Virginia Dental Journal

Volume 89, Number 3 • July, August & September 2012

In This Issue:

www.vadental.org

Full Service Personal & Business Insurance Agency

B&B

B&B Insurance Associates, Inc.

1-877-832-9113 • www.bb-insurance.com

VDA Members are invited to contact B&B Insurance for all of your insurance needs. Since 2000 when B&B was recommended by the Virginia Dental Services Corporation, they have been working with hundreds of VDA Members to provide comprehensive insurance services. B&B is ready to work with you to evaluate your insurance needs and to provide you with high-quality customer service and an expertise in the insurance needs of the dental community.

B&B Insurance, a Virginia-based, family owned agency, can fulfill all of the insurance needs for your practice, for you and for your family. Below are some of the types of coverage that are available:

For Your Practice

- General Liability
- Commercial Umbrella
- Employee Theft
- Workers Compensation
- Professional Liability
- Employee Benefits Liability
- Property and Equipment
- Group Health
- Group Life
- Business Overhead Expense
- 401K
- Employee Benefits Liability
- ERISA Bond
- Group Disability
- Business Buy-Out

For You

- Individual Health
- Individual Life
- Long Term Care
- Commercial Auto
- 412 I
- IRA
- Legal Assistance
- Medicare Supplement

For Your Family

- Home Owners
- Identity Theft Protection
- Trip Cancellation

VDA SERVICES

B&B

B&B Insurance Associates, Inc.

Please call 877-832-9113 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.

Contents

July
August
September
2012

HEADLINES & ARTICLES

DEPARTMENTS

on the cover

A word cloud made up of key words from Voices of Women pgs. 28-35. The larger the word the more times it was used in the submissions from our female members

Member Publication
AADE
American Association of Dental Editors

Virginia Dental Journal

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

Volume 89, Number 3 • July, August & September 2012

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

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

Second class postage paid at Richmond, Virginia.

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

MANUSCRIPT & COMMUNICATION Editor, 3460 Mayland Ct, Unit 110, Henrico, VA 23233.

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

MESSAGE FROM THE EDITOR

Dr. Richard F. Roadcap

A few years ago I ran into a colleague at a dental meeting, one Friday at the Beach. It had been a while since I had seen him, so in Southern parlance, we "had a good talk and caught up". To hear him talk, life was good. His practice was busy, and he looked forward to spending time with his family at their vacation house near the Bay. It was the start of summer. His disposition was sunny, like the weather.

Monday morning another dental office called. My friend had died suddenly that weekend, less than forty-eight hours after we talked. His office was in great turmoil. Arrangements were incomplete. I tell this story not because it's unique – each of us can recall an I-can't-believe-it's-true-I-just-talked-to-him event – but because it's a reminder that life is fragile and we often take much for granted. Like other members, his death was noted in the *Journal* without comment. We receive few memorial tributes; I believe the silence is rooted in misconceptions:

- We don't permit memorial tributes (we do).
- We don't want memorials (we do).
- Memorials must be eloquent and profound (a simple remembrance will suffice).

I've included the *Journal* policy on memorials in this issue as a guideline for readers. It's simple and straightforward. But this discussion begs we answer the larger question: do memorials have a place in professional journals? A case can be made either for, or against, including them in these pages, and I'll list arguments for both sides. First, let's consider reasons for exclusion:

1. Memorials are not the province of professional journals, and are better left to newspapers, funeral homes, houses of worship, and electronic media.

2. A quarterly (or monthly) publication cannot provide timely notice.

3. This is an area fraught with danger. Many an editor has fallen on his or her sword over a memorial tribute that went awry. The opportunity to offend awaits the careless or hurried writer.

4. As dentists, we are not defined by our careers in life, or after our death. If we had to choose being remembered as a good dentist, or a good person, most would choose the latter.

The prosecution rests. A spirited defense, conversely, will encourage readers to remember their colleagues in print, and welcome memorials to enlighten others:

1. Each one of us has a legacy from our careers in dentistry.

2. Some brave souls may put on the mantle of those who have gone before us.

3. We need reminders of why we valued their friendship.

4. Memorials are congruent with the mission of this publication: "…to promote communication among dental professionals".

There is no formula for an effective memorial. Some draw on sympathy, or humor, or history, or anecdotes to share with others to memory of a friendship. Accuracy and empathy are critical. But above all, a memorial must reflect the dignity of the individual and the contributions to those who remain. A cursory review of other states' dental journals (e.g. California, New York, Illinois) reveals some feature tributes to deceased members, others don't. There's hardly a national standard on the subject. By now readers will ask why I don't just set a policy and be done with it: authority trumps compassion. Each year, at the Governance Meeting, members who have died in the past year are remembered. The names are called, in order of component membership, and the component director places a rose in their memory. It's a solemn event.

In recent months I've been troubled when well-known and respected members passed away and yet there were no comments from readers. The editor should refrain from remarks about individuals he did not know. Everyone of us has attended a funeral or memorial service and cringed when the speaker made it be known he or she had no knowledge of the deceased, or worse, feigned friendship. It's the same for writers. And I don't feel comfortable submitting this important subject to the whims of committee vote; the floor is open for discussion. How do you want to be remembered? Sincere thoughts committed to paper will outlive chance encounters during continuing education.

Editor's Note: Special thanks go to Leslie Pinkston and Shannon Jacobs for their help with this column.

Guidelines for Authors: Memorials

Submitted memorial tributes for deceased members, of no more than 250 words, will be considered for publication. The content will be subject to editing and space requirements. An appropriate photograph may be included with the submission.

Please allow six months after receipt by the *Journal* staff for publication.

MESSAGE FROM THE PRESIDENT

Dr. Roger Wood

In 2002, VDA President Dr. Dave Anderson organized a committee to put together a strategic ten year plan for the VDA. This plan was not only relevant and insightful, but provided a great blueprint for growth and development. Unfortunately, this recipe for success was never implemented. Another attempt at a strategic plan was made following our leadership conference in 2010. That one wasn't implemented either.

Now, in 2012, we are looking at facing the same task of plan development. Finally, we are changing our approach. We can't afford to waste time and energy on creating our future with our present day systems.

The first meeting of the newly appointed governance review task force took place on June 7th. The concerns resounded during the meeting that this effort would yield a status quo result. Those concerns are founded in the history of committees, but using the task force to review and revamp the ways the VDA operates is the direction we need to finally be headed.
The goal of the governance review task force is to scrutinize our procedures and suggest improvements that directly support our membership. Our VDA history is one of more talk than action in this area. I firmly believe this is not a reflection of the intent and commitment of the volunteers, but a direct result of how our organization is structured. The more efficient we are during the limited hours we have as volunteers, the greater chance we have of success at the House of Delegates.

We will continue to pursue advancing our use of technologies. The new website has been released, but is still a work in progress. The goal is to make our website one that is a resource for our membership for timely information that affects our profession and we are close to that goal thanks to the efforts of Dr. Lanny Levenson and his committee members. I strongly believe technology will be the most time consuming area we have to address due to its rapid changes. Dr. Levenson has done a great job getting us to where we are, but he and I agree it needs to go further. We want to see the VDA go viral (as they say) and we are working on securing dedicated resources to take us there.

I am truly excited for the changes we are about to see. Our organization is strong in numbers of committed members. We have the foundation. We just need to get the job done and I feel we are finally on the right track.

Our House of Delegates will convene in September. We want to hear from any member that has a concern or wishes to offer their suggestions for how we can improve prior to this meeting. Please reach out to myself or any other member of the VDA leadership. We truly want to make sure the changes we are making are to better serve our members so we can grow as an organization. Let me know where we are in achieving this goal – your opinion really does matter.

