVE
Worldpay US
Zimmer Biomet

REGISTER ONLINE: WWW.VADENTAL.ORG/EVENTS/VIRGINIA-MEETING

Norfolk Waterside Marriott

235 E. Main Street, Norfolk, VA 23510

Standard Room Rate: $149 *(plus tax)*
**Reservations must be made on or before August 26, 2016 to receive the block rate.*

Check in: 4:00 PM
Check out: 11:00 AM

Parking

Can be billed to your room: $13 per night (no in/out) or $20 per night (with in/out privileges). You must park in Main Street Garage only.

Valet parking, fee: $26 daily
Hourly rates are available as well

To reserve your room:

***Option 1:* By Phone** 1-800-874-0264
Reservation code: **Virginia Dental**

***Option 2:* Online**
Visit www.vadental.org/events/virginia-meeting/2016/04/15/our-room-block-is-open!

Once at this site, click the link to make reservation.

1996 2016

OKTOBERFEST

Virginia Dental Association Foundation's
20th Anniversary Celebration

AFTER 20 YEARS, the Virginia Dental Association Foundation (VDAF) is thrilled to invite you to celebrate 2016 Oktoberfest! Over 6,000 people receive free dental care each year due to the incredible accomplishments of our tireless volunteers. Please join us at Norfolk's stunning Slover Library to support these continuing efforts and enjoy a local beer tasting, delicious German food, a fabulous silent auction and live German music. ***Willkommen!***

Details

Saturday, September 17, 2016
7:00 -10:00 p.m.
Slover Library
(235 E. Plume St. , Norfolk, VA 23510)

Ticket Info

$75 per person
Purchase tickets when registering for the Virginia Meeting, or contact Tara Quinn to buy directly from the VDAF at **quinn@vadental.org**

About

As the charitable and outreach arm of the Virginia Dental Association, the VDA Foundation (VDAF) is passionate about oral health and how it affects the well-being of individuals and communities throughout the state. For many people, financial realities mean no hope of securing dental care. That is why the VDAF exists: to help underserved Virginians get the dental services they need. Each year, with the help of Virginia dentists and the community at large, the VDAF is able to improve the oral health of families and children through programs like Mission of Mercy (MOM), Donated Dental Services (DDS) and Give Kids a Smile! (GKAS).

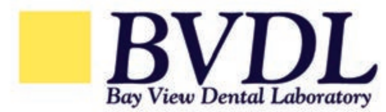
LEARN MORE ABOUT OUR PROGRAMS AT WWW.VDAF.ORG.
Contact Tara Quinn, VDAF Executive Director, (804) 523-2181 or email quinn@vadental.org.

The VDA thanks all 2016 Virginia Meeting Sponsors for their generous support!

DIAMOND

$2,500+ CE Sponsorship

Ferris-Donne Foundation/ Tidewater Dental Association



CareCredit
Making care possible...today.

EVENT

$1500 - $2,000 Sponsorship

EVENT

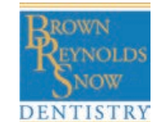
$750 - $1,000 Sponsorship

Steven G. Forte, D.D.S.
Practice Limited to Endodontics, Est. 1997
Newport News, Virginia 23606

Drs. Whiston, Patterson & Corcoran

EVENT

$250 - $500 Sponsorship



Eastern Virginia Oral & Maxillofacial Surgery

Jeffrey N. Kenney, DDS

Sponsors *as of June 24, 2016*

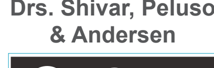
GOLD

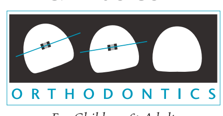
$1,000+ CE Sponsorship

Charlottesville Dental Health Partners – William Viglione, DDS

BRONZE

$500+ CE Sponsorship





Virginia Beach Dental Study Club

Virginia Academy of Endodontics

DONATIONS

$1,000-$2,500 Sponsorship

Full Service Personal & Business Insurance Agency
B&B
B&B Insurance Associates, Inc.
1-877-832-9113 • www.bb-insurance.com

DONATIONS

$100-$250 Sponsorship

Andrew J. Zimmer, DDS

GOLF TOURNAMENT

$400-$1500 Sponsorship

Cynthia M. Southern, DDS

Steven G. Forte, D.D.S.
Practice Limited to Endodontics, Est. 1997
Newport News, Virginia 23606

MIDGETTE
Family Dentistry
BRIAN P. MIDGETTE, D.D.S., P.C.

Norbo Dental

AN INTERVIEW WITH:

DR. CASSIDY TURNER; CHAIR, VDA COUNCIL ON SESSIONS

We know that you are the 2016 Virginia Meeting Chair. What drew you to a position with the Council on Sessions?
I was drawn to the fact that being on the COS would allow me the opportunity to expand the CE topics that are offered. During my years on the council, I have had the opportunity to work with other state dental associations, Council on Sessions members and the ADA to continue to make the Virginia Meeting a valuable experience.

For those that don't know, describe the role of the Council on Sessions?
The Council's job is to organize the Virginia Meeting each year. This includes working with VDA staff on sponsorships, exhibits, and choosing the speakers for the continuing education portion of the meeting.

What has been the most rewarding aspect of your time on the COS?
I have enjoyed getting to know and work with different dentists from around the state of Virginia. Each meeting with the COS I learn something new and it has definitely helped to improved my knowledge of dentistry.

Tell us your most memorable Virginia Meeting experience.
I have really enjoyed attending the Virginia Meeting for the past nine years. Each year I make new friendships and gained valuable mentors. I learn almost as much about dentistry and practice management outside of the CE courses by talking with other meeting attendees. Dentistry is often a somewhat solitary profession and it is exciting to meet with your fellow dentists and discuss what is going on in the dental profession. In the evenings once the educational portion of the day has concluded, it is great to see all of the dentists hanging out with each other and enjoying the opportunity to catch up with old friends and classmates.

So, the Virginia Meeting is in Norfolk again this year. What makes the 2016 Virginia Meeting different?
Although the location is the same, the continuing education for the 2016 Virginia Meeting involves an all new line-up of instructors. Our meeting is not only for the general dentist but also dental specialties. No matter how many times you visit Norfolk, there are always new and exciting things to explore.

Why should students and new dentists attend the Virginia Meeting?
The Virginia Meeting is a great place for dental students and new dentists to meet their fellow dentists. It is the perfect opportunity to network with established dentists in a social environment. The Virginia Meeting is also a great place for VDA dentists to meet with potential new member dentists so that they can see the value in being involved with organized dentistry. As a new dentist I initially did not understand all of the benefits of being a VDA member. Through the friendships and learning opportunities I have had at the Virginia Meeting I know how important it is to be actively involved in organized dentistry.

Where would we find you at the Virginia Meeting?
Early in the morning before the CE courses begin I can be found in the registration area. Once the CE courses have started I will be in and out of the courses making sure that all of the speakers have everything that they need. On Friday, you will find me in the exhibit hall speaking with the vendors and ordering my office supplies. See you there!

PATRIOTISM AND PRIDE IN NORFOLK

VisitNorfolk

Whether it is while standing on the deck of the last battleship ever built in the U.S.A., the Battleship *Wisconsin*, or taking an awe-inspiring tour of Naval Station Norfolk, home to more than 100 ships in the Atlantic Fleet, Norfolk, Virginia qualifies as one of the most nationalistic travel experiences worth considering for patriotic getaways. Whether a trip to Norfolk is timed to coincide with Presidents Day, Memorial Day, Fourth of July, Veterans Day or any ordinary weekend, this 400 year-old city-by-the-sea is a destination of distinction, offering endless opportunities for proud Americans.

Here are noteworthy and nostalgic choices for a meaningful and memorable weekend in Norfolk:

- Tour the Battleship *Wisconsin*. Built by the United States Navy, the battleship won five battle stars during World War II. It can be toured daily, either by an audio guide or with the assistance of active duty military and retired Navy volunteers on deck. The battleship is the largest exhibit of the Hampton Roads Naval Museum, which is otherwise housed inside Nauticus.
- Get interactive at Nauticus. Located right next door toBattleship Wisconsin, this arena for light-hearted family fun presents 150 nautical exhibits that give a slice of naval life, including a simulated destroyer, saltwater aquariums and a “shark touch” tank.
- Visit Naval Station Norfolk on a two-hour narrated tour of the world’s largest naval base aboard Victory Rover. The tour passes giant aircraft carriers, destroyers, submarines, frigates and amphibious assault ships.
- Experience the evocative Armed Forces Memorial in Town Point Park, a tribute to lives lost in war via 20 scattered bronze-cast letters.
- Discover the final resting place of General of the Army Douglas MacArthur. The MacArthur Memorial holds an extensive collection of military and personal artifacts that allows visitors to discover the compelling story of MacArthur and the millions of Americans who served during the Spanish-American War, World War I, World War II, the Occupation of Japan and the Korean War.
- Trace the city’s historic links to the past, including famous military sites, by following the self-guided Virginia Civil War Trail, sites include Fort Norfolk, the historic Freemason District and the West Point Memorial which commemorates black veterans of Civil and Spanish-American Wars.
- Norfolk is one of America’s great walking cities and can best be enjoyed when experienced on foot. Not to be missed: Windows on History a series of display windows depicting four centuries of historic people, places and events located along the exterior of the MacArthur Center mall in downtown Norfolk. The Norfolk History Museum at the newly-refurbished Willoughby-Baylor House (circa 1797) is another opportunity to experience a large swath of Norfolk’s history, including the various stages of its long history as an international port and maritime center and the area’s naval and military heritage. The Cannonball Trail is a walk-it-yourself tour through downtown historic Norfolk which connects the historic sites through storytelling. Visitors listen to stories about each site in order to form their own interpretation of Norfolk’s rich and multi-faceted history.

More Patriotic Reasons To Visit:

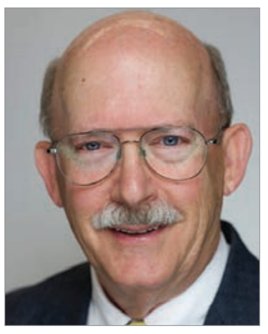
- Virginia International Tattoo features ceremonial performances of military music by massed bands that honors our nation’s military. Presented at Norfolk Scope in the Spring.
- Held in the Spring, when azaleas are in full bloom, Norfolk salutes the North Atlantic Treaty Organization (NATO), headquartered here, with a celebration known as the NATOFest. The 50-year-old tradition is an effort to create new friendships, provide a basis for cultural exchange, and recognize the military’s role in maintaining peace in the world.

Visitors with varied interests also have the option of interspersing a patriotic pilgrimage to the destination with enlightening culture via worthwhile museums like the Chrysler Museum of Art. Norfolk’s nearly 80 chef-owned restaurants also have cosmopolitan flair, thanks, in part, to the demanding palates of the international clientele served here, including many of our country’s military leaders.

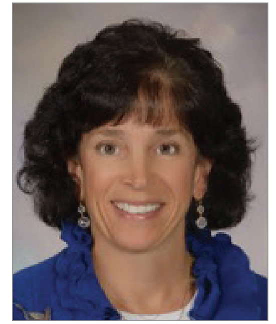
VDA ELECTED LEADERSHIP CANDIDATES

VOTE NOW AT: WWW.VADENTAL.ORG

Candidate for the office of President Elect *(1 position available)*



Dr. David Black



Dr. Benita Miller

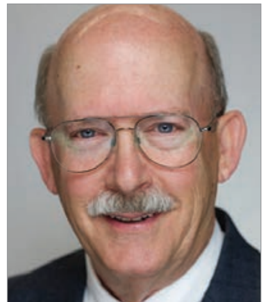
Candidate for the office of ADA Delegate *(3 positions available)*

Dr. Ralph L. Howell, Jr.

Dr. Michael Link

Dr. Ted Sherwin

Candidate for the office of ADA Alternate Delegate *(6 positions available)*



Dr. David Black

Dr. Frank Iuorno

Dr. Rod Klima

Dr. Justin Norbo

Dr. Richard Taliaferro

Dr. Brenda Young

CLINICAL SUCCESS STORY:

TREATING OPIOID USE DISORDERS

Marla Kushner, DO

Reprinted with permission from PCSS Projects

When 22-year-old Michael* walked into a Chicago physician's office three years ago, he was at one of his lowest points. While he was off opioids, he was still craving them. He had been in and out of rehab, flunked out of college, sold drugs to support his own drug habit, and had overdosed.

It may be an all too familiar story, and one that often ends in tragedy. But this time, Michael got lucky. Not only did have a family support, he had a physician who refused to give up on him.

Michael's physician is Marla Kushner, DO, a primary care physician in Chicago who specializes in addiction medicine. Patients with substance use disorders "happen to be my favorite patients. Especially when you see them get better," Dr. Kushner says.

But as many physicians know who work with patients with substance use disorders, it can be challenging. Michael, even after he seemed to be committed to sobriety and was taking buprenorphine/ brand name Suboxone, relapsed. Thankfully, he had parents who immediately admitted him to an inpatient facility where he was detoxed safely. When he returned home, Dr. Kushner put him back on Suboxone, and this time everything seemed to click. He got involved in Dr. Kushner's Suboxone therapy group, went to 12-step meetings, family counseling, and individual counseling.

"It was amazing. He just started to feel good," Dr. Kushner says. "He's just really taken all the recommendations we've given him and put it into action. He's become really successful. "

Now, the same man who got kicked out of college, was recently accepted back into college where he plans to major in therapy so he can help others. He has a job and is completely committed to sobriety.

One key to his success, says Dr. Kushner, was Michael's understanding that taking a prescription alone is not enough. He needed counseling and support. "I won't give a prescription without (support). But that goes with any chronic disease," she says. "I would encourage other physicians who work with patients who have the disease of addiction and who prescribe them medication to follow the recommendations that come with these prescriptions." Prescribing medications with behavioral therapies is required for office-based prescribing of buprenorphine for opioid use disorder under the Drug Abuse Treatment Act of 2000. Patient's needs vary, so clinics that can offer a number of different types of psychosocial/behavioral interventions may be better able to individualize treatment plans.

Dr. Kushner is optimistic about Michael's long-term prognosis and counts him as one of her best—of many—success stories.

*Name changed for anonymity

VDA SUPPORTS ANNUAL SCIENCE AND ENGINEERING FAIR

Dr. Brenda Young

The 2016 VDA Science Talent Award Program was very successful. We had more volunteers at the statewide competition in Lexington, April 8-9, than ever before. We also had several members volunteer at Regional Fairs as well. The VDA has supported Regional and State Science Fairs for many years. These events encourage young, talented high school students to consider STEM careers and courses of study in college. The VDA judges present cash awards and career information to winners on the regional and state level. Our participation in these programs encourages students to consider dentistry as a future career option.

The VDA provides $100 cash awards to a winner at each of the 12 Regional Fairs and many honorable mentions. On the state level, there are cash prizes awarded in seven categories such as Animal Sciences, Biochemistry, Biomedical and Health Sciences, and Microbiology. This year the Bennett Malbon Grand Prize award of $1500 was given to a Chemistry project. Jason Wei of Thomas Jefferson High School for Science and Technology received our award for his project, "Improving Lateral Flow Immunoassay Sensitivity by a Palladium Catalyzed Dye Reaction."

The VDA would like to thank the following members for volunteering their time and talent at the State and Regional Science and Technology Fairs: Dr. Mark Armanious, Dr. Bob Brown, Dr. Mitchell Bukzin, Dr. Corey Burgoyne, Dr. William Burston, Dr. Clay Devening, Dr. Ashkan Ghaffari, Dr. Avi Gibberman, Dr. Roselyne Gichana, Dr. Michael Grosso, Dr. Jay Harre, Ms. Nora Hermes, Dr. Jared Kleine, Dr. Marcel Lambrechts, Dr. William Midkiff, Dr. Nikta Marvdashti, Dr. Diane Pham, Dr. Timothy Russell, Dr. Richard Taliaferrro, and Dr. Christopher Thurston

WHO'S ANSWERING THE PHONE?

The Patient Safety and Risk Solutions Team, MedPro

Staff members who answer the telephone are a valuable asset to any dental practice. They serve as the "front line" of communication and make an important first impression on behalf of the practice and its doctors. They may also be the first to identify a patient who has an urgent or emergent condition — one that needs clinical assessment, advice, and perhaps even prompt intervention.

Few office receptionists have a clinical background. It is unwise to assume that they will always know the appropriate response to a patient's questions or concerns. Every dental practice should have clear guidelines that specify the level of telephone interaction that each employee may engage in with patients. Telephone conversations generally fall into categories:

- Business-related interactions — e.g., appointment scheduling and billing/insurance questions.
- Assessment of patient's clinical need (at an educational or informational level) — e.g., the patient has nonurgent questions about referral planning or compliance with a treatment plan; the patient requests a telephone discussion with the doctor; or the patient has a complaint that does not involve the need for an immediate clinical response.
- Assessment of patient's immediate clinical condition — e.g., follow up after treatment or a reminder of the need for compliance in home care; the doctor sends a direct follow-up message via designated staff.
- Clinician only — e.g., response to a patient's report of pain, clinical question, or urgent problem.

Staff may play a greater or lesser role in each of the above categories. But job descriptions and practice policies should clearly stipulate the exact degree to which nonclinical and clinical staff should participate in telephone interactions with patients.

Nonclinical Staff

Although the entire practice benefits when nonclinical staff have some understanding of medical terms and concepts, the decision-making necessary to triage the complaints that patients might report over the telephone requires special training. Nonclinical staff should know that, in general, it is their job to forward to the dentist any complaints directly related to clinical care.

Dental practices that provide education for their nonclinical staff generally include a list of patients' most frequently asked questions, along with "scripts" that staff members can use to help determine how to handle calls. Staff members who answer the phone should have a list of "hot button" conditions or statements that a patient might report or say that should automatically trigger notification to the doctor.

Patients who are advised that they should be seen at the office immediately should arrange such appointments only with approval of clinical staff — in other words, the doctor should know, at the time the appointment is being made, that the patient is coming to the office and expects to be seen for an urgent appointment.

In general, any patient who believes that he or she has a medical emergency should be referred to the local Emergency Department, with appropriate documentation and notification to the treating doctor. In general, any patient who is too ill to speak for himself or herself on the telephone also should be referred to the Emergency Department.

Clinical Staff

If nonclinical staff accept accountability for forwarding patient calls and concerns to appropriately trained clinical staff, those who have licenses/certificates are also bound to respond in a prompt fashion when receiving these notices or calls.

In a dental practice, the receptionist is the person most likely to answer the phone when a patient is calling to report some urgent problem. In such cases, the "hot button" questions should help that employee respond according to practice policy and forward the call to the doctor for his or her prompt response.

The approval of the dentist for these advice and message delivery procedures is important. Approval should consist of written approval for a written policy and the attendant procedures necessary to help the dentist and staff adhere to the meaning of the policy.

Conclusion

Every practice should identify and formalize the ways in which nonclinical and clinical staff may interact with patients by phone. Job descriptions, training for new employees, in-service training for staff and nonclinical employees, written policies and procedures (that are approved by clinical staff) are urgently needed to ensure:

- Reduction of variation in the way that telephone calls are handled and referred;
- Consistency not only in employee use of the procedures, but real understanding of their necessity; and
- A common sense approach to making sure that important information gets to the individual who needs it, in a timely fashion.

This article was produced by the Patient Safety & Risk Solutions Team at Medical Protective, a national leader in healthcare malpractice insurance coverage and risk solutions. For additional information, please visit the Medical Protective website at http://www.medpro.com/.

The information provided in this article should not be construed as medical or legal advice. Because the facts applicable to your situation may vary, or the regulations applicable in your jurisdiction may be different, please contact your attorney or other professional advisors if you have any questions related to your legal or medical obligations or rights, state or federal statutes, contract interpretation, or legal questions.

© 2016 Medical Protective.® All rights reserved.

PATHOLOGY PUZZLER

Dr. John Svirsky

INITIAL EVALUTION

This is a new presentation for the Pathology Puzzler that documents ten months of treatment on one patient.

A 65 year-old white female was referred to the oral medicine clinic for a painful oral condition which was not responding to conventional therapy. She has biopsy-diagnosed lichen planus and has tried topical clobetasol gel 0.05% and dexamethasone (rinse and spit) 0.5 mg/5ml with no response. She is presently in a great deal of pain which is interfering with eating and sleeping. She has lost 25 pounds in the last two months. Her oral condition, with minimal response to steroids, is suggestive of Chronic Ulcerative Stomatitis.

The patient's medical history includes a heart murmur diagnosed in childhood without cardiovascular complications, fibromyalgia, breakthrough pain, hypertension, neuropathy in her feet and gastro-esophageal reflux disease. She has multiple allergies to numerous medications, including erythromycin, Percodan, Cymbalta, Lyrica, Nortriptyline, Parafon Forte, and Norgesic Forte. Additionally she is allergic to eggs and shellfish. Her medications include Celebrex, Losartan, Hydrochlorothiazide, Neurontin, Savella, Oxycodone and Fentanyl patches every 72 hours.

