Virginia Dental Journal

Volume 90, Number 1 • January, February & March 2013

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Cuddles Dolls - Made special for the Wise M.O.M. Projects. *See page 13 for more information.*

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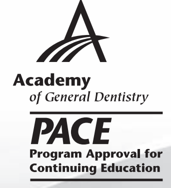

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MESSAGE FROM THE EDITOR

Dr. Richard F. Roadcap

Not long ago, a writer for a local magazine called. She was reporting on advances in dental care. She asked, "What's the latest thing in dentistry?" My head spun. After all, there's a lot to talk about – suppose you were asked to define the modern era of dentistry in one or two words? Some would say implants, those remarkable and reliable bits of titanium that obviate fixed bridges and partial dentures. A specialist a few months back wanted to know about topics our study club might enjoy hearing. I told him "anything but implants", having endured more CE hours on that subject than any other in the last ten years. Others would mention cosmetic dentistry, information technology, orthodontic aligners, or even the rapidly changing dental workforce. Corporate dentistry and dental school classes where over half of the students are women will fashion profound, yet unpredictable, change on the dental landscape. Twenty years ago, it was predicted that the haunting image of Kimberly Bergalis would define modern dental practice, but subsequent events have disproved this.

Dr. Michael G. Buonocore

In 1951 a dentist in Brooklyn gave up his practice and joined the US Army.[1] Dr. Michael G. Buonocore was enrolled in an Army-funded program at Tufts during World War II, and he knew the call to serve was forthcoming. Many of his contemporaries had enlisted. The Korean War raged, and the Army needed dentists. Assigned to Fort Knox, he maintained some of his contacts from his pre-dental and private practice years. One correspondent was Dr. Basil Bibby, his former dean at Tufts. Before applying to dental school, Michael had written Dr. Bibby, proposing that a good chemist could eradicate tooth decay. At the time he was teaching chemistry at his alma mater, St. John's University. The dean was so impressed he invited the young professor to apply to dental school. Michael left the faculty at St. John's, and graduated from the Tufts School of Dental Medicine in 1945.

In the early '50s Dr. Bibby became Director of the renowned Eastman Dental Center[2] in Rochester, New York. Maybe he wanted a good chemist, or perhaps he wanted Dr. Buonocore to make good on his promise. He invited the Army dentist, soon to be discharged, to perform research at Eastman under his supervision. Dr. Buonocore accepted, moved his family to Rochester, and began work in earnest on caries prevention in children. Drawing upon his training in chemistry, he knew metals could be treated with acids to make paints and other finishes adhere. He reasoned that if the pits and fissures in children's teeth, the sites for occlusal and buccal caries, could be sealed with an adhesive material, the decay rate could be dramatically reduced. Enamel surfaces contained many imperfections, and he assumed the acid would provide a clean substrate for adhering (self-curing) acrylics. What he found was the etchant, a phosphoric/oxalic acid compound, created a world of microscopic fissures which made the resin nearly impossible to dislodge in vitro.

Clinical trials were underway by the mid '50s, and the results were beyond expectations.[3] A solution of phosphoric acid provided such retention that efforts to remove the acrylic caused the resin itself to fracture, meanwhile leaving the tooth sealed. Dr. Buonocore knew, however, that most restorations involved an expanse of dentin, and bonding to this substrate would be needed. Trials on bonding dentin were inconclusive, and he resisted the release of his research for clinical use, saying better understanding was needed. In the 1960s research focused on finding a restorative material that would not only adhere, but also would be impermeable and wear-resistant. It was this phase of the studies that led Dr. Buonocore and his associates to predict applications beyond sealants: repair of fractured teeth with no pins or undercuts; replacement of only the decayed or damaged tooth structure, leaving healthy tissue intact; and the use of a light to allow the operative dentist control of materials. Although he published in 1968, with co-authors Matsui and Gwinnett, research describing the mechanism of adhesion to etched surfaces, it would be many years before this process gained clinical acceptance.[4]

In 1973, nearly twenty years after his research began, the first clinical product for bonding fractured teeth became available to practitioners. L. D. Caulk's Nuva-Seal®, tested in clinical trials on Coast Guardsmen[5] , was offered to the public. Although it required the use of ultraviolet light, later considered to be unsafe, the product presaged a new era in preventive, restorative, and cosmetic dentistry. Why so long? Dr. Buonocore knew that no product, no matter how rigorously tested, would benefit the public unless it was easily mastered by practicing dentists. (We like to say products that are difficult to use are "technique sensitive".) He felt, in his heart, that the research findings might be "too good to be true", and skeptics and fault-finders in the scientific community would pounce if the new product proved troublesome.

Dr. Buonocore died too soon, struck down at 62 by Hodgkin's Disease in 1981. A plaque in the Eastman Center names him as The Father of Adhesive Dentistry. Coincidentally, most dentists who were practicing at the time would mark the '80s as the dawn of that era. Today's dentists are reaping the rewards of his legacy. Not only in the US, but also worldwide, his name is revered. Consider these comments from a journal published in India:

> Is Dr. Michael Buonocore a legend? Let's make the answer to this simple. Imagine the world today without adhesive dentistry -"People smiling with cast gold restorations in their anterior teeth instead of the composite restoration or having discolored teeth as the ceramic laminates could not be bonded, a school boy walking past covering his malaligned teeth without the naughty smile he should be bearing at his age as his orthodontist couldn't bond brackets to his teeth, an unlucky man who had his mobile anterior tooth pulled out because the periodontists couldn't splint it or a day where the word Maryland bridge just remained a myth to the prosthdontists". Buonocore gave dentistry 'Adhesion' and a ' Beautiful Smile' and what more could one ask for, surely a legend he is.[6]

I answered the writer's question by citing digital impressions and minimally invasive dentistry. After a few moments of silence, she asked me to explain. The latter was revealed as "fillings are now much smaller and we can preserve almost all of the natural tooth". She seemed delighted with my answer. Dentists should be delighted that our invasions of teeth have been minimized by the tireless efforts of Dr. Buonocore and his vision for modern dentistry.

1 Ring ME. Michael G. Buonocore, The Pioneer Who Paved the Way for Modern Esthetic Dentistry. J Am College Dent 1992;59(4): 20-28

2 http://www.urmc.rochester.edu/dentistry/

3 Ring ME. Buonocore: 23

4 Helvey GA. Adhesive dentistry: the development of dentin sealing/selective etching bonding technique. Compend Contin Educ Dent 2011; 32(9): 22-35

5 Ring ME. Buonocore: 26

6 Ventakesh Babu RJ. Dr. Michael Buonocore –'Adhesive Dentistry – 1955'. J Conserv Dent 2005;8(3):43-44

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MESSAGE FROM THE PRESIDENT

Dr. Kirk Norbo

At a time when traditional dental educational institutions in our country are faced with a multitude of challenges to their survival, new dental schools are cropping up at an alarming rate. While some of the new schools are experimenting with developing public health oriented practitioners, other schools profess goals of regional economic development, sometimes cloaked in the noble goal of increasing access to care. Dental education was once in the hands of proprietary schools and the priorities of these new schools may make one wonder if we are regressing. Student tuition funds most of the operating budget for these new schools and therefore the onus of each school's financial success rests on the shoulders on the students. There must be a ceiling to tuition costs and students must know when to walk away from educational options that have high risk implications.

The role of our dental schools should be to graduate students who are prepared to treat the dental needs of the public. There has been a recent influx of entrepreneurs who are focusing on developing profit centers with bottom line rewards serving as measures of success. If we are to maintain our professional status, these new schools must be held accountable for their student debt and be required to incorporate strong scientific foundations into their curricula.

At present, there are 64 dental schools that have achieved initial accreditation. Many remember the 1980s and '90s when we had 60 schools. That number rapidly dropped to 52 when schools such as Georgetown, Emory, Fairleigh Dickinson and Northwestern closed. My alma mater, Oral Roberts, shut its doors during this time after graduating just five classes. The remaining students were left with the task of enrolling in another dental school. Most were successful in their searches; however, many lives were negatively affected when the school closed. An unfavorable economic outlook for dentistry as well as a decrease in federal funding for dental schools led to a decline in applications from 8,852 in 1981 to 5,123 in 1990. This triggered the aforementioned closures and had a major impact on our profession.

Our profession should be concerned with two main issues: graduating well qualified practitioners who can deliver care expected by the public, and providing care to all the people who are seeking dental services. History proves that access to care was still a problem even when we graduated nearly 6,000 U.S. dentists in 1981. There is no professional justification for the opening of these new schools. A small number of school administrators may experience financial gain but this will most likely be short lived. The applicant pool will undoubtedly shrink leaving schools in the unenviable position of having to close their doors. The real losers will be the students who have racked up huge debt and in many cases must find another school in which to finish their education.

Dr. Brian Kennedy, past chairman for the ADA Council on Dental Education and Licensure said that "The ADA has no role in the creation of new dental schools. A professional organization cannot control supply and demand." While we understand the FTC and restraint of trade issues that would prevent any group from hindering the opening of a new school, there must be studies associated with each new school that address the economic viability of its graduates. A positive spin could be placed on these newly developing schools if they were required to take a more active role in the loan repayment arena. If the accreditation of these schools hinged on providing a significant number of loan forgiveness opportunities for their graduates who choose to practice in underserved areas, then improving access-to-care could be justified. Should there be a maximum amount of tuition debt that can be imposed by an institution on its students? How does indebtedness affect professional decisions? Are ethical standards compromised in the process of securing economic survival? These questions should be integrated into the accreditation process and in most cases will place a degree of accountability on the shoulders of the newly developing school. If their graduates will suffer serious economic hardship upon graduation, is the proposed school serving in the best interest of our profession and the public who we serve?

We may soon be able to experience firsthand the impact of one of these new schools if the proposed Bluefield Dental School in Bluefield, Virginia comes to fruition. It will be associated with the Bluefield College and Tazewell County and may not be affiliated with a research based university. They plan to accept their first class in 2015. Tazewell County administrator, Jim Spencer, made the following assessment: "We are glad to see that this unique partnership between Bluefield College and Tazewell County is moving forward. It is a great example of what can be done when officials are working together toward a common goal of creating new economic development and growth". Should the goal of a U.S. dental school be to serve as an economic development and growth center? When the focus of any of our dental schools revolves around income production, I think our profession is in big trouble. The more important question is what will happen to the graduates of these schools? In most cases they will generate an educational debt on the upper end of the (dental school) scale and will enter into a profession that has an adequate workforce for the public seeking dental care. They will be drawn into areas saturated with dentists in hopes of earning reasonable incomes while paying back their school loans. There is little chance that these graduates will go to underserved areas because of the lack of economic viability.

Another question that should be addressed is how will this proposed dental school impact the dental practitioners in the Bluefield area? When money clouds the decision making process, important factors may be overlooked.

So what has dentistry gained by the addition of these proprietary schools? Or more importantly, how will the public benefit? Even though the U.S. population has grown from 226,545,000 people in 1981 to 315,000,000 in 2012, this does not translate into an additional 90 million dental patients. A large number of these 90 million people will not be able to afford dental care. Therefore, an increasing number of dentists will be competing for a static portion of our population that is seeking care. Graduating an additional 1200 to 1600 practitioners a year will have little impact on the access-to-care dilemma. HRSA, the Department of Health Resources and Service Administration, has identified 4,230 dental health professional shortage areas with 49 million residents in these areas. Do we really think that a significant number of these new graduates will set up practices in these economically challenged areas? In addition, we will create a generation of new graduates who will be disillusioned by limited practice opportunities. These future colleagues will be forced to select practice options that are high production, bottom line driven to repay burdensome educational debt. If history repeats itself, neither our profession nor the public will benefit from the influx of these new schools. Will the new dental education models that are straying away from traditional university-based research centers succeed or fail? The answer will ultimately be answered by the professional success of the graduates and the degree of satisfaction experienced by their patients.

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Trustee's Corner

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

Dear VDA Colleagues,

While attending the ADA meeting in San Francisco, I had the honor of being installed as your new 16th district trustee. Because my first Board of Trustees meeting is in December and after the deadline for reports to your journal, I wish to take this opportunity to introduce myself and to give you a brief update on some of the highlights of the 2012 actions of House of Delegates. Let me begin by saying that I practice general dentistry in rural South Carolina, in the small town of Wagener. Having practiced in this rural setting for 35 years, I believe that I will bring an added perspective to the Board of Trustees. I share the same concerns that many of you do about the future of our profession, but in Wagener I truly spend my day "fixing" teeth. One of my concerns is that with the spiraling cost of dental education and with more and more emphasis placed on teaching the more advanced technological aspects of dentistry there are fewer dentists who actually just fix teeth; hence, we have the threat of midlevel providers, which will be an article for another time.

My wife Sherry and I have two children. My daughter Rainey is a dentist and practices part-time with me, making it much easier to assume my duties as Trustee. Her husband Brandon is an orthodontist practicing in the Spartanburg/Greenville area. My son Banks graduated from the University of South Carolina and has returned to work on his Masters in Business and Accounting. His wife Mardi is a lawyer and works as an assistant attorney general in the SC Attorney General's Office. They are the proud parents of our 18 month old granddaughter SummerBelle.

I graduated from Clemson University in 1975 and from the Medical University of South Carolina College of Dental Medicine in 1978. I never questioned the fact that I would and should be a member of the SCDA and the ADA. To this day the SCDA continues to make every effort to instill a sense of belonging to students at MUSC by having a continued presence at the dental school. Just three weeks ago, Virginia's own Dr. Bruce Hutchison and I gave a presentation to the student body at their annual Legislative Day on national issues, the value of being a member of ADPAC and the role the ADA plays in being an advocate for our profession.

I have been a member of the ADA for 35 years and served in many capacities of organized dentistry at both the state and national level. I served as president of the SCDA in 2005 and have been an alternate or delegate to the ADA for 12 years, most recently serving as chair of the 16th District Caucus. I was privileged to serve on the Council on Dental Practice and chaired the Council in 2003-2004.

The HOD began on a great note this year with the election of our own 16th District Trustee Dr. Chuck Norman of Greensboro, North Carolina, as President-Elect of the ADA. I know I join Chuck in thanking all of the members of the VDA who supported him in this successful endeavor. Please note that this year Chuck will join our ADA President Dr. Bob Faiella in overseeing the largest transition the ADA board has ever seen with the installation of five new trustees, a new treasurer, a new speaker of the house and a new second vice-president.

As for some actions of the HOD; the House considered a great number of resolutions as well as the proposed 2013 budget. Some of the highlights include:

- Changing the active life member discount from 50% to 25%, resulting in an additional $1.9 million annually in dues revenue.
- Increasing dues by $10, which is less than the $30 proposed in June. The ADA's improving financial position enabled the smaller, but adequate increase in ADA dues and provides adequate funding for programs and activities.
- Funding to hire a national professional public relations firm to protect and promote the ADA's reputation and positively position the ADA as a thought leader on oral health issues with the media and policy makers.
- After much debating, the HOD voted not to approve the resolution to establish a new specialty in Dental Anesthesia.
- The HOD also voted to refer to the appropriate council for further consideration - a resolution that would have required that only a dentist be allowed to vote or hold office in any of the specialty organizations that the ADA recognizes

If you haven't done so, I urge you to visit the members section at ada.org and to listen to the posted videos of our Executive Director, Dr. O'Loughlin and our President Dr. Faiella addressing the HOD. Dr. O'Loughlin speaks about the core values with respect to the ADA and how the 1936 ADA meeting in San Francisco was a turning point for our organization. This was the first time the ADA talked about core values and what they would mean to the organization. Our first three core values that helped establish the foundation of the ADA are Education, Advocacy and Trust. There will be much discussion of our core values at the next BOT meeting in December, and our upcoming board retreat in February. Dr. Faiella also spoke of the many challenges that seem to seek out and threaten our profession:

- Influence of large group or corporate practice dental models and how we ensure that the ADA is relevant to this generation of dentists
- Decrease in the utilization of dental services by the public
- Influence of third party intrusion into our practices
- And finally, making sure that the ADA remains a financially stable organization

There will be a lot on the table this year and I look forward to these challenges and opportunities. Thank you for allowing me to serve as your trustee.

If you wish to contact me with any concerns or advice, please do not hesitate to e-mail me at this address fairj@ada.org

Until next time,
Hal

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LETTERS TO THE EDITOR

An Unusual Complication from Oral Surgery: *Herpes Simplex*

Marvin E. Pizer, DDS, MS, MA (Ed.)

To the editor of the Journal:

As I am throwing away my old reprints and books, etc., I come across some of the unusual cases that come to my office. Some these were used as requirements for OMS boards.

In those days, about 60 years ago, Dr. Kurt Thoma was the "dean" of US major and minor oral surgery. He was chairman of Oral Surgery at Howard Dental School; Chief of Oral Surgery at Massachusetts General Hospital, and author of major textbooks in Oral Surgery and Oral Pathology.

He was also editor of "Triple O", the outstanding journal in oral and maxillofacial surgery. Whenever I had a chance I'd shoot up to Boston and take one of his many courses. We sort of got to know each other and he was generous about publishing my interesting cases. (He even referred Northern Virginia and DC patients to our office.)