TRUSTEE'S CORNER

Dr. Charles H. Norman, III, 16th District Trustee

"What's up with all this fraud?"

It seems that we are hearing more and more reports from all over the country about cases of Insurance and Medicaid fraud in the delivery of dental services. In fact, a simple Google search produces a long list of cases totaling tens of millions of dollars of fraud in a number of states including Arizona, California, Colorado, Connecticut, Illinois, New York, North Carolina, and Texas. The obvious question is why now and why to this extent. Every time one of these fraudulent practices is exposed, it creates a negative impression of our profession, and brings into question the trust placed in us by the public we serve. How can we as a professional organization respond to this embarrassing trend?

To answer the first question, we should analyze some of the most obvious cases of fraud and abuse and identify similarities in the delivery systems of these cases that may account for the unprecedented levels of fraud. For example, some of the most egregious abuses have occurred in large group practices with multiple offices that are managed or owned by non dentists.

A recent *Bloomberg Business Week* investigation by a Pulitzer Prize winning reporter found multiple accounts of fraudulent billing practices by private equity owned dental management companies. Not surprisingly, this model of dental care delivery in six different states has come under scrutiny by the US Senate for "grossly overcharging the United States government in Medicaid reimbursement claims."To quote Senators Grassley and Baucus, these management companies focus "more on achieving self-imposed quotas via assembly line service than proper patient care." In other words profits for investors are a much higher priority than quality patient care.

In Texas, one multi –office, private equity owned orthodontic practice billed Medicaid for more services than the rest of the orthodontic Medicaid billings for the entire rest of the country. A subsequent audit revealed that 90% of the claims did not meet the Medicaid guidelines of medical necessity.

The common thread running through all of cases of fraud seems to be the ownership of the offending clinics by a non dentist entity, particularly private equity firms. When the importance of profit margins replaces the importance of crown margins, we all suffer the consequences of bad publicity for the profession, wasted tax dollars, and poor patient care.

Closer to home, North Carolina is embroiled in a battle with these same management companies over a State Senate bill that would further clarify an existing state statute that regulates the scope of control by dental management companies. The statute has been in place for many years to protect the interest of the public and gives authority to the State Board of Dental Examiners to enforce the provisions. It requires that all dental practices in the state of North Carolina be owned by a licensed dentist in North Carolina. This stipulation allows the Dental Board, the body authorized by the State Legislature, to have jurisdiction over any complaints brought by a patient or other entity against any dental practice operating in the state. Management companies have operated for years under this statute while providing valuable services to their dental clients. However, in the situation where the office is owned by private equity firm, a non dentist often sets policy that can affect the decisions about clinical care. The types of materials used, lab services and materials, and even clinical procedures are sometimes dictated by the business plan of the non dentist owner.

Those decisions should rest solely with the patient after consultation with their dentist, who has the ethical responsibility for the appropriateness of care. Without question, the corporate business executive and the healthcare provider have entirely different codes of professional ethics and conduct. More importantly, our responsibility is to the patients we serve, not the stockholders in the investment firm.

A second interesting observation is that most of the large fraud cases involve Medicaid or other insurance plans that require little to no financial participation by its enrollees. As a result, the patient takes a vested interest in the treatment decisions but instead, leaves it solely to the providers. Proper utilization of dental services is at its best when the patients take an active role in the decisions about their care, and hold themselves and their dentist accountable for the outcomes.

We are certainly going to see continued changes in the dental workplace of the future. Economic factors, student debt, and the cost of technology are likely to have an impact on the way that we practice. While large group practices may become more attractive, we cannot lose sight of our responsibility to our patients and our profession. Our association is not a trade union representing only the interest of our members. Instead, we have a long history of advocating for public policy and initiatives that improve oral heath like water fluoridation, funding for dental divisions in the public health system, school based prevention programs, and many more. On the issue of non dentist control of dental practices we should be just as vocal and with resolve that only the patient and their dentist should make decisions regarding clinical care. Any intrusion into that relationship is unacceptable and intolerable.

The Right Pick

FOR MALPRACTICE INSURANCE COVERAGE

Get competitive dental malpractice insurance coverage with protection you can trust from an "A" (Excellent) rated* company—PSIC.

To learn more, call **1-800-718-1007, ext. 9191,**
or visit **www.profsolutions.com.**

PSIC | Professional Solutions INSURANCE COMPANY

Protecting Reputations ... One Dentist at a Time®

* Malpractice insurance is underwritten by Professional Solutions Insurance Company, 14001 University Ave., Clive, IA 50325. Professional Solutions Insurance Company is rated "A" (Excellent) by A.M. Best for financial strength and operating performance. A.M. Best ratings range from A++ to S.

LETTERS TO THE EDITOR

IT IS EVERYONE'S RESPONSIBILITY

Henry Botuck, DDS - Northern Virginia Dental Society Chair, Infection Control & Environmental Safety

The CDC now recommends that both boys and girls be vaccinated against four of the Human Papilloma Viruses (HPVs) associated with oropharyngeal, cervical, and other cancers. This is a sexually transmitted disease. Dentists owe it to their patients to not only educate them that oral sex can transmit these viruses, but to recommend that all children and some adults be vaccinated to prevent this disfiguring and deadly scourage.

When performing periodic oral examinations of your patients, take that opportunity to ask them if they are aware of the known causes of oral cancer (HPVs, Tobacco, Alcohol), and, even if they don't have young children, educate them. Every person that you educate has a relative or friend that they might tell about the need for vaccination. If your patient is under age eighteen, only speak to a parent; if eighteen or older, advise the patient to speak to his or her physician about whether to be vaccinated.

Specialists definitely have a role in this fight against cancer, not just your referring general dentist. It is my opinion that an oral cancer examination should be done by every dentist, specialist or not, before treating any patient. You may treat only one aspect of oral health, but you are still a doctor of the whole oral cavity. Before doing that endo on #14, you should do an oral cancer examination and educate. Before treating that periodontal condition, you should do an oral cancer examination and educate. Before extracting those third molars, you should do an oral cancer examination and educate. Before orthodontic treatment, you should do an oral cancer examination and educate. And pediatric dentists, because of the age of their patient population, have a special responsibility to do an oral cancer examination, and educate the parents.

Should dentists test their patients for the presence of HPVs? There is no evidence that detection of high-risk HPV can be used to predict accurately the development of oropharyngeal cancer or disease in the oral cavity. Testing could scare the patient unnecessarily. These viruses can clear from the body over three or four years. Also, there are no means of interfering with the development of cancer from those viruses that do not clear. Until that is available, the costs of testing are high, and there is no benefit to the patient.

Vaccination will not cure an HPV infection, but it can prevent one. Men and women of any age can get vaccinated, but if older than 26 years it is considered "off label". The experience of my colleagues who are now educating their patients about HPVs shows that if the dentist is embarrassed, then the patient will be embarrassed. If a matter of fact tone is used, then the patient is not embarrassed and is appreciative. The amount of detail you go into depends upon the attitude and receptivity of the patient.

Because of the feeling that dentists have a role in preventing, and not just detecting oral cancer, the Executive Committee of Northern Virginia Dental Society passed the following resolution at its May, 2012 meeting:

RESOLVED:

That the Executive Committee of the Northern Virginia Dental Society, in an attempt to reduce the number of deaths and disfigurements from the preventable forms of Oral Cancer, encourages the membership to:

A) Continue to conduct a thorough oral cancer examination of their patients at each examination appointment; and also,

B) Explain the known causes of oral cancer to their patients, which includes Human Papilloma Viruses #6, #11, #16, and #18, high levels of alcohol consumption, and the use of tobacco products; and also,

C) Encourage parents to speak to their pediatricians about following the recommendation of the Centers for Disease Control to have their children, ages eleven through seventeen, both male and female, vaccinated against the above named viruses; and also,

D) Encourage adults, eighteen to twenty-six, to speak to their physicians about the appropriateness of their being vaccinated against Human Papilloma Viruses #6, #11, #16, and #18, as also endorsed by the Centers for Disease Control.