The patient stated that the oral symptoms started approximately two years ago and they have steadily progressed, most severely affecting her tongue and palate. The patient complains of bleeding, soreness and discomfort when brushing, eating, talking and waking at night.

The patient at this visit said her pain was a 10 on a 1-10 scale. The head and neck examination revealed generalized ulcerations affecting the tongue, hard and soft palate and alveolar mucosa. The most severely affected areas were the mid-dorsal tongue with a 4 cm by 1 cm ulcerative lesions (figure 1) and the hard and soft palate (figure 2). Classic lichenoid lesions were noted on the free and attached buccal gingiva throughout the mouth, the left buccal mucosa (figure 3) and the right posterior/inferior buccal mucosa and vestibule. The palatal and dorsal tongue lesions were the source of her intense pain. (Figures 1-3 were from the initial evaluation.)

The management included continue Clobetasol propionate 0.05% gel (apply a thin amount b.i.d.) and dexamethasone (rinse and spit b.i.d.), Xylocaine viscous 2% gel (apply to affected areas q4h prn pain, especially before meals) and Hydroxychloroquine (Plaquenil) 200 mg b.i.d. (yearly eye exam and blood work two times a year). I reassured the patient that cancer was not evident (which greatly helped her anxiety concerning the condition) and scheduled her for a one month follow-up appointment.

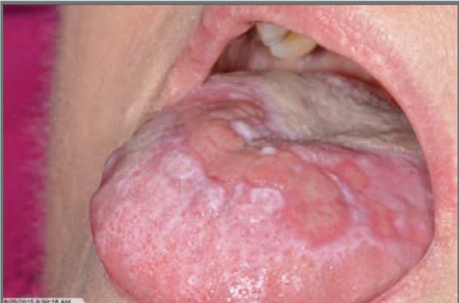


Figure 1: Initial Evaluation

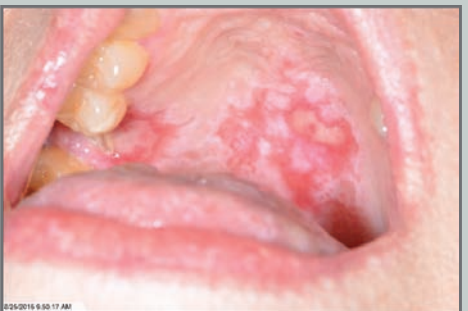


Figure 2: Initial Evaluation

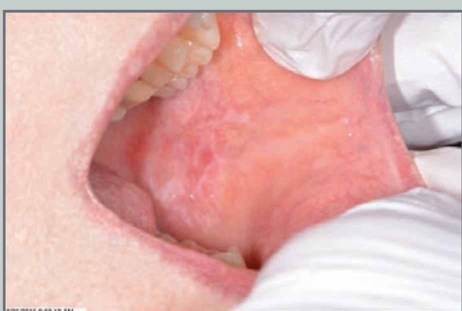
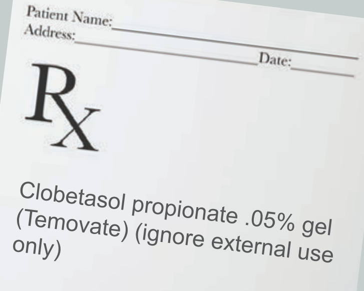


Figure 3: Initial Evaluation



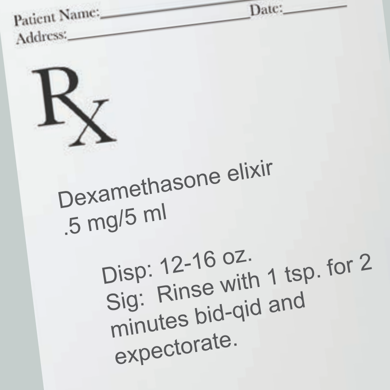
Patient Name:
Address:
Date:

Rx

Clobetasol propionate .05% gel (Temovate) (ignore external use only)

Disp: 15 or 30 gram tube
Sig: Apply a thin amount to affected area bid.

MD:
Signature:

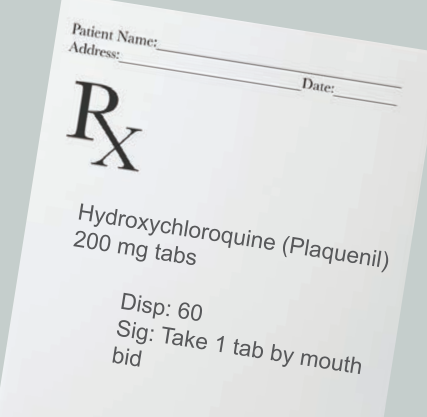


Patient Name:
Date:
Address:

Rx

Dexamethasone elixir
.5 mg/5 ml

Disp: 12-16 oz.
Sig: Rinse with 1 tsp. for 2 minutes bid-qid and expectorate.



Patient Name:
Address:
Date:

Rx

Hydroxychloroquine (Plaquenil)
200 mg tabs

Disp: 60
Sig: Take 1 tab by mouth bid

MD:
Signature:

ONE MONTH FOLLOW-UP

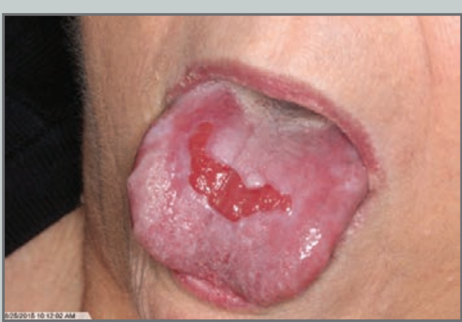


Figure 4: One month follow-up, 3 x 1cm erosive lesion on tongue appears to be healing.

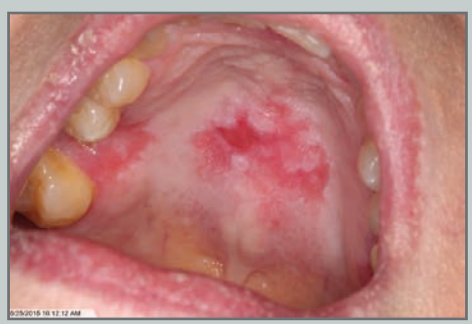


Figure 5: One month follow-up, 2cm erosive lesion on palate was starting to heal.

The second appointment one month later revealed the painful lesions of the tongue and palate starting to heal (Figures 4 & 5). The patient pain level went from a 10 to a 2. The reticular lichenoid areas were still present. The patient has been avoiding spicy and crunchy foods and states that cold water or cold food soothes the areas. I added “magic mouthwash” up to four times a day, especially before meals and Lansinoh (used for breast feeding) for her dry lips. She was scheduled for a two month follow-up and to return sooner if the condition exacerbated.

THREE MONTH FOLLOW-UP

The three month follow-up was remarkable in that the patient was almost completely free of disease (figures 6-8) and not complaining of pain. However she was still avoiding crunchy and spicy foods.

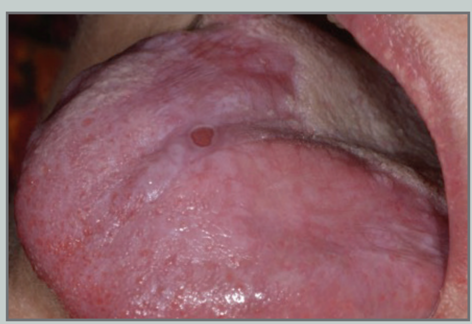


Figure 6: Three month follow-up, ulcerative/ erythematous lesion healing significantly from one month f/u, Plaquenil prescription renewed.

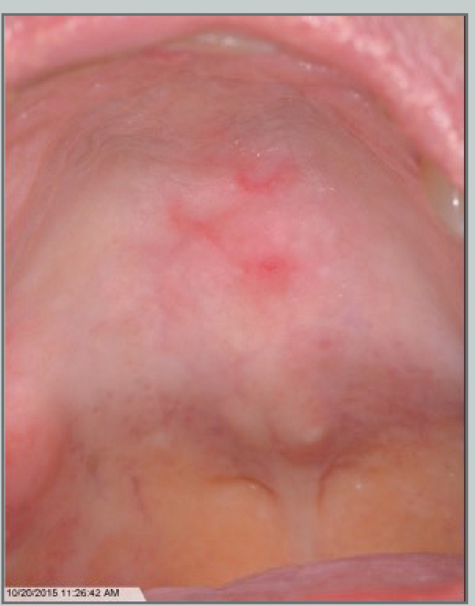


Figure 7: Three month follow-up, ulcerative/ erythematous lesion healing significantly from one month f/u, Plaquenil prescription renewed.

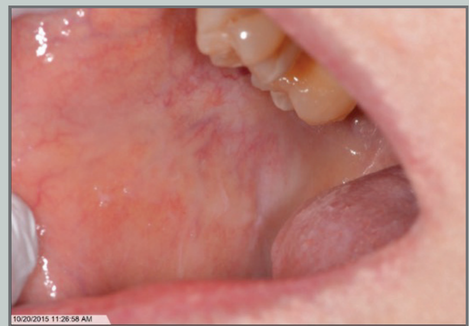
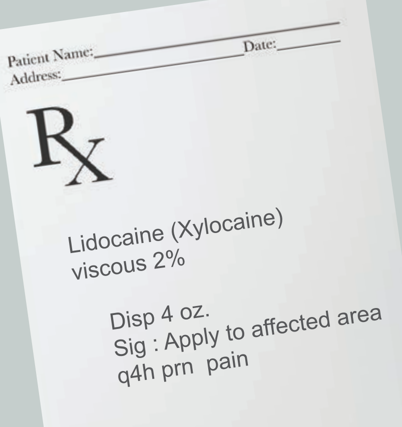


Figure 8: Three month follow-up, Reticular lichen planus of cheeks not present.

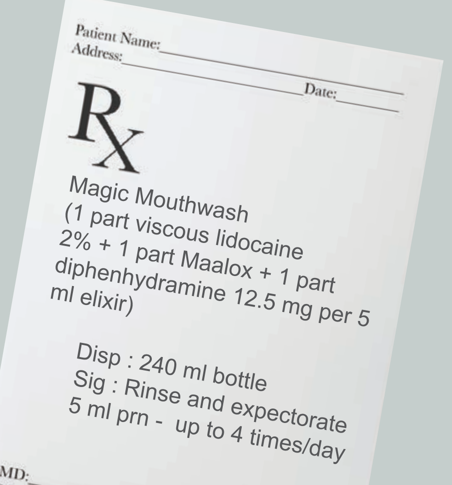


Patient Name: Date:
Address:

Rx

Lidocaine (Xylocaine)
viscous 2%

Disp 4 oz.
Sig : Apply to affected area
q4h prn pain



Patient Name:
Address:
Date:

Rx

Magic Mouthwash
(1 part viscous lidocaine
2% + 1 part Maalox + 1 part
diphenhydramine 12.5 mg per 5
ml elixir)

Disp : 240 ml bottle
Sig : Rinse and expectorate
5 ml prn - up to 4 times/day

MD:

CONTINUED ON PAGE 26

CONTINUED FROM PAGE 25

PATHOLOGY PUZZLER

EIGHT MONTH FOLLOW-UP

At the 8-month appointment the patient felt her disease was controlled with a small lesion of the palate and an atrophic glossitis (figure 9-10). The reticular lichen planus was minimal (figure 11). She was still adjusting her diet but less rigorously. I have cut back clobetasol and dexamethasone to only when symptomatic and told her to dry the area and put clobetasol and dexamethasone on gauze to symptomatic areas (alternate the two once a day each) and start decreasing her Plaquenil from two pills a day to two pills one day followed by one pill the next day for one month. Then she is to go to one pill a day the second month. She is scheduled in two months.

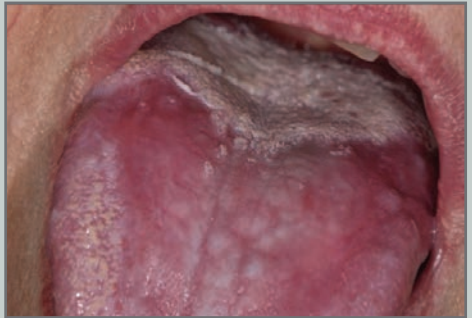


Figure 9: Eight month follow-up

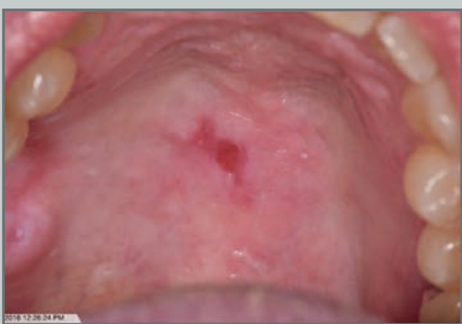


Figure 10: Eight month follow-up

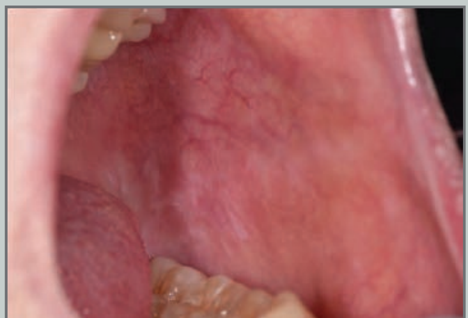


Figure 11: Eight month follow-up

TEN MONTH FOLLOW-UP

The 10-month follow-up appointment showed that the patient was reasonably well-controlled (figures 12 & 13). She still avoids certain foods, but is able to function normally without always worrying about her oral condition.

This case was submitted by Dr. Michael A. Webb, a resident in Advanced Education in General Dentistry at Virginia Commonwealth University, and Katie Higgins and Katie Hammaker, senior dental students at Virginia Commonwealth University School of Dentistry.

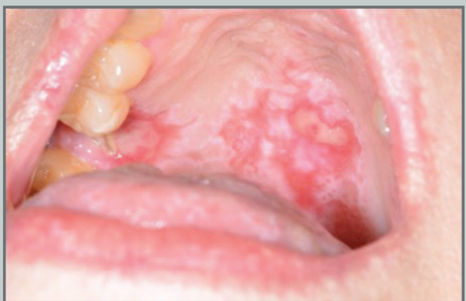


Figure 2: Initial Evaluation (BEFORE)

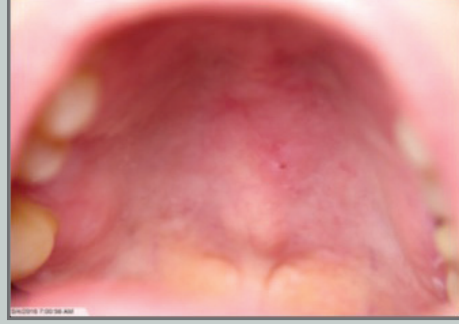


Figure 12: Ten month follow-up, Shows complete resolution of ulceration with evidence of atrophic glossitis (AFTER).

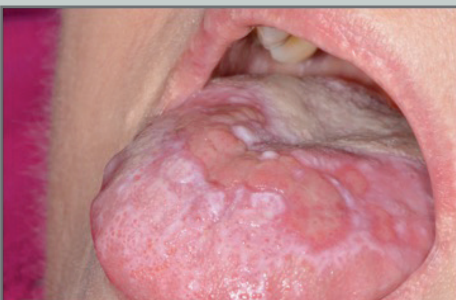


Figure 1: Initial Evaluation (BEFORE)

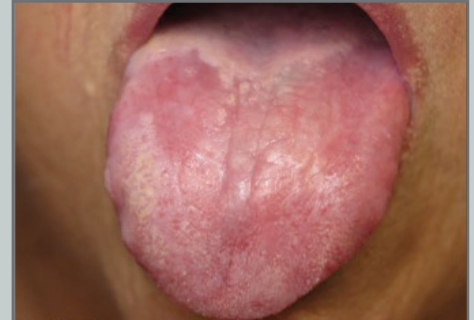


Figure 13: Ten month follow-up, Show nearly complete resolution of palatal lesion (AFTER).

PERIODONTAL ABSTRACT:

OZENCI I, DIRIKAN I, CAKAR G, ET AL. TUNNEL TECHNIQUE VERSUS CORONALLY ADVANCED FLAP WITH ACELLULAR DERMAL MATRIX GRAFT IN THE TREATMENT OF MULTIPLE GINGIVAL RECESSIONS. J CLIN PERIODONTOL. 2015; 42(12):1135-1142.

Aim: This single-blind, randomized controlled clinical trial compared root coverage at one year with two treatment methods, tunneling technique with acellular dermal matrix (TUN + ADM) and coronally advanced flap with acellular dermal matrix (CAF + ADM).

Methods: Twenty participants between 22 and 42 years old were enrolled in the study each with multiple Miller Class I recessions of at least 3mm in the incisor, canine, premolar regions. One blinded calibrated examiner recorded clinical measurements at both baseline and at 12 months. Probing depths were conducted using acrylic stents. Ten patients were treated with a tunneling technique and acellular dermal matrix, and in the second group, 10 patients were treated with a coronally advanced flap and acellular dermal matrix. Supragingival scaling, polishing, and oral hygiene instruction was performed, and patients were evaluated at eight weeks. They were then enrolled if the plaque and gingival indices were <1. In the tunnel + acellular dermal matrix group, root surfaces were scaled, and the tunnel was prepared without vertical incisions, leaving the papillae intact while creating a mobile flap. Alloderm was fed through the tunnel, positioned at the CEJ while the flap was positioned coronal to the CEJ and sutured with a double sling suture using 5/0 nonresorbable polypropylene. The coronally advanced flap with acellular dermal matrix group was treated according to a previous study by Ahmedbeyli et al. Systemic analgesics, oral antibiotics, and a 0.2% Chlorhexidine gluconate rinse was prescribed postoperatively. Sutures were removed at two weeks, and patients were recalled weekly for one month, then every two weeks for two months, then monthly until 12 months. At each recall visit, supragingival plaque removal along with coronal polishing and reinstruction in oral hygiene was conducted. The single examiner repeated clinical measures at 12 months.

Results: At 12 months, results showed a mean root coverage for the tunneling group of 75.72% compared to 93.81% for the coronally advanced flap group. Both groups showed improvement in root coverage, but the coronally advanced flap showed significantly greater root coverage as well as increased keratinized tissue, attachment level gains.

Conclusion: Both CAF + ADM and TUN + ADM were effective in root coverage of multiple Miller Class I recession defects. However, better clinical results were achieved with CAF + ADM.

DR. LISA A. TURNER;
2nd year Resident in Periodontics, VCU School of Dentistry

PERIODONTAL ABSTRACT:

YANG S, LAN L, MIRON R, WEI L, ZHANG M, ZHANG Y. VARIABILITY IN PARTICLE DEGRADATION OF FOUR COMMONLY EMPLOYED DENTAL BONE GRAFTS. CLIN IMPLANT DENT RELAT RES. 2015; 17(5): 996-1003.

Aim: Replacement bone grafting materials are used clinically for a variety of clinical procedures to augment and replace lost or missing bone. It is important to have an understanding of how these materials degrade over time and how this might impact clinical success. Despite wide use, there is little information regarding their degradation properties. The purpose of this study was to investigate the degradation rate and modes of degradation of four commonly used bone grafting materials.

Methods: A natural bone mineral (NBM) of bovine origin, NBM in combination with enamel matrix derivative (EMD), LifeNet demineralized freeze-dried bone allograft (DFDBA), and Osteotech DFDBA were analyzed for particle degradation over time in 3mm femur defects created in female Wistar rates. At 2, 4, and 8 weeks post-implantation, the femur defects were assigned to histological analysis. Hematoxylin and eosin&E, Safranin O, tartrate-resistant acid phosphatase (TRAP), receptor activator of nuclear factor kappa B ligand (RANKL), and matrix metalloproteinase-2 (MMP-2) staining were performed to determine the rate of particle degradation, number of osteoclasts around particles, and intensity and localization of TRAP, RANKL, and MMP-2 staining.

Results: NBM particles demonstrated little signs of degradation. The combination of NBM with EMD significantly increased the number of osteoclasts around NBM particles and increased expression of RANKL and MMP-2 specifically around the particle surfaces. DFDBA showed much faster degradation of particles. Interestingly, fewer osteoclasts were found on their surface when compared with NBM particles, specifically on Osteotech DFDBA particles, suggesting an alternative mode of degradation. Osteotech DFDBA particles demonstrated significantly faster degradation when compared with all other bone grafts. No obvious increase in TRAP, RANKL, or MMP2 was observed to validate this fast rate of degradation.