One of these cases was, I think, accepted because he knew me. He wanted me to get color photos of this case but frankly, I couldn't afford it – so he published it anyway. Later, I did have the means to make color photos but the article had gone to press. I did use this case for my boards.

Since it is a rather unusual complication of oral surgery (in this case surgical excision of a dentigerous cyst), I thought you may wish to consider it in your journal. Now, of course, we have medication for viral infections which was not available 60 years ago.

When these lesions appeared I had consultation with pathologists, self-proclaimed dermatologists, etc. I finally called in a very prominent dermatologist from a Washington, DC, medical school who made the diagnosis and treatment.

Before I throw this away, perhaps our dental friends should realize that the complications of oral surgery can be a genuine headache! This is my contribution for your consideration.

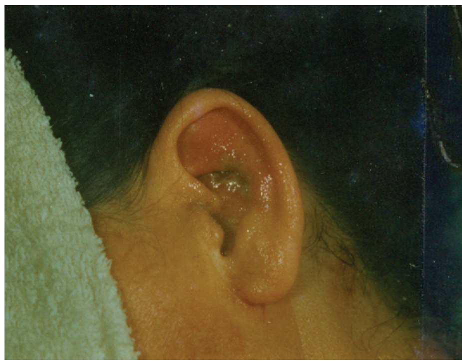

Figure 1: Upper half of auricle is involved by the disease. This was not as painful as the oral and neck lesions. Date: 9/17/53

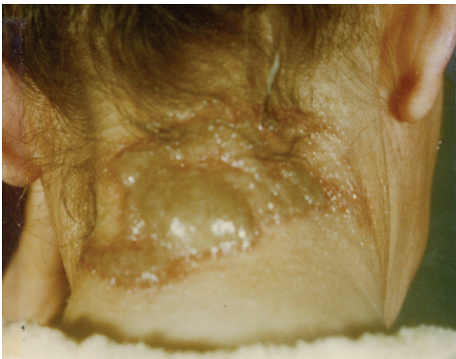

Figure 2: Greatest extent of lesion. Note bullae filled with clear, watery fluid. These bullae were incised shortly after. Date: 9/17/53

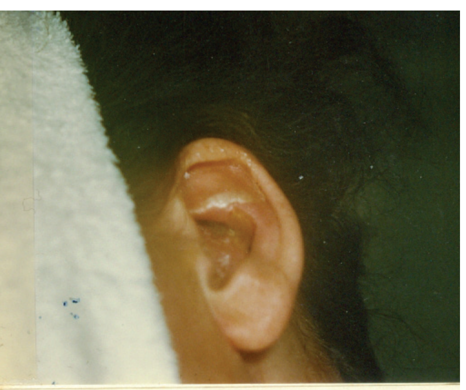

Figure 3: The lesion of the ear is disappearing. Date: 9/30/53

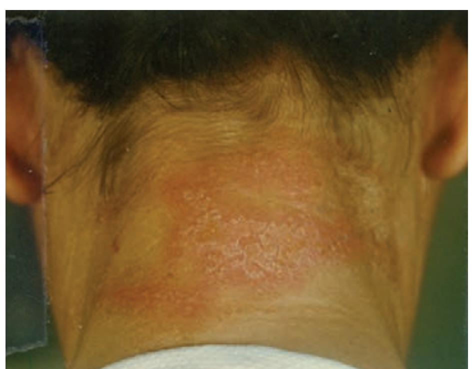

Figure 4: Notice crusting of neck lesion. There was no resultant skin defect afterwards. Date: 9/30/53

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Grundy Health Fair Celebrates 10th Year

By: Sandy Stiltner and Frannie Minton

In the past ten years, 4,260 patients have been treated, and over $3.4 Million in dental care has been donated.

This year 206 volunteers provided $533,123 in free dental care to 488 Grundy and surrounding area patients.

We would like to thank you for the dedication and assistance provided for the Mission of Mercy Project in Grundy, Virginia. This event would not be possible without your assistance. Buchanan County residents and those from the neighboring counties reaped the rewards from this charitable program.

We hope and pray you had a safe trip home. Take care and May God Bless You Always - Hopefully, we will see you next year, which is scheduled for October 5th – 6th, 2013.

Blue Print - MOM 2012

7 completed projects

4,699 patients

$4 million of care

2,664 volunteers

Celebrating 13 Years of Service to Those in Need (2000-2012)

64 Completed Projects
48,270 Patients Treated
$29.7 Million in Care
Procedures provided:
48,270 exams
13,642 Cleanings
90,339 Extractions
45,901 Fillings

X-rays 24,390
Root canals 1,610
Dentures 1,190
Partial dentures 121
Sealants 819
Stainless steel crowns 232
16,600+ Volunteers

Photos courtesy of
Alexa Layne

"Cuddles" Dolls Bring Joy To Wise, VA

By Alexa Layne

Do you know that amazing feeling you get when you make someone's day better? The feeling of helping out that makes you feel really good inside? That's the feeling that I get every time I go to the Mission of Mercy at Wise, Virginia.

My name is Alexa Layne and I have been experiencing this wonderful sensation for three years. My dad's company, DentaQuest, sponsors the "Snack Shack" for all dental volunteers at this annual event. The Missions of Mercy events in Virginia are sponsored by the Virginia Dental Association Foundation and occur annually in the less fortunate parts of Virginia. Many people in these areas cannot afford basic dental care, so the Missions of Mercy helps those people out by providing free dental services, such as fillings, extractions, and cleanings.

I got started when my dad's company, DentaQuest, offered him the opportunity to go to the M.O.M. Project at Wise three years ago. When he asked me if I wanted to join him, I was initially a bit apathetic, but, after he explained the M.O.M. mission to me, I decided it would be a good experience and agreed to go and help as much as I could. But when I got there, I could not believe my eyes because it was such an overwhelming sight. So many tents with toys for children, tents with information on breast cancer awareness, tents where people were having their teeth cleaned or filled, and so many people! The "Snack Shack" is there for all dental volunteers because during those two and half days in the hot sun you need a snack and a drink. So as soon as we got there, I helped work the snack shack along with other DentaQuest volunteers.

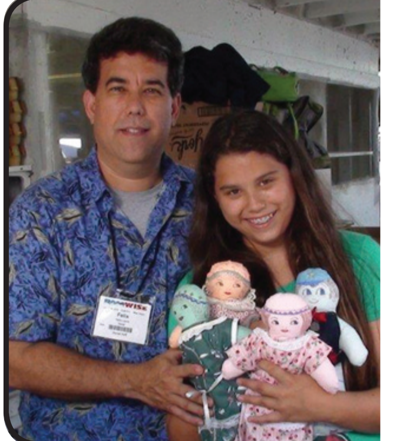
After a while, I started to hand out dolls to the children there. The dolls were from the Cuddles Dolls program in my home town of North Andover, Massachusetts. These dolls are hand-made by volunteers at the North Andover Senior Center where for a couple hours a week the town's seniors use donated materials to make girl and boy dolls. They cut and sew the material and then stuff and sew the dolls closed. After the sewing, they draw a face on each doll and write a message on the back signed with the doll's name. The Cuddles project mission is "to offer these Cuddles Dolls in times of distress or joy. Each comes with a personalized message which hopefully will bring comfort. Each Cuddles Doll has been lovingly made and named by an RSVP (Retired and Senior Volunteer Program) volunteer. In creating them we, the volunteers, are extending out love and kindness".

Photos courtesy of Alexa Layne

My friend Betty Poirier, who helps make the Cuddles Dolls at the Senior Center, offered some dolls for me to take and give to the kids when she discovered that I was going to be a M.O.M volunteer at Wise. So the first year, I took 50 dolls. At Wise, the dolls ran out so fast, so the next year I brought 125 Cuddles Dolls. I give them to the children there because many of them do not have anything to play with. Giving out the dolls was one of the best parts of the trip. It is so heart-warming when you see that glowing smile on their faces when they receive their new best friend!

As well as manning the snack shack and handing out the Cuddles Dolls this year, I also volunteered in triage. Triage is run by Pat Finnerty. Here the patients get checked out and then taken to cleanings, x-rays, or extractions. This year was my first year working in triage. I liked when I walked the patients to where they needed to go I could actually talk to them and make them comfortable. Many of them had been there before, but for many it was their first time at M.O.M. They were just as amazed at the whole operation as I was my first time, and they were grateful that so many people came so far to help them out.

I would like to go back to the Wise M.O.M. every year hopefully for a long time because I love hearing people say how appreciative they are that we make a big and helpful impact in their lives. And isn't that what life is all about? Yes, enjoy your life but help others enjoy theirs too. I hope that when I grow older I will be able to make a big difference in the world just like all the volunteers at the M.O.M. project do.



Alexa Layne is in sophomore at North Andover High School at North Andover, Massachusetts and has volunteered at the Wise Missions of Mercy since 2010. Alexa has many relatives in Buchanan and Russell counties

A Great Year for Donated Dental Services

By: Dara Lashley, VDA Director of Donated Dental Services

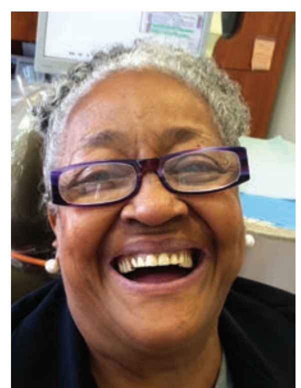
This has been a great year for the Donated Dental Services program. The DDS program expanded to Northern Virginia as well as the Greater Hampton Roads area, but the program has serviced approximately 300 clients and received over $800,000 worth of services donated by volunteer dentists and labs this year. We are grateful for the dentists, labs, and staff of each volunteer office. The greatest rewards of the Donated Dental Services program are the testimonies of the patients that were treated. One patient, Linda, wrote a letter to the Virginia Dental Association expressing her gratitude to the program and her dentist, Dr. Derek Brown. She is one of many who have conveyed the same message about the services she received through the program.

Dear Dr. Dickinson:

With utmost pleasure, I write concerning Dr. Derek C. Brown, as I find him to be remarkably outstanding personally and professionally.

As I qualify for Donated Dental Services, I was on the lengthy waiting list for three years. I finally was contacted, indicating I would receive dental care with Dr. Brown. Frankly, due to the financial circumstances, I expected a lesser degree of reception and 'quick fix' dental care. I was extremely surprised, as this was not the case, for Dr. Brown and his staff treated me as if I were any other 'paying' patient. (His staff exudes friendliness and warmth to all, making everyone feel 'special'). Each time I have had dental work, Dr. Brown spends the necessary time to ensure the procedure he performs is correct: I never have felt as though he was 'rushing' through. His attention and expertise is exemplary, as is his obvious sincere caring regarding the well-being of his patients. I very much enjoy his sense of humor and relaxed demeanor. In addition to his many admirable attributes, he never fails to make me feel welcome and comfortable. His dental assistant, Jamie Jennings, is also very impressive working with Dr. Brown and I so enjoy her!

After each visit, I send Dr. Brown a thank you card for his time and expense, as I cannot express my appreciation enough to this unselfish person. His efforts have actually had an impact on how I personally feel about myself-no more missing teeth, etc; Dr. Brown has given me a new sense of self confidence.



I hope you are aware that your program has enriched many people who are on Social Security, as myself, and are unable to care for their teeth/oral hygiene, as I did in the past. I am so extremely grateful to you and your organization, and cannot elaborate enough how you and Dr. Brown have positively improved my life.

I never envisioned writing a letter to you regarding a dentist, yet I feel this stellar individual should be brought your attention and recognized for his outstanding work and generous contribution not only to me, personally, but also to our community. Dr. Brown, unquestionably, is the epitome of positive representation of your organization.

Not only does the DDS program receive letters as above, but also pictures from the dentists. This is a picture of a patient, Rachel Bonoparte, who was treated by Dr. Peter Murchie and received a full upper and lower denture from Goodwin Lab.

The DDS coordinators/case managers would like to personally thank all the volunteers whether you are a dentist, lab, or office staff for your dedication to the Donated Dental Services program. We are excited to see what 2013 brings!

Join the MOM Team!

Upcoming MOM Projects

NORTHERN VIRGINIA MOM March 15-16
CHARLOTTESVILLE MOM April 20
SPECIAL OLYMPICS MOM June 8
VSU CARES PETERSBURG MOM June 15
WISE MOM July 19-21
ROANOKE MOM September 13-14
GRUNDY MOM October 6-7
HOMELESS CONNECT November (Date TBD)

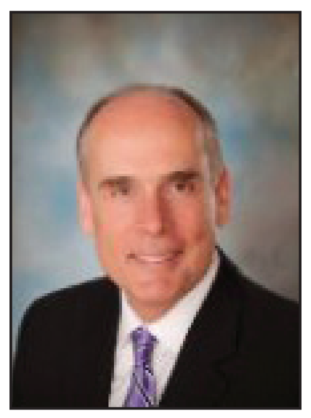
Volunteers Register Online at www.vdaf.org

Looking ahead:

- 50,000th MOM patient to receive treatment in 2013!
- NEW MOM Site for 2014 - Suffolk, VA (March 8, 2014)

MESSAGE FROM THE VDAF PRESIDENT

Patrick Finnerty, President VDA Foundation



Caring for and serving those in need…I can't think of a higher calling or more meaningful way to share one's time, talents, and resources. And, that is what all of our MOM volunteers and supporters did, once again, during 2012. Since our first project in 2000, MOM continues to provide critically needed dental services to underserved persons throughout Virginia who have no other source of care. The tremendous need for dental services in this population is matched only by the spirit of volunteerism of those who help care for our patients and who provide financial support. After 64 projects and 48,270 patients, one might think that the impact of MOM would start to wane. Yet, at every project there are new and powerful stories of people helping others and making a real difference in their lives…..an amazing tribute to all who make this wonderful mission possible.

On behalf of the VDAF Board of Directors, I want to express our deep and sincere appreciation to everyone who volunteered at a MOM Project and/or provided financial support during 2012. Your efforts and commitment to our cause truly are inspirational. Those of us on the Board feel a profound sense of duty to keep MOM moving forward and serving those in need. We are so thankful for every MOM volunteer and every dollar that is donated in support of our program. We pledge continued dedication to our mission and look forward to your ongoing support.

We wish to thank those who so generously supported the Adopt-a-MOM Patient Campaign! The $41,830 raised to date translates into dental care for 669 Virginia patients. Each donated dollar turns into $32 worth of direct patient services.

You too can sponsor the cost of providing care to a patient for only $62.50. A gift of $125 will provide care to 2 patients; $250 will provide care to 4 patients; and $500 will care for 8 patients. Your Adopt-a-MOM contribution can be mailed to the VDA Foundation, 3460 Mayland Court, Suite 110, Richmond, VA 23233 or you can pay online at http://www.vdaf.org/Missions-Of-Mercy/mission-of-mercy.html.

Your support can restore a smile… and change a life!

Supporting Partners ($2,001 - $6,000)

Dr. Leonard Goldman
Dr. David Rothkopf
Dr. Spencer Shelley
Dr. Bruce Hutchison
Dr. Kimberly Swanson

Contributing Partners ($501-$2,000)

Dr. Derek Brown
Dr. C. Crawford
Drs. Savage, Sabol & Visser
Dr. Bennett Thomas
Drs. Ellen Oertel and Scott Gerard

Friends ($500 and under)

Dr. Michael Hunt and Bonnie Hunt
Dr. Charles Martin and Martha Martin
S.W. Burdette
Dr. Kristen Beabout
Dr. Mark Hammock
Dr. Holly Lewis
Dr. Donald Spano
Patrick Finnerty
Richard Kontny
Christopher and Heather Mullaly
Joe and Barbara Rollins
Tracy Wallace
Dr. Kenneth Albinder
Dr. Joseph M. Doherty
Dr. Ralph Greenway
Dr. Michael Hunt
Dr. David L. Jones
Dr. Justin Norbo
Dr. Patrick Quisenberry
Dr. W. Lee Phillips
Dr. Rod Rogge
Dr. Mark Neale, Jr.
Dr. Howard Baranker
Dr. J. Robert Eshleman
Dr. Lloyd Green
Dr. John Marino
Dr. Joy Moretti
Dr. John Owen
Dr. J. Gregory Wall
Dr. Henry Barham
Robert and Eileen Anderson
Lisa and James Coates
Dr. and Mrs. Richard Roadcap
Dr. William Williams
Dr. William Angus
Dr. Dina Bambrey
Dr. Charles Barrett
Dr. Henry Botuck
Dr. J. Wayne Browder
Dr. M.C. England
Dr. Charles Fletcher
Dr. John Harre
Dr. Melanie Hartman
Dr. J.W. Isbell
Dr. Ronald Jackson
Dr. David Kovach
Dr. Jeffrey Leidy
Dr. Robert Levine
Dr. Eugene Oh
Dr. Edward O'Keefe
Dr. Richard Peyser
Dr. Mariano Polack
Dr. Michael Sharrock
Dr. Edward Snyder
Dr. Ned Taylor
The Nelson Dental Practice
Dr. S. Lee Wheeler
Dr. Kyle Wheeler
Dr. Gordon Prior
Drs. Jett and Sellers
Drs. Love and Miller
Dr. Peter Hanna
David Costley
Dr. William Burston
Dr. David Major
Dr. Linda Miles
Dr. Ahmad Amin
Dr. Ray Dail
Dr. Thomas Elias
Dr. John Han
Dr. Gregg Kassan
Dr. Claire Kaugars
Dr. Kit Sullivan
Dr. Ali Zarrinfar
Drs. Dollard, Piccinino & Thorpe
Barry and Kim Isringhausen
Dr. Trisha Krause
Dr. R.A. Morabito
Dr. Aubrey Myers
Dr. Richard Cottrell
Dr. Christine Reardon
Dr. Cynthia Southern
Drs. Mitnick & Herbst
Drs. Cathy Z. Ford and James T. McClung
Children's Dentistry of Virginia
Commonwealth Endodontics
Marks Family Dentistry
Norma Roadcap
Brenda Melvin
Drs. Savage, Sabol, Visser and Staff
Dr. and Mrs. Jack Thompson

VCU School of Dentistry and VDA partner to help homeless

By: Cristina Cruz

The line at the dental services area (the blue tent at right) snaked through the Greater Richmond Convention Center.