All of us have a role in preventing cancer.

Dear Dr. Roadcap,

Your latest editorial was most insightful and has provoked me to think about why I am happy, my close friends and family are happy. You hit the right reasons I believe in identifying that depending on our profession alone for our happiness can lead easily to disappointment to say the least. I passed my seventieth birthday last month and it caused me to think about my situation in life which at the present is enviable by most standards. I have a fine profession, very good health, a terrific family, love my charitable work (Lions Club), and just about hug myself each day with joy and appreciation.

First I think is good mental health. I now appreciate how miserable and frustrating it is to suffer from depression, schizophrenia, obsessive compulsive disorder and the rest. I guess I can thank my ancestors for giving me great DNA. Second I try to keep reasonable physical health - healthy food and almost daily exercise from just walking a mile or two to lifting weights, tennis, golf (hey, it can be exhausting), cycling, etc.
Third I subscribe to the philosophy of my dear friend and colleague, Dr. Bill Houck, whose belief is: Everyone should have someone to love, something to do, something to believe in, and something to look forward to. I have all these things in spades. Then there is my best friend Tony who says: "Everyone should have something to believe in. I believe I'll have another." How can you argue with these insightful truths?

At this stage of my life, I have suffered some personal tragedy and live in world where unexplainable brutality and injustice are common. But I have lucked out to live in the U.S.A. Here, as you well know, we can be anything reasonable including unhappy or happy. I chose to be happy.

Sincerely,

Mitchell J. Bukzin, D.D.S.

DENTAL DIRECT

Dental Direct Reimbursement - Changes on the Horizon

Elise Rupinski, VDA - Director of Marketing & Programs

In January 2012, the VDA's Direct Reimbursement Committee voted to recommend that the committee be disbanded. The Committee was formed in 1990s as an offshoot of the Dental Benefits Committee when Direct Reimbursement (DR) became a focus of the American Dental Association. With a multi-million dollar budget, the ADA aggressively marketed the alternative to traditional dental insurance, DR. DR plans are self-funded, dollar-based and fee for service. For many years the VDA also funded a marketing campaign that included advertisements, trade show participation and various other activities to promote DR plans in Virginia. While the DR concept never became overly popular among employers, there were a number of groups who adopted DR plans in Virginia. These groups from across the state have been using DR plans for years and have contributed millions of dollars in non-discounted fees to Virginia dental offices.

The end of the Committee will not, however, signal the end of Direct Reimbursement plans in Virginia. There are many satisfied customers who will continue to provide DR plans to employees as they have over the last 15 years. For those groups, the existence of the Committee was not the reason they liked their DR plans; it is the cost savings, the employee happiness with the plans and the simplicity of the DR concept.

For many Virginia employers, their Direct Reimbursement or Direct Assignment (DA) dental plan has been the one employee benefit that has not increased in cost on an annual basis. Cork Coyner at Benefits Administration Inc., has related stories of firms running up a surplus in the DR/DA plans year over year. Having a surplus allows companies to enhance benefits or reduce their annual contribution to the plan while maintaining the same benefit level. Employers are able to offer a quality dental plan to employees in a cost effective manner. Employees find the plan to be easy to use and easy to understand and without a network, DR/DA patients are able to visit the provider of their choice. Additionally, these plans maintain the dentist-patient relationship and keep treatment decisions between the patient and the practitioner, not a third party payer. DR and DA plans are truly a win-win-win for employers, employees and dental offices!

While the DR Committee will no longer be a standing committee of the VDA, the VDA will still support the Direct Reimbursement/Direct Assignment concept as an alternative to traditional dental insurance. The VDA's dedicated DR/DA website, www.VADentalDirect.com, will continue to serve as a great resource for employers, patients, brokers and dental offices about DR/DA plans and how they can work for groups of all sizes. All VDA members are encouraged to learn more about Direct Reimbursement and Assignment and to share this information with patients who are business owners and HR professionals. The VDA will still be able to send out informational resources to companies that are interested in the concept and we can provide guidance to companies that would like to establish a DR plan as their dental benefit.

As an employee of the VDA, I have been fortunate to have a DR dental plan and I have found it to be a great way to get the care I need and I look forward to continuing to educate Virginia companies about the Dental Direct Reimbursement and Assignment alternative.

Please visit www.VADentalDirect.com or contact Elise at 804-523-2184 to learn more about Dental Direct Reimbursement and Assignment Dental Plans.

GUEST EDITORIAL

Alexandra Barton, VCU School of Dentistry, Class of 2013

Membership in Organized Dentistry- Are you engaging the next generation?

We are all aware that membership in organized dentistry has been on a steady decline over the last decade. Historically, there are subsets of dentists, specifically new dentists, that we have a harder time recruiting to join the various levels of the tripartite. Many older dentists insist that it is just the age difference, and think that "when these younger dentists get older, they will understand the importance of membership in such organizations and then they will join." But I have to argue that the reason for my generation's reluctance is not due to age differences, but to real differences in our values and priorities – a true generational difference. We must be recruited in a different way and offered different membership benefits in order to ensure that organizations such as the VDA continue its legacy of leadership in oral health.

Over my past three years in dental school, I have worked with membership in organized dentistry in a greater capacity and more unique way than many of my peers through my time on the national American Student Dental Association's (ASDA) Council on Membership and on the ADA's Council on Membership. I have become incredibly invested in these organizations, but the experiences have also opened my eyes to how few of my peers feel the same sense of ownership in and devotion towards organized dentistry. By sitting as a member of these two councils that look for new ways to recruit and retain members of very different generations, I've developed a unique perspective on exactly how different the various generations of dentists value membership in associations and organizations in general.

On the ADA's Council on Membership, we were asked to read Sarah Sladek's book, *The End of Membership as We Know It*. The book was very insightful about what my generation values, and how these values compare to our predecessors. Ms. Sladek states "Generations X and Y are driven by three primary objectives: the opportunity to lead, the opportunity to learn, and the opportunity to make a difference." The only way to persuade my generation to join an association is to satisfy these objectives. In contrast, older generations, specifically the baby boomer generation, will continue to join associations because they feel that it is the right thing to do and because they feel a sense of security and satisfaction from being part of something that is "bigger than them." My generation simply does not have the same sentiments about the need to join an association. Without being given the opportunity to become actively engaged and invested in an organization, and feel that we are making a difference by doing so, my generation will not join.

Armed with this knowledge, members of organizations such as the VDA must appeal to our values and objectives: leading, learning, and making a difference. Students and new dentists should be given the opportunity to lead committees and councils and contribute to the work that the association does in a meaningful way, not just sit idly as observers. The VDA does a great job of allowing students to sit on their councils and vote in the House of Delegates, but these students should be fully utilized. Ask them for suggestions and opinions, and I promise you will get insightful feedback in return; expect them to contribute and I know you will not be disappointed.

VDA members should reach out not only to dental students who sit on their councils and attend VDA meetings, but also to dental and pre-dental students who express an interest in membership in organized dentistry. As a pre-dental undergraduate student, I was approached about getting involved with organized dentistry (through ASDA) before entering dental school. The opportunity to get involved very early on encouraged me to make organized dentistry a priority in my life and contribute to our profession in a way that would not have been possible otherwise.