Conclusion: NBM particles degraded the least and Osteotech DFDBA particles degraded the fastest. However, Osteotech DFDBA had fewer osteoclasts surrounding them than NBM suggesting an alternative route of degradation which requires further research to understand. This study demonstrates a wide range of particle degradation between commonly used commercial bone grafts and the need for further research to determine the precise mechanisms that influence particle degradation.

DR. JOHN WHITE,
1st year Resident in Periodontics, VCU School of Dentistry

PERIODONTAL ABSTRACT:

VERWEIJ JP, TOXOPEUS EE, FIOCCO M, ET AL. SUCCESS AND SURVIVAL OF AUTOTRANSPLANTED PREMOLARS AND MOLARS DURING SHORT-TERM CLINICAL FOLLOW-UP. J CLIN PERIODONTOL. 2016; 43(2): 167-172.

Aim: To investigate the success and survival of autotransplanted premolars and molars during clinical follow-up period of 12 months. Methods: Patient records of 97 patients were retrospectively investigated. All patients received autotransplantation between December 1996 and December 2014 at the Leiden University Medical Center. Study only included transplanted premolars and molars teeth to ensure a homogenous study group. Ninety-seven patients were identified for this study, which provided a total of 132 transplanted molars or premolars; however, 18 patients were excluded because of missing postoperative data. The final study group was comprised of 79 patients receiving autotransplantation of 97 premolars and 14 molars. The surgical procedure consisted of extraction of the deciduous tooth at the acceptor site. The tooth at the donor site was extracted with care not to damage the periodontal ligament (PDL) and preserved in saline. The alveolus of the acceptor site was then prepared with a bur to ensure that the donor tooth fit without damage to the PDL. The donor tooth was then transplanted into the artificial socket in a slight infraposition to prevent occlusal forces and sutured.

Results: Pathologic postoperative findings were present in 20 cases giving a success rate of 82.0%; specifically 16 premolars and 4 molars were classified as unsuccessful. The reasons for failure included endodontic pathology, ankylosis, root resorption, periodontal pathology and loosening of suture splint after the procedure. No teeth were extracted during the standard clinical follow-up of 12 months; however, one premolar was extracted 4 years after autotransplantation and one molar was extracted about 9 years after transplantation. In this study, 98.2% of transplanted teeth were still present at the end of follow-up

Conclusion: Autotransplantation is associated with high success and survival rates and can provide a reliable treatment option for single tooth replacement that is often overlooked. The most important predictor of success for autotransplantation is the stage of root development of the donor tooth and has been found through studies that the optimal range is 50-75% of the total expected root development.

DR. DANIELLE MCCORMACK,
2nd year Resident in Periodontics, VCU School of Dentistry

PERIODONTAL ABSTRACT:

BERTLE K, PIFL M, HIRTLER L, ET AL. RELATIVE COMPOSITION OF FIBROUS CT AND FATTY/GLANDULAR TISSUE IN CT GRAFTS DEPENDS ON THE HARVESTING TECHNIQUE BUT NOT THE DONOR SITE OF THE HARD PALATE. J PERIODONTOL. 2015;86 (12); 1331-1339

Aim: The aim of this histologic study to study the composition of connective tissue grafts (CTG), and whether or not the composition is affected by the technique used during the soft tissue harvest.

Methods: Ten fresh human cadavers were used. Tissue samples were taken from four varying locations: anterior vs posterior and marginal vs apical. Mucosal thickness, lamina propria (LP), and the proportions of fibrous connective tissue (CT) and fatty glandular tissue were evaluated. The technique used to harvest was either an extraoral de-epithelialization (commonly known as a free gingival graft) or a split thickness flap. Results: After histological evaluation, characteristic findings for the hard palate were found as follows; a superficial layer .3mm thick of regular orthokeratinized epithelium, lamina propria consisting mainly of fibrous CT and a submucosa consisting mainly of free glandular tissue. There were no real differences noted with the exception of % epithelium and % of vascular tissue. All evaluated parameters showed large variability amongst the cadaver specimens. FGT (fatty glandular tissue) ranged from .04-73.8%, and fibrous CT ranged from 23.3-93.3%. The lamina propria was on average .5mm thicker at the marginal aspect of the tissue versus apical (yet not statistically significant) for both anterior and posterior. Overall thicker palatal tissue correlated with a high fatty glandular tissue and thinner LP. Anterior palate of men contained much more fibrous CT than did women. Lamina propria thickness was almost two times higher in the anterior palate of men compared to women. Higher proportions of fibrous CT and lower fatty glandular tissue were seen with the extraoral de-epithelialization technique, irrespective of donor site.

Conclusion: Despite high inter-individual variability in terms of relative tissue composition in the hard palate, the extraoral de-epithelialization technique contains much larger amounts of connective tissue and much lower amounts of free glandular tissue than the split thickness flap technique, irrespective of the harvest site.

DR. KANE RAMSEY,
2nd year Resident in Periodontics, VCU School of Dentistry

PERIODONTAL ABSTRACT:

BEHDIN S, MONJE A, LIN G, EDWARDS B, OTHMAN A, WANG HL. EFFECTIVENESS OF LASER APPLICATION FOR PERIODONTAL SURGICAL THERAPY: SYSTEMATIC REVIEW AND META-ANALYSIS. J PERIODONTOL. 2015; 86(12): 1352-63

Aim: To evaluate and compare various lasers (i.e., CO_2, ND: YAG, ER: YAG or diode) as monotherapy or adjunctive to surgical periodontal therapy

Methods: Electronic database was searched for all relevant articles published up to December 2014. Inclusion criteria were prospective or retrospective cohort or case series involving human patients in which outcomes of surgical periodontal therapy using lasers were compared with other approaches. The primary outcome was probing depth (PD), and secondary outcomes were clinical attachment level (CAL), and gingival recession (GR).

Results: In flap surgery, with or without laser treatment, there was no statistical significance in probing depth reduction. In addition, the same result pattern was observed in guided tissue regeneration (GTR) and use of enamel matrix derivative (EMD) with respect to probing depth reduction. Regarding the secondary outcomes, in the flap surgery group, the CAL gain was 1.34mm and GR was -0.24mm, which was not statistically significant. Lastly, in GTR/EMD, without and without laser treatment, there was also no statistically significant difference in CAL gain (0.1mm) and GR (-0.18mm)

Conclusion: The available evidence is insufficient to support the effectiveness of dental lasers as an adjunct to resective or regenerative surgical periodontal therapy.

DR. CHO YI WONG, 3rd year Resident in Periodontics, VCU School of Dentistry

PERIODONTAL ABSTRACT:

SENER E, CINARCIK S, BASKI BG. USE OF FRACTAL ANALYSIS FOR THE DISCRIMINATION OF TRABECULAR CHANGES BETWEEN INDIVIDUALS WITH HEALTHY GINGIVA OR MODERATE PERIODONTITIS. J PERIODONTOL. 2015; 86(12):1364-1369.

Aim: It is very difficult to demonstrate the beginning stages of disease progression from gingivitis to periodontitis. Periodontitis patients often have different degrees of trabecular bone structure alterations due to disease as periodontal health deteriorates. It is imperative to detect early bone breakdown prior to tissue breakdown. Therefore, the aim of this study is to evaluate the sufficiency of fractal analysis to discriminate the changes in the trabecular structure of interdental bone between individuals with healthy gingiva or moderate periodontitis using digital images.

Methods: Two groups of patients were included according to the probing depth, bleeding on probing, and clinical attachment level. The first group (n = 50) consisted of individuals with healthy gingiva, whereas the other group consisted of patients with moderate periodontitis (n = 50). Periapical images obtained with a storage phosphor plate system during clinical examination were used for the fractal dimension (FD) calculations. Two rectangular regions of interest (ROIs) were placed at mandibular posterior interdental bone areas. The mean of the two ROIs was used to calculate mean FD by using the box-counting method. Student t test was used for the comparison of the FDs of the two groups (P = 0.05).

Results: The mean FD of patients with periodontitis was 0.83, whereas it was 1.02 for the patients with healthy gingiva. A significant difference was obtained in the mean FD values of healthy individuals and patients with moderate periodontitis (P <0.05).

Conclusion: Fractal analysis can quantitatively discriminate the trabecular integrity alterations induced by periodontitis and therefore can be recommended for the diagnosis and monitoring of changes in trabecular architecture associated with periodontitis.

DR. DIEGO A. CAMACHO, 3rd Year Resident in Periodontics, VCU School of Dentistry

Your solution to a financial world in motion.

Wealth Management | 401K Administration
Tax Strategies | Investment Advisory Services

Actuarial Consulting Group

1640 Huguenot Road | Midlothian, VA 23113 | 804.323.1886
acgworldwide.com

PERIODONTAL ABSTRACT:

MARTINEZ-CANUT P. PREDICTORS OF TOOTH LOSS DUE TO PERIODONTAL DISEASE IN PATIENTS FOLLOWING LONG-TERM PERIODONTAL MAINTENANCE. J CLIN PERIODONTOL 2015; 42(12): 1115–1125

Aim: A retrospective study aimed to assess the simultaneous impact of patient related factors (PRF) and tooth related factors (TRF) on tooth loss due to periodontal disease (TLPD)

Methods: The study sample included 500 treated patients (12,830 teeth) with attending periodontal maintenance at least once a year. The patient population has been compliant with periodontal maintenance for at least the last 17 years, with mild, moderate or severe periodontitis. All periodontal treatment was performed between July 1988 and February 1995 and included oral hygiene instructions, scaling and root planning under local anesthesia, and surgical treatment in 82% of the cases. Surgery performed included modified Widman flap, osseous respective surgery, root resection and periodontal regeneration. Following surgery, periodontal maintenance was scheduled at 4 month intervals for moderate to severe chronic periodontitis and 6 months for mild periodontitis. Between one and two years later, the intervals were shortened by one or two months whenever increasing signs of inflammation were present.

Results: Overall tooth loss occurred for 875 teeth or 6.8% of the teeth. Tooth loss due to periodontal disease was 4% or 515 teeth (mean 0.05 patient/year). With in this group molars were lost at a statistically significant higher amount than non-molars. About 50% of these occurred in severe periodontitis patients. When analyzing PRF, it was found that severe periodontitis, aggressive periodontitis, heavy smoking, bruxism and fewer teeth at baseline all had a statistically higher chance of tooth loss. The baseline number of teeth has rarely been analyzed but this study shows a clear association with TLPD. When analyzing the impact of TRF, it was found that furcation involvement II & III, bone loss greater than 50%, increasing probing pocket depths and crown to root ratio were all significant factors for tooth loss. In the extreme category (those who lost more than 10 teeth) mobility was the greatest risk factor. When PRF and TRF are combined for molars, significance was found in smoking, bruxism, length of follow up; for each additional year with out follow up risk increased by 10%, baseline number of teeth was also important, it increased the risk by 9.5% for each absent tooth. For non-molars only length of follow up was significant.

Conclusion: The main PRF for tooth loss due to periodontal disease in the population studied was severe periodontitis, aggressive periodontitis, heavy smoking, bruxism and number of baseline teeth. TRF include furcation involvement, bone loss, increasing periodontal probing depth, crown to root ratio and mobility.

DR. KIAN AZARNOUSH;
1st year Resident in Periodontics, VCU School of Dentistry

PERIODONTAL ABSTRACT:

ROCCUZZO M, GAUDIOSO L, LUNGO M, DALMASSO P. SURGICAL THERAPY OF SINGLE PERI-IMPLANTITIS INTRABONY DEFECTS, BY MEANS OF DEPROTEINIZED BOVINE BONE MINERAL WITH 10% COLLAGEN. J CLIN PERIODONTOL 2016; 43(3): 311–318.

Aim: The purpose of this prospective study was to evaluate the efficacy of a reconstructive surgical procedure in single peri-implantitis infrabony defects of various configurations.

Methods: Seventy-five (75) patients with a mean age of 57 presented with a peri-implantitis crater-like lesion with a probing depth ≥6 mm and no implant mobility were consecutively enrolled from those attending the principle investigator's private practice. Implant surface was decontaminated, and bony defect filled with deproteinized bovine bone mineral with 10% collagen (DBBMC) (BioOss® Collagen, Geistlich) filled in defect. If insufficient keratinized tissue surrounded the defect, tuberosity connective tissue graft was harvested, trimmed and adapted over the entire defect so as to cover 2–3 mm of the surrounding alveolar bone and to ensure stability of the graft material.

Results: Mean probing depth was significantly reduced by 2.92mm from 7.17 mm to 4.24mm. Bleeding on probing reduced from 71.5% to 18.3%. Plaque reduced from 15.5% to 11.3%. Before treatment, suppuration was present around 45.3% of implants which was reduced to 9.8%. When successful therapy was defined as PD ≤ 5 mm and absence of bleeding/suppuration on probing, 49.3% (37/75) of the implants were successfully treated.

Conclusion: It was possible to maintain in function 65 out 71 implants in the patients that completed the one-year supportive periodontal therapy with an average of 2.92mm reduction in probing depth, even though complete resolution of the disease was not found to be a predictable result.

DR. CHARLES STOIANOVICI;
1st year Resident in Periodontics, VCU School of Dentistry

Eastern Dentists Insurance Company

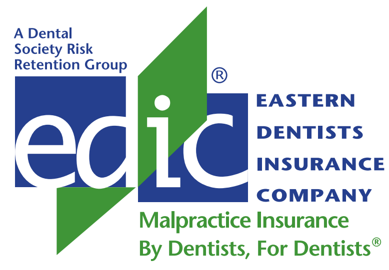
Malpractice Insurance | By Dentists, For Dentists®

EDIC ♥ Virginia

The EDIC Advantage

- Governed and owned by the dentists we insure
- Our Board of Directors is comprised of dentists
- Educational and financial support for VCU School of Dentistry
- A proud sponsor of the VCU ASDA chapter
- Our customer service team is personally assigned and dedicated to you
- Outstanding claims handling with a 92% win rate of claims that go to trial

EDIC Supports Our Colleagues 100%.
This *is* something to love.
Join Your Colleagues Today!



Endorsed By

1-800-898-3342 • www.edic.com

LinkedIn | Twitter@EDICInsurance | www.facebook.com/EDICInsurance

TIME FOR A CHECK-UP:

PREVENT EMPLOYEE WAGE AND HOUR CLAIMS

Douglas R. Burtch

It's hard to pay people correctly. Hourly, salaried, draw, day rate, flat fee by procedure. Exempt, non-exempt, salaried non-exempt. Employee, independent contractor, 1099, trainee, probationary employee, consultant, apprentice, volunteer, intern. Overtime, on-call, breaks, leaves, vacation, holidays, travel time, PTO, sick time, personal time, comp time, flex time. Time sheets, time cards, time clocks, GPS tracking. These are just a sampling of the concepts covered by US wage and hour law.

Actually, strike that – it's *really* hard to pay people correctly, and new government rules are going to make it even harder by the end of this year.

Pay Attention to the FLSA.
The Fair Labor Standards Act (FLSA) is a federal wage payment law. It establishes minimum wage, overtime pay, recordkeeping, and child labor standards affecting all employees in the private sector, including dental practices. Most employees are classified by their employers as either exempt or non-exempt, depending on their wages and job duties. The FLSA requires employers to pay at least minimum wage and also overtime to employees who work more than 40 hours in a given workweek, unless they meet certain exceptions. And many states have wage and hour laws that are more restrictive than the FLSA. To avoid legal liability, employers must abide by both federal law and their state's wage payment law.

Beware Wage Payment Enforcement.
The U.S. Department of Labor (DOL) maintains a Wage and Hour Division (WHD). The WHD is responsible for the administration and enforcement of a wide variety of laws covering virtually all private employers. The WHD has a nationwide staff of investigators, supervisors, technical and clerical employees, all focused on detecting wage and hour violations. The WHD reports it has assisted 1.7 million employees since 2009 and recovered $1.6 billion dollars in unpaid wages from employers. Recent data shows that the WHD found wage and hour violations in 79% of its agency-initiated investigations. https://www.dol.gov/whd/statistics/ (as of June 18, 2016).

In addition to WHD-initiated cases, private wage and hour litigation is booming. Whether it's an individual employee claim or a class action, employers are seeing more and more wage and hour cases in court. The results can be devastating to a small business, which may end up paying back wages, liquidated (double) damages for willful violations and attorney's fees. Plus, a wage payment claim cannot be resolved by a private settlement agreement without government or court approval. So an employer's liability for incorrectly paying an employee could remain for the duration of the statute of limitations (2-3 years under federal law).

Note the Upcoming Changes.
By the end of this year, wage and hour law will change. The DOL announced that on December 1, 2016, the salary basis requirement for an overtime pay exemption will increase from $23,660 per year to $47,476 per year. That's almost double the current level. Therefore, *most employees who are now exempt from overtime pay due to their job duties must now be paid the new salary basis level in order to remain exempt from overtime*. The new law also includes automatic escalator provisions which will increase the salary basis level every three years.

Know the Specific Exemptions for Dental Positions.
Today, most dentists fall into the learned professional exemption, as long as they are guaranteed the required compensation on a salary or fee basis.

Dental hygienists may or may not be exempt under the law, depending on their education, duties and compensation plan. To qualify for an exemption, a dental hygienist must have successfully completed four academic years of pre-professional and professional study in an accredited college or university approved by the Commission on Accreditation of Dental and Dental Auxiliary Educational Programs of the American Dental Association. Otherwise, the hygienist may not qualify for the exemption from overtime. That includes hygienists who may have a four-year college degree in another specialty area or may have satisfied state standards for dental hygienists. In addition, for the exemption to apply, all hygienists must be paid the appropriate salary basis.

Depending on the office structure and job duties, other practice employees could fall into an FLSA exemption, such as the executive or administrative exemption. Each of those determinations should be carefully reviewed with legal counsel, because consequences of misclassification can be severe. Virtually all clerical employees are non-exempt. In any case, the FLSA requires employers to keep wage and hour records of their non-exempt employees for a number of years.

Enlist Legal Guidance.
Traps and pitfalls abound in wage and hour law. Common mistakes include failure to maintain the required records and failure to pay overtime or use the proper "regular rate" in paying overtime. Some employers pay for meals, breaks and other leaves of absence improperly. They frequently have on-call and travel time issues, or allow comp time, in which an employee can bank certain hours worked in lieu of pay, then use that time as leave at a later date.

Today, it is critical for dental practices to seek out specialized, legal guidance on wage and hour issues. Think of it as a check-up – necessary preventative maintenance. Savvy employers need to ensure their practice is recording employee time, maintaining the appropriate records, and most importantly, properly classifying each employee as either exempt or non-exempt. It is dangerous to simply assume that an office manager, bookkeeper, accountant or even payroll vendor is keeping the practice in compliance with all wage and hour laws.

Wage payment law is changing. Claims are increasing – along with the attention paid to them by employees, administrative agencies, lawyers and courts. As a responsible business owner, partner, member or shareholder, you need to pay your people correctly. This will limit your wage and hour liability and thus help you build and preserve a healthy dental practice.

Douglas R. Burtch is Owner and Principal of Burtch Law PLLC. His practice focuses on employment law matters, while also encompassing school law, aspects of administrative and healthcare law, and business disputes. You can reach him at douglas@burtchlaw.com or 804.593.4003.©2016 Douglas R. Burtch. All rights reserved.

Call today for a
FREE PRACTICE APPRAISAL
($5,000 value)

Practices for Sale

McKenney Practice Opportunity!
General practice south of Petersburg grossing over $245K. This is a great opportunity for a dentist who wants a more rural setting or an additional location. It has 4 treatment rooms and the real estate is available with the purchase of the practice. Excellent growth potential. Opportunity ID: VA-4062

Richmond Practice Location!
General practice located in a great area of Richmond. This office is equipped with 8 treatment rooms and is grossing over $1M. This could also be a great partnership opportunity as well. Opportunity ID: VA-4050

Outstanding General Practice Opportunity!
Equipped with 4 treatment rooms, this practice has a substantial amount of FFS with some PPO patients. Currently grossing $400K and would be a great opportunity for a merger or sale. Opportunity ID: VA-3785

Great Coastal Location!
This general practice is on the eastern shore and has incredible growth potential. The practice is currently grossing approximately $400K with a solid base of FFS/PPO patients. The 2,000 sq. ft. stand-alone office is equipped with 3 treatment rooms, digital X-ray, and ACE Software. Some oral surgery, endo, ortho, perio, and implant procedures are referred out, leaving ample room for growth. Opportunity ID: VA-3585

Didn't find what you were looking for? **Go to our website or call to request information on other available practice opportunities!**

We are pleased to annnounce...

Adam S. Foleck, D.M.D.

has acquired the practice of

John L. Kordulak, D.D.S.

Virginia Beach, Virginia

Mollie H. Gioffre, D.D.S.

has acquired the practice of

Michael L. Kahan, D.D.S.