Philip C. Sholes, a student from the VCU School of Medicine, conducted Anthony Watson's pre-screening before he received dental treatment.

On a misty November morning, 461 volunteers prepared for the 6th annual Project Homeless Connect at the Greater Richmond Convention Center. Among the volunteers were 50 representatives from the VCU School of Dentistry, including dental and dental hygiene students, pre-dental students, faculty, staff and Dean David Sarrett, who joined forces with the VDA and community dentists to provide free dental care for Richmond's homeless.

When the doors opened, nearly 500 people experiencing homelessness were welcomed and personally assisted by volunteers in navigating the 30 services provided during the day-long event. Stylists provided complimentary haircuts, the DMV issued photo IDs, the Department of Veteran Affairs assisted the homeless veterans in attendance, and many medical organizations provided health screenings. The most sought after service, however, was found in the dentistry area.

Volunteer dentists and students treated 55 patients during the day for a total of $24,804 in donated dental care. Each patient was given an initial screening and then treated as necessary (see By the Numbers chart). Students, dentists and other volunteers worked together to ensure that the process from screening to treatment worked smoothly and provided patients with oral health care information and contacts for future dental needs.

"Participation in the project achieves mutually beneficial goals—improved access to oral health for an underserved population and the School of Dentistry's commitment to educating students who will serve the needs of the public and improve the health and well-being of society," said Kim Isringhausen, B.S.D.H., R.D.H., M.P.H., assistant professor and chair, Department of Oral Health Promotion and Community Outreach.

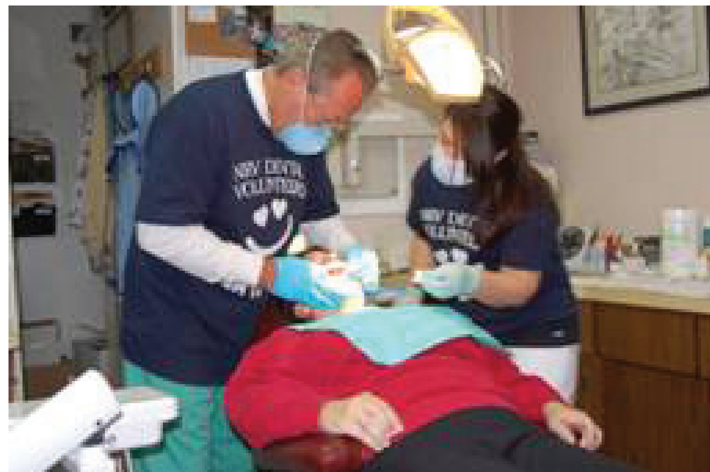
Project Homeless Connect is a one-day, one-stop operation that links service providers with chronically homeless adults. The ultimate goal is to eliminate barriers for the homeless while assisting them to establish or increase housing stability.

To learn more about the VCU School of Dentistry's community involvement, please visit www.dentistry.vcu.edu/community. To learn more about Project Homeless Connect, please visit www.homewardva.org.

Project Homeless Connect: By the Numbers

55 patients treated
$24,804 value of care
55 oral exams
44 x-rays
30 cleanings
30 fluoride treatments
4 gross debridements
124 extractions

New River Valley Dentists Host FREE Adult Dental Care Day



Dr. Wallace Huff and his assistant are two of many dental volunteers who treated patients on NRV Free Adult Dental Care Day

From a new release: Free dental care totaling over $190,000 was provided for over 235 uninsured and low-income New River Valley patients on September 14th.

The NRV Dental Study Club, facilitated by the Free Clinic of the NRV, the Dental Aid Partners of the NRV, the Retired and Senior Volunteer Program, and the NRV Health District provided free dental care for patients on the Free Clinic's waiting list, some of whom had waited longer than 6 months to be seen by a dentist.

Twenty-nine dentists, 29 dental assistants, 28 hygienists, and over 34 dental office assistants, and 16 lay volunteers in Floyd, Giles, Montgomery, and Pulaski Counties and The City of Radford participated in this first annual service event. As eligible Free Clinic patients, all of the 235 patients were low-income and lacked dental insurance and therefore qualified for care.

The NRV Free Adult Dental Care Day slogan was "Smiles from the Heart" and the 136 volunteers delivered countless smiles. Dr. Terry Dickinson, Executive Director of the Virginia Dental Association, founder of the M.O.M. (Mission of Mercy) clinics, and recipient of the American Dental Association's 2010 Humanitarian Award stated: "Wow! What an amazing day! It was an honor for me to be part of a 'servant' day of dental care. I heard nothing but gratitude from the patients and a sense of being blessed from the providers and staff that gave so generously of their time and energy. This defines 'community' to me. It really is about how we treat the least among us for they all are sons and daughters just like all of us and belong to all of us."

Among the many expressions of gratitude spoken by Michelle Brauns, Executive Director of the Free Clinic of the NRV for the care provided to the Clinic's patients, it is these simple words that likely are shared by all New River Valley residents, "Thank you dental volunteers!"

Virginia Oral Health Coalition's Statewide Summit Promotes Interprofessional Collaboration

By: Samantha Dorr, Communications and Office Manager, VOHC

The Virginia Dental Association was a proud sponsor of the Virginia Oral Health Coalition's second-annual Oral Health Summit "Beyond Teeth: The Integral Relationship between Oral Health and Overall Health," held on October 26 in Richmond. The Summit attracted over 200 attendees, not only from dentistry but also from medicine, insurance, academia, philanthropy and public policy, who heard from national and state leaders on the importance of improving oral health in Virginia through interprofessional collaboration. The participants also had the opportunity share their own perspectives on the issue.

Ralph Fucillo, president of the DentaQuest Foundation, opened the meeting with a visionary view for Virginia: "Imagine a day when you didn't need a Mission of Mercy. Imagine a day when our volunteerism could be valued maybe in some other ways." He went on to cite the Coalition's recent efforts to improve oral health access, adding, "Virginia is a wonderful example, nationally, of what people are doing [to improve oral health]."

Keynote speaker Dr. Marjorie Jeffcoat from the University of Pennsylvania presented her research on the relationship between periodontal disease and other chronic conditions in the body. Dr. Jeffcoat expressed the idea that oral health outcomes can be improved through cross-disciplinary, collective impact, explaining, "What we need are common goals that we all address from our special expertise."

Following Dr. Jeffcoat, an interdisciplinary panel, consisting of a physician assistant and educator, a nurse practitioner, and a pediatrician, offered their views on incorporating oral health care into general health practices. Other presentations addressed oral health literacy, innovative insurance solutions and the Affordable Care Act.

Rufus Phillips, Medical Society of VA (L), Dr. Terry Dickinson

The Summit presented an excellent opportunity for dental professionals to interact with colleagues and meet members from other professions who share a common interest in oral health. Extended breaks and meal times also gave participants a chance to communicate ideas, ask questions and expand referral networks. In addition to marketing the event, the Virginia Dental Association sponsored the Summit's private luncheon and provided continuing education credits for dental professionals.

You can find presentations and recordings of each session from the Oral Health Summit on the Coalition's website at www.vaoralhealth.org. Plans are currently underway for the 2013 Oral Health Summit in Richmond next fall. For more information, visit the Coalition's website or contact Sarah Holland, executive director, at 804.523.2181 or sholland@vaoralhealth.org.

VDA Award Nominations

The Board of Directors Awards Subcommittee selects recipients for VDA awards which are presented at the Governance Meeting in September. In order to select those who are most deserving of these honors, we would like to ask for your help in identifying potential recipients. Nominations for awards may be made by individual members of the VDA or by components.

If you would like to submit a nomination, please contact Bonnie Anderson (804-523-2190 or anderson@vadental.org) and request a Nomination Submittal Form. Nominations are due April 30, 2013.

Nominations are accepted for the following awards:

- **Dental Team Member Award** - The nominee must be a dental team member of a VDA dentist. This award may be presented to multiple recipients only when worthy candidates are recognized. The nominee(s) should demonstrate that she/he holds the profession of dentistry in highest regard, promotes the interest and betterment of the profession through the team concept of dentistry and has five or more years of experience in the dental field.

- **New Dentist Award** - This award is presented yearly to a VDA member who has been in practice ten years or less. This award is only presented when a worthy candidate is recognized. The nominee must have demonstrated leadership qualities through service to dentistry.

- **Special Service Award** - This award is presented to a non-dentist who has demonstrated outstanding service, support and dedication to the profession of dentistry. This award is presented when a worthy candidate is recognized.

2013 Positions Open for Election

Candidate information will appear in the April-May-June 2013 issue of the VDA Journal. Due to space limitations, the Editor reserves the right to condense biographical information.

The following positions are up for election at the 2013 Annual Meeting at The Homestead Resort, Hot Springs, Virginia.

- **President-Elect – 1 year term (2014)**
- **Secretary/Treasurer – 2 year term (2014-2015)**
- **3 - ADA Delegate - 3 year terms (2014, 2015, 2016) – Positions currently held by Drs. Richard D. Barnes, Ralph L. Howell, Jr. and Edward J. Weisberg.**
- **4 - ADA Alternate Delegates* - 2 year terms (2014, 2015) – Positions currently held by Drs. Michael A. Abbott, William V. Dougherty III, Paul T. Olenyn and J. Ted Sherwin.**

*The VDA Bylaws authorizes the VDA Board of Directors to appoint the dean of the dental school to serve as an ADA alternate delegate. At the November 16, 2012 meeting of the Board Dr. David C. Sarrett, Dean, VCU School of Dentistry, was appointed to serve a second term as ADA alternate delegate. This appointment fills the fifth alternate delegate position that was available for election in 2013.

Welcome New Members
December 2012

Tidewater Dental Association
Dr. Fallon R. Chamberlin - Virginia Beach
Dr. Alexis N. Phaup - Virginia Beach

Peninsula Dental Society
Dr. Jennifer D. Anderson - Poquoson
Dr. Jeffery J. Koelmel - Williamsburg
Dr. Robert F. Morrison - Williamsburg

Southside Dental Society
Dr. Antara Daru – North Chesterfield
Dr. Emily M. Dimitroff – Colonial Heights
Dr. Angela Melton - Franklin
Dr. Eric R. Shell – Colonial Heights

Richmond Dental Society
Dr. Arwa Abualsoud - Richmond
Dr. Matthew H. Aldred - Richmond
Dr. Carol Caudill - Richmond
Dr. Brian T. Herod - Richmond
Dr. David L. Jones - Richmond
Dr. Sarah Kennealy - Richmond
Dr. Gregory T. Lynam - Richmond
Dr. Shital N. Patel - Richmond
Dr. Darryl S. Pearlman - Louisa
Dr. Allison B. Robeson - Tppahannock
Dr. Larry D. Scarborough, Jr. - Richmond
Dr. Leo T. Scholl - Palmyra
Dr. Kevin S. Slaughter – Clifton Forge
Dr. Robert H. Taylor - Staunton
Dr. Stephanie C. Voth - Richmond

Piedmont Dental Society
Dr. Katerina Ashland - Lynchburg
Dr. Gerald W. Davis - Vinton
Dr. Snehlata Kulhari - Danville
Dr. Roy Saunders, Jr. - Lynchburg
Dr. Corey J. Sheppard - Roanoke
Dr. Daniel J. Yeager - Lynchburg

Southwest Virginia Dental Society
Dr. Matthew T. Ankrum - Blacksburg
Dr. Evelyn M. Rolon - Abingdon

Shenandoah Valley Dental Society
Dr. B. Laurel Casey - Monterey
Dr. Thomas C. Draper - Bridgewater
Dr. Lauren E. Stump - Ruckersville

Northern Virginia Dental Society
Dr. Sheila Agullana – Washington, DC
Dr. Rachel A. Agunga – Woodbridge
Dr. Syed B. Ahmed - Roanoke
Dr. Omer Akmal - Arlington
Dr. Preet S. Bajwa - Reston
Dr. Ju-Han Chang – Vienna
Dr. Eliana L. Cuellar-Cordova - Woodbridge
Dr. Michael Doe - Leesburg
Dr. Bonnie G. Foster - Warrenton
Dr. Nahal Golpayegani - Woodbridge
Dr. Richard D. Gruntz, III - Arlington
Dr. Laudan Izadi - Sterling
Dr. Palwinder B. Kaur - Centreville
Dr. Matthew P. Kim - Centreville
Dr. Jamie J. LaViola - Alexandria
Dr. Meghan Lindgren - Annandale
Dr. Lezley P. McIlveen - Herndon
Dr. Ethel M. Miles - Stafford
Dr. Nikolay D. Mollov - Alexandria
Dr. Adam W. Orgel - Arlington
Dr. Michael Paesani – Falls Church
Dr. Mark A. Robertson - Fairfax
Dr. Joseph E. Rusz, Jr. - Reston
Dr. Elham Safari - Herndon
Dr. Ridhi Doshi-Shah - Herndon
Dr. Krina Shah - Fairfax
Dr. Samantha A. Siranli - Fairfax
Dr. Eunice Song - Centreville
Dr. Jade N. Tran - Alexandria
Dr. Phuong H. Trinh - Gainesville
Dr. I-fang Tsai - Sterling
Dr. Padmaja Yalamanchili - Fairfax
Dr. Mai Zamakhchari - Arlington

Board of Directors, Actions in Brief

September 23, 2012

The following Board Actions are reported for information only:

1. Approved the following appointments for 2012-2013:
   A. Parliamentarian: Dr. A. J. Booker
   B. Journal Editor: Dr. Richard F. Roadcap
   C. Executive Director: Dr. Terry D. Dickinson
   D. Legal Counsel: David Lionberger, Esq. and Scott Johnson, Esq.
   E. VDSC Board of Directors:
   Dr. Lanny R. Levenson, President; Dr. Leslie S. Webb, Jr., Vice President; Dr. Rodney J. Klima, Treasurer; Dr. Alonzo M. Bell; Dr. Fred A. Coots, Jr.; Dr. Frank C. Crist, Jr.; Dr. Wallace Huff; Dr. Bruce R. Hutchison; Dr. Jeffrey Levin; Dr. Robert A. Levine; Dr. Stephen Radcliffe; Dr. Edward J. Weisberg; Dr. Andrew J. Zimmer; Dr. Steven G. Forte, liaison; Dr. Kirk M. Norbo, liaison; Dr. Roger E. Wood, liaison; Dr. J. Ted Sherwin, advisory; Dr. Harvey H. Shiflet, III, advisory; Dr. Gus C. Vlahos, advisory

2. Award Subcommittee Appointments: Drs. Neil Small, Chair, Sam Galstan and Rick Taliaferro

3. Approved: A resolution to borrow funds from the Reserve Fund to pay front end expenses, up to $20,000.00, for the Public Relations Program. Reserve Fund to be repayed as 2013 dues are collected.

November 16, 2012

The following items were considered and the noted action taken:

1. Approved - up to $1,500.00 for the Peer Review Committee to cover expenses if the ADA conducts a mediation workshop in January 2013.

2. Approved - a resolution directing Dr. Terry Dickinson to negotiate with the Hyatt Regency Crystal City Hotel in Arlington, VA for the 2015 and 2016 Virginia Meetings.

3. Approved – a resolution that the VDA rescind its action on fee splitting and work together with the Virginia Board of Dentistry collaborating to find a work able solution.

4. Approved – a resolution that the VDA recognize its ongoing partnership with the VCU School of Dentistry in the Mission of Mercy projects.

5. Approved - the reappointment of Dr. David C. Sarrett, Dean of the VCU School of Dentistry, to serve another term (2014-2015) as an ADA alternate delegate.