Appealing to my generation on the benefits of lifelong membership in organized dentistry is going to be no small feat, but it must be done and articulated in a manner that resonates with this new generation of dentists. Invite pre-dental undergraduate students to our meetings and events, and open up as many leadership opportunities to dental students and new dentists as possible. Engaging and involving us at a higher level early on is the only way that new dentists will value membership in dental associations. Are you up to the challenge?

Editor's Note: Ms. Barton is national Vice-President of the American Student Dental Association.

Member Awards & Recognition

Dr. Rod Klima
Distinguished Service Award
Virginia Association of Orthodontists

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

REACH NEW PATIENTS ONLINE – We Make it Easy!

"I have received more referrals from my ProSites website in the last 4 years than anything else I have done in the last 27 years."

- Eric Fisher, DDS

THE ULTIMATE WEBSITE SOLUTION™

Simple Set-up
Your website includes patient-focused content, educational videos, interactive features, and more!

Added Value
You receive frequent free upgrades and can add unlimited pages at any time, free of charge.

Edit Instantly
From uploading new photos and videos to changing your entire design, you can edit your website at any time, with a simple "point and click."

Proven Results
With stunning designs and unique features, we make it easy for you to attract new patients.

SPECIAL DISCOUNT FOR VDA MEMBERS

Endorsed by: VDA SERVICES

PROSITES®
Website Design and Internet Marketing

Get Your Free Trial Today!
Call 888.466.7975
Visit ProSites.com/VDA

VDA Statewide Advertising Campaign Evaluated by Task Force

Dr. Michael J. Link, Public Relations Task Force Chairman

Last year, at a Board of Directors meeting, we discussed two primary issues: a possible dues increase for VDA members and the declining number of dentists joining and staying in the VDA. During our discussion, we discovered that other states have a significantly higher market share and have substantially higher dues than Virginia. This raised the question: why are the other states so successful? Many of the states we reviewed have a 75-80% market share in their dental associations. In Virginia, the current statistics show a 67.5% market share that has declined at a rate of approximately 1% per year over the last 5 years. We discussed what other states are doing to increase membership value and, therefore market share. What we discovered was that several other states retain membership because they run extremely successful Public Relations campaigns.

A Task Force was created to evaluate the possibility of the VDA conducting a public relations campaign to promote oral health issues and to drive new patients to members' offices, thereby increasing the value of membership. The PR campaign would have three objectives:

1. Educate the public on oral health issues and the need for proper care.
2. Recognize the VDA as the oral health authority in Virginia and encourage the public to seek treatment from member dentists.
3. Increase membership value for VDA members and encourage non-members to join our Association

In preparation for presenting the Public Relations Campaign idea to the VDA House of Delegates, information was gathered from a number of states that are currently involved in a PR campaign. Those states include: Indiana, Michigan, Massachusetts, Minnesota, North Carolina, Washington and Wisconsin. Of these focus states, the following questions were asked:

1. How much did their PR campaign cost per member? Was this done through a dues assessment or was it part of their regular dues?
2. How were they able to get this program passed by their House of Delegates?
3. What was the market share before the PR campaign and what was it after?
4. Did you survey members before, during and after the campaign to find out if they were satisfied with the campaign and if they felt that it added value to their membership?

Other cost-saving ideas were discussed by the task force. One proposal was that the VDA license Public Service Agreements and commercials produced by other states, and customize them to the Virginia Dental Association. Another suggestion was that the VDA use an advertising/PR agency, thus allowing the Task Force to use their expertise in successfully developing a reasonable budget and directing the "media buys." Over the course of several months, we interviewed four highly competent advertising agencies. After careful consideration, we chose the Rubin Communications Group /Seventh Point from Virginia Beach.

The other states stressed the importance of approving appropriate funding for a campaign. According to the information we received, the approved dues assessment was implemented incrementally over three years to lessen the financial impact. The Michigan Dental Association has been assessing their members in three-year increments for the last 26 years. Another necessity was allowing the initial PR program to run for a minimum of three years. The success of such a campaign cannot be accurately determined using only one year of results. The cost of the assessment is an important factor for consideration. At this time, we believe an assessment of $350 per member, per year for three (3) years will provide appropriate funding for this important initiative. The Task Force believes that if this campaign is successful in Virginia as it has been in other states, your cost will be easily covered by one new patient in your practice annually.

We are asking that you contact your VDA Delegates and Task Force Members and give us your opinion on this matter prior to September 1st.

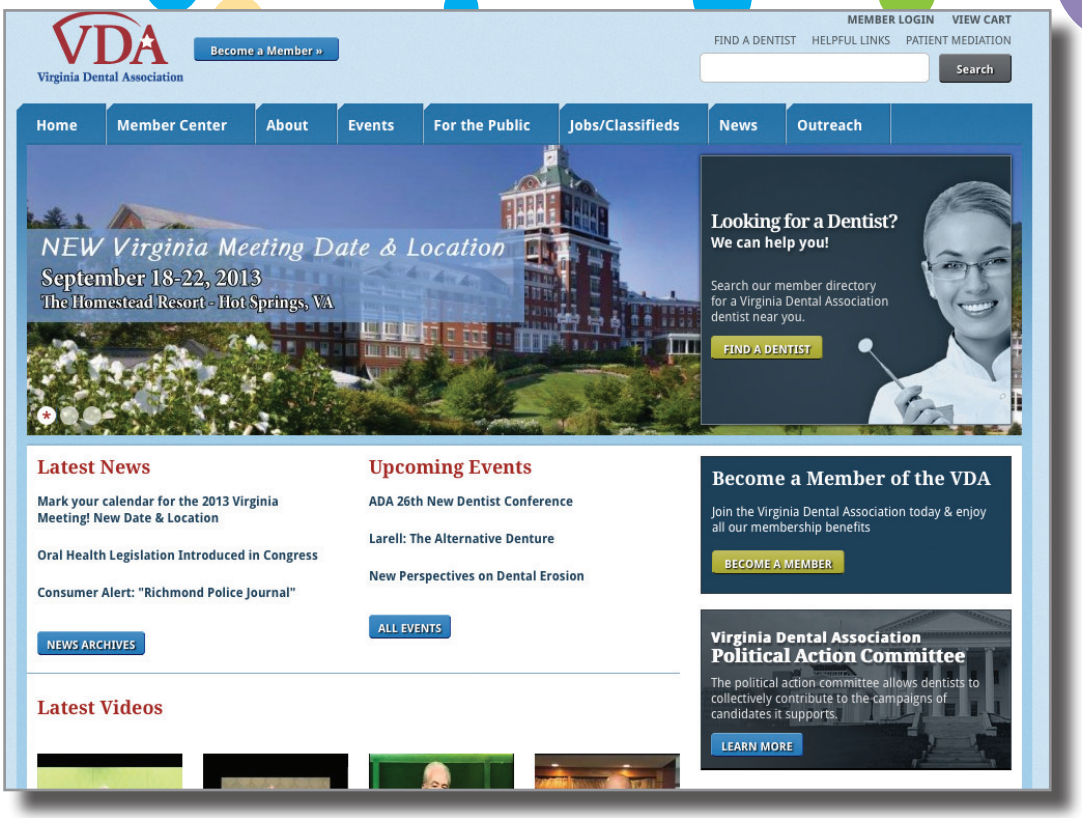
At our annual House of Delegates meeting in September, the Delegates will vote on the VDA Public Relations Media Campaign Program.

I would like to personally thank all the members of the Task Force who have devoted countless hours to this cause. The members of the task force are: Dr. Bruce DeGinder, Dr. Bruce Hutchinson, Dr. Sam Galstan, Dr. Kirk Norbo, Dr. Anthony Peluso, Dr. Richard Roadcap, Dr. Danielle Ryan and Dr. Jo Koontz. Special thanks go to our incredible VDA staff member, Elise Rupinski.