Virginia Beach, Virginia

We are pleased to have represented all parties in these transitions.

1-800-232-3826 *Practice Sales & Purchases Over $3.2 Billion* **www.AFTCO.net**

ETHICS AND DENTAL TREATMENT OF THE ELDERLY

Richard F. Roadcap, D.D.S.; Editor

Unlike pediatric dentists and orthodontists, general dentists find their patient base growing older as they continue in practice. We treat the children (and grandchildren) of our former pediatric patients. The strapping young adults from our early years in practice are now the frail elderly. As doctors, we've changed. Our patients have changed. Have our values changed, or should they remain constant? Every member of organized dentistry should be familiar with the ADA's Principles of Ethics and Code of Professional Conduct. By agreeing to the Code, VDA members are set apart from non-members.

The Code is organized into five sections: Patient Autonomy; Nonmaleficience (do no harm); Benefience (do good); Justice (be fair); and Veracity (be truthful). Just as each applied when our patients were younger, they are still relevant as patients age. Autonomy may be in short supply as patients age. They may have difficulty reaching a decision, or may rely heavily on the advice of family or caregivers. Yet, they remain independent adults, having conferred no power-of-attorney or guardianship. The ADA Code states

> …the dentist's primary obligations include involving patients in treatment decisions in a meaningful way, with due consideration being given the patient's needs, desires, and abilities…

Merely informing the patient in no way implies that understanding has been achieved, and may lead knowingly, or unknowingly to a bad decision on the part of the patient. An example would be a patient who declines to have a non-restorable, infected, tooth removed thinking only of the procedure without understanding of the adverse consequences of a severe oral and maxillofacial infection. Conversely, an elderly patient may elect to proceed with an elective procedure that carries with it the risk of failure despite warnings. Implants and orthodontics are just two examples. It is incumbent upon us to use every means at our disposal to be certain an understanding has been achieved by the patient before proceeding.[1]

We've heard many times, "Doctor, do no harm." This is the principle of nonmaleficience. A surgical procedure may carry minimal risk to a younger patient, but considerable risk to a patient whose prescription list is long. Referrals may be indicated as patients age and medical histories become more complex. Many hours have been spent trying to ascertain the risk for treating older patients. According to the Code

> …professionals have a duty to protect the patient from harm…..obligations include keeping knowledge and skills current, knowing one's limitations and when to refer to a specialist…

Knowledge includes a thorough review of patient medication, and access to easily-referenced drug manuals; clinical skills imply the ability to complete procedures in a timely and efficient manner. Seniors may be less able to tolerate lengthy procedures than our younger patients.

When discussing elderly patients, the term "quality of life" often comes up. Unfortunately this term is slippery and ill-defined. What passes as quality for one patient may bring torment for another. Beneficience, or doing good, is much easier to grasp. Every doctor wants to do good, right? But imposing our own values or prejudices may preclude us from treatment that benefits the patient. One patient may be mortified by the loss of a premolar and demand its replacement, and another may find the edentulous space to be of no consequence. Again, referring to the Code

> The most important aspect of this obligation is the competent and timely delivery of dental care…with due consideration being given to the needs, desires and values of the patient.

And as reminder, it states

> …contract obligations do not excuse dentists from their ethical duty to put the patient's welfare first.

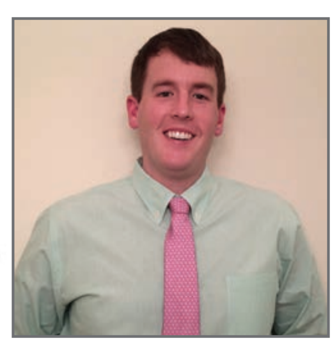
Beneficience requires that our treatment leave the patient's oral health better than when they presented.

So we ask: are ethical considerations different in treating older patients? Yes, and no. The five principles remain immutable, and apply to every patient. Yet our application must take into account the myriad social, physical, and psychological changes that accompany the aging process. I've often been asked by a son or daughter "What would you do if it was your mother (or father)?" My reply would be based on the trust placed in me by the patient, which supersedes family concerns. I leave you with a quote from Rabbi Abraham J. Herschel:

> A test of a people is how it behaves toward the old. It is easy to love children. Even tyrants and dictators make a point of being fond of children. But the affection and care for the old, the incurable, the helpless are the true gold mines of a culture.[2]

1 Maihofer M. Over-treatment of elderly patients. J Mich Dent Assoc. 2014; 94(9): 24, 74

2 Story RD. Medico-legal aspects of dental treatment of the ageing and aged patient. Austrailia Dent J 2015; 60 (S1): 64-70



DR J. ANDREW MUSTIAN

I'm excited to practice family and cosmetic dentistry with my father in Richmond. Our varied educations, experiences, and interests complement each other and provide opportunities to collaborate in treating patients of all ages, some who have been with us for decades.

Did You Know?

VDA Services has developed a template to help VDA members create a customized, in-office program for their patients without dental insurance. The wellness program is essentially a membership club that your patients without dental insurance can join. For an annual fee (that is set by your office), members of the program will receive certain dental services (also selected by your office). Then, they may be provided a discount (at your discretion and set at whatever level you would like) on services that fall outside of the procedures covered by the annual membership fee. This template to help with your program design is offered to VDA members at a price of only $250 — a $745 savings off of the non-member price ($995)!

"Our practice has had a membership program in place for nearly a year and it has been very popular with our patients! It was easy to implement in our practice management system and patients without dental insurance appreciate having this option."
— Dr. Kirk Norbo, Purcellville

Template Includes:

- Sample Membership Terms
- New Patient Brochure
- Existing Patient Brochure
- Educational Webinar

For more information visit **www.vadental.org** or contact Elise Rupinski with the VDA—Rupinski@vadental.org; 804-523-2184

VDA Services is a service mark of the Virginia Dental Association. VDA Services is a program brought to you by the Virginia Dental Services Corporation, a for-profit subsidiary of the Virginia Dental Association.

Hey you! Is stress stealing your joy away?
I can help you change that!
I'll bet you didn't know that a horse can change your life — yes, even YOUR LIFE, as a dentist. Join Dr. Bethany for a life changing retreat right here in Virgina. Don't miss it!
Mastering STRESS Reduction
November 10-13, 2016
Amherst, Virgina
Beautiful accommodations, spectacular scenery, healing horses & a better you await!
No horse experience or riding required!
Dr. Bethany Piziks
BraveHeartEquineCoaching.com
231.633.7373
Brave Heart Equine Coaching
Go to BraveHeartEquineCoaching.com right now!

CHOICES - CHANGE - CONSEQUENCES

WHAT'S YOUR NEXT CHAPTER?

Dr. James R. Schroeder

As I travel throughout the state I experience a wide range of dentists and practice models that vary in size, scope, age and experience. Our profession is morphing right before our very eyes. If you haven't taken the time to look outside your window, the landscape is changing quite rapidly. Graduates leaving dental school today enter a far more complex world than those of the prior year. Although very talented and academically prepared their limited clinical skills and experience leaves them in a difficult situation. Today's graduate leaves school with an average debt ranging in the area of $200,000 and some as high as $400,000. Many are choosing to opt for additional training in a residency program which provides them the opportunity to build their confidence and speed.

A rapidly growing option is corporate dentistry....and it's here to stay. In this year's senior class, I reviewed 12 different offers from corporate entities that offered seniors salaries ranging from $100,000 to $130,000. These are complex choices for the young graduate. They are unsure of the clinical environment that exists in the corporate model, but the urgency to secure gainful employment but remains first and foremost in their mind. With student debt looming over their heads they have to make these difficult decisions. The legal language requires them to seek counsel on contracts often with anxiety of the unknown. The advantage of signing an agreement provides immediate income for the young dentist, but does not address factors unseen or unknown.

Managing staff, the operation, and the financial health of a practice should all be considered when making these important decisions.

THE FINGERPRINT OF CHANGE

There are a variety of different models not seen 30 years ago. These provide diversified experiences for the growth of the young graduate and an opportunity to learn about the business and leadership necessary to develop their professional career. Other significant changes in today's work force:

1. In 1976 there was one female in the dental class at VCU.
2. In 2016 the class tips at over 50% female.
3. Dentists in the baby boomer generation are leaving the workforce at a higher rate than those entering our field.

These significant changes are important as you develop your strategies for your future and that of your practice. The fingerprints of change are stamped all over our profession.

In 1992 there were 10 significant dental service organizations frequently referred to as "corporate dentistry" in operation. Today there are over 100 of these models and they are growing rapidly. They leverage the economics and the scale that lowers expenses, which increases revenue through negotiating fee schedules with insurance companies and suppliers. Expanded hours, large budgets and expert marketing make it difficult for the once dominant solo practitioner to compete in the marketplace. Much like medicine years ago, dental practices are forced to make the effort to operate multiple offices and/or consolidate to gain leverage in their business.

Many of the practices I work with are writing off 25% to 35% of their gross production due to participation in insurance programs.

This is not a gloom and doom article, but an alert or eye opener that we be astute about all phases of our practice to remain healthy.

I opened this article to highlight the dynamic changes our profession is experiencing and how that impacts the future. Each of our careers and practices has a series of mini chapters leading to the next chapter. In the past we might often pull the trigger without planning or seeking consult outside our four walls. If you are approaching the twilight of your career, I encourage take the time to seek consult. You will need to develop a succession plan in multiple areas for your exit strategy. It has become too complex to do on your own without a careful objective. In the end, the assessment and a well thought out plan will be your strongest tools to assure strong choices and results.

If you are in the prime of your career and you're not taking time on a regular basis to assess your position from a business perspective, leadership, technical skills viewpoint, then grab your calendar and set aside the time to start the conversation and seek outside consultation.

Select individuals with expertise in each of the three areas that can expand your understanding before making a decision. The time you invest today, will have tremendous returns for tomorrow.
Helping people grow is far more enjoyable than digging out from choices made without adequate knowledge or planning. Decisions made without a complete understanding can have dire consequences such as:

1. Signing up with insurance companies without understanding their reimbursement structure
2. Hiring an associate without thoroughly vetting the candidate and developing your staff.
3. Relinquishing your leadership to a staff member who is undermining authority. Doctor Quote: "I was certified in Invisalign but dropped it because my staff would not promote it."

Notice none of the above areas are related to your technical skills in dentistry yet they severely impact the outcome of your business. I not only encourage recent graduates, but all colleagues to take the time to evaluate your career. Developing your toolbox is mandatory and will equip you for our changing profession. We must be comfortable to reach for additional expertise and the stamina to persist in difficult times. Your expanded toolbox will equip you to enjoy a wonderful career in dentistry.

In September, I will be at the Virginia Meeting in Norfolk. Stop by for a visit or contact me at the number below for a conversation if this article stirs up some interest.

Editor's Note: Dr. James R. Schroeder practiced dentistry in Richmond and is the founder of Leadership by Design. If you have any questions or would like help implementing a change in your office, contact Dr. Jim Schroeder at 804-897-5900 jim@drjimschroeder.com.

MEDICAID DEFERRED COMPENSATION PROGRAM:

AN INCENTIVE TO HELP MORE CHILDREN RECEIVE DENTAL TREATMENT IN THE COMMONWEALTH OF VIRGINIA

Roger Palmer, DDS

As part of an **Access to Care** initiative the VDA was able to get a Medicaid Deferred Compensation Bill passed in the General Assembly in 2014 to become effective in January of 2015. The purpose of this bill is to provide an incentive for Dentists to either become *Smiles for Children* (Medicaid) providers or to continue being providers.

There is a real **Access to Care** issue in Virginia with dental care for underserved and underprivileged children and this bill is an attempt by the VDA to help provide a solution.

Briefly, the Medicaid Deferred Compensation Plan enables dentists to defer a certain portion of their reimbursement from Medicaid and put it in a retirement account with the Virginia Retirement System (VRS) with minimal costs. This money would not be subject to state or federal income taxes until retirement and would grow tax free. You would be able to put in about $18,000 or up to $25,000 if you are over 50. This contribution is above and beyond any other private retirement plan you may have. This enables a young dentist to start a retirement plan with minimal expense and enables an older dentist to supplement existing retirement savings.

Retirement plan contributions have to be put into an account under an individual's social security number. Incorporated dentists will have to pass a resolution allowing a portion of payments from Medicaid to be paid directly into a VRS retirement account. Arkansas has been doing this for over 30 years with excellent results.

If we can get more dentists to become *Smiles for Children* providers, even on a limited basis, it will go a long way toward improving our **Access to Care** issue. Quite a few dentists stopped taking Medicaid patients over ten years ago with all of the confusion with several insurance companies handling the plan. Now all claims are processed by one company: DentaQuest.

Last year the Department of Medical Assistance Services (DMAS) and DentaQuest sent a survey via *SurveyMonkey* to all dentists in Virginia. Nearly all of the surveys ended up being unread or deleted because they ended up in SPAM folders.

DMAS and DentaQuest have taken the position that there is very little interest in the Medicaid Deferred Compensation Plan because of the poor survey results. Actually, those surveys that were returned expressed a lot of interest. Both DMAS and DentaQuest seem uninterested in helping to implement our Medicaid Deferred Compensation Plan, which seems strange since the purpose is to maintain providers who currently participate and to recruit more dentists to participate in the *Smiles for Children* program. This all would lead to providing more dental care for children in the Commonwealth.

It is important for Dentistry's future that we address **Access to Care** issues rather than have the Government "solve" the problem with things like mid-level providers.

Please answer the following questions so that we can get a true representation of how the VDA membership feels about the Medicaid Deferred Compensation issue.

If you have questions about the plan, please contact me or Laura Givens at givens@vadental.org.

40 UNDER 40

DR. STEPHEN SHELBURNE

After graduating in 2008, Stephen Shelburne DDS returned to his hometown in one of the most undeserved areas of the state to start Lee Family Dental. He also donates time and materials to treat those that can't afford treatment.

SURVEY:
MEDICAID DEFERRED COMPENSATION PLAN

Please answer only the questions pertaining to your current employment situation. You may answer by circling Yes or No. Thank you very much in advance for participating in this important survey.

1. Unincorporated Dentists only: Do you participate in Smiles for Children (Medicaid)?

Yes No

2. Unincorporated Dentists only: Are you interested in participating in the Deferred Compensation Program?

Yes No

3. Unincorporated Dentists only: If you do not currently participate in the Smiles for Children Program, would you be interested in seeing Smiles for Children patients in order to participate in the Deferred Compensation Plan?

Yes No

4. Incorporated Dentists only: Do you participate in the Smiles for Children program?

Yes No

5. Incorporated Dentists only: Are you interested in participating in the Deferred Compensation Program? (Knowing that you will have to amend your corporation to allow for you to receive contributions under your own Social Security number),

Yes No

6. Incorporated Dentists only: If you do not currently participate in the Smiles for Children Program, would you be interested in seeing Smiles for Children patients in order to participate in the Deferred Compensation Plan?

Yes No

7. Other: If you work for a large corporation, teach or work for the government and cannot currently participate in the Deferred Compensation Program, would you be interested if your circumstances were to change?

Yes No

Send your completed survey to:
Laura Givens
Virginia Dental Association
3460 Mayland Ct., Ste. 110,
Henrico, VA 23233

FAX: **804-288-1880**

EMAIL: **givens@vadental.org**

WHAT DOES VADPAC/ ADPAC DO FOR ME? HOW CAN I HELP?

Dr. Bruce Hutchison; Chair, ADPAC; Chair, VADPAC

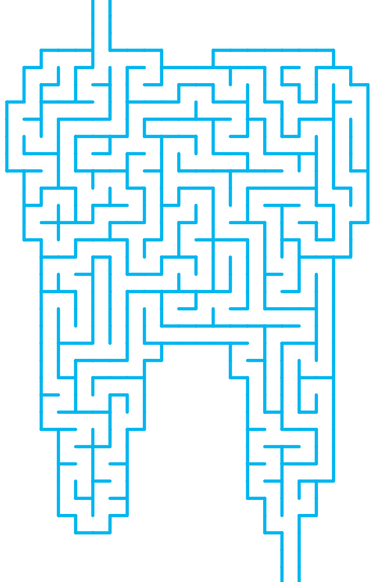
VADPAC and ADPAC are the Political Action Committees of the VDA and the ADA respectively. They serve similar purposes, VADPAC at the state level (Richmond) and ADPAC on the federal level (Washington, DC). Both are important because bills are introduced every year that have the potential to interfere with the way you deliver dental care in your office. Both PACs have four key functions. They are:

1. Raise Money- Our system of government demands that if you want to be heard, you must participate financially. Without raising money, none of the next three functions can occur. Raising money from member dentists is a key function for ADPAC Board and VADPAC Committee members. I consider this money to be insurance for my dental practice, protecting the way I do business and protecting the doctor-patient relationship. A good friend of mine says we “Fundraise so that we can Friendraise.” That is so true.
2. Distribute Funds- VADPAC and ADPAC support candidates for office who represent dentistry well and who listen to our story. Contributions are strictly bipartisan- we give to candidates on both sides of the aisle. Giving is based on many factors including personal relationships, leadership and committee responsibilities (some committees deal more with dental issues than others, and leaders in both parties carry a lot of influence). We also support dentists running for office. Currently we have three dentists serving in Congress and one in our state legislature in Richmond. We have 27 dentists serving in state legislatures across America. Having a dentist in the legislature allows our profession an “inside look” at what is going on and is invaluable. Many things get stopped before they ever get started. Dentistry and our patients are the beneficiaries of such action.
3. Political Education- Dentists are busy. They provide health care to our patients, operate small businesses, are employers, and are active in their communities. They simply don’t have the time, or don’t take the time, to be educated in how advocacy affects their everyday lives. So educating our doctors is a priority.
4. Grassroots Advocacy- True, it takes money to be effective advocates, to get elected people who will listen to our story. But we must tell a good story. We don’t buy votes, but we do use money to open doors and ears. After that- if we can’t tell a good story, that’s on us. We ask our dentist members to develop relationships with their legislators, to become friends. Friends will always listen to friends. Politics is all about relationships. On the ADA level, go to ada.org/ADPAC, go to advocacy and sign up for ENGAGE. Periodically (usually once a month on average) you will receive a call to action. It takes less than a minute to respond by sending a note (prewritten) to your Representative or Senator. Volume counts, so the more dentists we have responding, the more influence we will have. The VDA also sends you emails throughout the Virginia General Assembly Session asking you to simply forward an email letter to your state Delegate or Senator. It’s easy, and it makes a big difference.

So ADPAC and VADPAC give our profession an organized way to speak on behalf of over 150,000 dentists nationally and over 3,500 statewide with ONE VOICE UNITED. But we need you to help- even if only a little. Contribute your money and your voice. Your practice and your patients’ dental care depend on it. There are others out there wanting to change the way you do business. Will you let that happen?

Go to http://www.vadental.org/advocacy/vadpac and contribute to VADPAC. Do it now, before you forget. We need everyone to step up and make a difference. There is power in numbers!

A HEALTHY DENTAL CAREER BEGINS



AND ENDS WITH DCA.

Immediate job opportunities available:

General Dentists

Specialists

Hygienists

Office Support Staff

No matter where you are in your dental career, we’ll keep you on the right path.

855.979.3524

DentalCareAlliance.com

STRONG VDA INVOLVEMENT AT 2016 ADA WASHINGTON LEADERSHIP CONFERENCE:

BILLS FOCUS ON NON-COVERED SERVICES, STUDENT LOAN DEBT AND MEDICARE REQUIREMENTS

Laura Givens, VDA Director of Legislative & Public Policy

L-R: Drs. Justin Norbo, Bruce Hutchison, VaCora Oliver-Rainey, Alonzo Bell and Kirk Norbo

The annual ADA Washington Leadership Conference (WLC) was held on May 2-4, 2016. Attendance from the VDA was strong as usual. We appreciate the following members for taking the time to attend the conference and to meet with their members of Congress and Senators: **Dr. David Anderson, Dr. H.J. Barrett, Dr. Alonzo Bell, Dr. Mark Crabtree, Dr. Terry Dickinson, Dr. Sam Galstan, Dr. Ralph Howell, Dr. Bruce Hutchison (ADPAC Chairman), Dr. Rod Klima, Dr. Justin Norbo, Dr. Kirk Norbo, and Dr. VaCora Oliver-Rainey**. The VDA's very own Dr. Hutchison led much of the conference as the current ADPAC Chairman. His clear passion for the profession and politics made for an engaging and up-beat 3 day conference.

The conference began with a special seminar focusing on state Political Action Committees (PACs). Dr. Hutchison highlighted the many things that we have done in Virginia to successfully raise money for VADPAC. Breakout sessions were also held addressing grassroots activism and how to effectively meet with your member of Congress. The main event then was kicked off with a briefing on the specific issues to be discussed during their Capitol Hill visits and heard from key note speaker, co-host of *Fox and Friends Weekend* and Editor-in-Chief of *The Daily Caller*, **Tucker Carlson**.