Minutes of the 143rd Annual Business Meeting

September 22, 2012, 2:00pm - Newport News Marriott at City Center, Newport News, VA

1. President Roger E. Wood called the meeting to order.

2. Rev. George Chioros gave the invocation.

3. The Colors were presented by the Newport News Sheriff's Department and the flag pledge was recited.

4. The following deceased members were remembered:
Component I: Ralph Futterman, Eugene Kanter, Jack C. Kanter, Robert Kenney, Norman P. Moore, Barry Van Orman, Samuel Russo, Sr. Component 3: Kenneth E. Copeland, Sr., Thomas Leftwich, Robert T. Edwards, Wilford F. Falls, Jr., William H. Fitzgerald, Joseph I. Koliadko, Component 4: George Chamberlain, Thomas Hudson, John G. Maynard, Jr., Harry L. Hodges,. Component V: William Nufer, Edwin A. Gendron, Sr. Component VI: Kenneth Fleenor. Component VII: Malcolm C. Harrell, William E. Armstrong, Jr. Component VIII: Francis J. McCloskey, Jr., Daniel Y. Sullivan, Dorman W. Fawley, Jr.

5. Recognition was given to:

2012 VDA Fellows Inductees:
Component I: David B. Crouse, Sr., Miguel E. Fernandez, A. Clayborn Hendricks. Component II: Catherine Oden Fulton. Component IV: Charles R. Counts, David C. Sarrett. Component 6: David A. Kovach, Scott R. Miller, Cynthia M. Southern. Component 7: Jared C. Kleine. Component 8: Kathleen G. Dillon, Raymund V. Favis, Paul Gibberman, Anh H. Pham.

2012 Recipients of Life Member Certificates:
Component 1: James W. Baker, John W. Burton III, Roger H. Cahoon, William W. Cox, Alfred R. Guthrie, Jr., Robert A. Iervolino, Edward J. Weisberg. Component 2: Sidney Becker, Ray A. Dail, Martin J. Menges, Jr., George L. Nance, Jr., Philip J. Render, Thomas J. Morris, Laurence A. Warren. Component 3: John M. Bass, George J. Lake, Jr., Robert L. O'Neill, Reed D. Prugh, William N. Thornton III Component 4: G. P. Burns, Jr., Gilbert L. Button, Bruce S. Janek, Edward D. King, Richard H. Lee, James D. Lilly, Jr., Norman J. Marks, Michael O. McMunn, John F. Monacell, James L. Riley, Stephen A. Saroff. Robert B. Steadman, David M. Swisher. Component 5: Charles R. Burt, Garrett E. Hurt, Robert J. Krempl, George A. Levicki, Raymond F. Mallinak, Herbert C. Manry, William D. Owen, D. M. Parker, Ronald S. Sharpley, Nathan C. Stephens. Component 6: Bobby L. Brown, B. N. Cox, Clinton W. Howard, James E. Kilbourne, Jr., John D. Lentz, Leighton E. Lawrence, Peter J. McDonald, Douglas C. Niemi, James M. Roberson, Walter D. Shields. Component 7: Alan J. Bream, Stephen J. Brown, Paul Gerometta, W. B. Hanna, Patrick D. King, Leo Mallek, John R. Roller. Component 8: Robert M. Block, Albert M. Boyce, Robert E. Copeland, John G. Daley, Mark Egber, Michael A. Fabio, Michael J. Green, John W. Harre, Patrick D. Hart, Gregory Ivy, Ronald D. Jackson, Carroll A. Johnston, Abraham A. Katz, J. D. LaBriola, Ralph A. Lazaro, William R. Lazear, Zachary Leiner, Gary L. Ogrosky, Rodney S. Mayberry, John A. Mercantini, William J. Nanna, Gregory Nosal, Michael V. Piccinino, Peter L. Passero, Wayne G. Rasmussen, E. A. Reeves, III, Thomas C. Roberts, Leslie A. Rye, David P. Sibley, Ronald D. Silverman, Andrew M. Sklar, Charles L. Sours, Jr., John Stephenson, Anthony C. Viscomi, Roger F. Vorcheimer, Bruce S. Wyman, Roger F. Vorcheimer, Bruce S. Wyman.

2012 Recipients of 50 Year Certificates:
Component I: Harry E. Ramsey, Jr. Component II: Thomas P. Bowe, Jr., Charles S. Foley. Component III: Stephen L. Bissell, Robert K. Hubbard, Jr., Nicholas B. Argerson. Component IV: James H. Butler, William D. Covington, Joseph M. Doherty, William N. Friedman, Maury A. Hubbard, Jr., Joseph B. Johnson, Robert H. Keller, Martin J. Peskin, William F. Reames, David A. White. Component V: Benjamin F. Knight, Jr., Guy E. Young. Component VI: Thomas E. Butt, Lowell L. Hess, Edward E. Rorrer. Component VII: Lewis D. Tamkin. Component VIII: William H. Allison, Bernard T. Carr, Robert Y. Coleman, Ralph Gibson, Jr., Ernest C. Hoelzer, David W. Holley, W. L. Outten III, Gerald L. Sacks, Hubert R. Smith, Jr., Brendan C. Stack, Harvey Wenick, William F. Wine.

2012 Recipients of 60 Year Certificates:
Component II: Gerald Q. Freeman, Sr., Omer J. Campbell, Frank L. Pape, Jr. Component IV: Rudolph H. Bruni, Jr., Thomas O. Layman, William B. Massey, Jr. Component V: James T. Ashwell, Lewis D. Johnston, Jr., H. M. Midkiff. Component VI: Carlyle Gregory, Eldred H. Robinson, Jr. Component VII: James W. Bradshaw III. Component VIII: George P. Damewood, Richard A. Derian, Charles F. Fletcher, Ralph E. Karau.

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

Category A – Small Component Membership
Percentage of members who contributed to VADPAC (49%)
Component 6 Percentage of Commonwealth Club Members (38%)
Component 6

Category B – Large Component Membership
Percentage of members who contributed to VADPAC (39%)
Component 1 Percentage of Commonwealth Club Members (30%)
Component 8

The Governor's and Apollonia Club members were recognized.

7. The following election results were announced:
President Elect – J. Ted Sherwin
ADA Delegates – Mark A. Crabtree, Elizabeth C. Reynolds, Gus C. Vlahos. (All will serve three year terms.)
ADA Alternate Delegates – David C. Anderson, Alfred J. Certosimo, Samuel W. Galstan, Rodney J. Klima, Michael J. Link. (All will serve two year terms.)

8. The out-going component presidents were recognized:

Michael Fernandez (1)	Catherine Oden-Fulton (2)
Melanie W. Spears (3)	Donald G. Trawick (4)
Carrington W. Crawford (5)	Nathan Houchins (6)
Alan J. Bream (7)	Brenda J. Young (8)

9. Roger Wood installed the newly elected VDA officers, ADA delegation members and following component presidents:

J. Patrick Baker (1)	Corinne R. Hoffman (2)
Jonathan Ellis (3)	Christopher R Richardson (4)
Stephen B. Alouf (5)	Brian C. Thompson (6)
Danielle H. Ryan (7)	Edwin Lee (8)

10. Roger Wood presented in-coming president, Kirk Norbo, with the president's pin.

11. Kirk Norbo presented Roger Wood with the past president's pin, the VDA Torch Bearer Award and the ADA Constituent President's Plaque.

12. The meeting was adjourned.

41st House of Delegates Actions In Brief

September 22-23, 2012

1. Approved: The Public Relations Campaign will be funded by a dues increase of $350.00/ per active member/per year for an initial funding period of three years. All member categories will be prorated as per the VDA Bylaws. A Task Force will continue to monitor this campaign and report annually to the House of Delegates. The House of Delegates will re-evaluate the campaign before the end of the initial three year period. (This will be in Bylaws Section 7.L.)

2. Approved: Amendment to Article 7, Section 6, #7.b - Ethics & Judicial Affairs Committee Amended by adding a new #3 in duties: (3) When applicable, to promote mediation between members of the Association. (All duties following will be renumbered to reflect the addition of this new duty.)

3. Approved: Amended Article VI, Section 2.M – now reads:
The President will appoint a subcommittee of the Board each year as an Awards Committee. This awards subcommittee shall be com posed of three members of the Board who will be appointed annually and report the names of award nominees to the President by June 1. The President will appoint all members of this committee as well as its chair. All activities of this subcommittee shall remain in confidence. It will also evaluate or modify the criteria for Association awards and the need for additional honors for VDA members.

4. Approved: Amended Article III, Section 6.A – now reads:
The House shall be presided over by a Speaker who shall be elected annually for the next year by the House of Delegates at its closing meeting. The Speaker shall appoint all Committees of the House of Delegates except Reference Committees. The speaker of the House shall have the power to vote only in the event of a tie, or to create a tie. In the event that the elected Speaker is unable to act, the President of the Association shall call the meeting to order, and the first item of business shall be the election of an acting Speaker from among the VDA Delegates. The Delegate elected shall serve only during the inability of the Speaker to serve and shall not have the privilege of debate while temporarily serving as Speaker and shall be replaced during the interim by an Alternate Delegate of the speaker's component.

5. Approved: Amended VDA Policy - Awards: # 3 – now reads:
Emanuel W. Michaels Distinguished Dentist Award – The award is presented to a member dentist who has demonstrated outstanding service, leadership and dedication to the profession of dentistry and for the improvement of the health of the citizens of Virginia. This award is presented only when a candidate is recognized by the Awards Subcommittee and approved by the President. -2000 (Amended 2005/2012)

6. Approved: Amended Item #3 in the Policy statement for use of VDA email addresses – now reads: The VDA may redirect an email from the VCU School of Dentistry or the VDA components, provided the email meets the screening requirements of the VDA.

7. Approved: Distribution of the VDA email directory shall be limited to official business of the VDA, VDA components or VCU School of Dentistry. All commercial entities or nonofficial business should direct their requests to the VDA Journal or Etch, not to the VDA email directory. (Policy)

8. Approved: Amended VDA Bylaws Article IX "Parliamentary Authority" – now reads:
The current edition of the American Institute of Parliamentarians' Standard Code of Parliamentary Procedures shall govern this organization in all parliamentary occurrences that are not provided for in the law, in the VDA Constitution, Bylaws and Policies.

9. Approved: The VDA will withdraw lab bill HB267/SB342, presented to the 2012 General assembly, at the beginning of the 2013 General Assembly session.

10. Approved: The Direct Reimbursement Committee will be disbanded. Annually the VDA Speaker of the House will allow for a presentation about Direct Reimbursement to the House of Delegates (Policy).

11. Approved: The adoption of the "VDA Priorities" as the basis for our developing strategic plan:

VDA Priorities:

1. The VDA will remain the leading authority for Virginia's dental professionals for education, information, networking, wellbeing, support and services.
2. The VDA will develop a climate which produces innovative, diverse and creative leaders with passion and vision for the future.
3. The VDA will be viewed as the trusted and primary service of oral healthcare information and delivery; and be the authority on access to dental care for the profession and all Virginia citizens.
4. The VDA will encourage recruitment and retention of members. (Policy)

13. Approved: Terry Dickinson explore finding another location for the 2015 Virginia Meeting and report to the Board of Directors in November.

14. Approved: A change in the current VDA officer reimbursement policy to allow only the active president, president-elect, and secretary/ treasurer to receive reimbursement for actual travel expenses. (Policy)

15. Approved: The benefit of 50% dues reduction for active life VDA members be changed to 25% effective January 1, 2013. Those members who are in Active Life status as of January 1, 2013, shall maintain a 50% dues reduction for the duration of their Active Life membership. (Bylaws Article 1, Section 7.E-a)

16. Approved: The VDA will implement an installment program to allow the payment of dues on a monthly basis.

A. Bylaws Article I, Section 7 now reads - Dues: The annual dues shall be paid on or before January first of each year. Dues, unpaid ninety days thereafter, shall automatically terminate the membership. An installment program will be offered as an alternative method for the payment of dues. Dues, unpaid 90 days after a missed payment, shall automatically terminate the membership.

B The VDA will offer the option of an installment plan for the payment of dues, special assessments and any additional voluntary payments. This benefit is offered to all activeand active life members. Every year, upon receipt of the dues invoice, a member may indicate the preference to pay in full by January 1st, or to enroll in the installment plan. The plan is for a period of 10 months to begin in January and conclude with the last payment in October. A member joining after January will have the dues prorated and divided by the months remaining with the last payment in October. A service charge to help cover plan expenses will be assessed. The method of payment will be debit or credit card, or other payment method recommended by the VDA staff. This program will be administered by the VDA staff with oversight by the Secretary/Treasurer and the

Board of Directors.

17. Approved: The VDA House of Delegates authorizes Dr. Terry Dickinson and Mr. Chuck Duvall, on behalf of the VDA, to act in regards to initiating a budget amendment to Gov. McDonnell's existing budget releasing Funds to the dental public health system. The financial implication to that budget would be between $750,000 and 1.5 million.

18. Approved: The 2013 VDA Budget.

19. Approved: Honorary Membership for Catherine A. Griffanti, Component 8 Executive Director.

20. Approved: 2012 Life Members:
Component 1: James W. Baker, John W. Burton III, Roger H. Cahoon, William W. Cox, Alfred R. Guthrie, Jr., Robert A. Iervolino, Edward J. Weisberg. Component 2: Sidney Becker, Ray A. Dail, Martin J. Menges, Jr., George L. Nance, Jr., Philip J. Render, Thomas J. Morris, Laurence A. Warren. Component 3: John M. Bass, George J. Lake, Jr., Robert L. O'Neill, Reed D. Prugh,William N. Thornton III. Component 4: G. P. Burns, Jr., Gilbert L. Button, Bruce S. Janek, Edward D. King, Richard H. Lee, James D. Lilly, Jr., Norman J. Marks, Michael O. McMunn, John F. Monacell, James L. Riley, Stephen A. Saroff. Robert B. Steadman, David M. Swisher. Component 5: Charles R. Burt, Garrett E. Hurt, Robert J. Krempl, George A. Levicki, Raymond F. Mallinak, Herbert C. Manry, William D. Owen, D. M. Parker, Ronald S. Sharpley, Nathan C. Stephens. Component 6: Bobby L. Brown, B. N. Cox, Clinton W. Howard, James E. Kilbourne, Jr., John D. Lentz, Leighton E. Lawrence, Peter J. McDonald, Douglas C. Niemi, James M. Roberson, Walter D. Shields. Component 7: Alan J. Bream, Stephen J. Brown, Paul Gerometta, W. B. Hanna, Patrick D. King, Leo Mallek, John R. Roller. Component 8: Robert M. Block, Albert M. Boyce, Robert E. Copeland, John G. Daley, Mark Egber, Michael A. Fabio, Michael J. Green, John W. Harre, Patrick D. Hart, Gregory Ivy, Ronald D. Jackson, Carroll A. Johnston, Abraham A. Katz, J. D. LaBriola, Ralph A. Lazaro, William R. Lazear, Zachary Leiner, Gary L. Ogrosky, Rodney S. Mayberry, John A. Mercantini, William J. Nanna, Gregory Nosal, Michael V. Piccinino, Peter L. Passero, Wayne G. Rasmussen, E. A. Reeves, III, Thomas C. Roberts, Leslie A. Rye, David P. Sibley, Ronald D. Silverman, Andrew M. Sklar, Charles L. Sours, Jr., John Stephenson, Anthony C. Viscomi, Roger F. Vorcheimer, Bruce S. Wyman, Roger F. Vorcheimer, Bruce S. Wyman.

21. Elected: The following component directors:

		Term expires:	
Michael J. Link	Component 2		2015
Gus C. Vlahos	Component 6		2015
Richard L. Taliaferro	Component 7		2013

22. Elected: David C. Anderson - Speaker of the House for 2013.

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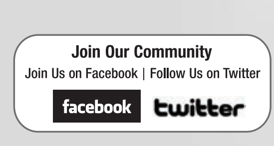

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Member Awards & Recognition

Dr. M. Joan Gillespie
Emanuel W. Michaels Distinguished Dentist Award

Virginia Dental Association

Dr. Trisha A. Krause
New Dentist Award

Virginia Dental Association

Bonnie Leffingwell, RDH
Dental Team Member Award

Virginia Dental Association

Mike Grable
Special Service Award

Virginia Dental Association

Linda G. Simon
Special Service Award

Virginia Dental Association

Starr Harris
Community Service Award

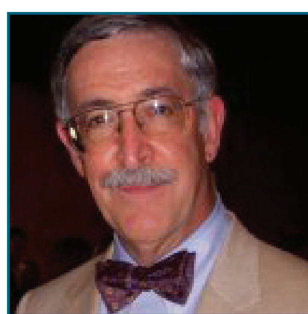
Virginia Dental Association

Dr. Michael A. Abbott
Leadership Award

Virginia Dental Association

Dr. David C. Anderson
Leadership Award

Virginia Dental Association



Dr. Charles Gaskins, III
Leadership Award

Virginia Dental Association

Send your "Awards & Recognition" submissions for publication in the *Virginia Dental Journal* to Shannon Jacobs, VDA Director of Communications Email: jacobs@vadental.org

Member Awards & Recognition

Dr. Karen C. Day
Presidential Citation Award

Virginia Dental Association

Dr. Alfred J. Certosimo
Dr. Frank "Buddy" Borris Award for Distinguished Service

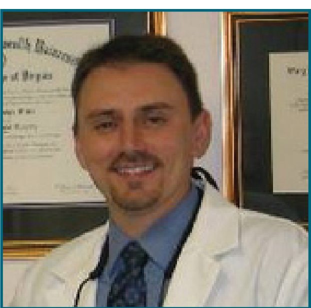
Academy of General Dentistry

Dr John W. Willhide
Lifetime Achievement Award

Northern Virginia Dental Society

Dr. Ronald G. Downey
Leadership Award

Virginia Dental Association



Dr. Scottie R. Miller
Leadership Award

Virginia Dental Association

Catherine A. Griffanti
Honorary Membership

Virginia Dental Association

Send your "Awards & Recognition" submissions for publication in the *Virginia Dental Journal* to Shannon Jacobs, VDA Director of Communications Email: jacobs@vadental.org

Using Google AdWords to Drive Practice Growth

By: Lance McCollough

It's no surprise that the most effective way to reach new patients in your area is no longer through the phonebook, but through the Internet. In fact, a national study found that over 100 million Americans search the Internet for health related information and that 70% said the information they found online influenced their treatment decisions. This represents a huge opportunity for doctors who capitalize on search engine marketing.