IMPORTANT NOTICE TO ALL VDA MEMBERS

The VDA Public Relations Task Force has chosen the Joel Rubin Communications Group to provide the VDA with a marketing plan that will be presented to the House of Delegates at the Governance Meeting in Newport News September 22. In an effort to do a better job publicizing the VDA, its members, and community endeavors, this marketing plan will implement all forms of media. The intention of this plan is to make the public more aware of what VDA dentists do for the community and encourage viewers or listeners to visit VDA member dentist offices. The VDA Board of Directors has appropriated a maximum of $14,000 to fund the necessary research required to make this presentation. If the plan is passed by the House of Delegates, there will be an assessment of $350 per member per year for 3 years to fund the project. If you have any questions regarding this marketing plan, please contact your component leaders or Elise Rupinski at the VDA central office 804-523-2184.

The NEW www.VADENTAL.org



Has Arrived!

Visit today and take advantage of these great resources

- **Latest News**
  (including past Journal issues and the Etch newsletter)
- **Events Calendar**
  (Add your event today)
- **Member Center**
- **Job Postings and Classified Ads**
- **Videos and Photo Galleries**

Navigating the Shark Infested Waters of Third Party Payer Contracts & Legal Parameters in Doing So

T. Braxton McKee, JD

DATE: Wednesday, August 22, 2012

TIME: 12:30pm-1:30pm

COST: Free to all VDA Members

CREDIT: 1

Register for this informative WEBINAR at www.VADENTAL.org

COURSE DESCRIPTION (LECTURE):
Braxton McKee will focus on general third party payer contracting guidelines with emphasis on anti-trust laws and the Virginia Fair Business Act. He will also address specific contract provisions typically encountered in third party payer contracts and appropriate contractual responses to the same. Additionally, he will recommend to attendees what courses of action could be best in today's highly-competitive dental market.

COURSE OBJECTIVES:

- Understanding of applicable anti-trust laws and legal rights as a dentist provider.

- Ability to understand third party payer contracts and negotiation of fair compromises to one-sided contractual provisions.

SPEAKER BIO:
T. Braxton McKee: Brac is a Chairman of Kaufman & Canoles' Health Care Practice Group and a member of the firm's Commercial Section. His commercial law practice includes corporate law, mergers and acquisitions, and contract negotiation and his health care law practice includes Medicare/Medicaid laws and regulations, regulatory guidance, fraud and abuse, hospital-physician joint ventures, certificates of public need and specific expertise in all areas of the law impacting medical practices.

For more information go to our website at www.vadental.org or contact Shannon Jacobs, VDA Director of Communication at jacobs@vadental.org

ADA C·E·R·P® | Continuing Education Recognition Program

The Virginia Dental Association is an ADA CERP Recognized Provider

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

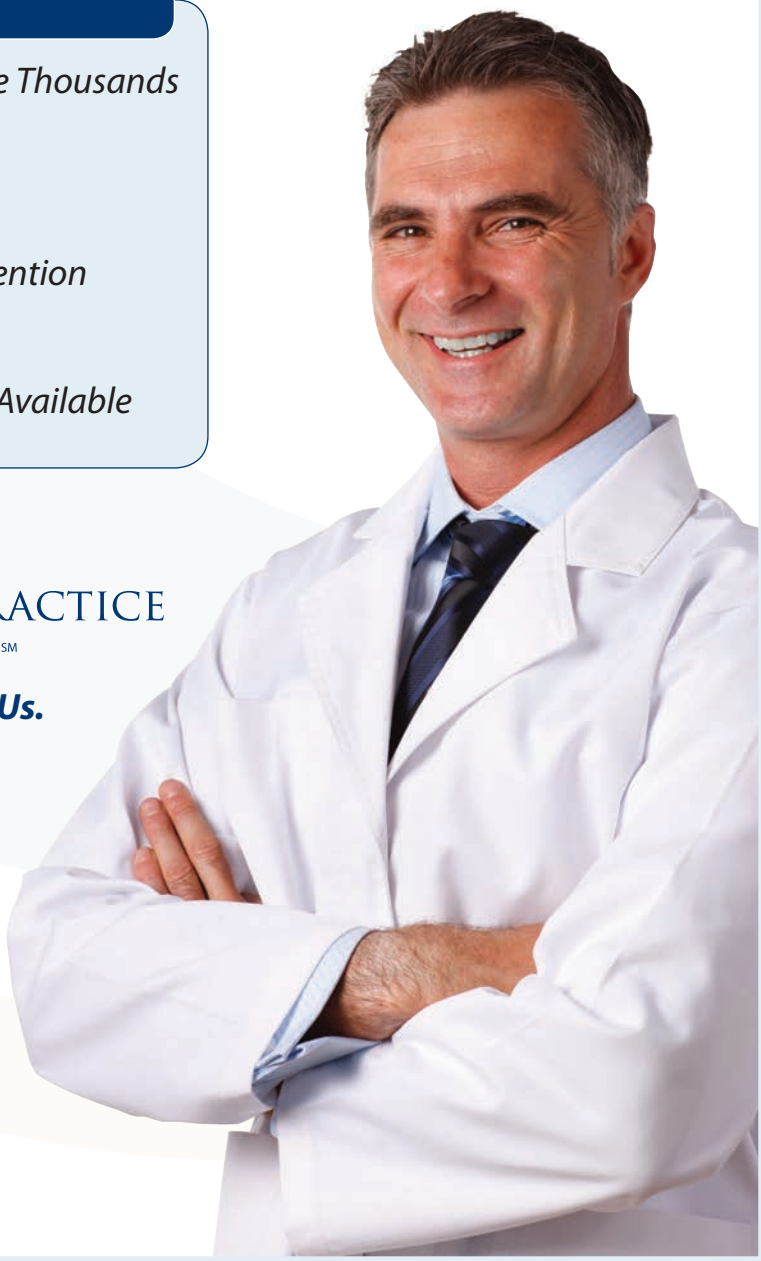
Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at www.ada.org/cerp.

DISCOVER THE NPT ADVANTAGE

RAISING THE LEVEL OF SERVICE LOWERING THE COST OF BROKERAGE

SERVICES INCLUDE

- *Low Commissions - Our Clients Save Thousands*
- *Written Appraisal of Practice*
- *Minimization of Tax Liability*
- *Consultation for Patient & Staff Retention*
- *Free Draft Legal Documents*
- *Buyer Representation Services also Available*



NPT NATIONAL PRACTICE TRANSITIONS℠

Expect More From Us.

Amanda Christy
Regional Representative

877.365.6786
www.nptnetwork.com

Virginia Dental Association
Governance Meeting

September 22-23, 2012
Newport News, VA

The 2012 VDA Governance Meeting will be held September 22-23 at the Newport News Marriott at City Center.

Saturday is a busy day beginning with the opening sessions followed by the reference committee hearings in the morning. Election results will be announced at the Annual Business Meeting in the afternoon. The Annual Awards Banquet and Reception Saturday evening affords an opportunity to socialize with colleagues and recognize the individuals being honored for their leadership and contributions to the VDA. Sunday morning the component delegations will caucus followed by the second meeting of the House.

All VDA members are invited to attend these meetings. This is an opportunity to see the VDA governance at work and learn about the issues being addressed.