The issues for which the group advocated this year focused on student loan debt, non-covered services, and Medicare Enrollment/ Opt-Out. Below is a list of the bills at the forefront this year for Congressional lobbying.

Dental and Optometric Care Access Act of 2015: H.R. 3323

- H.R. 3323 would prohibit "non-covered services" provisions in dental and vision plans and coverage. Virginia and 38 other states have already passed measures to limit non-covered services provisions in dental or vision plans. This legislation would not interfere with the states' ability to maintain and enforce their own insurance regulations and laws but, rather compliments the work already done by most state legislatures across the country.

Student Debt: Student Loan Refinancing Act (H.R. 649) and Protecting Our Students by Terminating Graduate Rates that Add to Debt Act (H.R. 4223)

- H.R. 649 would allow individuals to refinance their federal student loans more than once. New dentists would be allowed to refinance their federal Direct Loans, Direct PLUS Loans and Direct Consolidation Loans at any time during the life of the loans, enabling them to take advantage of lower interest rates during more favorable economic conditions. Moreover, refinanced rates would be fixed, protecting them from interest rate hikes when economic conditions worsen.
- H.R. 4223 would enable graduate and professional student borrowers to take advantage of the same low interest rates offered to undergraduate student borrowers under the Direct Subsidized Loan program. Students would additionally pay no interested to Direct Subsidized loans while in school and for 6 months after leaving school, as the Department of Education pays the interest during this period. It would also provide an annual cap on Direct Subsidized dental student loans of 8025 percent, down from 9.5 percent cap for unsubsidized loans.

Protecting Seniors Access to Proper Care Act of 2015: H.R. 4062

- H.R. 4062 would remove the mandate for dentists to enroll in or opt out of Medicare in order for their patients' prescriptions to continue to be covered by Medicare Part D Plans.

More information on the above Congressional bills and ADA advocacy efforts can be found on the ADA website at www.ada.org/en/advocacy/.

Action Team Leaders and the VDA Council on Government Affairs will continue to monitor these issues, and the VDA will communicate with the Washington delegation as necessary. **The next ADA WLC will be held in conjunction with the American Student Dental Association and is scheduled to be held March 27-29, 2017**.

VDA members are encouraged to participate in legislative and grassroots events like the ADA WLC, as well as the **VDA Day on the Hill in Richmond (January 20, 2017)** and by attending local fundraisers for incumbents and candidates in your respective districts.

VIRGINIA DENTAL POLITICAL ACTION COMMITTEE (VADPAC) UPDATE

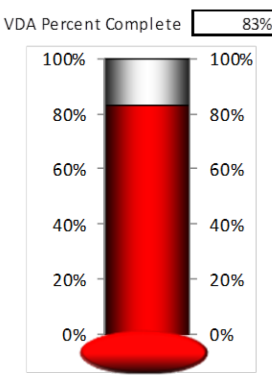
Laura Givens, VDA Director of Legislative & Public Policy

VADPAC is just over $63,000 away from reaching the 2016 goal of $375,000! Below is a breakdown of the various VDA Components and what they have done to date. **We MUST hit our goal – the insurance companies, with whom we do battle every single day, raised over $500,000 in the last election cycle!**

- successfully passed HB16, our non-covered services de minimis legislation. This law says that a dental plan cannot call a service covered – thereby dictating the fee – by reimbursing a nominal amount (i.e., 5 or 10%). It will become law on January 1, 2017.
- expressed opposition to the Board of Dentistry's notice of intended regulatory action (NOIRA) to require a jurisprudence exam for licensed dentists every three years. After the VDA informed the membership of this NOIRA, nearly 200 comments were submitted in opposition, which led the Board of Dentistry to withdraw the NOIRA.
- alerted the membership when the VA Board of Dentistry implemented regulations requiring dentists who use nitrous either by itself or in combination with an enteral drug to monitor patients' oxygen saturation level using a pulse oximeter. This caused several members to express their concerns with this requirement, which led the Board of Dentistry to form a subcommittee to amend these regulations appropriately. The nitrous subcommittee is currently working on the amended language and the Board of Dentistry will review at their June 10th meeting. The VDA will continue to keep the membership informed of this regulation as it moves for the regulatory process.
- secured $200,000 for Capital Investment for the Missions of Mercy (MOM) Project, expanding the safety net.
- read more about what the VDA has done to protect you, your profession and your patients on our website at http://www.vadental.org/advocacy/virginia-general-assembly and http://www.vadental.org/advocacy/legislative-alerts.

Less than 40% of VDA members have contributed to VADPAC. Can you imagine how much more successful the VDA would be if every dentist contributed?

Bottom Line: Your VADPAC dollars allow the VDA position to be heard by the people who make the laws in the Commonwealth: the statues directly affecting you and your patients.



We urge all members to contribute to VADPAC to help secure the livelihood of the practice of dentistry and your patients. Contribute today: complete a contribution form found on our website at http://www.vadental.org/advocacy/vadpac or contact Laura Givens at givens@vadental.org or 804-523-2185!

Component	% of 2016 Members Contributing to Date	2016 VADPAC Goal	Amount Contributed to Date	Per Capita Contribution	% of Goal Achieved
1 (Tidewater)	32%	$45,500	$31,086	$252	68%
2 (Peninsula)	39%	$27,500	$22,309	$262	81%
3 (Southside)	32%	$14,000	$9,984	$303	71%
4 (Richmond)	37%	$67,750	$65,958	$276	97%
5 (Piedmont)	31%	$30,000	$26,327	$283	88%
6 (Southwest VA)	45%	$25,250	$26,006	$338	103%
7 (Shenandoah Valley)	40%	$30,000	$28,943	$273	96%
8 (Northern VA)	29%	$135,000	$101,255	$288	75%
TOTAL	**36%**	**$375,000**	**$311,868**	**$284**	**83%**

Total Contributions: $311,868
Must Raise $63,132 to Reach Goal
2016 Goal: $375,000

DR. VICKY SEMTNER HALE

Dr. Vicky Semtner Hale attended Virginia Tech before earning her DDS from the VCU School of Dentistry. She currently enjoys life with her husband and two sons in Culpeper, VA and owns a family dental practice in Orange, VA.

VDA SERVICES

ARTICLE OF INTEREST

VDA SERVICES GLOVE PROGRAM:

IMPROVE YOUR BOTTOM LINE WITH SAVINGS ON GLOVES AND SUPPLIES

Cindy Hoogasian, Director, Association Gloves

VDA members are saving money on exam gloves, masks and other disposable products using a purchasing program developed and administered by Association Gloves and recently endorsed by VDA Services. Currently, 20 dental associations and four medical-related organizations are affiliated with Association Gloves.

Is your practice among the thousands nationally that are adding to its bottom line the easiest way possible -- by spending less on the essential products used in volume daily?

Every dollar saved produces pure profit. If you save $40 or $50 on one case of gloves, and you use even 100 cases a year, you could enhance your bottom line by as much as $5,000 simply by changing your purchasing practices. Those savings can really add up: In five years you could save $25,000; $50,000 in 10 years.

Association Gloves was started by the for-profit subsidiary of the Michigan Dental Association specifically to provide dental association members like you with the opportunity to drive down costs on exam gloves by offering nationally known brands at prices substantially below those of other distributors. When VDA members buy from Association Gloves, they are creating non-dues revenue for the VDA, which means more money is available for member services without raising dues.

Expanded lines

There are more than 90 gloves available with the introduction of sterile and surgical gloves, flavored gloves, and expansion in the Innovative Healthcare Corp. (IHC) product line. Brands available include Microflex, Cranberry, Halyard Health (formerly Kimberly-Clark), EcoBee, Plak Smacker, Sempermed and IHC. You can choose from nitrile, chloroprene, powder-free latex, powdered latex, vinyl and fitted gloves.

Meet your mask requirements with Halyard Health's line of ASTM-rated masks or the BeeSure Level 2 mask. Other mask manufacturers may be coming aboard soon.

Because of the glove program's success, it has expanded into other disposable products including bibs, sterilization pouches, barrier film and gauze.

Buying from the glove program is risk-free. If you are dissatisfied with your purchase, simply call Association Gloves to arrange a return shipment and get a refund. And shipping is always free.

Ease of buying

It is easy to buy from the glove program. Just go to www.VDAservicesgloves.com to shop securely online. A free mobile app, available from the Apple App Store or Google Play under the Association Gloves name, offers app-only specials and discounts. Download the mobile app and place an

order to receive $5 off a purchase of $175 or more of regularly priced products. Just call 877-484-6149 for personal service. You can "like" the Facebook page www.facebook.com/dentalassociationgloves to stay on top of special promotions and to keep up with glove program news.

The VDA Services glove program offers multiple quarterly special promotions, presenting members with extraordinary values on products from several manufacturers. Quarterly special promotions are expected to continue into the foreseeable future to bring even more value and greater savings to members. Take the time to shop for savings with the Association Gloves program.

WHAT YOU'VE BUILT IS WORTH PROTECTING.

MassMutual's disability income insurance products help you protect your income in the event you become too ill or injured to work. And if you own a dental practice with two or more qualifying staff or professionals, you may be eligible for:

- Unisex rates
- Portable coverage
- Rate discount
- Non-cancellable, guaranteed continuable coverage to age 65 provided premiums are paid on time
- Own occupation rider*

Please contact me today to learn more!

COMMONWEALTH

We'll help you get there.®

Robert P. Burke, CLU®, ChFC®, AEP
General Agent
MassMutual Commonwealth
272 Central Park Ave., Suite 1100
Virginia Beach, VA 23462
757-490-9041
robertburke@financialguide.com
www.massmutual.com

LIFE INSURANCE + RETIREMENT/401(K) PLAN SERVICES + DISABILITY INCOME INSURANCE + LONG TERM CARE INSURANCE + ANNUITIES

MassMutual Financial Group refers to Massachusetts Mutual Life Insurance Co. (MassMutual), its affiliated companies and sales representatives. Local sales agencies are not subsidiaries of MassMutual or its affiliated companies. *Available at additional cost; not available in CA. Insurance products are issued by MassMutual, Springfield, MA 01111, and its subsidiaries, C.M. Life Insurance Company and MML Bay State Life Insurance Company, Enfield, CT 06082. CRN201607-172248

Local Consultants with a National Reach

We are pleased to announce our PARAGON practice transition consultant for Virginia:

Donna Torrey

Contact her at 866.898.1867 or

send email to info@paragon.us.com

Nationwide Coverage

Local Market Expertise

Dual Representation

CALL: 866.898.1867 | **EMAIL:** INFO@PARAGON.US.COM

HOW DO YOU SAY THANK YOU?

Campbell Delk, D.D.S.

Over the course of a professional career, many of us look to find ways in which to express our gratitude for the blessings we have been given. We are lucky to be able to wake up every morning, practice dentistry, interact with patients, and work alongside wonderful staff members. We have worked hard to get where we are, but hope to express our gratitude in some small measure. There are small ways, and there are bigger ways in which we can do this. Early in my career I was able to find this opportunity in a way to give back to my community.

The administrator at the Virginia Home, who's also one of our patients, had asked me many times to take a tour. Four years ago I was finally able to schedule lunch and spend an afternoon at The Home. Immediately it hit me what a special place it is. I met an amazing group of staff members, wonderful administrators, and most important, had an opportunity to interact with the residents there. The Virginia Home is a full time, complete care, residential facility for adults who have been severely disabled due to accidents or medical conditions. Most of their residents are confined to wheelchairs. These individuals lead inspiring and fulfilling lives, thanks to The Virginia Home. I was touched by their outlook on life, and attitude towards what they have been given, or not given. One afternoon there, and I knew exactly where I could give thanks and perform a small service for those needing it.

I have been going down to The Virginia Home approximately once at month for the last four years. While there, I perform annual exams on the patients, identifying any problem areas, make referrals to specialists, and performing head and neck exams. Patients confined to wheelchairs are more difficult to treat, but this is a service that otherwise would go neglected. If needed, I can coordinate with The Home to have the patients come to my office for treatment. The Home also has dental hygiene students from VCU who offer hygiene appointments to the residents, fourth year dental students who provide restorative services, and other dentists from the community who will help with restorative care and examinations when needed. The Home is working diligently to secure the necessary equipment and supplies to upgrade the clinic and allow it to become a more "full service" operation.

Even though I am only at The Virginia Home once a month, the fulfillment I get from my interaction with the residents, and knowing that I am contributing in some small part to their quality of life, is all the reward I need. I always leave from The Virginia Home feeling blessed for having spent time with such amazing individuals. These monthly clinics have become my way of saying "thank you" for the opportunities I have been given in my career, and the blessings I have been given in my life. They allow me to forget the overhead expenses, challenging treatment plans, and headaches that happen on a daily basis in my office, while realizing how lucky I am to have those so-called problems. They remind me to say thank you for the opportunities I have been given.

We are so fortunate to be in this profession, to be able to provide a service to those in need of it, and support our families while doing so. I highly encourage, and challenge, each of us to find something that allows for a show of gratitude for these blessings we have been given, however small or large that may be.

Editor's Note: Dr. Delk, a VDA member dentist, practices in Glen Allen.

Peer Reviewed ⬩ Members-Only Benefits ⬩ Supporting the VDA

By utilizing the VDA Services endorsed vendors below, VDA Members receive special benefits and discounted pricing while supporting the VDA and its programs — over $3 Million in support has been provided to the VDA, VDAF, VCU School of Dentistry and others! Help Us, Help You!

Association Gloves —Gloves and Masks
877-484-6149; vdaservicesgloves.com

Bank of America Practice Solutions
800-497-6076

iMedicor — Secure HIPAA Communications
888-810-7706; signup.imedicor.com/vda/

ProSites—Website Design
888-466-7975; prosites.com

B&B Insurance—Insurance Agency
877-832-9113; bb-insurance.com

CareCredit—Patient Payment Plans
800-300-3046 ext. 4519; carecredit.com/dental

MedPro—Malpractice Insurance
877-832-9113; medpro.com

Solmetex— Amalgam Separators
800-216-5505; solmetex.com

Bank of America—Credit Cards
800-932-2775; bankofamerica.com

Demandforce—Marketing & Communications
800-210-0355; demandforce.com/vda

Paychex — Complete Payroll Services
800-729-2439; paychex.com

Worldpay — Credit Card Processing
804-836-6798; worldpay.us

VDA Services is a service mark of the Virginia Dental Association. VDA Services is a program brought to you by the Virginia Dental Services Corporation, a for-profit subsidiary of the Virginia Dental Association.

"HOW DID I GET THIS?"

SNDA MEMBERS AT VCU RAISE FUNDS FOR ORAL CANCER RESEARCH

Richard F. Roadcap, D.D.S.; Editor

"Dad, look at this." Cindy Cheely's dentist asked his father, who practiced with him, to look at a suspicious lesion. They both agreed that she should be appointed with an oral surgeon as soon as possible. Before she left the office her dentist called the oral surgeon to make sure that a biopsy would be performed. It proved cancerous, and she underwent surgery. All was well for a few years, but in 2007 a "bump" came back.

Another referral was made. Dr. Laurence DiNardo, a head and neck surgeon at VCU Medical Center, performed more extensive surgery, leaving her with half a tongue, and no saliva. Yet, she's grateful to her general dentist for his diligence in discovering her oral cancer and his insistence upon prompt treatment. She had only one question when her diagnosis was made: "How did I get this?" Now she has a message for patients and doctors: "If you see something funny, do something!"

Over 50 people met April 23 at Harrison and Cary Streets in Richmond, the site of VCU's downtown athletic field, to participate in the 2016 Oral Cancer Walk. It's an annual event sponsored by the Student National Dental Association chapter at VCU, and walkers raise funds for cancer research and hear from speakers like Cindy Cheely on the importance of prevention and early detection. She recounted how she'd met a young woman, who at 31 had no risk factors, but was diagnosed with oral cancer, and despite best efforts at treatment, died soon after.

Dr. Iain Morgan, director of the Philips Institute for Oral Health Research at VCU, told listeners that oral cancer is the only cancer increasing in frequency in the developed world. Much of the blame rests with a recently-discovered risk factor: human papilloma virus. Unlike well-known risk factors such as alcohol and tobacco, HPV targets a much younger cohort of patients. Dr. Morgan called HPV associated cancers an "epidemic", and said they're especially hard to detect even with carefully performed head and neck examinations. "We don't have a Pap smear for this. But what we can do is advocate for vaccines." Gardasil®, administered at age 11 to 13, has proven effective.

Sponsors earned recognition: "Gold" Awards went to the Philips Institute at VCU, the Luby Family, and the VDA; a "Silver" award went to Drs. Randy Adams and Brandon Allen. Walkers were encouraged to make at least three laps of the quarter-mile perimeter of the field. (To tired feet, it seemed much farther than 440 yards.) Rain had been forecast, but sunny skies prevailed.

L-R: Shadae Person, D-2017; Dr. Iain Morgan

Dania Luby, whose sister Susan, lost her battle with oral cancer in her early 40s, had this parting message for those assembled: "Early detection is important! Be aggressive! Take the high road!

GOVERNOR SHOWS HUGE SUPPORT FOR MOM

Tara Quinn, VDAF Executive Director

In April, the Virginia General Assembly passed the 2016 Appropriations Act which provides state funding for the 2017-2018 biennium. Governor McAuliffe had recommended $100,000 in his budget for fiscal year 2017 (July 1, 2016-June 30, 2017) for the Mission of Mercy (MOM) program. The General Assembly agreed with the Governor's recommendation and also added $100,000 in fiscal year 2018 (July 1, 2017-June 30, 2018). The VDAF is very grateful to the Governor and the General Assembly for recognizing the value of MOM, and providing much needed funding to support our work. VDA Executive Director Dr. Terry Dickinson, VDA lobbyist Chuck Duvall, and VDAF President Pat Finnerty played a significant advocacy role in securing this funding.

The Mission of Mercy (MOM) is Virginia Dental Association Foundation's mobile dental clinic program, developed by Dr. Dickinson in 2000. MOM projects improve the oral health of an average of over 4,000 people – primarily uninsured adults – each year by providing preventative, restorative and surgical services in strategic locations across the state.

While the MOM program has provided nearly $40,000,000 in free dental care since its inception, it has faced funding uncertainty each year. With this game-changing commitment from the Commonwealth of Virginia, the VDAF can now focus on developing strategies for the program's long-term sustainability and growth. With its mission to provide access to dental care to underserved Virginians, there will always be work to do to serve those in need. But with the Commonwealth's robust partnership, together we will be able to create solutions that address the often invisible oral health crisis that affects so many of our neighbors in Virginia.

Milk Toast with Governor McAuliffe

TEN REASONS TO GO ON A DENTAL MISSION TRIP

William T. Griffin, DDS

Despite our society's widespread mentality of seeking one's own comfort above all else, there are many dental professionals who intentionally make themselves uncomfortable, and they do so on a regular basis. They purposely put themselves into situations with inferior food and housing, difficult working conditions, and they even pay for the privilege of giving their services away. What is it that they find so appealing about dental mission trips? Based on my personal experience, here are ten motivating factors, though this is by no means an exhaustive list:

1. Sid Pro Quo ("To whom much is given, much is expected") - We in the dental profession have been greatly blessed with far more than our "share" of the world's goods. Most of the world's population has to work hard just to keep food on the table, and dental care is often either an unaffordable or unavailable luxury. The dental skills that we possess can bring great comfort and healing to many around the world. Perhaps the best way of showing gratitude for what we have is to give back, and international trips are a great way of doing this.

2. Increased appreciation for what we have - Many of the things we take for granted – air conditioning, extensive food availability, hot showers – are rare in the undeveloped world. Going without these luxuries for a week or so can help us realize just how fortunate we are in this country.

3. Decreased dependence on material things - I have met many in various countries who, though possessing very little materially, exude a certain inner contentment that many Americans find evasive. Perhaps our society's zeal for more and more in the material realm is actually creating a barrier to true joy. Yes, we have much to learn from those we will treat on dental mission trips.

4. Opportunity to help train the next generation of dentists - Most of those who accompany me on dental mission trips are US dental students. A dentist who has been practicing for a while has much to offer those still in dental school. The mission field is a perfect teaching environment in many respects. First, there are normally plenty of patients, and not nearly as much record-keeping as is required back in the states. Secondly, because of the desperate need for care in most parts of the world, students are far more appreciated by their international patients then they usually are in dental school. In addition, we can help to plant seeds of service in these students, which can then blossom regularly in years to come.

VCU Dental Students, working with the Christian Dental Society in Jamaica 2012

5. Establishment of profound friendships When you set out to serve others – regardless of the context of that service – it should be no surprise that you will meet others of like mind. The best friends I enjoy in life are not those I met on the golf course, it was those who felt a similar call to serve those around them. There is something about working together on behalf of others that creates a deep, powerful bond, and mission trips have served to accomplished this in my life.