There are a number of ways you can improve your online visibility and help prospective patients easily find your practice when searching the Internet for services you offer. Search engine marketing (SEM) is a form of Internet advertising that promotes websites by increasing their visibility and ranking within search engine results pages. This is typically done through search engine optimization (SEO) techniques and pay-per-click (PPC) campaigns, among other methods.

This article focuses on pay-per-click (PPC) advertising, as it is one of the fastest ways to have your website appear at the top of search engine results. Unlike search engine optimization (SEO) which can take months of hard work without any guarantee of success, PPC is immediately effective in driving targeted visitors to your website, typically within a matter of minutes.

The term "pay-per-click" references the concept that an advertiser (you) only pays when an Internet user (prospective patient) clicks on your ad; you don't have to pay to have your ad simply appear at the top of search engine results. Your sponsored link will only appear when a prospect performs a search using your predetermined keywords, so you have the advantage of targeting prospective patients who are seeking high-value services such as cosmetic dentistry, dental implants, or any other service you wish to target.

PPC campaigns can have a positive impact on your practice, when implemented correctly. A relevant and focused PPC campaign can help you drive more traffic to your website and can ultimately help you generate more new patient appointments. By following the techniques below, you can work towards an effective PPC campaign for your practice.

1. Set-up your Google AdWords Account at www.google.com/adwords. Setting up your account can be completed in just a few simple steps.

2. Create a Campaign: Once you are logged-in to your account, you will first create a new advertising campaign. Campaigns should be organized by theme for the services you want to advertise (e.g. cosmetic dentistry, general dentistry, orthodontics). You will later create "Ad Groups" under each campaign to target specific services within each campaign/category.

Set campaign name(s). If you want to advertise cosmetic dentistry services, set your campaign name accordingly. Tying your campaign name to services you want to market will keep you organized and later help you identify appropriate keywords and ad groups.

Specify geographical location you want your ads to appear in. By clicking the "Let me choose…" option you can specify the exact city, region, or zip code, so your ads only appear to your local targeted audience.

Set your daily budget. Depending on the keywords you choose, a single click can range from $0.05 to $14.00 or more. To determine your daily budget, decide how much you are willing to spend on a campaign each month and divide it by the number of days in the month.

3. Create Ad Groups: Ad Groups are a collection of ads under a campaign that correspond to a group of related keywords. Creating Ad Groups enables you to further segment your campaign to focus on specific products or services. For example, if your campaign is for "Cosmetic Dentistry," and you want to market services for both "teeth whitening" and "veneers," you should create separate ad groups for each of these services under the same campaign.

4. Generate Ad Text: After you create ad groups, you will set the ad text headline, description, and URL for your ads.

a. *Headline (25 characters)*: Write a brief statement that includes the related keywords. For example, if your ad group is for teeth whitening, a good head line may read "Teeth Whitening Special."

b. *Description:* Next, create a 2-lined description (35 characters or less) that emphasizes benefits of the service, and includes a clear "call to action," to encourage visitors to click, call, or contact your practice.

c. *Add URLs:* You will add your display URL (your website's web address), and the destination URL (the page a user will be sent to after clicking your ad). The destination URL should lead to a page on your website that focuses on the advertised service, to help visitors quickly access information on the topic they searched for. It is important to avoid just dropping visitors onto your homepage.

Your ad text might be input as such:

Headline: Teeth Whitening Special
Description Line 1: Get brighter, whiter teeth today.
Description Line 2: Call for your free consultation!
Display URL: http://www.VAteeth123.com
Destination URL: http://www.VAteeth123.com/teethwhitening

5. Select Relevant Keywords: Choose keywords that relate to your ad group title. When brainstorming keywords, make sure you use terms and phrases that people might search for on Google to find your product or service. AdWords also has a "Keyword Tool" that can help you build your keyword list.

6. Incorporate Ad Text into Your Website: If you are advertising a discount or particular service, make sure your ad links to a page on your website that displays this information, to help prospective patients immediately find what they are looking for. Edit your webpage to include your keywords, the title of your ad group, and the title of your campaign.

Get started today! Seeing that Google is the favored "go-to" search engine for 81% of Internet users, Google AdWords is prime real estate for running your PPC campaign. By creating an effective PPC campaign, you can drive immediate traffic to your website and ideally convert these online search users into new patients.

Lance McCollough is the founder and CEO of ProSites, Inc., a website design and Internet marketing company specializing in dental-practice marketing. ProSites is endorsed by VDA Services and helps doctors attract new patients and maximize their visibility on the Internet. For more information, please call (888) 466-7975 or visit www.prosites.com/vda.

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The Teamwork Advantage

By: Jeremy Jordan, Class of 2015, VCU School of Dentistry

Of all the lessons I have taken to heart, I am reminded of none more frequently than “teamwork makes the dream work.” It is a simple notion, one that is easy to remember and that reminds each of us that working together can reach the best possible outcome. Carter, the son of close family friends, adopted this as his mantra four years ago, at the age of three. While I am sure that Carter learned this phrase from his parents, rather than coining it himself, it never ceases to amaze me how perceptive children can be. Even at only three years old, Carter understood the importance of teamwork and happily encouraged others to do the same.

Since beginning dental school, I have found that teamwork is essential to success. Dental school is, by far, the busiest time of my life – juggling didactic courses, lab work, keeping in touch with family and friends, and taking part in extracurriculars can often prove to be a challenge. Accomplishing each of these goals raises a high bar. I cannot, however, talk about the challenges of dental school without mentioning that each of my classmates has set the same high bar for themselves. Common ground, unlike anything else, has a way of uniting those around us. While independence is important, teamwork is an increasing, and overarching, theme at the VCU School of Dentistry. If you were to walk down the hallways of our school at any given time you would hear students in preparation for a test, competency, or taking on a new patient case. As ideas and techniques are passed from faculty to students, upperclassmen to underclassmen, and classmate to classmate, the notion of teamwork becomes most evident.

In my experience, the same is true for the Virginia Dental Association. Each year, dentists from across the state gather for committee meetings, governance sessions, and to lobby for issues affecting dentistry. During these meetings, the exchange of ideas decides the best course of action. However, it is the camaraderie and unified voice that sets such a wonderful example for students and other groups. As dental students, we are fortunate that the VDA takes an active role in setting such an example. By inviting students to participate in committee and governance meetings, providing mentorship, and creating a presence at our school, dental students are given the opportunity to join the team that shapes the future of dentistry in Virginia.

Ultimately, teamwork has a number of applications. Dentistry is largely a self-governing profession: dentists are accountable to one another to be ethical, to provide quality care, and to further the career. By this, it could be said that dentists are a paragon of the phrase “teamwork makes the dream work.” From my perspective, and after seeing teamwork in action, I cannot agree with this statement more. My friend, Carter, taught me an important lesson. Although I began by adopting his catch phrase as my own, I have since realized that teamwork helps each of us improve and ensures the success of our endeavors by working together.

Jeremy Jordan is in the Class of 2015 at the VCU School of Dentistry. He is also the editor of the American Student Dental Association newsletter.

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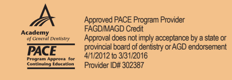

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Ethics - Different Opinions

By: Dr. Dan Grabeel, Ethics and Judicial Affairs Committee

Greetings from the Ethics Committee! We hope all is going well with every one of you. Are things a little slow in your practice? I hear this a lot: dentists saying their patient load is not what it was. I also notice more dental advertising. I feel we have been in decline since 2008, feel we have finally reached a plateau, and hopefully will increase. What is our answer? More advertising? Maybe, but please stay within the Virginia guidelines.

We hear some horror stories, like the patient who had been seeing a dentist for years and changed. They were told they had a large number of cavities to be restored. This was then followed by another dentist in the area telling them they did not need the restorations. Let's look at this from a different perspective. Did dentist Number One not give good treatment after following the patient for years? Did dentist Number Two do work that was not necessary? How many times I have heard this same story and most of the time it happens like this: dentist Number One was giving good care but only restored teeth that had active decay and listed others as incipient. As the patient returned in six months everything was evaluated again and some of the incipient areas needed restorations and others did not. When the patient went to dentist Number Two, who had been taught to restore all areas, he did so. Ethically both were providing good treatment as they were taught if the patient was adequately informed and agreed to the treatment plan.

I am also aware that more dentists are treating patients by restoring all carious or broken areas that should be restored. I also heard this in a dental course this summer, and we are doing this in my practice. (Who said you cannot teach an old dog new tricks!) So, we all should make a special effort to have a good history on all patients, and a treatment plan we have shared with the patient. Make sure they understand and agree to the work to be done.

Above all, make sure your decision is ethical. Do not put anything in print that you have not checked on very closely and proven to be true. If you advertise, please follow Virginia guidelines and we as a committee will have little to do. For this, we thank you! Let's all keep Dentistry on a high plane both private and publicly.

Dr. Daniel E Grabeel practices in Lynchburg. He currently servers on the VDA Ethics and Judicial Affairs Committee. Dr. Grabeel can be reached at dgrabeel@aol.com

ADA Issues Guidelines on Social Coupons

The social couponing workgroup (CEBJA) made a presentation that resulted in the following Advisory Opinion which has been added to the Code:

4.E.1. SPLIT FEES IN ADVERTISING AND MARKETING SERVICES. The prohibition against a dentist's accepting or tendering rebates or split fees applies to business dealings between dentists and any third party, not just other dentists. Thus, a dentist who pays for advertising or marketing services by sharing a specified portion of the professional fees collected from prospective or actual patients with the vendor providing the advertising or marketing services is engaged in fee splitting. The prohibition against fee splitting is also applicable to the marketing of dental treatments or procedures via "social coupons" if the business arrangement between the dentist and the concern providing the marketing services for that treatment or those procedures allows the issuing company to collect the fee from the prospective patient, retain a defined percentage or portion of the revenue collected as payment for the coupon marketing service provided to the dentist and remit to the dentist the remainder of the amount collected.

Dentists should also be aware that the laws or regulations in their jurisdictions may contain provisions that impact the division of revenue collected from prospective patients between a dentist and a third party to pay for advertising or marketing services.

SPECIAL MESSAGE FROM THE VDA PRESIDENT

Dear Fellow Member,

Knowing that some of you have questions about the VDA's PR campaign, I wanted to give you an update on the status of the campaign. We have two primary goals with this new program: first, to educate the public on the importance and value of oral health and the role it plays in overall health and second, to inform the public that there is a distinct advantage and difference to them when they entrust their dental care to a VDA member dentist versus a non-member dentist. As part of that effort, we will be sending you a special window sticker that you can display in your office to identify yourself as a VDA member dentist as well as specially designed brochures that can be given to your patients letting them know the special qualities of their VDA dentist.

In the second quarter of 2013, you can expect to start seeing these 15 to 30 second commercials on your local television channels publicizing the value of seeing a VDA member dentist. The PR Task Force has made every effort to maximize your dues dollars while developing this program. The group elected to tailor our commercials after the Michigan Dental Association commercials which have been so successful in Michigan and have allowed them to have a greater than 80% member share of the dental market. Using their ads and modifying them to our needs allows the VDA to save approximately $225,000. The Michigan Dental Association's program has been in existence since 1986 and the MDA has given the VDA invaluable information about how to best launch our campaign and what we should expect as a result of utilizing it. If you would like to take a look at these commercials, visit the Michigan Dental Association's web site at www.smilemichigan.com. Once the web site comes up, scroll down and you will find the commercials on the lower right side of the screen.

Another goal of this PR plan is to give the VDA the ability to quickly respond to misguided threats to our profession. The recent publicity that implicated dental x-rays in causing cancer is a prime example of the need for our association to provide quick and accurate responses to defuse such professional assaults. You can expect an immediate rebuttal from our PR firm in the future.

Only time will tell how this PR campaign will impact our Association, but please understand that the VDA has undertaken this project to help you attract patients who will understand what makes you a special dentist when compared to a nonmember. Let us know what you think of this program as it progresses.

Sincerely,

Dr. Kirk Norbo
VDA President

Get ready for the New VDA Ad Campaign With Member Identification Logos

Since the House of Delegates approved the PR and Advertising campaign in September, the PR Task Force has been hard at work. In 2013, members will be receiving brochures and window decals that will be branded to match the advertising campaign. All members will have these materials in their office before the ads start to appear on television in Q2 of 2013.

We would encourage members to take a moment to download VDA and ADA Member logos. These logos can be used to identify you are a member and tie in our television ads with your practice. Logos can be used on your practice website as well.

Logos files can be downloaded by clicking the links below (member log in and usage agreement acceptance required):

VDA Member Logo: https://www.vadental.org/logo

ADA Member Logo: https://www.ada.org/members/1499.aspx

Be on the lookout for additional updates from the Task Force in the coming months on the exciting new public relations and advertising campaign!

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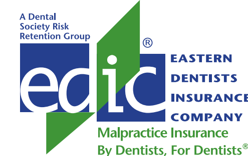

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September 18-22, 2013

Photo courtesy of The Homestead Resort, Hot Springs, VA

The Homestead Resort

Hot Springs, Virginia

New date. New location.

Same AMAZING meeting.

Additional Virginia Meeting information on the following pages.

Learn From the Best!

The Virginia Dental Association is proud to host some of today's top dental professionals and course instructors! We hope that you and your staff will take full advantage of the wide variety of continuing education opportunities available in September!

Dr. Mark Hyman

A 360 Slam Dunk Guide for Successful Teams –Complex Treatment Planning

"Change is inevitable – growth is optional." In this fast-paced, ever-changing world, dental teams must commit to taking a serious look at every aspect of the practice. Enjoy this fast paced, fun filled, dynamic seminar that will super charge your practice today!

Ms. Laney Kay

Blood, Spit & Fears: A Painless OSHA Update

Let's face it: most OSHA training courses are anything but fun. Join us for a class that will change your mind forever. It's fast, informative, fun, and it satisfies your annual OSHA requirements.

Dr. Gary Radz

Clinical Application of Composite Resins –Learning Predictability & Efficiency

The implementation of composites into today's practice requires that the clinician can place these restorations efficiently with an excellent esthetic result. This hands-on course is designed to demonstrate the application of composite resins, both anterior and posterior, using the most current materials and techniques to help the clinician improve the level of their final restorations.

Mr. Bruce Christopher

Bambi vs. Godzilla

Difficult people are everywhere! They can be patients, staff, doctors, almost anyone. This program humorously reveals the six basic difficult personality styles that are out to drain you and your practice of vital energy. You will learn what they do, why they do it, and what you can do about it!

Dr. Barry Musikant

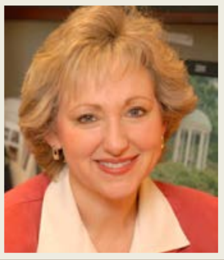
Common Sense Endodontics: Where Sophistication and Simplicity Meet

In this course, Dr. Musikant will detail the different systems that are available to dentists today and help you understand why engine-driven reciprocation results in clinical excellence. You will take away common-sense, money-saving solutions to endodontics that are easy to incorporate into your practice.

Ms. Susan Richardson

Let's Do It! Search Engine Optimization, Social Media, and Online Marketing

U.S. consumers spend 7.5 hours+ per month on Facebook. Social networking is an essential way for current and prospective patients to connect with your practice. They are already using social networks. NOW is the time for you to engage with your patients...online.



Ms. Rebecca Wilder

Systemic Disease and Oral Health: News You Can Put Into Practice

Dental hygienists need to stay current with information that is vital to a patient's health and be proactive in their approach to treatment! This course reviews current evidence on oral systemic connections discusses treatment strategies to incorporate into everyday practice, as well as providing information for best treatment strategies for patients at risk for disease and product recommendations for periodontal patients.