SCHEDULE OF EVENTS

Friday, September 21, 2012

12:00pm	Board of Directors

Saturday, September 22, 2012

7:00am-8:00am	Breakfast
7:00am-1:30pm	Election of Officers
7:15am-8:00am	HOD Registration
8:00am-9:30am	Business Meeting/HOD Opening Sessions
10:00am-12:15pm	Reference Committee 1000, 2000, 3000
11:30am	VDSC Meeting
12:15pm	Lunch on Your Own
12:15pm	Fellows Lunch
2:00pm	Annual Business Meeting
3:15pm	Constitution & Bylaws Committee
4:30pm	16th District Delegates
6:00pm-6:30pm	Reception
6:30pm	Awards Banquet

Sunday, September 23, 2012

6:30am-7:30am	Breakfast
7:00am-8:00am	Component Caucuses
7:45am-8:30am	HOD Registration
8:30am-11:00am	House of Delegates
11:15am	Board of Director Meeting

HOTEL RESERVATION INFORMATION

Newport News Marriott at City Center
740 Town Center Dr.
Newport News, VA 23606

ROOMS ARE AVAILABLE UNDER THE VDA ROOM BLOCK FOR THE NIGHTS OF SEPTEMBER 20th-22nd

ROOM RATE: $129.00 Single/Double
(Price does not reflect the local room tax.)

RESERVATIONS MUST BE MADE BY AUGUST 22, 2012
(Any reservation received after this date will be accepted on a space and rate availability basis.)
CALL: 866-329-1758
(Be sure to ask for the Virginia Dental Association group block.)

ONLINE: Ctrl+Click on the following URL:
(This will take you directly to the hotel's website page with the Group code already entered. Just enter your arrival and departure date to begin the reservation process.)
http://www.marriott.com/hotels/travel/phfoy?groupCode=DANDANA&app=resvlink&fromDate=9/21/12&toDate=9/23/12

BREAKFAST RESERVATION

The breakfast Saturday and Sunday is complimentary; however it is very important that we know the number of members attending.

To make a reservation, please complete the following and return to the central office.

I will be attending the breakfast on the following day(s)

Saturday _____ Sunday _____

Name: _____

Submit your reservation to the VDA central office by mail, fax or email by **September 14, 2012**:

Virginia Dental Association, 3460 Mayland Ct, Ste 110, Henrico, VA 23233. Fax: 804-288-1880, anderson@vadental.org

Breakfast

ANNUAL AWARDS BANQUET RESERVATION FORM

When: Saturday, September 22, 2012
6:00PM Reception 6:30PM Dinner

Where: Newport News Marriott at City Center
740 Town Center Drive
Newport News, VA 23606

Cost: $25.00 – House of Delegate Members/Board of Directors
$55.00 – All other guests

TICKET SALES DEADLINE: SEPTEMBER 14, 2012 – NO ONSITE RESERVATIONS

To attend, please fill out the following and mail or fax to the VDA Central Office.

Name: _____ Number attending: _____

Amount enclosed: _____

Payment: Check payable to VDA

Credit Card # _____ Expiration Date: _____
MasterCard, Visa, Discover or American Express

Print Name:_____ Signature: _____
(As it appears on card) (Signature indicates approval for charges to your account and payment under the credit card issuer's agreement.)

Card Billing Address: _____

Please mail or fax to:
Virginia Dental Association
3460 Mayland Ct, Ste 110
Henrico, VA 23233
Fax: 804-288-1880

Awards Banquet

VDA FELLOWS LUNCH

(Must be a VDA Fellow to Attend)

When: Saturday, September 22, 2012
12:15pm-1:45pm

Cost: $36.00

Where: Newport News Marriott at City Center
740 Town Center Dr.
Newport News, VA 23606

RESERVATION DEADLINE: SEPTEMBER 14, 2012. NO ONSITE RESERVATIONS

Name: _____ Number attending: _____

Amount enclosed: _____ Payment: Check payable to VDA

Credit Card # _____ Expiration Date: _____
MasterCard, Visa, Discover, or American Express

Print Name:_____ Signature: _____
(As it appears on card) (Signature indicates approval for charges to your account and payment under the credit card issuer's agreement.)

Card Billing Address: _____

Please mail or fax to: Virginia Dental Association
3460 Mayland Ct, Ste 110
Henrico, VA 23233
Fax: 804-288-1880
anderson@vadental.org

Fellows Lunch

CAN'T MAKE IT TO THE GOVERNANCE MEETING? VDA MEMBER VOTING OPTIONS

There are two methods of absentee voting available:

1. **Written Absentee Ballot:**
   • Absentee ballots may be requested from the VDA Central office beginning 30 days prior to the election (August 22nd). An Absentee Ballot Request Form will be in the July, August, September edition of the Journal.

   • An absentee ballot will be mailed to the member and must be returned to the Central Office no later than 12:00 noon two business days prior to the start of the Governance Meeting (Thursday, September 20th) in the envelopes provided.

2. **Online voting:**
   • A secure Member Voting Module will be available on the VDA website (www.vadental.org) beginning August 22nd.
   • Members will use selected identifiers to login and protect the security of the vote and the privacy of the member.
   • Online voting will be available until 12:00 noon September 22, 2012.

In person voting at the Governance Meeting will also be done online on secure computers provided by the VDA.

It is impossible for a member to vote more than once.

In the event of a runoff election, elections will take place at the Annual Business Meeting which will be held at 2:00pm Saturday, September 22, 2012.

Welcome New Members

JUNE 2012

PENINSULA DENTAL SOCIETY

• Dr. Thyra Jagger received her DDS in 2009 from the University of Minnesota. Dr. Jagger is practicing in Hampton with Watts Family Dentistry.

• Dr. Myungsuk Koh graduated from Tufts University School of Dentistry in 2011, where he received his DDS. Dr. Koh is practicing in Newport News.

RICHMOND DENTAL SOCIETY

• Dr. Aditya Dhakar received her DDS in 2011 from VCU School of Dentistry. Dr. Dhakar is practicing in Glen Allen.

• Dr. Lloyd Moss received his DDS in 2012 from VCU School of Dentistry. Dr. Moss is practicing with Dr. Lloyd F Moss, Jr. in Fredericksburg.

• Dr. Keith Wunsch received his DDS from University of Missouri. Dr. Wunsch completed his Prosthodontics residency in 1993, from Texas West Beaumont Medical Center ,and is now practicing at McGuire Medical Center.

• Dr. Patrice Wunsch received her DDS from Marquette University in 1986. She received her Certificate in Pediatric Dentistry in 2002 from University of Maryland. Dr. Wunsch is on faculty at VCU School of Dentistry.

• Dr. Blair Witt received his DDS in 2011 from Nova Southeastern University in 2011. Dr. Witt is practicing in Richmond.

PIEDMONT DENTAL SOCIETY

• Dr. Jonathan Lubeck received his DDS in 2005 from Temple University. He completed his GPR in 2006 from University of Washington. Dr. Lubeck has joined Dr. Gary Roach and is practicing in Roanoke.

• Dr. Omar Paredes received his DDS in 1996 in Honduras. He completed his GPR from LSU in 2005. Dr. Paredes is practicing in Lexington.

• Dr. Jennifer Rypel received her DDS in 2012 from the University of Alabama. Dr. Rypel is practicing in Roanoke.

NORTHERN VIRGINIA DENTAL SOCIETY

• Dr. Joan Anderson received her DDS from the University of Michigan in 2008. Dr. Anderson is now practicing in Harrisonburg.

• Dr. Imaney Ahmad received her DMD in 2010 from Temple University. She is now practicing in Falls Church.

• Dr. Rohini Banavar received her DDS from Boston University Goldman School in 2009. Dr. Banavar is practicing in Fairfax.

• Dr. Sang Yoon Kim received his DDS from University of Pennsylvania School of Dental Medicine in 2006. He received his DMD, MD from Harvard Oral & Maxillofacial Surgery in 2012. Dr. Kim is joining Dr. Chris Bonacci's practice in Vienna.

• Dr. Kelly Lincoln received her DDS from University of Maryland School of Dentistry in 2007. Dr. Lincoln is practicing at Family Dentistry in Purcellville.