6. Cross-Cultural immersion - Many of us have gotten to see various parts of the world, but have we truly gotten to know the unique nuances of other cultures? Our exposure to those who wait on us at hotels and restaurants is nothing like the opportunity we have to communicate with real, everyday citizens of another nation. Most are readily willing to share details of their lives while the anesthesia is taking effect, and they are honored that you would care enough to ask.

7. Renewed vigor back in private practice OK, I realize that some of you are thinking, "Dentistry is hard – when I take a week off, I need to get away." Well, believe it or not (and some of you won't), when I come back from a trip, I actually look forward to revving up the handpiece and getting back to patient care. It's hard to put my finger on a specific reason – maybe it's the enjoyment of relatively reliable equipment, or the opportunity to share mission trip stories with patients and staff. Whatever the reasons, regular trips have helped fuel my zeal for private practice.

8. Freedom from the Western pace of life One of the many ironies that becomes apparent on the mission field is the fact people who have less are often more laid back about life. While we are working overtime to fund that retirement plan account, those we treat around the world are more concerned with enjoying their families and getting to know their neighbors. Most of us have much to learn in this regard from those we serve on the mission field, and each trip I take is therapeutic in this regard.

Dr. Bill Griffin in Nigeria, 2008 (third from right)

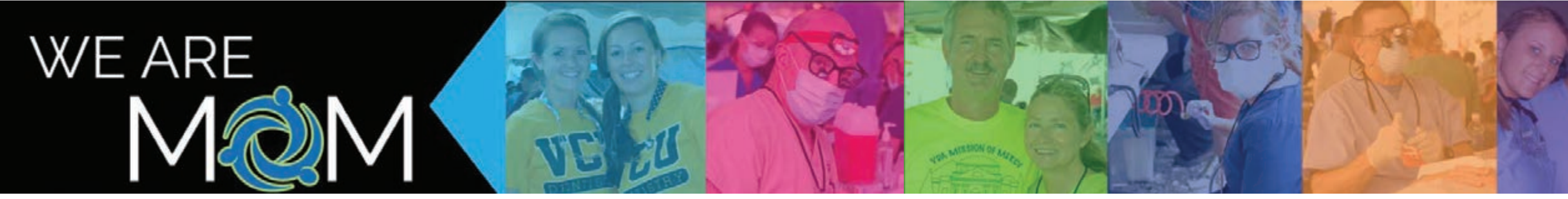
9. Opportunity to support worthwhile causes - One of the financial opportunities we have as dentists is to provide financial assistance to those in need. As we seek to be wise in our benevolent pursuits, mission trips can be a good way of identifying those organizations who will make good use of whatever contributions we might send their way. We have more reason to trust a group with whom we have worked than one that contacts us through a letter or phone call.

10. Greater consideration of the spiritual aspect of life - I am a Christian, and my faith has grown through involvement in dental mission trips. So much has been accomplished around the world through faith, and it is inspiring to meet and get to know people whose faith inspires them to do great things for others. Perhaps the best measure of faith – any faith – is the extent to which it inspires us to put the needs of others ahead of our own.

I hope that what I have shared regarding the blessings of dental mission trips inspires you to give it a try at some point. Of course we don't have to leave this country to treat the needy, but international opportunities just might cause you to redefine what needy really is. This is an opportunity that I never considered in my decision to enter dental school, a huge bonus to the many rewarding aspects of being a dentist. I am learning dentistry's true worth by giving it away.

Dr. Jerry Caravas, VCU '82

Editors Note: Dr. Griffin maintains a website to equip and inspire dental professionals for involvement in dental mission trips, www.dentalmissiontrips.org. He may be reached at dentalmissiontrips@gmail.com



GREEN RUN HIGH SCHOOL, SITE OF FIRST VIRGINIA BEACH MOM PROJECT

Barbara Rollins, Director of Logistics, Mission of Mercy

The first ever Virginia Beach MOM project was an amazing success! There was unprecedented enthusiasm from both the local dental community and the sponsors.

Set up started Friday at noon and triage quickly followed. A beautiful reception was held at the Virginia Beach Resort Hotel where colleagues, friends and professionals had the opportunity to catch up both personally and professionally. Saturday morning started at 5:30 am, with some volunteers referencing the baseball classic *Field of Dreams* "if you build it they will come" as they pulled up.

Patients were lined up around Green Run High School eager to be evaluated and receive much need dental care. Some patients were so excited about the opportunity they reported sleeping at the school. Thanks to the amazing team that made this idea a reality!

At the end of the day we saw over 500 patients and dedicated $463,453 worth of care. We would like to send a special thanks to our major sponsors Sentara Healthcare & Optima Health, Virginia Health Care Foundation, and Atlantic Dental Care.

Your practice is your legacy.

We will help you find the RIGHT buyer.

THE RESULT:
Our clients frequently experience a 95% or better patient retention after a transition.

Contact us for a complimentary, confidential consultation.

Passing dentistry to the next generation through practice sales

www.SoutheastTransitions.com • 678-482-7305

AN INTERVIEW WITH:

BETH BORTZ; PRESIDENT/CEO, VIRGINIA CENTER FOR HEALTH INNOVATION

Virginia Dental Journal: You've had a broad background in healthcare- can you tell me about your journey that brought you to VCHI?

Beth Bortz: Sure! Prior to coming here to the Center I spent nine years at the Medical Society of Virginia. In my time as director of the (MSV) Foundation one of my goals was to position the foundation to prepare physicians for change. Further down the path we got some frustration from the "early adopters". Payment reform wasn't working as well in Virginia as in some other states. MDs whose practices were credentialed as a Patient Centered Medical Home were expecting to receive extra payments each month as an incentive. My efforts were stymied if MDs felt they were not getting paid for their efforts. I said, "Let's look at other states." In other states the business community was driving change in the way payments were made, but not so in Virginia. About the same time I also realized some of the things I wanted to do were meeting with resistance from "traditionalists". Some people fear change. I felt like they wanted to shoot the messenger (me). The biggest piece for us was when the Affordable Care Act created at CMS an Innovation Center. Ten billion (dollars) went to the National Center. But the National Center intended that the states were going to lead the way in innovation. They wanted participation from the states. Getting started in Virginia was a challenging set of circumstances. Virginia was not winning any grant awards (there were no dots on the map!). Virginia has two strikes against it: 1) it's a purple state, that is, it flip-flops between Democratic and Republican administrations and 2) it has a one-term governor who can't succeed himself, and it's hard to get any guidance from a state agency. The factors present drove the need for an outside entity to coordinate the effort. Each (healthcare) association has its own agenda. We can't house an innovation center in one association's headquarters. We need organizational leadership to be neutral. When this Center was started we raised funds from MSV, the Virginia Association of Health Plans, PhRMA, the Virginia Health Care Foundation, the Virginia Hospital and Healthcare Association and VIPCS (Virginians Improving Patient Care & Safety), which disbanded and donated its assets to the new Center. The first location for the Center was at the (state) Chamber of Commerce. My first office was in the basement of my house!

VDJ: Can you tell me exactly what the Center does and why?

Ms. Bortz: Our mission is to accelerate the adoption of value-driven models of health and wellness in the Commonwealth. We look at efforts to move the commonwealth forward. Our goal is to move Virginia to a system where we pay for outcomes versus paying for services provided. We need data to objectively monitor outcomes. Patient outcomes are often impacted by other determinants of health. We want to improve healthcare transitions to a point where the "handoff" is a good one. We want to reduce 30-day readmission rates. Here's an example: a patient with COPD was seen in the ER fifty-two times in one year, which led to over one million (dollars) in ER costs. His MDs were frustrated! In a new program, he was assigned a care coordinator, who visited him in the home, which was a trailer. It was heated with kerosene and filled with fumes – the care coordinator couldn't breathe! This patient has not been to the ER since a $2000 repair was made to fix the trailer's heating system. So a $2000 repair could have prevented over a million in hospital bills. The Center is looking at pilot projects where we can be partners together to measure the outcomes and improve the value of healthcare. We received $2.6 million in a grant from CMS' Innovation Center to put a plan together. Also, we have received a $10.6 million grant to work with primary care providers on practice transformation. A "practice coach" is assigned to each practice and help them learn to use the data from their electronic health records (EHR). Are there improvements that can be made? Are there online resources that can be used?

VDJ: What is so different about healthcare today?

Ms. Bortz: Healthcare (today) is so fast moving and complex. The folks on the front lines are overwhelmed. They see opportunities to do better. How do they have the capacity to make these changes? We can keep spending on healthcare at this level and keep getting what we have been getting. If the outcomes were good then we could justify spending at this level. Here's our challenge: business as usual is not sustainable. Change is coming regardless.

VDJ: Why is it important for the dental profession to pay attention to what is occurring in your space?

Ms. Bortz: The dental profession up until now has been able to sit and watch. But they're tied to us by increased recognition and integration of primary care and dental care. Previously medical care, dental care, and behavioral health were in silos. Now there's a recognition they're all part of the picture. I've volunteered for 10 years at the MOM Project in Wise, in triage for the oral surgery patients. Working there we see blood sugar (and other values) through the roof. Sometimes dentistry is on the sidelines watching what is happening. I've been working with Sarah Holland at the Virginia Oral Health Coalition on integrating primary healthcare and oral health. One of our challenges is that dental care is not covered for adults under Medicaid. What can we do? We're struggling in trying to figure out a pilot program. Is there a population that can be risk-stratified?. We know we can improve diabetes outcomes if oral health care is provided. Are there at-risk populations that we should specifically target?

VDJ: What role do you see the dental profession playing in this space?

Ms. Bortz: I think the "sweet spot" when we find it will be the integration of primary care and oral health. At this time payment reform is not applicable to the dental community. I would love to see the professions come together – we've been siloed up to now. At the MSV I created the Physician Leadership Institute. Doctors were trained in clinical skills, but never trained in strategic planning. I had a great conversation with (Dr.) Terry Dickinson, and he said the need is the same for dentists. They're being asked to do the same things. This involves more collaboration among different groups, reaching out and talking with other professions. There's increased recognition that oral health is health (too).

VDJ: Define for us the term "big data". How will these studies influence dental practice in the future?

Ms. Bortz: Virginia now has an All Payer Claims Database, which provides an opportunity to review medical, pharmacy, and labs claims across the entire Virginia system. It is "big data" in its size and scope. It includes Medicaid and commercial data. At VCHI, we want to use this to identify

CONTINUED ON PAGE 50

CONTINUED FROM PAGE 49

unnecessary medical tests and procedures as defined by physicians through the Choosing Wisely Campaign. In partnership with Virginia Health Information, Milliman, and the University of Michigan's Center for Value-Based Insurance Design, we are reviewing the data for the first 45 identified "unnecessary" tests and procedures. Over a 2 year period (2013-2014) we found these 45 tests and procedures yielded $1.5 B in potential waste in Virginia. These tests and procedures are not only of no benefit, they're potentially harmful. This information has to be conveyed to patients, their providers, and to their employers. We have the ability to drill down into this data – for example our data shows there's more waste in northern Virginia than in other region of the state. Next we'd love to get the dental piece. The challenge is, in the All Payers Claims Database does not have access to dental claims data So we can't pursue that yet. But we can work with the physician community. We find that physicians commit themselves when we share the data with them. Anything that promotes patient safety is well-received. I'm optimistic by nature. Most providers want to provide good patient care. We just need to give them the tools.

VDJ: In the October 2015 issue of *Virginia Business*, you're quoted as saying the Choosing Wisely campaign is likely to change the behavior of providers. Why is this likely to happen?

Ms. Bortz: I think data is powerful. Here's a story. At MSV years ago we had a Cardiovascular Disease Improvement Collaborative. We found that things kept getting worse. We decided to bring the physicians together, and said "Let look at this". We had the Chief Medical Officer from Anthem give us Anthem's best data. When you look at this we found that only 40% of patients were being treated according to the guidelines. That means a grade of "F" for physicians treating cardiovascular disease. Here's what's interesting: exemplary physicians came forward and asked us what was happening. Not one of them thought it was them. Then we started showing people their own data. We found that improvements could be made. Once people looked at their own data, they showed significant improvement. I can't imagine the stress when there was no analysis for opportunities to improve providers' cardiovascular care. Once they looked at their data, we saw significant improvements in care, and they got excited about the way they could do it. But most providers haven't looked at their own data.

VDJ: Paint a picture of the future of healthcare as you envision it.

Ms. Bortz: I'm hoping it's more coordinated. Where we have the most to gain is from improved coordination and transparency. I know of no other industry where purchasers have so little influence. I think we will find that consumers want to be more engaged – if we give them good data to make decisions.

VDJ: Is there anything else you think our readers need to know?

Ms. Bortz: The politics of healthcare can be ugly. But there's cause for optimism. We find that there can be significant improvements if the partners (in healthcare) are receptive. The Center speaks to that. We're all familiar with the bitter arguments over Medicaid expansion in the state. But in reality there's only 10% of the subjects that we disagree on. The central pieces we all agree on, in trying to reform the existing system. There were no surprises in the General Assembly (this year). It's been a purely political conversation. If we can get back to policy conversations we'll be fine. The money is in the system. We need to allocate our resources smarter. Some infrastructure change will be required. Why is it I can get my dog's immunization record online but not my children's? Our lagging databases offer a tremendous opportunity to do better.

MOM RETURNS TO SPECIAL OLYMPICS TO PROVIDE CRITICAL CARE

Joel Rubin; President, Rubin Communications Group

Stuart Datz and his 28-year-old son Josef, never miss the Special Olympics. Mr. Datz and his special needs adult child love to swim, bike and run together, so naturally he was at the University of Richmond to watch Josef compete in the statewide event. And after the athletics was over, they took a seat on the second floor of the Robins Center to wait for Josef's name to be called for a free dental cleaning.

"It's so positive and so wonderful that they provide this service for this population," said Mr. Datz, who runs a medical equipment company in Springfield, Virginia. "We come every year now."

The Datzs were among hundreds of patients and parents who took advantage of this annual Missions of Mercy/MOM event, conducted by the VDA Foundation and staffed in part by a host of VCU dental students and VDA member dentists and their office teams.

All morning long, the sweating athletes, many gripping medals won in bocce, swimming, softball, track and field, bowling or tennis, filed in, were examined and treated. "It's really a great thing these dentists and other volunteers do," said Dr. John O'Bannon, a Richmond neurologist and member of the House of Delegates. Among the 3,000 volunteers at the event was retired Richmond Attorney Sandy Norman. He quoted Muhammad Ali, who was buried a day earlier, saying, "public service is your rent for being here on earth."

That's certainly the motto for dentist Matthew Cooke, who started the MOM effort at the Special Olympics while teaching at VCU and returns each June with a team of other instructors and students from the University of Pittsburgh, where he now teaches.

That's why the VDAF, its sponsors and providers keep coming back too, with their probes, retractors, mirrors and explorers in hand. "It's the reason we are conducting five MOM's this year," says Barbara Rollins, logistics director for the Foundation, "continuing in July in Wise County where it all started. The need never ends."

Stuart and Josef Datz of Springfield, Virginia

VDA members and other oral care professionals provided treatment for more than 130 patients.

TRUSTEE'S REPORT

Dr. Julian H. "Hal" Fair, III; ADA Trustee, 16th District

Once again, in March, we had a productive Board meeting.

It is clear that for the ADA to remain relevant to the profession we must be relevant to new dentists. They are our future. As part of our ongoing efforts to be sure to hear the new dentist perspective, we met jointly with the New Dentist Committee and welcomed the New Dentist chair, Dr. Chris Hasty, to our meeting.

On Sunday, we were briefed together on some of the lessons learned from our personal research that I mentioned in my last Board Report. As part of this, we asked ourselves, what can we do for the Association to be relevant to the public? The ADA Seal, being in front of news stories and educating our patients about what distinguishes an ADA dentist from others are all components of this. Some of this is difficult and can even be controversial. For example, embracing public reviews of dentists was raised as one way to reach the public. Another lesson from the personal research was that our members (and nonmembers too) look to the ADA to protect the integrity of the profession. This has many facets, including our code of ethics, limiting the influence of third parties on the profession and being patient-centered in our work.

Looking to our members, we asked how we can better tailor our member benefits to attract and retain members. Market segmentation is key to success. The DRB (loan repayment) program is just one example of this, as this targets the new dentist segment. Extending benefits beyond strictly dental issues, to everyday needs, is another. Service is also important and the idea of concierge service was raised, as it has been in the past. The New Dentist Committee members asked us about a virtual study club, an issue which they have raised in the past and we continue to look into. Finally, we asked, how can the ADA help our members make a difference in the lives of our patients? Part of this is telling an emotionally impactful story. Another idea was for the ADA to provide help to our members when they work in the public setting or volunteer their time serving those in need.

Our Executive Director reviewed the process we are following this year to assure that we plan first, and then budget to implement that plan. Dr. O'Loughlin noted some of the risks we face due to the long lead time built into our budget process. This may lead to variances and a failure to respond promptly and effectively to new conditions as they arise. Another risk is tied into the fact that the House of Delegates has the authority to approve the budget but does not have the knowledge of Association operations and budget that the Board has. The new planning and budget process is designed in part to mitigate some of these risks, while still assuring final oversight by volunteer leaders.

Our planning process is focused on the strategic plan and, specifically, on the three priority strategies identified by the Board in January (1.focus the message, 2. fill the pipeline and 3.simplify and standardize). It is also based on the principle of transparency. Councils will be consulted and invited to comment on the proposed budget. This will involve two-way communication between the Board and our Councils. All of this is a new process and we will learn from it and make adjustments to it. The important point is that our work will be focused by heavy reliance on the Board's decision to identify three strategies as priorities.

Data is essential to our planning and budget process, especially as we evaluate specific programs. We collect performance data on our programs, but now we have more. We retained a respected consultant, McKinley Advisors, to survey rank and file members about our specific programs. As a result, we have a much better idea about how much our members value what we do. This also provides us with needed guidance about areas we need to emphasize to support our members most effectively. This data is not the sole determinant in our future decisions about which programs to fund and which to move away from; it is simply one important input into the process (among several). McKinley presented these results to us at this meeting so that we can share it with all Councils through a webinar. We all agree that it is important for our Councils to receive and understand this data.

Dr. O'Loughlin reminded us that we need to be accurate in what we report to our members with respect to membership. Contrary to some reports, we are not "hemorrhaging" members. We have actually had a net gain in members of approximately 1,000 members a year, with solid gains in female dentists, specialists and new dentists. Our dues revenue continue to be flat to falling as we have lost full active dues paying dentists to both non-renew status and (primarily) retired-life status. And our market share is falling as the market continues to grow faster than our net member growth-for example, 5,000-6,000 new dentists enter the market annually and ADA captures approximately 1,000 net members per year. .

At this meeting, our internal auditors presented an extensive training session on our role as a high-functioning Board. In that capacity, we have fiduciary, strategic and generative (defining the future and how to build it) duties. Through the presentation and several case studies, we reviewed all of these duties and are better positioned to guide the ADA into the future.

Access to care and the challenges posed by the dental therapist issue remain important to us. We examined the political landscape and our strategies relating to it. Our strategies need to be confidential but the key is that we remain focused on this important topic. Just as important, we all reaffirmed our commitment to existing ADA policy on this issue.

We all recognize the need for innovation in our products and benefits within the ADA and we have now formalized that process with creation of the Business Innovation Committee. This will provide a mechanism for Board oversight of important new business ideas.

Also at this meeting, in addition to a joint strategic session with the New Dentist Committee, the NDC chair was able to meet with us as well. He emphasized the value of meeting in conjunction with the Board. The NDC feels very strongly about improving our resources for new dentists seeking employment through a strengthened Career Center. The NDC will be working with staff on this and may come back to the Board at a future date. The NDC is also looking at its own practices and, specifically, on the role of individual NDC members at the state and local level. Dr. Hasty noted that the committee is looking into the definition of "new dentist" and even that terminology itself. We look forward to its ideas on this issue. Our emphasis on the NDC as an advisory committee of the Board continues to pay important dividends.

CONTINUED ON PAGE 52

CONTINUED FROM PAGE 51

As trustees we represent an important asset to the Association, in particular in delivering key messages to key audiences. An ad-hoc committee developed a proposal to support travel by designated trustees to target markets. This represents a more comprehensive approach to Board travel and will allow our Client Services Department in the Division of Membership to enhance our efforts in target states and schools, as needed. The Board approved this new, strategic approach to Board travel to target markets.

At this meeting the Board approved funding to allow a new program to move forward. The program will create a credentialing registration and third party portal and the funding allows the program to be further developed. This program is in response to the needs of our members for a credentialing service. The funds approved at this meeting will allow marketing directed to dentists so that we can have a critical mass of participants, an essential early step in this development process. Our contractor on this project has also agreed to devote funds toward this marketing effort.