Dr. Lawrence Wallace

WOW! Complete Dentures in an Hour!

With new materials and innovative, easy-to-learn techniques, you can fabricate complete dentures in one visit in about an hour, all without a lab. Used for complete dentures, immediate dentures, and temporary implant over dentures, these techniques will help you attract new patients, expand your practice, and increase your income.

Dr. Ben Miraglia

Invisalign Clear Essentials I

This one-day, case-based training provides participants with the clinical and operational confidence to successfully treat at range of highly predictable cases. Your team will learn a full range of support resources designed to meet the needs of non-orthodontic practice, as well as clinical, operational, and marketing skills. Tuition for this course covers the doctor and up to 8 team members.

These are just a few of the speakers and courses we are offering!

Please visit our website for more information.

www.vadental.org

Indulge in Luxury

When the day is done, enjoy the comfort of The Homestead in your exquisitely decorated room or in one of the cozy spaces throughout the resort. The well-known Southern hospitality offered here is something you won't want to miss.

$190.00 per room, per night

This base fee excludes the 15% per room, per night resort fee, as well as state and local taxes.

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First additional room—**$150** per room, per night
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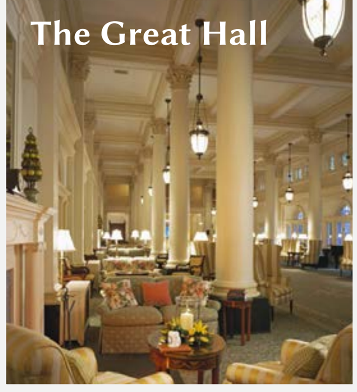
Third or more additional rooms—**$100** per room, per night

To make a reservation, upgrade your room or book multiple rooms, fax the form on the following page to The Homestead Resort.

Guest Room

Guest Suite

Dining Room


The Great Hall

Sam Snead's Tavern

Photos courtesy of The Homestead Resort, Hot Springs, VA

Virginia Dental Association

September 18-22, 2013

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*The following daily rates are **per room, per day** based on the European Plan (No Meals).*

Please circle preferred rate:

ROOM:

Single Occupancy	Double Occupancy
$190.00 Per Room	$190.00 Per Room

SUITES: (Based on availability)

Junior:	Single - $310.00	Double - $310.00
One Bedroom:	Single - $410.00	Double - $410.00
Two Bedroom:	Available Upon Request	
Presidents Suite:	Available Upon Request	

Children sharing room with parents:
0 to 18 years – Complimentary

Additional Adult Rate - $25.00

15% daily resort charge is additional. Package prices are subject to applicable state and local taxes (currently 9%) in effect at the time of check-in.

Arrival date:____________/Time:______ Departure date:____________/Time:______

Name (please print) ____________________ **No. of adults** _____

Room mate (if applicable) ____________________

Address ____________________

City____________ State____________ Zip Code____________

Daytime Telephone ____________ FAX ____________

Email Address: ____________ Have you been a previous overnight guest at The Homestead? _____

Children's names and ages:____________ ____________ ____________

An advance deposit equal to one night's room rate plus resort charge and tax is required to guarantee your reservation. **Early mailing of reservations is highly recommended.** Confirmed reservations are based on room availability. Reservations must be received by August 19, 2013 or until the room block has been filled. Deposit may be made with Visa, MasterCard, American Express, Diner's Club, and Discover, **which will be charged when reservation request is received.** If deposit is by check payment must be received with this reservation request. **Deposit is refundable if notice of cancellation is received at least 7 days prior to the scheduled arrival date.**

Credit Card No. ____________________ Expiration date ____________

Visa ____MasterCard___American Express ___Discover ___Diner's Club

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Advance reservations and appointments are required for all evening dining and recreation to ensure preferred times. Please call 800-838-1766 ext. 4
Check in time is after 4:00 p.m. Check out time is before 12:00 noon.

Reservations request made by: ____________________ Date:__________

Dress: During the day, casual attire is preferred. Jeans and bathing suits are discouraged in The Great Hall. In the evening, collared shirt and jacket required in the Dining Room and The 1766 Grille. Tie optional in Dining Room. Resort casual elsewhere.

Mail to: Group Reservations, P.O. Box 2000, Hot Springs, Virginia 24445

FAX request may be sent to 540-839-7670

Reservations by fax or mail only, no phone calls please. You may also make reservations online (group code, VDA)

Reservations will be confirmed by e-mail. Visit our website at www.thehomestead.com

Ultimate Enjoyment

We are thrilled about the nearly endless options
The Homestead Resort provides when it comes to relaxing, recreation,
or just good, old-fashioned fun!

Annual VDA Golf Tournament

Wednesday, September 18, 2013

In Memory of Dr. Donald Martin

Golf on the country's finest mountain course and follow in the footsteps of American Presidents, members of the Rockefeller family, and of course, Sam Snead.

Photos courtesy of The Homestead Resort, Hot Springs, VA

Bleeding risks in older patients on warfarin and taking antibiotics and antifungals

By: Dr. R.L.Wynn

Antibiotic and antifungal medications are associated with an increased risk of bleeding among patients taking warfarin. A recent study evaluating over 38,000 patients aged 65 years and older showed exposure to any antibiotic agent was associated with a 2-fold increased risk of bleeding that required hospitalization among continuous warfarin users. All 5 antibiotic drug classes examined (macrolides, quinolones, cotrimoxazole, penicillins and cephalosporins) were associated with an increased risk of bleeding. In addition, exposure to azole antifungals (fluconazole, ketoconazole, miconazole) was associated with over a 4 -fold increased risk of bleeding that required hospitalization among continuous warfarin users. This month's newsletter describes the study results in detail and the implications of antibiotic therapy in dental patients medicated with warfarin.

The study was conducted at the University of Texas Medical Branch, Galveston by Baiullargeon J et al. and published in the American Journal of Medicine in 2012.

The authors used enrollment, claims and pharmacy data in a 5% national sample of Medicare beneficiaries. Medicare Part A, which covers hospital expenses, begins automatically at age 65 years, whereas coverage for outpatient care (Part B) and prescription drugs (Part D) must be purchased. Claims from the year 2007-2008 for 5% of Medicare beneficiaries were used ,including Medicare enrollment files, Medicare Provider Analysis and Review (MEDPAR) files, Outpatient Standard Analytic Files, Medicare Carrier files, and Prescription Drug Event records.

Protocol

The study evaluated a cohort of 38,762 Medicare beneficiaries who were continuous users of warfarin. Presence and duration of warfarin use was examined by evaluating prescription data from the Medicare Part D dataset. Continuous warfarin users were followed from January 1, 2008 until hospitalization for a bleeding event or the end of study period (December 31, 2008), whichever occurred first. Reasons for warfarin use included atrial fibrillation, stroke, presence of prosthetic heart valve, and venous thromboembolism.

Definition of cases and controls

Cases were defined as patients who experienced a bleeding event requiring hospitalization at any time in 2008, based on International Classification of Diseases, ninth revision codes (ICD-9). Types of bleeding identified were gastrointestinal, non-gastrointestinal, intracranial, and general warfarin toxicity. The event date was defined as the date of hospital admission. Controls were matched with cases on event date, indication for warfarin use, age, sex and race/ethnicity.

Definition of antibiotic exposure

Antibiotic exposure was determined by assessing the number of days in a given prescription period that followed the initial prescription date in the Medicare Part D dataset. Patients whose most recent prescription period for any antibiotic agent overlapped by a least one day with the 15-day period before the event date were defined as exposed. Among patients with antibiotic exposure, the authors categorized the time between the initiation of antibiotic agents and the event date as 0-15 days, 16-60 days and more than 60 days before the event date. The antibiotics were categorized as "all antibiotic medication" and according to the following classes of antibiotics: cephaolsporins, penicillins, cotrimoxazole, macrolides, and quinolones. Antifungals were categorined as azole antifungals.

Medications as potential confounders

The authors also examined patients' use of potentially confounding medications known to interact with warfarin. A prescription for any potential confounding drugs that included at least 1 day in the 15 days before the event date was defined as presence of a confounding drugs. The following classes of drugs were examined: antidepressants, antiplatelet drugs, corticosteroids, and selected inhibitors of warfarin hepatic metabolism.

Statistical

Standard regression analysis was used to calculate odds ratios and 95% confidence intervals for the risk of bleeding associated with prior exposure to antibiotic medications.

Study results

1. The authors identified 38,762 patients as continuous warfarin users.

2. During 2008, 1136 of those (2.9%) were hospitalized with a primary diagnosis of bleeding. Of those, 798 met the definition for a case.

3. Continuous warfarin users exposed to any antibiotic agent were twice as likely (odds ratio of 2.01) to experience a bleeding event that required hospitalization compared to those who were not exposed to an antibiotic.

4. Assessment of type of bleeding events showed that antibiotic users were two and a half times more likely to experience non-gastrointestinal bleeding and about twice as likely to experience a gastrointestinal bleed.

5. The authors examined, among all patients exposed to antibiotics, as to whether recency of prescription initiation was associated with major bleeding. Among all exposed patients, those whose prescription began in the 0-15 days or 16-60 days before the event date were more likely to have been hospitalized for bleeding compared with control patients who never took antibiotics.

6. Exposed patients whose antibiotic prescription began greater than 60 days before the event date did not have a statistically significant increased risk for bleeding that required hospitalization in comparison with the control patients.

7. Patients treated with azole antifungals were over 4 times more likely to experience bleeding; treatment with macrolides, a little less than twice as likely to experience bleeding; quinolones was 1.7 times as likely; cotrimoxazole was 2.7 times as likely; cephalosporins 2.5 times as likely, and penicillins about twice as likely to experience bleeding.

Continued on page 38

Peer Reviewed • Members-Only Benefits • Supporting the VDA

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VDA Services Gloves

Marketing & Communications 800-210-0355
Demandforce

Payroll Services 800-729-2439
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Website Design 888-466-7975
ProSites

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.

Continued from page 37

8. Of the confounder medications, the serotonin selective reuptake inhibitors and corticosteroids were associated with statistically significant increased risk of bleeding.

Discussion points

1. Exposure to any antibiotic agent was associated with a 2-fold increased risk of bleeding that required hospitalization among older continuous warfarin users.

2. When broken down by class, all 5 specific antibiotic drug classes were associated with an increased risk of bleeding.

3. Patients who were prescribed azole antifungals and cotrimoxazole had the highest risks of hospitalization for bleeding. Acccording to the authors, this finding was consistent with previous reports.

4. The increased risk associated with antifungals and cotrimoxazole was attributed to their inhibitory effects on CYP2C9 – one of the liver enzymes that metabolize warfarin.

Summary of this study

Numerous studies have reported that interactions between warfarin and antibiotics may result in an increased international normal ratio (INR). The authors suggested that frequent monitoring of INR has been recommended for patients who are concurrently taking warfarin and antibiotic agents. Since inhibition of vitamin K synthesis by alteration of gut flora or inhibition of cytochrome P450 enzymes can lead to an increased INR and increased bleeding within a 1 to 2 week period, a suggested strategy is to monitor INR 1 week after initiating antibiotic therapy.

The full report can be found at Baiullargeon J et al. Concurrent use of warfarin and antibiotics and the risk of bleeding in older adults. The American Journal of Medicine 2012; 125:183-89.

Dr. R. L. Wynn will be a presenter at the 2013 Virginia Meeting at The Homestead Resort in Hot Springs, VA.

Go to www.vadental.org/events/vam for more information on this event.

Leadership, Policy, and Change: How can they help me?

By: Dr. James Schroeder

Leadership, policy and change were not major words in my vocabulary when I started my practice in 1979. Fast forward to 2012 and the landscape of a private dental practice has taken on an entirely different character. A practitioner would do well to become a student of the three words above. Simply being highly skilled in our technical skills will not afford us a professional life as we once dreamed. What has changed that requires these new skills to be developed and applied in my dental practice? I will list a few to stimulate interest in how you are currently operating your practice.

Government regulations (OSHA, CDC), employee law and attorneys, insurance industry, internet-driven consumer awareness, and marketing are only a few external forces that have grown and changed the way we practice. A practice in 2012 without clear policy known to the entire team is running blindfolded. "But I thought everyone knew we were to have hepatitis vaccination and OSHA training" is useless without written documentation and follow through. Three different staff members with a needle exposure, being told to do different protocols, is not good policy or leadership.

Policy is like the rudder of a ship – you cannot see it but it guides the direction of the ship.

Taking time to develop policy can save much heartache and prevent costly mistakes. It prevents impulsive decision making or, in your absence, someone making the wrong decision. In the absence of policy or leadership from the doctor a strong personality of a staff member can take over important decision making. Depending on the type of policy, you might develop it with your staff or an outside professional with unique expertise. Major complaints I hear from staff when I interview them for office consultations is lack of clarity and unmet expectations from the doctor. As doctors we often avoid making firm policy to avoid the difficult interactions encountered by staff members when they are not pleased with your decisions. A few examples are snow day policy, selection of time off at holiday time, vacation time and death of family member . Giving one staff member two paid days for bereavement and another four days does not build team equality and leads to the "pet syndrome ". Even worse is taking a staff member's word for a family death, but requiring a death certificate from another staff member. Lack of policy leads to favoritism and discourages team harmony and can lead to legal complications. Employees want to know what you expect and want consistency. Don't leave it to random chance or to another staff member. You are the leader and your team needs to know you are in charge. You can delegate responsibilities, but you make the policy and rules to live by. Your team needs to know you are in charge.

Policy can prevent annoying interruptions in the course of a day.

As community leaders we are often approached for charitable donations. Each office should develop a plan around organizations or issues they want to support. Perhaps your policy is to give nothing at the office. My personal philosophy was to support various community causes as a way to give back. Taking time to develop a policy and explain to your staff helps them explain your intentions to patient requests. An example of a policy providing direction is as follows: What major community efforts are taking place? Do you have patients with passion and involvement in specific causes? Do you have staff members with requests? Refrain from giving to organizations or people that are not well know and vetted. Help your staff with verbiage explaining what you do and how they can be considered. For example "Thank you for your request, we have far more requests than we are able to support. Please leave your information and you will be contacted if we are able to support this effort." In planning for the year designate $10,000 for these significant gifts from your office. Set aside $3,000 for spontaneous requests from students, races, golf tournaments, staff and emergency requests brought to your attention. Taking time to develop a plan for how you will support your community can be satisfying and create a sense of loyalty from your staff and patients.

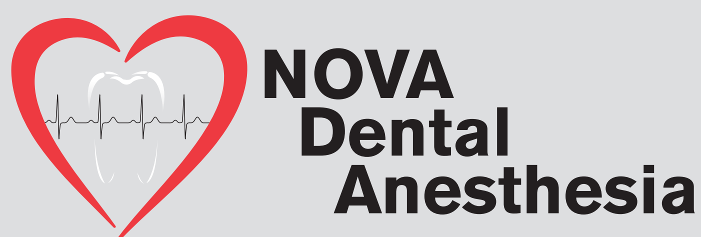
A policy needs to be a living, dynamic document to carry out change.

If the policy no longer serves the office, then take time to change it. Public schools used to have policy designating smoking in teacher lounges. Now, students are suspended if they have cigarettes in their possession. Policy and change go hand in hand. To thrive in today's culture the dental office must master an understanding of change. The change may need to be in to our technical skills, our staffing, or our approach to insurance programs. Taking time to step back from your practice is an important exercise. Do an honest objective assessment and analyze different components; it may reveal areas that need to change for you to continue to grow. Once the change is established a policy is developed to keep it in place to prevent you from going back to the way you did it before. I find in many offices the ideas they have tried to develop were well intended and had great potential, but failed mainly because they did not understand the change process. A major obstacle to change is comfort. If things are OK, then don't rock the boat. Usually pain, discomfort and urgency are parts of the catalyst to change, or there is an excitement about a new opportunity. The change that took place in our airports after 9/11 was enormous and immediate. Take away the tragedy and pain of 9/11, and the changes in air travel and subsequent policy developed would never have taken place.

On a much smaller level change is often driven by difficulties in our office; dismissal of an employee, dropping an insurance company because of the poor reimbursement or expanding a marketing program stimulated by a drop in new patient numbers.

I believe the dental profession holds a very exciting future. The practitioner that posesses both a high level of dental skills and strong leadership and relationship skills will have a bright future.

Dr. James Schroeder practiced in Richmond. Please email him your experiences and questions to be addressed in future columns
drjimschroeder@gmail.com
He may be contacted at (804) 307-5108.



In-Office Anesthesia is Ideal for:

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- Uncooperative Pediatric Patients
- Medically Compromised Patients
- Patients with Extensive Dental Treatments
- Patients with Gag Reflex

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Wissam F. Ali DMD
Dentist Anesthesiologist

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AT A LOSS FOR WORDS

UKRAINIAN DEVELOPERS HELP A TEXAS DOCTOR CARE FOR A PATIENT

By: Tom F. Cockerell, Jr., DDS

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New technologies continue to emerge from everywhere and are driving modernization and globalization. Some may choose to resist them. I say join in! Here's one reason why.