• Dr. Juan Loza received his DDS in 1986. Dr. Loza is practicing in Great Falls.

• Dr. Hyun-Kyung Son received his DDS in 2008, from the University of Minnesota, School of Dentistry. Dr. Son is practicing in Orange.

• Dr. Heidi Vatanka received her DDS in 1997 from the University of Oslo, Norway. She then completed her Pediatric Dental Residency in 2011, from Howard University. Dr. Vatanka is practicing with Dr. Girish Banaji, in Fairfax.

New Member Correction: In Volume 89 #2 April-June 2012 issue of the Virginia Dental Journal, Dr. Svitlana Savenkova's (Northern Virginia Dental Association) new member statement was listed incorrectly. The following is the correct listing:

Dr. Svitlana Savenkova graduated from Ukraine's Dnepropetrovsk Medical Institute in 1998 and then received her **AGD** from Howard University in 2011

In Memory Of...

Name	Component	City	Date
Dr. Samuel Russo, Sr.	Tidewater Dental Association	Portsmouth	February 27, 2012
Dr. Barry Van Orman	Tidewater Dental Association	Chesapeake	January 9, 2012
Dr. Robert T. Edwards	Southside Dental Society	Franklin	May 21, 2012
Dr. Thomas Leftwich	Southside Dental Society	Hopewell	January 19, 2012
Dr. John G. Maynard, Jr.	Richmond Dental Society	Richmond	May 8, 2012
Dr. Harry L. Hodges	Richmond Dental Society	Boynton Beach, FL	June 20, 2011
Dr. William E. Armstrong, Jr.	Southwest Virginia Dental Society	Staunton	April 1, 2012

Board of Directors, Actions in Brief

April 13, 2012

I. Items that require action by the House of Delegates:

A. The following were reviewed and the noted action taken:

1. Background A: Tax deferred Medicaid compensation for Medicaid providers is well established in three states (Arkansas, Louisiana and Mississippi). Deferred compensation in these states has successfully increased both the number of dental Medicaid providers and the number of children receiving dental services through Medicaid.

The Access to Care Task Force recommends that the VDA Board of Directors approve the group to continue to move forward with initial research into creating a Medicaid Deferred compensation program in Virginia.

Background B: Mandatory dental exams are currently not part of matriculation requirements for school-aged children in Virginia; however, twelve states now have a required dental exam or screening as a prerequisite for matriculation. The addition of a comprehensive oral exam will complement the existing physical exam requirement at no significant cost to the Commonwealth. The exam will heighten awareness and education to the fact that Virginia is proactive in the effort to eliminate dental disease from our children.

The Access to Care Task Force recommends that the VDA Board of Directors approve the formulation of legislation, with the help of our lobbyist, requiring a comprehensive dental examination prior to matriculation for school-aged children for submission at the next General Assembly.

Approved: A resolution that the VDA Board of Directors approves that the Access to Care Task Force continue to move forward with the Medicaid deferred compensation and mandatory comprehensive dental examination legislation.

2. **Approved** – The 2012 recipient of VDA Honorary Membership. (Will be announced and voted on at the opening session of the House of Delegates September 22, 2012.)

II. Reported as information only.

A. The following items were reviewed and the noted action taken:

1. Background: The Virginia Dental Association Foundation is exempt under IRS Code (IRC) 501(c)(3) as a "supporting organization," and as such, can receive deductible grants and donations. The VDA is the "supported" entity. However, since the VDA is a 501(c)(3) trade association, the VDAF Articles of Incorporation cannot expressly say that it exists to support the VDA as this would be inconsistent with the requirements for the VDAF to be a 501(c)(3). The VDAF cannot name the VDA as the "supported" organization. To maintain its 501(c)(3) status the VDAF Articles must be written so it is clear the VDA is the controlling entity for the Foundation. There are two options to resolve the situation: (1) the VDA Executive Committee would serve on the VDAF Board or (2) the VDA elects at least a majority of the members of the VDAF Board of Directors. The Board preferred option 2 and the following actions were taken:

Approved: A resolution that The VDA Board of Directors shall elect the members of the VDAF Board of Directors.

Approved: A resolution that the VDA Board of Directors elects the current VDAF Board of Directors. (Robert H. Walker, Jr., Patrick W. Finnerty, Dr. Karen Cole Dameron, Dr. Edward J. Weisberg, Dr. Anne C. Adams, Thomas D. Childrey, Dr. Graham Gardner, Dr. Ralph L. Howell, Jr., Dr. Trisha Krause, Dr. Mike McMunn, Norma Roadcap and Robbie Schureman.)

2. **Approved:** A resolution that Terry Dickinson explore holding the 2015 meeting at the Homestead Resort.

3. Background: Access to Care Task Force recommendation - The VDA Board of Directors continue its support and leadership in improving access to care for Virginia children through allocation of seed monies for a state wide Education/Literacy Campaign of up to $10,000 in additional funds. (In January 2011, the BOD approved $20,000.00 for this initiative and therefore total expenditure could not exceed $30,000.00).

Approved: A resolution that the VDA Board of Directors approves the use of up to $30,000.00 from the Reserve Fund to be used for the Education/ Literary Campaign to secure a grant, provided that the VDA will remain owner of all work products.

4. Background: The Membership Task Force was asked to look at VDA membership recruitment and retention. Dr. Fred Certosimo, chair, was asked to assemble a group of VCU faculty to study design an investigation "promoting recruitment to VDA member dentists". It was determined that that the group should perform VDA/ADA membership research and develop a questionnaire to focus on: non-renewals, non-members and maintain existing members. A research strategy to analyze ADA and VDA membership data was discussed and based on that analysis design a scientific survey to poll the VDA members.

A VDA/ADA 2012 Membership Program for Growth Application" has been sent to the ADA Council on Membership to help with the funding. If the application is approved the VDA will receive some grant funding to help defray the cost of the survey.

The VCU School of Dentistry submitted two budget proposals to perform the Redcap Survey and analyze the data received. The proposal selected by the BOD covers: VCU-Outsourcing, designing and analyzing the survey, contacting 1400 members (Members will be offered an incentive for responding to the survey.) In addition there is a VCU Sponsored Program rate to do the work of 49.5%.

Approved: A resolution that $18,000.00 be allocated toward the initiation of the Membership Task Force project. A request will be made that the VCU Sponsored Program rate be reduced to 30%.

Oral Cancer: Application of Emerging Technologies to Understand Pathogenesis and Aid Early Detection

W. Andrew Yeudall, BDS PhD

INTRODUCTION

Squamous cell carcinoma of the head and neck (HNSCC) is a major health problem, and accounts for 4% of all cancers [1]. The primary risk factor is tobacco smoking, particularly in combination with heavy alcohol consumption, and chewing or spit tobacco is also intimately linked with oral cancers. Over 40,000 new cases of HNSCC are diagnosed in the U.S. each year, resulting in the deaths of 12,000 people per annum. Each year in Virginia alone there are almost 5,000 new cases, and the annual death rate for the period 1994-1998 was around 1,500. The overall five-year survival rate for these tumors is around 50%, in spite of aggressive surgery, chemo- and radiotherapy. Although new treatments are becoming available, current management is both costly and disfiguring. The morbidity and mortality associated with this disease are unacceptable, and present a considerable challenge for healthcare providers. Death from HNSCC generally occurs as a result of local invasion coupled with regional and/or distant metastatic spread of tumor cells, and five-year survival is extremely low for patients with metastatic disease, at around 16%.