We voted to forward our first resolutions to the House, each involving simplification of some of our governance procedures. The Board approved a proposed amendment to our Bylaws that will allow ASDA to introduce new business to the House, just as districts do. This will help ASDA participate fully at the House of Delegates. We moved on to approve proposed Bylaws changes that will allow Councils to elect their own chairs and select their own consultants, without the need for a Board vote. We also proposed simplifying the process by which members are awarded a certificate for international volunteer services.

The ADA market share in Puerto Rico is around 8% and there are only approximately 120 members. For years, we have been devoting considerable resources to this constituent (over $250,000 in five years). At our meeting, we grappled with this difficult problem and adopted a resolution asking the Colegio to develop an action plan to increase membership. In the meantime, we agreed to carefully scrutinize any further expenditure in Puerto Rico.

We spent a significant amount of time focusing on the ADA Foundation and our support for it. Our past president, Dr. Bill Calnon, spoke to us about research at the Foundation and what he feels is needed to support it in the coming years. Dr. Frank Maggio spoke to us about development efforts within the Foundation. The vast majority of gifts to the Foundation--over 80%--come from corporations. Donations from ADA members continue to lag. In coming years, the Foundation will continue to focus on corporate gifts, with a target of 9% growth per year. After extensive discussion, we decided that more complete information is needed to allow us to make an informed decision about the nature of our support to the Foundation. We have asked our cross-over trustees to communicate these concerns to the Foundation board.

Editor's Note: This is Dr. Fair's last column as 16th District Trustee; the *Journal* thanks him for his service to our readers and to members of the ADA.

WELCOME NEW MEMBERS

Karen Clendenen, VDA Membership and Meeting Coordinator

TIDEWATER DENTAL ASSOCIATION

Dr. Kari Cwiak – Newport News – Arizona School of Dentistry & Oral Health 2010

PENINSULA DENTAL ASSOCIATION

Dr. Lisa Curry – Williamsburg – University of Connecticut 1997

Dr. Loveena Rastogi – Yorktown – Columbia University 2013

RICHMOND DENTAL SOCIETY

Dr. Meredith Dugoni – Richmond – Roseman University of Health Sciences 2015

Dr. Andrew Gibson – Mechanicsville – Virginia Commonwealth University 2014

Dr. Amanda Kerns – Richmond – University of North Carolina Chapel Hill 2014

Dr. Antonio Mauri – Richmond – Virginia Commonwealth University 2014

Dr. David Russell – Richmond – Ohio State University 1983

Dr. Aaron Schmick – Richmond – University of Pittsburgh 2014

Dr. Joshua Westphal – Richmond – University of Nevada Las Vegas 2014

SOUTHWEST VA DENTAL SOCIETY

Dr. Steven Lutz – Tazewell – Virginia Commonwealth University 2012

Dr. Eric Wilson – Wytheville – Virginia Commonwealth University 2014

SHENANDOAH VALLEY DENTAL ASSOCIATION

Dr. Melissa Alvarado-Romero Pou – Ruckersville – Ohio State University 2013

Dr. Julien Nadeau-Bellavance – Gordonsville – Virginia Commonwealth University 2013

NORTHERN VA DENTAL SOCIETY

Dr. Young Baek – Annandale – University of Maryland School of Dentistry 2015

Dr. Gloria Campos-Vasquez – Annandale - NY-Lutheran Medical Ctr., Dept. of Dental Services 2015

Dr. Damita Edward – Centreville – University of Michigan 1987

Dr. Steven Frames – Lansdowne – University of Maryland School of Denistry 2013

Dr. Layth Ghanim – Reston – NY-Harlem Hospital Ctr., Dept. of Dentistry 2013

Dr. Sumana Kafle – Sterling - New York University of College Dentistry 2011

Dr. Stephanie Klassner – Arlington – University of Pennsylvania 2009

Dr. Steve J. Lan – Leesburg - University of Maryland School of Dentistry 2006

Dr. Janet Song – Fairfax – Georgetown University 1986

Dr. Amarjeet Temburni – Falls Church – New York University of College Dentistry 2011

Dr. My Trinh – Alexandria – Virginia Commonwealth University 2015

Dr. Alyssa Werner – Arlington – University of Minnesota 2014

Dr. William Wilson – Fairfax – West Virginia University 2000

Dr. Louis Yaqui – Stafford – University of Maryland School of Dentistry 2007

IN MEMORY OF:

NAME	CITY	DATE OF DEATH	AGE
Dr. Richard Harris	Virginia Beach	January 2, 2016	71
Dr. Michael Jones	Stuart	April 9, 2016	65
Dr. Virgil Marshall	Charlottesville	May 21, 2016	94
Dr. Kenneth Midkiff	Martinsville	April 30, 2016	61
Dr. Albert Roslyn	Roanoke	April 6, 2016	81
Dr. Robert Sears	Ashburn	May 14, 2016	66

5208 – General Dentist available for part time job
A professional, ethical and caring general dentist available for work two days/ week. I am a VCU graduate with many years of experience. I do not fit in a milling type practice and I do not do over treatment. Preferred area of work is Richmond/ VA and its surroundings. Please email me at: smile4real@outlook.com

5213 - Dentist Needed
Friends In Need Heath Center in Kingsport, TN (FIN) has opportunities for Daily Staff Dentist and/or a Full-time Dentist to provide patient care and coordinate the dental operations of the Clinic in Kingsport as well as the newly launched Appalachian Miles for Smiles, 5 operatory Mobile Dental Unit.
Bruce Sites, Executive Director, 423-246-0010, brucesites@finhc.org

5233 – Part Time Periodontist Wanted
We are a general dentistry practice in Midlothian, VA looking for a Periodontist 1 day per month. Please email cover letter and CV.
Dr. Janine Randazzo, DrRandazzo@JRdentistry.com

5237 - Associate Dentist-Shore Drive in Va. Beach
Must have DDS or DMD degree from accredited dental school. Must be licensed to practice in the state of Virginia and must have valid DEA license. Primary Responsibilities are to diagnose, manage and treat patients to achieve excellent results. Maximizes patient comfort, respects and treats auxillary personal well and deliver the highest quality of care to patients. Come join an established practice that treats patients like family near the beaches of the Chesapeake Bay. Very well respected and credentialed doctor with a highly trained and awesome staff seeking an associate to join our practice.
Lisa Barton, 757-464-3514, lisa@baxterhogandds.com

5243 – GENERAL DENTIST NEEDED FOR GROWING PRACTICE IN MCLEAN AND ARLINGTON VA
Busy high-quality state-of-the-art multi-specialty perio-pros dental practice seeking part time and or full time highly motivated experienced individual who wishes to focus on providing highest quality dentistry while improving skills. Great work environment with experienced, experience friendly staff. Excellent income potential. Please send your CV to dradili@onsmile.com.

5251 - Full Time Dentist
Our Chester general dental practice is looking for an individual that will be the perfect fit to join our team. This unique individual will be offered full time employment, benefit package, and potential for buy in opportunities. Our office is a team oriented practice, with a terrific staff, and has the latest and up to date dental equipment. This practice has existed for 30+ years, and has a large patient base. We have a vast amount of growing families who are in need of great dental care. We offer a variety of services for our patients which include implants, root canals crown & bridge, prosthodontics, as well as invisialign. This position is available as soon as immediately for the proper candidate. If interested please email me at openwide@comcast.net, or contact my office at (804) 717-5100. You will need to have a current resume and references available on request.

5253 – Pediatric Dentist Needed FT/PT
Piedmont Regional Dental Clinic is looking for a full and/or part-time pediatric dentist(s) to join our team. PRDC is a busy, nine-operatory dental safety net clinic located in a dental professional shortage area near Charlottesville. We offer competitive pay and benefits and use digital radiography and paperless charting (Dentrix Enterprise). The Clinic has strong ties with the Virginia Commonwealth University School of Dentistry and proctoring/teaching/collaboration opportunities are available. The full-time position is eligible for up to $100,000 per year for two years in tax-exempt school loan forgiveness through the Commonwealth of Virginia. The part-time position is for one or more days per month; day rate increases with number of days committed to per month. For more information, contact Mary Hintermann, Mary.Hintermann@vaprdc.org For a virtual tour go to http://bit.ly/1MPnixa or visit our website at www.vaprdc.org
Mary Hintermann, 540-661-0008, mary.hintermann@vaprdc.org

5255 – Associate Dentist – Midlothian, VA
Great opportunity for energetic General Dentist to join a large, comprehensive family practice. You will have unlimited opportunity to build your clientele within the practice and develop skill sets to match your interests. The right candidate will work with the practice owners to learn sedation, implants, orthodontics and sleep dentistry from seasoned practitioners who have built the practice by putting patients first. We have a dedicated staff of experienced dentists, assistants and hygienists to support your role in our growth. Our unique production payout structure relieves you of traditional owner/operator expenses while giving you the freedom to become an integral part of our team. Annual CE opportunities are provided by the practice to help you develop your interests. This is a once in a lifetime opportunity for the right candidate who wants to position themselves for long term growth. Please forward your CV, credentials, resume and cover letter to: laustin@dentistrichmond.com
Lee Austin, Operations Manager; laustin@dentistrichmond.com

5260 - General Dentist available for work 2 days/week
General dentist with valid VA license and strong work ethics is available for work 2 days/ week. The days are Thursday- Friday with possible trade in one of these days with Saturday. Professional and reliable with good communication skills. Able to do restorative, extraction, RCT and cosmetic dentistry. Will not fit in a Milling type practice. Please email : smile4real@outlook.com

5271 – Orthodontist
Our growing Orthodontics and Pediatric practice is looking for an energetic, personable and highly skilled Orthodontist to join our team. We seek a long-term associate in the Greater Richmond, Virginia area. We are a well-established practice that provides excellent, comprehensive Orthodontics with excellent customer service. Our offices are outfitted with the newest equipment, including digital radiography. We offer a 4 day work week with competitive pay and benefits. Opportunities are available for FT and/or PT. We always offer the best care possible to our patients and their families. We are excited at the opportunity to add another great person to our practice. Candidates must be warm, caring and possess superior communication and people skills Requirements: DMD or DDS licensed in or able to acquire licensure in Virginia Orthodontist Certification 804-297-2173, orthopedorecruit@gmail.com

5272 – Pediatric Dentist
Our growing Orthodontics and Pediatric practice is looking for an energetic, personable and highly skilled Pediatric Dentist to join our team. We seek a long-term associate in the Greater Richmond, Virginia area. We are a well-established practice that provides excellent, comprehensive pediatric dentistry with excellent customer service. Our offices are outfitted with the newest equipment, including digital radiography and paperless charting. We offer a 4 day work week with competitive pay and benefits. Opportunities are available for FT and/or PT. We always offer the best care possible to our patients and their families. We are excited at the opportunity to add another great person to our practice. Candidates must be warm, caring and possess superior communication and people skills Requirements: DMD or DDS licensed in or able to acquire licensure in Virginia Pedodonist Certification 804-297-2173, orthopedorecruit@gmail.com

JOBS – DENTIST

5276 - Associate Dentist
An established three dentists, modern, nine operatory dental office located in Alexandria, Virginia is seeking a part time associate dentist with two or more years of private practice experience leading to potential ownership involvement. Dentist must be good at endodontics, extractions, dentures, and crowns. In addition, dentist must have excellent communication skills, and be able to present treatment plans to patients. If interested please send Curriculum Vitae to nvadentist@yahoo.com Gibberman Dental, 703-823-6616

5277 – Full Time Dentist – Roanoke, VA
Practice for sale in Roanoke VA with 450K gross. All options available from immediate purchase or lease to own. Associate tenure also available. This is an excellent opportunity and a great location to either reduce student loan debt or own your own practice, or both!! Huge patient base with excellent patient referrals. This was my Dad's practice, MCV Class of '64 for over 50 years. Come and see the practice at 6108 Peters Creek Rd. Roanoke, VA 24019 or call 540-525-8874. North Roanoke Dental Associates, Paul C. Kaiser, DDS orthodontist, drpckltd@yahoo.com

5280 – Dentist
Full Time/Part Time Dentist/Fredericksburg We are seeking an enthusiastic, personable, reliable person to join our great team as a dentist. Full Time Candidate will have the potential for buy in Opportunities. The right candidate must possess a professional, positive attitude. Our staff has strong interpersonal skills and exceptional teamwork. Our family dental practice is a modern, fast paced dental office focused on patient care. 3+years experience is preferred. If you feel you would be a good match for our practice please send your resume.
Nicki, 757-575-8380, topaz112@msn.com

JOBS – DENTAL STAFF

5203 - Hygienist
Northern Virginia (Arlington) established dental office is looking for an exceptional dental PT/FT hygienist licensed in the state of Virginia. Vdc.job@gmail.com

5258 – Dental Office Manager
Newport News, VA - Multi-doctor progressive practice seeks friendly, organized individual to oversee our operation. We have been blessed with a happy, efficient practice, and a great opportunity exists for the right person to complete our team. For more info, see www.citycenterdentalcare.com William Griffin, DDS; nndentalreceptionist@gmail.com

5279 – Dental Assistant
We are seeking an enthusiastic, personable, reliable person to join our great team as a dental assistant. The right candidate must possess a professional, positive attitude. Our staff has strong interpersonal skills and exceptional teamwork. Our family dental practice is a modern, fast paced dental office focused on patient care. 3+years experience is preferred. If you feel you would be a good match for our practice please send your resume.
Nicki, 757-575-8380, topaz112@msn.com

5269 – Bilingual Dental Office Staff (Front Desk Receptionist/ Dental Assistant)
Our Dental Practice is seeking an outstanding individual who will bring energy to our exciting practice. We are seeking an individual who is well presented and has excellent communication skills. We are looking for someone who has a proven track record of being reliable, energetic, lots of common sense and enjoys making a difference in the lives of others. This person is friendly, highly organized and works well with all personality types. Some key essentials that we are looking for are basic dental assistant tasks ranging from assisting the Dentist during procedures, sterilizing dental equipment and rooms, taking patient x-rays and working knowledge of dental equipment. Must Have Qualifications include: * At least one year experience as a dental assistant. * Must have a current X-Ray License or be willing to sign an agreement to obtain such license within 90 days of employment. * Must have a current CPR certification or be willing to sign an agreement to obtain such certification within 90 days of employment. * Working Knowledge of dental equipment and software. * Must be bilingual in English and Spanish. Local candidates would be preferred. Same, 774-208-4431, manassadentalsmiles@gmail.com

PRODUCTS AND SERVICES

5264 – Digital panoramic unit PaX-Primo Vatech America
New unit was installed 2013 for our new practice. 2D digital pano with extra oral bitewing, child mode & many more features. Working great no issues. We are upgrading to 3D CBCT. Buyer dentist can come to office & test unit before making any commitment. For more info like price, cost of moving unit to your office & install please contact me.
J. Kaler, DMD; 571-589-5050; kalerjs@gmail.com

5238 - Oral Surgery Equipment/Instruments
Several items for sale all in good condition. Partial list as follows: 1. Two oral surgery chairs. 2. Two nitrous oxide units. 3. Two Gendex 770 X-ray units. 4. Two sterilizers. 5. Three electrical surgical handpiece units w/ handpieces. 6. One model trimmer. 7. One Baxter Infusion pump. 8. One Zoll AED. 9. One ultrasonic unit. 10. Three Implant kits. 11. Two NIBP/EKG/02 monitors. I also have several others surgical items for sale. Pictures can be provided upon request.
Dr. Earl Shufford, 804-943-5797, eshufford@verizon.net

PRACTICE TRANSITIONS

5274 - Terrific Practice Opportunity
We have a new, state-of-the-art practice located in Ruther Glen, VA - midway between Fredericksburg and Richmond off I-95. This is a fantastic opportunity to make a lot of money while providing superb care. There is little to no competition here, and the practice is located in the heart of Caroline County. There is a great deal of growth and expansion in this part of Caroline County, and we are positioned to get the lion's share of patients within a 20 mile radius. We're already getting 50-60 new patients each month, and growing fast. We're looking for a doctor who is proficient in ALL general procedures, to include endo, extractions, crown & bridge, dentures, restorations, etc. Implant placement and ortho such as Invisalign would be a plus, but not required. You must have at least 2 years experience in private practice beyond dental school or residency. We're also looking for a dedicated, motivated doctor who communicates well with people and enjoys dentistry and success. We have an excellent staff in place, lots of effective marketing occurring, and excellent management support. We take care of you so you can take great care of patients. Send resume to jkerner2@verizon.net, or call us at 703-629-5847.

5215 - Shenandoah Valley Gold Mine
Two Dr Practice producing 650k and collecting over 45% net mostly cash patients located very close to large city. Excellent opportunity for first time buyer, seller willing to stay on and transition. Please go to www.commonwealthtransitions.com and register for free as a buyer to receive more details on this and any of our opportunities.
William F. Schulz, Jr. 434-262-2095, bill@commonwealthtransitions.com

5216 - Commonwealth Transitions Specializes in Dental Practice Transitions throughout the Commonwealth of Virginia.
For prospective Buyers, please visit our website www.commonwealthtransitions.com <http://www.commonwealthtransitions.com> to view all of our current listings, and register for FREE as a buyer to receive regular direct updates on new and upcoming listings. For prospective Sellers, feel free to contact us at: info@commonwealthtransitions.com or 434.262.2095 to schedule a free consult on your possible transition.

5217 – Shenandoah Valley & Piedmont
We are a progressive, expanding group practice based in the Shenandoah Valley and the central Piedmont area. We are currently and will remain dentist-owned, with the explicit goal of keeping alive the integrity of local dentistry. We pride ourselves on a strong clinical culture and are committed to the highest quality care using state-of-the-art technology. We are looking for dentists who may be interested in joining with us to expand across mid, central and southern Virginia. Specifically, we are looking to build relationships with three types of dentists: A. dentists looking for an associateship; B. associates seeking partnership, and C. owner-dentists looking for change. Our potential relationship with each could take a variety of different forms and would be specific to your goals and interests. Here is an overview of the three types: A. Highly-compensated associates. We are seeking GP and/or specialist associates. We support our dentists with a high-quality, highly trained clinical and operational team, as well as proven marketing solutions, which allows our associates to have the staffing support and the steady flow of patients to do what you do best -- practice excellent dentistry. B. Associate path to partnership. We have a multi-year path to partnership which gives associates the opportunity to invest in the company and to grow with it. We would like to bring on dentists committed to growth, who want to build long-term relationships, and who want to share in the rewards of the group they are helping build. C. Owner-dentists interested in exploring one of the following: • Selling some or all of your business. You may be interested in selling 25% or 100% of your practice, depending on how and for how long you would like to be active in the group. • Partnering with us to leverage a shared operations team. This will allow you to become part owner of the larger group and to share in the growth over time. Our goal is to provide associates a place where they can be excited about the next stage of their careers and to provide owner-dentists a future for their practice that they can be proud of. If you are an associate or you are an owner who is tired of managing your practice or would prefer not to practice alone anymore and are interested in participating in our growth, we would like to talk further. Please feel free to reach out and connect, we would be happy to answer any questions. We greatly appreciate your time and very much look forward to talking further. Dan LaFrua, drlagrua@MyDHA.net

5231 – Northern Virginia Perio Practice VA-1019
Perio practice collecting $1M+ in the heart of Northern Virginia. 5 star facility with 5 treatment rooms and space to expand. Exceptional, experienced hygiene department, makes this a premium all around opportunity. Please call 678-482-7305 or email info@southeasttransitions.com for details using listing ID #VA1019. www.southeasttransitions.com
Amanda Fowler, 678-482-7305, info@southeasttransitions.com

5239 - Virginia Beach Area - Perfect First Office
Tremendous location with Free standing Dental Facility and practice for sale. plenty of parking and room for expansion. 5 Treatment rooms collecting almost 400k. Established business and patient base with great hygiene program. Go to www.commonwealthtransitions.com and register for free as a buyer to receive more details.
William Schulz, 434-262-2095, info@commonwealthtransitions.com

5242 - Charlottesville - Small Practice with Expansion Possibilities
Small established practice in the heart of Charlottesville. Great Satellite opportunity or start up alternative. All Fee for service with plenty of potential including an adjacent Dental suite which could double the size of the practice. Please visit our website: www.commonwealthtransitions.com and register for free to find out more details.
William Schulz, 434-262-2095, info@commonwealthtransitions.com

5245 - Newport News - Dental Practice for Sale
Retiring dentist leaving behind tremendous opportunity for the right candidate! Purchase general dentist practice and lease space in convenient location, just off Interstate 64. Terrific team of employees willing to remain at practice to ensure effective patient transitions. 3 Treatment rooms collecting close to $400k. Contact Dr. Jim Schroeder for details and reference listing #513NewportNews
Dr. Jim Schroeder, 804-897-5900, jim@drjimschroeder.com

5246 - Downtown Ashland - Perfect Start-up or Satellite Practice!
Purchase small practice and lease the space in this charming neighborhood. 3 Treatment rooms with over a $100k in collections. Unbeatable asking price, so this will go quickly. Call for details and Reference #513Ashland.
Dr. Jim Schroeder, 804-897-5900, jim@drjimschroeder.com

5254 – Charlottesville, VA – Million Dollar Practice
Million dollar producing practice completely renovated with a beautiful modern design. 8 fully plumbed open concept treatment rooms and 7 brand new equipped rooms. Featuring a Sirona 3D Pan Ceph and Cerec with MCXL Milling Unit. Truly a rare opportunity. Please go to www.commonwealthtransitions.com to register for FREE as a buyer and receive more detailed practice information.