First, let me explain that I have had the privilege of being involved in new technology creating a computer software program that helps dentists with administrative and clinical tasks. For several years part of my day is spent working with software programmers. Some of our developers are in Ukraine. I communicate with them via Skype. Over the years of working with them daily, they have become friends.

Among my patients are many special-needs individuals, one of whom is Sergey. Speaking only Russian, he is mentally disabled and paraplegic. He is transported to my office by staff from a facility that manages patients who are wards of the state of Texas.

One typical morning Sergey came in for care. As usual he was confused because he was in unfamiliar surroundings and did not know what was happening. He was speaking Russian so none of us understood him. What I knew about Sergey is only what his caregivers could tell me. Supposedly he suffered a head injury while on a Russian vessel at a port in South Texas. He was cared for by a Texas medical facility, but the Russian vessel left the port and no one ever claimed him. Since that time Sergey has been under the care of a group home. Presumably Sergey does not know where he is, what has happened, or what the future holds for him. He is also legally blind.

My care for Sergey requires IV sedation. So he leaves my office probably even more confused due to a period of unconsciousness. I can do little to help with the confusion and fear. It is a terribly sad situation. Every time I have seen him he vocally expresses his frustration — in Russian.

On one particular day Sergey's care began and ended routinely, and afterward he was sitting in the wheelchair repeating the same phrase over and over. Meanwhile, I sat back down at the computer and resumed a Skype conversation with the Ukrainian team. Noticing Sergey, it occurred to me that maybe they could be helpful to him since they spoke Russian. I explained the situation to the team leader Marina. She agreed for me to place my headphones on Sergey so she could listen and speak to him.

I asked Marina if she could understand him. She listened and said that Sergey was asking for his glasses. Placing them on him it occurred to me that maybe he was functioning at a higher level than we imagined. This proved to be true. Marina translated the next phrase he repeated. Turns out he was complaining that he had been bitten by a mosquito. We believe the needle prick was the last thing he remembered before going to sleep and was complaining about it.

I was taken aback. Maybe we could speak to Sergey and help him understand what was going on. I asked Marina to tell him that he was in Texas in the United States of America. That he had been here for some time after a medical problem which he might not remember. That he lives in the middle of Texas in a group home and is surrounded by friends who help him. He should know that he will always be taken care of. Today he was asleep so Dr Cockerell who is a dentist in Texas could fix his teeth. Dr Cockerell has known him for some time and makes sure his teeth are OK. The people who help him love him and want to take good care of him. He is surrounded by friends and should not be afraid.

Marina said all this to him in a comforting tone. As she did, we could see the tension flow out of Sergey. He relaxed. He listened intently and completely stopped his continuous ramble. In fact he just sat in his chair rather contentedly and left the office quietly. I have not seen him since. But I hope his staff took it upon themselves to make arrangements for someone to communicate with him.

Afterward my staff and I took a few minutes to internalize what we had just experienced. We knew something special had happened, and after I told them of the interaction and result, I learned that the Ukrainians shared our feelings. But more was yet to come. Marina said, "Tom, look." There on my computer screen, replacing the image of the Ukrainian team was a live shot of the moon over Ukraine. Marina had moon making its quiet journey around the Earth on its way to bringing in the tide in Texas somehow intimately connected the two groups who had seized an opportunity to help a fellow human via Skype.

Skype is not particularly new or startling technology. Real new technology developments are quantum computers, transistors that don't leak, instruments for testing the 3-D reality theory of physics, oral structures created from stem cells, robotic surgery, and more. But Skype is neat.

What's my point? By design and tradition dental offices are disconnected spots of health care delivery. And some say that autonomy of dentistry is our greatest strength. I disagree.

I say it is a weakness and makes us subject to criticism and marginalization. We don't have to be so disconnected and it will take technology to change this. Incorporated in our ongoing activity could be shared data on diagnostic trends, disease burden, treatment choices, outcome, and more, all of which would help bring dentistry more into the world of modern health care. This might allow us to embrace professionally any and all opportunities for dissemination of information and goodwill to ease pain and suffering wherever possible.

Today's news is fraught with strife. Thomas Friedman of the *New York Times* refers to a technology-enabled "globalization of anger." We have seen how technology fuels social protests, flash mobs, and even the rioting recently seen in England [in August 2011]. As a counter to that, I reflected on the Sergey experience and I believe even more that Matt Ridley who authored *The Rational Optimist* tells the truth. In general, humans have the unique desire to specialize and cooperate for the good. And, as dentists, we do the same and can do even more with new technologies.

Technology offers great possibilities for us including the opportunity to bridge borders and language that separates us. Software interoperability, advancing a common dental ontology, improved software functionality, and automated incorporation of evidence-based protocols into treatment is a short list and just a beginning.

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PathologyPuzzler

with Dr. John Svirsky

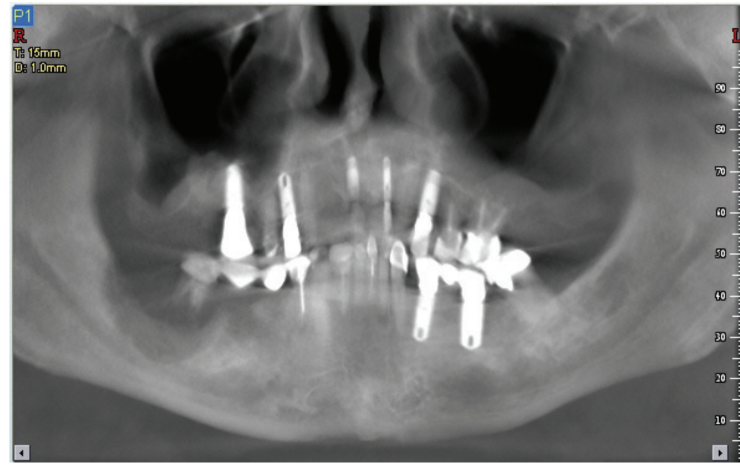

Figure 1: Clinically expansive radiolucent lesion of the right mandible, 4 cm by 3 cm, featuring a sclerotic border.

A 72 year-old white male presented to an oral surgery office for biopsy of a clinically expansive, radiolucent lesion (Figure 1) of the right mandible. There was hyperplastic tissue around tooth #31, which was mobile. The lesion appears to be a 4 cm by 3 cm well-circumscribed radiolucent lesion with a sclerotic border. The patient experienced no pain or paresthesia and the lesion rapidly developed over three months (according to the patient). The patient's past medical history includes management of high blood pressure, muscle spasms, prostate issues secondary to prostate cancer and osteoarthritis. His medications include Caduet®, losartan, 81 mg aspirin, cyclobenzaprine, nabumetone, NSC-24 Prostate™ formula , PreserVision®, fish oil and calcium supplements.

Based on the radiographic findings which of the following could be considered in a differential diagnosis?

1. Ameloblastoma
2. Central giant cell granuloma
3. Odontogenic keratocyst
4. Odontogenic myxoma
5. Squamous cell carcinoma
6. Metastatic disease
7. Periapical pathosis

Continued on page 44

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Please call 877-832-9113 or visit www.bb-insurance.com to find out more about the VDA Services Insurance Program with B&B Insurance. The licensed agents at B&B are ready to assist you with all of your insurance needs.

Recommended by:

PathologyPuzzler

with Dr. John Svirsky

Continued from page 43

Based on the radiographic appearance all of the following could be considerations, although squamous cell carcinoma and metastatic disease were unlikely.

A biopsy was performed and the histologic appearance was that of a tumor composed of nest and cords of a glandular malignancy completely replacing the normal tissue architecture (figure 2). It did not appear of salivary origin and the histology suggested a metastatic adenocarcinoma. With a previous history of prostate cancer, this was the primary consideration. The patient did not have symptoms of bone pain and there were no findings to suggest other lesions. Immunohistochemical stains were ordered to rule out metastatic prostate (PSA {figure 2} and PSAT) and the patient was sent for a PET (Positron Emission Tomography) to determine other lesions. Immunohistochemical stains that are positive will stain brown. In this case both prostate stains were negative (figure 3).

The PET Scan revealed a large lung mass and additional stains were ordered. CK20, Napsin A and TTF were negative. However CK7 was positive (figure 4 staining brown) and this was consistent and suggestive of a metastatic lung process. The lesion was signed out: Adenocarcinoma, favor metastatic lung.

The radiographic appearance suggested an ameloblastoma , odontogenic myxoma and central giant cell granuloma due to this being a lesion showing expansion. The location is characteristic for an ameloblastoma and odontogenic myxoma, but the age of the patient is much older than typical for these entities. Central giant cell granulomas (CGCG) also expand, but are more likely in the anterior regions of younger patients. CGCG associated with hyperparathyroidism typically show irregular bone loss without expansion. The cortication shown in the radiograph is suggestive of a cystic process. An odontogenic keratocyst does not normally expand and an apical lesion of this size would normally have symptoms. The radiograph had a localized appearance which would normally rule out a squamous cell carcinoma or metastatic disease.

This case really surprised us, especially in a patient without any other symptoms. Typically metastatic lesions do not show up in the mandible without involving multiple other areas. This lesion also appeared well circumscribed and showed cortication. This again proves "tumors do not read text books" and the patient is a case of one.

This interesting and unusual case was submitted by Dr. Amir Naimi, an oral surgeon practicing in Northern Virginia.

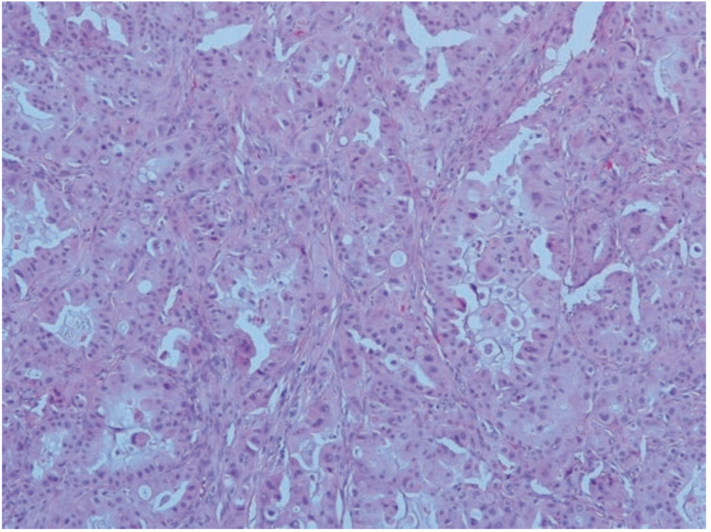


Figure 2: Hematoxylin and eosin stained slide showing a glandular malignancy replacing the normal cellular architecture.

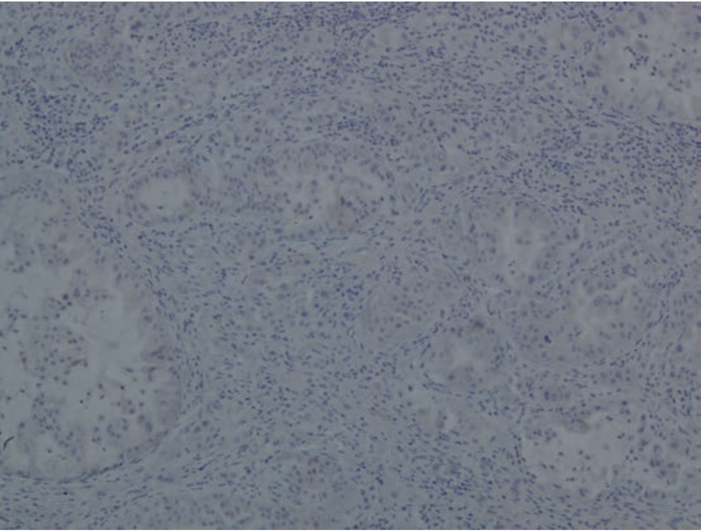


Figure 3: PSA (prostate specific antigen) immunohistochemical stain showing negative findings. The islands of the tumor would stain brown in a positive stain. The second prostate stain was also negative (PSAT).

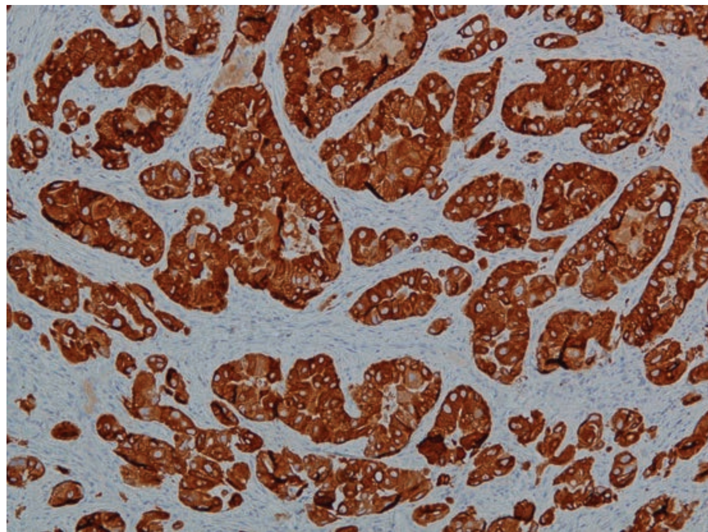


Figure 4: CK7 (cytokeratin 7) was strongly positive with the tumor islands picking up the brown stain. This finding along with the lung mass suggests a metastatic lung lesion of the mandible.

Stretch Your Budget With Free Software

By: Dr. Minh Tran

Make your office more efficient using free software.

Make a resolution to control your budget with free stuff that makes your office operate more efficiently. Here is a list of my personal favorite software and they can all be downloaded at FileHippo.com

- **TeamViewer**

http://www.teamviewer.com

This program allows you to control any office computer when you are away from the office. I have actually even controlled a CEREC machine using this program (a staff member can even make your crowns while not at the office).

- **Mozilla Thunderbird**

http://www.filehippo.com/download_thunderbird/

A copy of Microsoft Outlook is about $109. Why buy when you can get something similar for free? Thunderbird looks and feels like Outlook, and is a great alternative solution.

- **Open Office**

http://www.filehippo.com/download_openoffice/

A copy of Microsoft Home and Business is about $190. Instead, Open Office provides most of the essential features at the price of free. Open Office will open MS Office documents (word, powerpoint, etc).

- **CutePDF Writer**

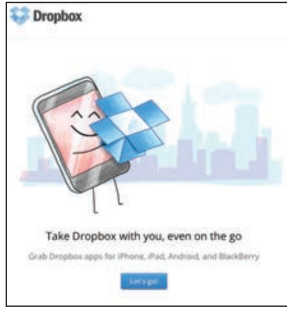
http://www.filehippo.com/download_cutepdf_writer/

This program will convert anything that you can print to your printer into an Adobe PDF file. CutePDF will save you paper and toner cartridge expenses, and makes it easier to find your receipts quickly. For example, if you made a dental supply order online, you can save the receipt right onto your computer as a .pdf file using CutePDF.

- **Google Talk**

http://www.filehippo.com/download_google_talk/

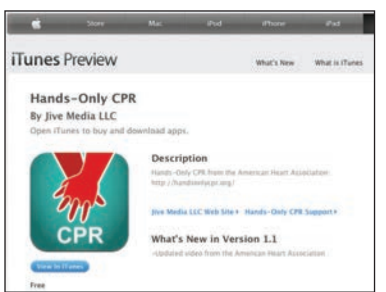
If you have a large office, there is no need to buy an expensive intercom system. Install Google Talk in every room, and you instantly have yourself a high tech intercom / messaging system. You will need to have a Gmail account for this program to work.



- **DropBox**

http://www.filehippo.com/download_dropbox/

Share files between computers in the office or share files from the office to your home computer. It would be interesting to see Dentists send referral information to Specialists using this method (barring any HIPAA restrictions). It certainly is a more secure method than sending images and files via email.



- **Hands Only CPR**

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Need a refresher on CPR? Get the smartphone App created by the American Heart Association.

- **QR Codes**

http://cardswapp.com/

http://qrcode.kaywa.com/

Have you ever gone to the supermarket and had an item scanned using a barcode scanner? A QR code is like a barcode except it is a new type of barcode that can hold more information and the QR code can be scanned by a smartphone. A QR code can hold your office address, phone number, Yelp review, Facebook / Twitter page, hours of operations, directions to the office and all of this information can be saved onto the patient's phone in a 1 second scan. It is a great way to prevent your patients from losing your business card and also allows your patients to refer your office without physically needing your business card readily available.

I cannot stress enough how important it is for every Dentist to put a QR code onto their business card and every Specialist should have a QR code on their referral slips. I felt that the QR code technology is so amazing that I created a website to allow Dentists to make QR codes for free:(http://CardSwapp.com/create.php)

Additional Advice:

If you are currently using Internet Explorer, I would suggest that you consider using Mozilla Firefox or Google Chrome. Hackers target the Internet Explorer browser so it is more vulnerable to attacks by hackers.