5259 - General Dental Practice for Sale in Richmond/ VA
Modern general dental practice for sale in the West End/ Richmond. Three treatment rooms, fully digital, Eaglesoft and Schick sensors. Nice location opposite to the Mall and a Walmart store. Reasonable lease in place and can be transferred to the new owner. The practice has been operating part time with little to no marketing. There is good potential to increase production with the right marketing strategy. Price is 220 K. email: smile4real@outlook.com

OFFICE SPACE FOR SALE/LEASE

5240 - Waynesboro VA Oral Surgery Space
Perfect Satellite office on the outskirts of Charlottesville. Located on Dentists Row in downtown Waynesboro. Fully outfitted free standing facility with ample parking. visit www.commonwealthtransitions.com to view more details. (Listing Broker of Record: Real Estate III Commercial Properties 300 Preston Avenue Charlottesville VA 22902-(434-817-1240)
William Schulz, 434-262-2095, info@commonwealthtransitions.com

5241 - Lake Monticello Dental Office for Sale or Lease
Perfect Satellite office on the outskirts of Charlottesville. Located Directly across from the entrance to one of Virginia's favorite communities at Lake Monticello. Very little competition, Over 4000 s.f. standing facility with ample parking. and 2 other units for rental income. www.commonwealthtransitions.com to view more details.
(Listing Broker of Record: Real Estate III Commercial Properties 300 Preston Avenue Charlottesville VA 22902-(434-817-1240)
William Schulz, 434-262-2095, info@commonwealthtransitions.com

5252 - Professional Office Suite 10003 Courtview Ln. Chesterfield 23832
Pictures and info www.courtviewlane.com 2615sq.ft first floor established dental office well maintained professional office building near Chesterfield Government Complex and neighborhoods of Woodland Pond, Highlands and Gates Bluff Close to Rt. 288 handicap accessible off street parking dedicated to office building 2 entrances with one covered porch entrance well landscaped grounds mechanical room included at no extra cost water and trash pick up included
Leigh Hagan, 804-748-8480, lhagan@leighhagan.com

5267 - Dental Office Space For Sale/Lease – Richmond
Stand alone dental office space available for sale/lease in Richmond, VA. Three fully equipped operatories, waiting room, office, and small laboratory. Located at 2603 West Grace Street, Richmond, VA 23220. For details contact: Dr. Henry Clemons 804-270-5033 or Zack Guida at 401-378-7251/zguida@gmail.com.

PLACE YOUR CLASSIFIED AD WITH US:

VDA Classifieds offers members and non-member(for a fee) the opportunity to place classified ads online and in print (*Virginia Dental Journal*). For details on placing ads visit our website at http://www.vadental.org/news-publications/vda-classifieds

Closing date for copy will be the first of January, April, July, and October. After the deadline, the Journal cannot cancel previously placed ads. The deadline is firm. The Virginia Dental Association reserves the right to edit copy or reject any classified ad and does not assume liability for the contents of classified advertising. The appearance of an advertisement in any VDA publication or online does not constitute an endorsement by the VDA or its components, except where such endorsement is specifically authorized and approved.

Questions regarding VDA Classifieds?
Contact: Shannon Jacobs, VDA Director of Communications
804-523-2186
jacobs@vadental.org

MEMBER AWARDS & RECOGNITION

DR. BRYAN TOMLINSON, II

2016 VDA PARTNERSHIP AWARD

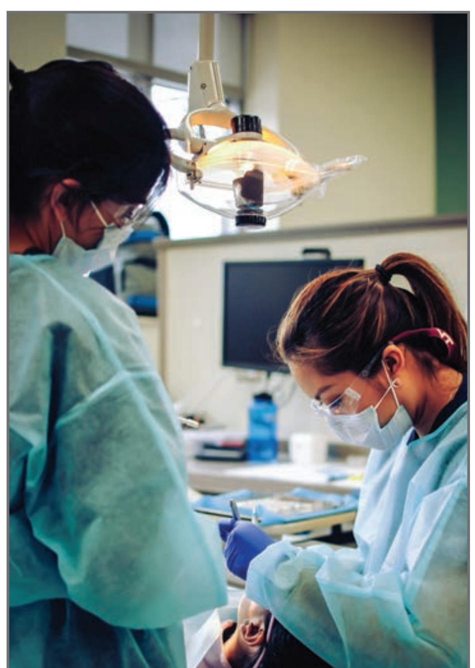
Virginia Dental Association

A UNIQUE GIVE KIDS A SMILE DAY AT VCU SCHOOL OF DENTISTRY

Elizabeth Berry, DDS, MSD, MPH

VCU School of Dentistry continues to celebrate Give Kids a Smile Day annually, an event that was launched nationally by the American Dental Association in 2003. Over the past five years at VCU, the event has transformed and grown, serving more families and providing dental care to more children each year.

When the school first started participating in this event, it was held in the pediatric clinic with a handful of faculty, students, and pediatric dental residents participating. The event has now expanded and involves multiple clinics and care from specialties such as endodontics, oral surgery, and periodontics. On February 5, 2016, VCU School of Dentistry provided approximately $83,000 of dental care to 186 patients.



GKAS at VCU is also unique in that it has developed a case management system, initially coordinated with Virginia Oral Health Coalition, that assists children from the event that need future dental care, need to establish a dental home, or need assistance with applying for the appropriate dental insurance. Funds from the ADA Foundation Give Kids a Smile Continuity of Care Grant made it possible to develop this organized system. The GKAS Coordinators at VCU, which is composed of dental students and faculty, make this system sustainable.

As the event has grown, so has the need to expand this event beyond one day. A follow-up GKAS Day will be held in July, at VCU School of Dentistry, to provide dental care to patients that did not get all their restorative needs addressed in February, and to children that have been unable to establish a dental home since the initial event. Many children also were assigned to practitioners in the state, including Drs. Carl Atkins, Elizabeth Miller, and John Flowers. In their offices, some are able to provide services such as oral sedation and general anesthesia for more complex cases. Without the help of great practitioners in the state donating their time and services, many children from this event would remain without proper dental care.

The Department of Pediatric Dentistry is conducting research to better understand the needs of the population seen on GKAS day. This past event Drs. Gibson and Berry conducted a survey "Parental Perceptions of Related Quality of Life for Children that Receive Care on Give Kids A Smile Day." The purpose of this study was to evaluate the oral health-related quality of life for patients at GKAS. A 25-question survey was completed. The study did not find that parents perceived their children to have high oral health quality of life, but the findings also suggest that more needs to be done to comprehend the literacy of the families that come on this day so we can better serve them.

Overall, GKAS at VCU School of Dentistry continues to grow. The school's faculty, staff, and students are working together to help not only provide dental care to uninsured children, but to develop a unique case management system and quality research. The school provides the knowledge and encouragement for our students, our future practitioners, to remain involved in initiatives such as GKAS Day during their career.

DR. ASHA WILSON ARTIS

I love practicing dentistry, especially in a group practice. Flexibility, support, and ability to consult are some advantages. Family and career are important to me. As an associate of LWSS Family Dentistry, I am able to balance and enjoy both.

PATIENT CENTERED LEADERSHIP

David Voth, Associate Editor; VCU School of Dentistry, Class of 2018

Did you wake up feeling like a leader today? Perhaps, but most of us are not born leaders. Like it or not, our profession requires us to lead every day. Leadership can be learned and crafted to eventually become a personality trait. Every day we lead patients, team members and colleagues through give and take in which we are shifting back and forth between the roles of student and teacher. Through this ebb and flow of practice and professional development we weave a web of knowledge and skill which by the end of our careers, amasses into a treasure chest of experience we can offer to everyone around us. Being in a class of third year dental students gives me the opportunity to enjoy some of the unique mental strife that occurs during the transition from the classroom to the clinic. From a dental knowledge standpoint I feel as prepared as most of my classmates, with enough knowledge to avoid harming patients but with volumes of information and skills left to learn. However, I find myself returning to the patient aspect of patient care and how I can offer my best self to the patients I treat. I believe offering our best self to our patients involves some honest, introspective, evaluation of our leadership abilities in a dental setting.

Leadership in a patient care setting is different than leading in a corporate setting. As dental providers we are not only eveloping a plan and urging our patients to agree to the treatments we offer but we are also accepting the responsibility of maintaining another person's health, function and esthetics over multiple appointments. When we add this task to the list of managing a practice, empowering our team and maintaining a healthy personal life we begin to understand how many things we have to do well in order to exist as dental providers. If you feel you're not a dental leader there are some things you can do to become more proficient, but the change has to be internal first, and external second. As the head of the team, you need to believe in the changes you are implementing. If you exude this belief others will follow.

As we develop as leaders, patient needs come first and the values of patient-centered care must be understood and communicated at all levels. Every member of the patient care team from the front desk to the operatory should know why their jobs are important.

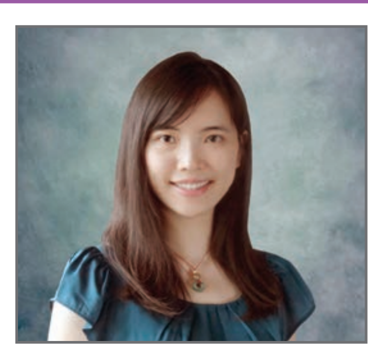
My classmates and colleagues at the dental school are all budding dentists, but we should be practicing more than just procedure skills. Every day we should work to be a leader within our own domain. This is an extremely important point. Even as dental students, we can take ownership of our school experience by leading inside our sphere that is the dental school. As we take on each case, we should consider who is involved from the beginning to the end of our patient experience and then decide to do the best work we possibly can for each person. Just performing this small step before each patient interaction will pay huge dividends over the daily course of events.

Leading our patients is a very similar exercise. Most patients want to be led by someone who they feel is qualified to satisfy their needs. Patients also want to have input on their overall treatment while receiving care from someone they like and trust. One of the most important skills we can learn as patient centered providers is the ability to exhibit empathy for our patients. Expressing concern for others and their ideas without exploitation or devaluation can be one of the most difficult skills to learn. Another characteristic that may help us with patient interactions is a high (but realistic) self-esteem coupled with the ability to follow through on plans while considering the needs and wants of others. A successful dental leader is someone who keeps all of these details in mind before, during and after each appointment.

The overall patient interaction can be improved by taking the time to invest in the beginning of the relationship, elicit the patient's perspective, demonstrate empathy and invest in the end. It takes practice and each patient brings a mix of needs and wants to each appointment, but it gets easier. Much like the procedures we perform on a daily basis, becoming a patient centered leader takes time and practice. If we can find out what motivates our patients, we stand a better chance at motivating them from a dental perspective. Leading the people in your realm can be exhausting initially, but as you improve your leadership skills, the self-fulfillment and validation of success fuels the desire to keep progressing. The goal is to always offer your best self to everyone around you, so go find yours and start leading.

References:

- McNally D, Sharples S, Craig G, Goraya, A. Patient leadership: Taking patient experience to the next level? Patient Experience J. 2015; 2(2): 7-15
- Berrett, Britt, and Paul Spiegelman. Patients Come Second: Leading Change by Changing the Way You Lead. New York: An Inc. Original, 2013.
- Bair M. Patient Encounters of a Difficult Kind. J Gen Intern Med. 2014; 29(8): 1083-1084.



DR. JU-HAN CHANG

I grew up in Northern Virginia and got my dental degree at Virginia Commonwealth University. After finishing orthodontic residency at Marquette University, I am excited to move back to my hometown and start Ace Orthodontics in Merrifield, VA.

ORAL HEALTH SERVICES RESEARCH

NEW FRONTIERS FOR VCU SCHOOL OF DENTISTRY

David C. Sarrett, DMD, MS; Dean, School of Dentistry; Associate VP for Health Sciences

When I was so fortunate to be selected for the deanship in late 2010, my vision for the VCU School of Dentistry included expanding and diversifying our research efforts. The school has a long history of research expertise and international reputation in oral microbiology and immunology research with associated clinical trials, particularly in periodontal diseases. This dates back to strategic plans for the school in the 1970s and 1980s. Progress in technology and unlocking the human genome has been a force to continue fueling this research area. These research areas remain part of our solid foundation for a research enterprise. This enterprise was born from collaborations by School of Dentistry researchers with other clinical and basic sciences researchers at VCU, primarily in the School of Medicine.

Early in my deanship, a new plan was created to strengthen our research in oral and pharyngeal cancers with solid and mutually beneficial collaboration with other cancer researchers at VCU. The Philips Institute for Oral Health Research was founded with a generous gift by Dr. John Philip (D1969) because he has a passion for oral cancer research and improving patient outcomes. In essence, my goal was for us to nail down the leadership in research on these cancers at VCU. With the recruitment of a new leader for the Philips Institute, Dr. Iain Morgan, followed by additional new faculty and staff, we have this stake planted firmly in the ground.

In the past three years, expanded research collaborations with the School of Engineering, mainly in bioengineering have emerged. The current dean of the VCU School of Engineering is a dental researcher with vast experience in implants and tissue engineering. What a natural fit! One of our new faculty members, Dr. Zhao Lin, is deeply imbedded with the team in Engineering and is off and running in building this area of our research portfolio. Optical impression making, milling, and 3D printing are here and provide great research opportunities. With the support of the university, we plan to add an additional dental faculty member to this research team.

This planned effort to building our research program in these key areas has resulted in measureable improvement in typical metrics associated with research. Our total extramural funding for research has steadily increased and our NIH income now exceeds $2 million per annum. More faculty members are engaged in research or research mentoring than in the past resulting in more publications. In 2015 we published 95 papers. The number of A.D. Williams Student Research Fellowships awarded has increased from 9 in 2014 to 29 in the most recent round. When I attend dental deans meeting, I am asked about this because we are being noticed nationally. I am sure others have had a similar experience.

So what is left? Oral health services research is the next critical area of research expertise that our school must develop to position ourselves for research and education in oral health services and public health dentistry. Hardly a week goes by that I am not contacted with inquiries on access-to-care, dental workforce, dental graduates career choices, oral disease statistics, and dental insurance. I am sure you have seen the headlines on the oral health crisis in America, doubling of hospital emergency department visits for dental problems, and declining dentist migration to rural and underserved areas. Adults appear to be seeking dental care at lower rates and only 50% of children with public support for dental care have seen a dentist in the past year.

As I am writing this, the March Journal of the American Dental Association appeared on my desk and contains an article prepared by the ADA Health Policy Institute examining the relationship between Medicaid utilization rates in the US states and number of Medicaid registered providers1. The conclusion, there is no correlation. States, professional associations, and think tanks have pushed to encourage more dentists to become Medicaid providers. The good news is that Medicaid utilization in children has dramatically increased in the US since 2000, but not because we have more providers. It is essential for policy makers to understand the core functions of Dental Public Health which are: Assessment, Policy Development, and Assurance. This means policy decisions based on science not rhetoric to understand what providers and patients need to improve oral health outcomes and in turn assure improved oral health for the patients we serve.

Over the past two years we conducted meetings and conference calls with researchers, academic leaders, leaders in the insurance industry, leaders in government agencies, and policy makers to understand the need and to create a vision for establishing and sustaining this research area. There is so much that is needed to be learned regarding dental public health and dental services utilization, particularly in Virginia. As for the other three research areas, collaboration outside the School of Dentistry is a key to success. We already have collaborative projects underway with the ADA Health Policy Institute on migration of dental graduates and Medicaid utilization in Virginia. The university iCubed initiative (http://icubed.vcu.edu/) is supporting the development of a The Oral Health in Childhood and Adolescence Transdisciplinary Core. This project includes team members from the Schools of Dentistry, Allied Health Professions, Social Work, Government and Public Affairs, and College of Humanities and Sciences. Check it out at the link above.

---

1. Vujicic, M. Is the number of Medicaid providers really that important? J Am Dent Assoc 2016: 221-223.

Editor's Note: Dr. Sarrett delivered this address at VCU's Clinic and Research Day, April 14, 2016.

For Every Stage of Your Practice

Pre-Transition Consulting

Practice Appraisals & Sales

Associate Placement

Practice Protection Plan

Trust your practice with the firm that has an impeccable reputation for service, experience and results. ***Call today for a free initial consultation.***

NPT = RESULTS

Congratulations to this doctor who trusted us with his practice!

Michael S. Kilbourne, DDS -*to*- Dunham & Dunham, DDS, PC

Words from Another Satisfied NPT Client...

"I can not imagine going through a practice transition without the assistance of Amanda Christy and NPT. The process was made so much easier with her extensive knowledge and advice. She was able to guide me through each step with confidence and definitely lightened the stress that naturally comes from transitioning. I would highly recommend the services of Amanda Christy and NPT for any dentist who is considering a practice transition."

~ Michael S. Kilbourne, DDS (Chesterfield County, VA)

Amanda Christy
Regional Representative
a.christy@NPTdental.com
877.365.6786 x230

Visit Us
The VA Dental Meeting
Sept. 15-16, 2016
Norfolk, VA

WWW.NPTDENTAL.COM

Virginia Dental Association
3460 Mayland Ct, Ste. 110
Henrico, VA 23233

VISIT US ONLINE AT WWW.VADENTAL.ORG

MEMBER SPOTLIGHT - DR. THOMAS LITTRELL

Dr. Sarah Friend; Associate Editor, Component 6

Walking into Dr. Thomas LIttrell's dental practice in Galax you are as likely to hear conversations about antique cars as you are to hear about dental health. This is a place where friends and neighbors are patients and where the roots are deeper than teeth.

As an Eagle Scout who believes in citizenship in the community, nation and world, Tom has been called to serve in many capacities. Dr. Littrell grew up in Amherst County, attended Hampden-Sydney College and graduated from the Medical College of Virginia School of Dentistry in 1970. He was stationed as a Captain in the US Air Force in Anchorage, Alaska before moving to Galax in 1972 to practice general dentistry. In order to get to know the community, he decided to join several civic organizations. In addition to being a long-time member of Oakland Methodist Church and Oakland Ruritan Club, Tom served as Scoutmaster of Troop 188 for forty-two years and was also a member of the Galax Jaycees. Dr. Littrell is a life member of the ADA, VDA, Southwest Virginia Dental Society and was also on the Board of Directors for Twin County Regional Hospital. He is also currently serving his third term on the Carroll County Board of Supervisors, for which he has held the titles of both Chair and Vice Chair. Tom also tries to travel each year to Costa Rica to provide dental care for those who have limited access and says, 'Everyone should give back to their community with whatever talents they have." It is this dedication to his community and profession which has also built long-lasting friendships and a successful practice.

As dentists, most of us also have hobbies which connect us with our neighbors. Dr. Littrell likes to collect antiques, both big and small. One of his operatories is full of old dental equipment, and is lovingly called the "Museum Room". He also loves trains, planes and automobiles. Tom is a pilot, serves on the local airport commission, and along with a couple good friends, has helped to establish a local car museum called "Old Cranks Motorcar Museum and RV Park". The memorabilia will take you back in time and are innumerable. When asked how dentistry and old cars connect he says, "I like fixing and restoring broken-down things; making something out of nothing. Dentistry is fixing things in confined, dark, wet spaces. Cars are inanimate objects that are large, don't bite and wait on you until you return. Either way, you have to have patients/ patience. You can see the evolution of mechanics from past to present. Cars are like patients with stories to share". He and his scouts have competed in eight cross-country Great Races, driving antique 1928 Model "A" Fords and a 1952 Hudson. He also had an appearance with one of his vehicles in the recently aired film, Wish you Well. When not in the office, you're likely to find him reading a book or in his garage, refining an old finish. He and his wife, Faye, enjoy traveling and camping with his five children and eight grandchildren.

Dr. Littrell's life and career emulate the Scout Law, "A Scout is trustworthy, loyal, helpful, friendly, courteous, kind, obedient, cheerful, thrifty, brave, clean and reverent." Thank you, Dr. Littrell for your continuing dedication to the preservation of our community, dentistry, and our automotive history.