When purchasing electronics, check with multiple sources to prevent yourself from reading false online reviews. I recommend aggregating reviews from Amazon.com and CNET.com and NewEgg.com

When purchasing computers, I found brands like Lenovo, HP, Dell, and Toshiba to be more durable (although nowadays, computers don't last as long as they used to).

For marketing sake, I would not advise any Dentist to create a mobile App for their office. Feel free to contact me if you have questions.

Dr. Minh Tran practices in Springfield. He serves on the VDA Communications and Information Technology Committee. This is the third article in a series. He can be reached at sharpwitz@gmail.com

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2013 Virginia General Assembly Session: A Preview from VDA Lobbyists

By: Denny Gallager, Chuck Duvall & Trip Perrin

Dr. Terry Dickinson, Laura Givens and members of the VDA lobbying team continued a tradition on November 15 when they met with students at the VCU School of Dentistry. For the past several years, the VDA and the dental school have partnered for an annual lunch and briefing about Virginia politics, the political process as it plays out in the General Assembly and VADPAC's role in preserving the profession's independence. A principal objective of these briefings has been to impress upon future dentists the necessity of their personal political action in order to protect their patients' interests and insure that dentists, not insurance companies or others, control the future of their profession.

Political action should also be on the minds of all of our Journal subscribers as well: As you read this edition of the Journal, the 2013 General Assembly will be in full swing. This year's session began on January 9 and is scheduled to adjourn February 23.

It is useful to remember that regulated professions like dentistry are always at risk when policymakers confront questions of broad public purpose. This is certainly the case with the 2013 legislature where routine healthcare discussions will take on a special urgency thanks to the Patient Protection and Affordable Care Act (ObamaCare). The VDA leadership, VDA staff and the Association's lobbyists approached the 2013 session with more questions than answers about the Act and the myriad issues presented with its implementation. How, for example, will continuing uncertainties associated with the Act play out in Washington and how will Virginia respond? How will the Commonwealth resolve the tough issues involved with establishing – or joining – an insurance exchange? Will the exchange decided upon include stand-alone dental coverage options or will dental be combined with the medical benefit? What about the thousands of Virginians who will still lack health insurance after the Care Act is implemented?

There were other uncertainties on your association's legislative radar going into this year's session. The most important of these are the various issues involved with the future of local dental clinics managed by the Virginia Department of Health. Our readers know that these clinics provide oral healthcare services to poor and underserved people.

The 2012 General Assembly adopted budget language proposed by the VDA to preserve these services at least until they can be transitioned to a preventive care model. Journal readers will recall that the 2012 introduced budget recommended the elimination of state funding for these facilities. The VDA worked hard last session to have funding for the first year of the biennium fully restored.

Funding for the second year of the biennium, however, was reduced by the 2012 General Assembly. This means that legislators this year will be faced with making additional difficult choices about how these services can be provided in the most sustainable manner, precisely what services should be offered and the most appropriate role for the Virginia Department of Health to play regarding these services. The VDA continues to believe that the survival of local clinics can be insured through restored funding and a more methodical, reasoned approach to transitioning to the preventive care model.

By far, the more straightforward issue facing the VDA going into the 2013 session is the compromise reached between the association and the organization representing dental hygienists. Staunton-area Delegate Dickie Bell will patron legislation to modernize the definition of that profession.

Looming over the horizon and on the minds of every House of Delegates' member are the 2013 elections, when all 100 seats are in play. Election year considerations will certainly be brought to bear as House members consider bills at this year's session.

And then there are the statewide races in 2013: Governor, Lieutenant Governor and Attorney General. But, that's grist for another mill (and another Journal).

What Would Happen To Dentistry If…?

By: Bruce Hutchison, DDS - Chair, VADPAC

- an unstable and failing economy prevents funding for dental education?
- the federal government and health care foundations (Pew and Kellogg, to name two) expand the duties of non-dentists to meet the dental care needs of those in underserved areas?
- and, if they decide it works there, so why not expand it to all Americans?
- the state decided that to qualify for a dental license, you must treat Medicaid patients?
- we had to increase staff and accounting fees for processing all the 1099s for all payments to vendors of more than $600?
- we didn't have a dentist (or two) in Congress representing our concerns?
- there was no money appropriated for residency programs?
- we were left out of every small business conversation in Congress?
- health care (and dental care) became a right and not a benefit?
- we had no federal or state legislation requiring dental plans to allow for coordination of benefits and assignment of benefits to non-participating providers?
- it became a federal mandate to disallow communities from fluoridating their water systems?
- to save money, the federal government defunded all dental research grants?
- insurance companies could mandate the fees you charge- even for procedures they don't cover?
- dentistry was defined by others (physicians) thereby taking away some of the procedures we currently are allowed to perform?
- the state decided that we don't need public health dental clinics any longer, dentists can treat everyone now seen in the clinics and private dental offices become the "safety net" for everyone?
- the Army, Navy, and Air Force Dental Chiefs were downgraded from two-star ranking to one-star ranking?

These are only some of the issues that have come up that your VADPAC and ADPAC dollars help fight. Without the relationships built with our legislators and nurtured with VADPAC and ADPAC dollars, dentistry would be without a voice and our futures would be left to the whims of those decision makers.

WHERE WOULD YOU BE WITHOUT VADPAC? Make your contribution count- invest in your future.

Dr. Bruce Hutchison practices in Centreville. He is the Chair of Virginia Dental Political Action Committee (VADPAC)

Virginia Dental Political Action Committee (VADPAC) Final Contributions for 2012

Component	% of Members Contributing to Date	2012 VADPAC Goal	Amount Contributed to Date	Per Capita Contribution	Amount Needed to Reach Goal
1 (Tidewater)	39%	$45,000	$40,958	$251	$4,042
2 (Peninsula)	41%	$26,000	$26,821	$274	Over $821
3 (Southside)	42%	$12,500	$13,387	$279	Over $887
4 (Richmond)	36%	$62,500	$68,061	$304	Over $5,561
5 (Piedmont)	41%	$28,100	$32,504	$260	Over $4,404
6 (Southwest VA)	49%	$25,000	$25,351	$305	Over $351
7 (Shenandoah)	39%	$30,000	$26,897	$261	$3,103
8 (Northern VA)	37%	$132,000	$137,140	$289	Over $5,140
TOTAL	40%	$361,100	$371,119	$278	Over $10,019

Total Contributions: $371,119
Goal: $361,100

*****Surpassed Goal by $10,019*****

Thank you to all 2012 Contributors! Throughout the past few years, VADPAC has been one of the top performing state PACs in Virginia raising hundreds of thousands of dollars for legislative races. This is very impressive and we hope to continue this trend. That will only be possible if all of you continue to contribute and help to bring other members on board.

2013 is an important election year in Virginia with all 100 seats in the House of Delegates up for election. Money is an essential ingredient in achieving political success for your patients and for the profession of dentistry. If you haven't already, please contribute to VADPAC for the 2013 year. You can contribute when paying your VDA dues or contact Laura Givens at givens@vadental.org or 804-523-2185 for contribution information.

Fundraiser for Senator Steve Martin in Colonial Heights

The VDA hosted a fundraiser in honor of Senator Steve Martin on September 12, 2012 at the Swift Creek Mill Theatre in Colonial Heights. Dr. Sam Galstan spear headed the fundraiser with help from a steering committee including VDA members Drs. Sharone Ward, Roger Wood, Richard Roadcap, Wright Pond, Jay Slagle, Greg Kontopanos, David Beam, Mike Webb, Daniel Rhodes, Mark Beltrami and Don Trawick. Senator Steve Martin represents the 11th Senatorial District in Virginia and has been a strong supporter of dentistry and the well-being of our patients for many years. Increasingly, Senator Martin's General Assembly colleagues have recognized his leadership on important health care issues, appointing him in 2012 to chair of the Senate's Education and Health Committee. This committee is the focal point for all health care matters coming before the Senate. A large group of VDA members and their guests attended this event to thank Senator Martin for his ongoing support of dentistry.

Fundraiser for Del. Bobby Orrock in Fredericksburg

VDA members gathered in Fredericksburg on September 26, 2012 at Ristaurante Renato to lend their support to Delegate Bobby Orrock, who represents House District 54. Steering committee members were Drs. Peter Scelfo, Stan Dameron, David Terrill and John Coker, who invited their colleagues to attend the event and helped raise funds for Delegate Orrock. As the chairman of the House Health, Welfare and Institutions Committee, Delegate Orrock plays a pivotal role for all heath care matters coming before the House of Delegates. VDA members in attendance were able to express their appreciation to Delegate Orrock for his commitment to the oral health of citizens in the Fredericksburg area.

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Online Learning Library

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The VDA is proud to announce the launch of our new Online Learning Program. Currently, we have two unique CE courses available FREE to all of our members.

• Developing Your Social Media Strategy

Brett Bazzini

COURSE DESCRIPTION (LECTURE via Self Paced Video): This one hour course will cover new channels of marketing, advertising, and communications that make up the social media space. Using case studies and real-world examples, this course will explore ways practices are embracing online social networks, blogs, podcasts, and even Twitter, to create brand awareness and buzz.

COURSE OBJECTIVES:

- Understanding social media marketing and its impact on marketing strategies
- Intergrating social media into your overall business strategy
- Leveraging social media to increase you bottom line

• The Larell One Step Denture: Complete Dentures in ONE HOUR

Dr. Lawrence Wallace

COURSE DESCRIPTION (LECTURE via Self Paced Video): With new materials and innovative, easy to learn techniques, you can fabricate complete dentures in one visit, in about an hour, all without a lab. Used for complete dentures, immediate dentures and implant overdentures, this technique will help you attract new patients, expand your practice, and increase your income.

COURSE OBJECTIVES:

- Understand the indications and uses for the one hour denture
- Have an overview of the techniques used for this process
- Learn how to incorporate this technique into your practice to increase your patient base and income

Published Instructor's Disclosure
Dr. Wallace is the founder and CEO of the Larell One-Step Denture.

Go To www.VADENTAL.org For More Information and To Take Your Courses.

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The VDA has partnered with ProLibraries to house our online course library. You will be required to create an account with ProLibraries in order to access course content. All course content is recorded and owned by the VDA.

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Admissions: the best job at the VCU School of Dentistry

By: Dr. Michael Healy, Associate Dean for Admissions and International Affairs

The D.D.S. Class of 2016

For nearly nine years, I've had the pleasure of coordinating our admissions process at the VCU School of Dentistry. Interacting with prospective students, alumni, faculty, staff and friends of dentistry is at the heart of my job in admissions. And, in my opinion, it is the best job at the VCU School of Dentistry.

Our admissions staff processes more than 2,500 applications each year. We look for application completeness, DAT scores, letters of recommendation and any additional supporting documents and information sent on behalf of the applicant. Compiling, sorting, tracking and accurately updating applicant information is an enormous task, seamlessly conducted by Quanta Speight, executive administrative assistant, and Marlene Tweedy, administrative assistant. A big heartfelt "thank you" goes to them for their tireless effort.

I personally have the opportunity to meet hundreds of wonderful students while recruiting at numerous colleges and universities, yet the one thing that strikes me most about pre-dental students is their desire for and commitment to a career in the dental profession. It is remarkable to find a college student or an individual returning to pursue an education later in life with such passion and drive for a profession. It is fascinating to see a student become so enamored of our profession after shadowing at a local dental office or participating in their first Mission of Mercy project. They have made a conscious decision to focus all their energy toward realizing their dream.

We interview nearly 300 candidates in a given cycle as we search for the 95 ideal students to join our dental family. The 20 members of the Admissions Committee have the honor of meeting the best and brightest applicants during interviews, but they also have the responsibility to make wise choices. They make difficult decisions with tact and care, and they certainly make a tough job look easy.

During the interview process, our best ambassadors are found in our student body. The senior students, our future colleagues, participate in the admissions process to help answer interviewees' questions and highlight the strengths at the VCU School of Dentistry. A more proud, enthusiastic and informative group cannot be found.

All of the students who apply to our school are remarkably talented, and many have impressive extracurricular and community involvement, which makes the process of selecting only 95 all the more difficult. Some dental students are fortunate to receive an acceptance on their first attempt while others try time and again until they accomplish their goal. The important characteristic for success in dental school and as a dental practitioner is to never give up.

As faculty, we watch our new students successfully meet curricular challenges, treat their first patient, mature into competent practitioners and eventually leave our institution to become successful professionals. The unique climate and culture, evident at the VCU School of Dentistry, is founded on treating students, staff, faculty and patients as members of our extended family. The diversity found in our student body helps promote VCU as a place one enjoys returning to every day.

How fortunate we are at VCU to have students that strive to meet their goals, continually seek to improve their skills, rise to the occasion every day and happily greet each other daily. I never before had a job that provided such a profound impact on the heart and soul of an organization. I am humbled to serve in this position.

In admissions, we have the best job because we meet students from all walks of life. We follow them for four years, watch them grow professionally and cheer them along as they graduate to become the next generation of dentists. Like proud parents, we love them, watch over them and feel bittersweet emotions and pride when they move on to become productive members of our profession.

I get to play a minor role in the process, and I am grateful to the admissions team and faculty committee members for their hard work given to the admissions process. Through their efforts, I have the privilege of accepting new students and enriching our school. I have the best job at the VCU School of Dentistry because I work with such wonderful people – faculty, staff and students alike.

Students from VCU School of Dentistry participated in the Wise M.O.M. Project in 2012

Dr. Michael Healy is the Associate Dean for Admissions and International Affairs at the VCU School of Dentistry.

Setting a Theme of Ethics and Professional Conduct

David C. Sarrett, DMD, MS, Dean

In August, the VCU School of Dentistry initiated a summer reading program on professionalism and ethics as a capstone event to orientation week for new dental hygiene and dental students. There is rising concern among members of our dental professions, and in healthcare professions in general, that we are seeing an erosion of professional and ethical behavior that could threaten the autonomy and self-regulation granted by the public. I once believed that for students reaching the educational level of dental school, their behavior, morals, and ethics were already set and there was little to be done educationally to impact these traits. In short, I did not think you could actually teach ethics or professionalism. However, for the past two years, Dr. Ronald Tankersley has discussed the neurobehavioral aspects of ethical behavior as part of his presentation at school's annual Mirmelstein Ethics Symposium. I learned from Dr. Tankersley that research indicates there are indeed physical changes that occur in the brain of individuals who practice ethical behavior. I further learned that a combination of education and peer pressure results in improved ethical decision making.

With these ideas in mind, the school's leadership made a conscious choice to center the first educational experience of new dental and dental hygiene students, during orientation, around professionalism and ethics. It was felt that this was the best way to send a strong and clear message that ethics and professionalism were essential components to the educational programs they were about to commence.

All incoming students received a gift of the summer reading book, *The Immortal Life of Henrietta Lacks* by Rebecca Skloot, accompanied by an introductory letter from me kicking off the new reading program. This book is about a woman, originally from Virginia, who died of cervical cancer in 1951 and during her medical treatment a sample of her cancerous cervix became the source of the first immortal research cell line known as HeLa cells. HeLa cells are still cultured and available for research today. This cell line has been pivotal in many great scientific advances, including the development of the polio vaccine, uncovering the secrets of cancer, advancing in vitro fertilization, cloning, and gene mapping. The story chronicles not only these significant scientific advances, but also chronicles many events that took place during Henrietta's treatment and in her family's life that present perplexing ethical and professional situations. The actions of those treating Ms. Lacks, researchers, and entrepreneurs seeking profits from the cell lines, offer elements for exploring the ethical principles of patient autonomy (self-governance), nonmaleficence (do no harm), beneficence (do good), justice (fairness), and veracity (truthfulness) - the five principles which form the basis for the ADA Principles of Ethics and Code of Professional Conduct.

A half-day program on the final day of orientation week included a keynote address by Dr. Larry Cook, a noted expert in healthcare ethics and general dentist in Florida. I first met Dr. Cook when we were both dental students at the University of Florida and he was so gracious to come to VCU and share his time and expertise with us all. Following Dr. Cook's address, the students participated in small group discussions facilitated by faculty, staff, and community dentists. While each group's discussion was unique, all shared the goal of analyzing the events of the book with respect to issues of healthcare ethics and professionalism. It was our hope that this experience would make us all more comfortable thinking about and discussing ethical issues and their related decisions. We were thrilled to have several Virginia dental leaders join our faculty in volunteering their time and expertise to serve as facilitators for this inaugural event. Participating were Drs. Ron Tankersley, Terry Dickinson, and Bill Bennett . This involvement from Virginia dentists, outside of our faculty, helped to reinforce the distinct importance of this topic for our new students.

The comments following this inaugural event have been very positive and we have already started planning for next year! Many people helped to make this event a success and I am grateful for their participation, time, and great effort to set our new students off toward a professional career that places ethics and professional conduct at the highest level. If anyone in the dental community is interested in helping with the planning of next year's book club or serving as a facilitator, we welcome your involvement.

This article first appeared in the Probe, Vol 6, Issue 1, the VCU School of Dentistry ASDA newsletter.

Dr. David C. Sarrett is the Dean of the VCU School of Dentistry and the Associate Vice President for Health Sciences.

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