UNDERSTANDING THE MECHANISMS THAT UNDERPIN THE BIOLOGICAL PROPERTIES OF CANCER CELLS

To combat progression of the disease more effectively, it is critical that we understand the cellular changes that give rise to oral cancer. Cancer is a genetic disease, during which cells acquire a number of mutations in key genes that regulate important biological processes such as cell growth, cell death, differentiation, and cell movement [2]. For example, mutations (alterations in the sequence of bases in DNA) in tumor suppressor genes (which, as their name implies, act to block tumor development) have been found to be altered with high frequency in oral (and other) cancers. On the other hand, mutations that increase the activity of growth promoting genes (oncogenes) may actively drive tumor development. Mutations may be inherited (germline mutations) or acquired during life (somatic mutations). In addition to mutations, epigenetic modification of the DNA sequence can interfere with normal gene expression. One common example is DNA methylation, which may block the production of RNA for the gene in question – so-called gene silencing. Such changes have been well-characterized for colon cancers [3], and similar molecular progression models have been proposed for oral carcinomas [4].

ADVANCES IN OUR UNDERSTANDING OF CANCER DEVELOPMENT

In the last ten years, two major initiatives have contributed to our understanding of how cells work and why they might malfunction and become malignant. The Human Genome Mapping Project to determine the entire sequence of bases present in human DNA was successfully completed in 2003. This wealth of information is freely available in public databases and, with the aid of advanced data-mining software, provides a rich resource for biologists to explore gene structure and function, not only for cancer research but for other diseases as well. The Cancer Genome Anatomy Project (CGAP; http://cgap.nci.nih.gov/) seeks to determine what genes are expressed in normal cells compared with premalignant and tumor cells, the aim being to identify molecular markers of disease development and progression, prognostic indicators, and potential molecular targets against which to design novel therapies. CGAP provides a number of ways in which researchers can carry out gene expression studies in silico, before testing their findings in the laboratory. More recently (2005), the National Institutes of Health launched a pilot scheme – the Cancer Genome Atlas (http://cancergenome.nih.gov) – which seeks to determine all the genomic changes in human cancers and provide a comprehensive understanding of the molecular basis of cancer. All of these initiatives will be key to improving cancer diagnosis and therapy in the future.

HARNESSING NEW TECHNOLOGIES IN THE FIGHT AGAINST CANCER

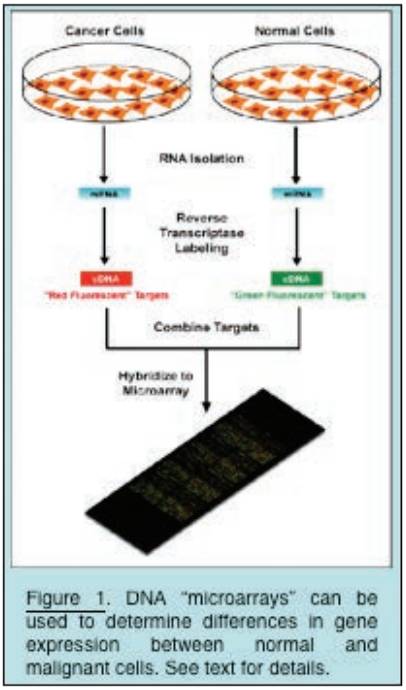


Figure 1. DNA "microarrays" can be used to determine differences in gene expression between normal and malignant cells. See text for details.

While the genome project has provided us with a catalog of invaluable DNA sequence information, developments in molecular pathology have generated the technology with which to utilize the genome sequence. Within the last ten years, a novel method for high-throughput analysis of gene expression has been developed. In the beginning, DNAs representing many genes were spotted (or "arrayed") onto nylon membranes, which were then probed with radiolabeled RNA (or complementary DNA [cDNA]) prepared from normal or diseased cells and the signal intensities (representing the abundance of the particular gene) measured on radiographic film. However, this technology advanced rapidly, with DNAs being arrayed on glass microscope slides (known as "chips") – microarrays – as shown in Figure 1. Moreover, labeling of RNA/cDNA with fluorescent dyes (red for one sample, green for the other) rather than radioisotopes has enabled accurate quantification of signal intensity using a laser scanner, which measures the relative red/green signal for each spot (gene). As the system is entirely computer based, results can be annotated directly into a database and the relative amounts of each gene product calculated. Utilizing the information from the genome project, DNAs that represent the entire human genome have now been arrayed at high density; thus, the complete expression profile of a cell can be determined at once. With the aid of powerful software, the researcher is able to assign genes that show high or low levels of expression into groups having related or interconnected functional attributes, thereby building a picture of exactly which biochemical pathways are altered in tumor cells. Identification of overexpressed genes using microarray screening can rapidly produce candidate molecules that might be suitable biomarkers for disease state, prognosis, and even as targets for design of novel drug therapies. Of course, such studies are not limited merely to looking for increase or decrease in gene products in a particular disease state: they can also be used to determine what genes (and, hence, what biochemical pathways) mediate the cellular response to current protocols used in cancer management such as chemotherapeutic drugs or radiotherapy. Studies such as these may also give insight into mechanisms through which cells become resistant to therapy, so that alternative treatment strategies can be sought. As more and more data are accumulated, it should become possible to use gene expression to predict how a tumor will respond to a particular clinical protocol.

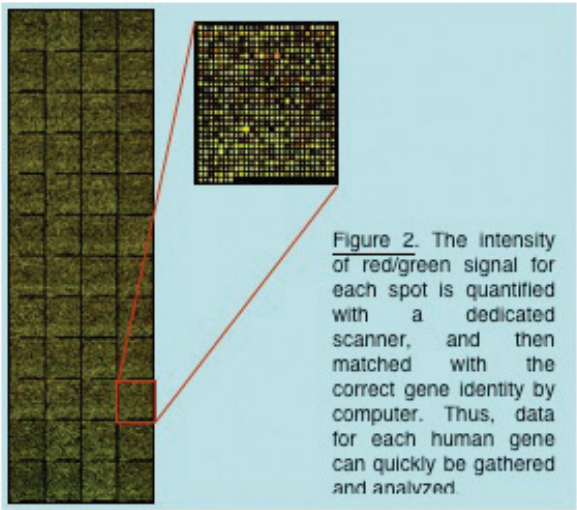


Figure 2. The intensity of red/green signal for each spot is quantified with a dedicated scanner, and then matched with the correct gene identity by computer. Thus, data for each human gene can quickly be gathered and analyzed.

A second major advance in molecular pathology is the advent of laser capture microdissection (LCM). Pathological tissue samples are heterogeneous in nature: for example, an oral biopsy may include epithelial, connective tissue, and muscle cells, as well as melanocytes and lymphocytes. Previously, researchers would microdissect the region of interest from a tissue sample using a stereomicroscope. However, it was impossible to obtain a pure population of the cell type or area of interest and, given the highly sensitive methodology used today (such as that described above), impossible to accurately quantify gene expression due to contamination by other cell types. Around fifteen years ago, scientists at the National Institutes of Health began to develop LCM, a more refined methodology for purifying cell populations from tissue samples [5, 6]. This involves the use of a standard microscope coupled with a laser. Cells (or even just one cell) of interest within a tissue section are identified microscopically, and the laser is used to activate a transfer film which binds to the cells, facilitating their removal from the section. The section and film can be reviewed microscopically by the pathologist to confirm removal of the chosen cells. The film is transferred to a suitable container and then the biological material (RNA, DNA, protein) is extracted. As the laser only activates the transfer film directly above the target cells, precise purification can be achieved. By varying the diameter of the laser beam, more or fewer cells can be captured. Indeed, the technology is now so advanced that it is possible to dissect out and analyze a single cell. Until recently, LCM was limited to use on frozen tissue sections. However, this was due to limitations not in the LCM process itself but in extraction of biological material of sufficient quality for post-dissection analysis. Recently, though, this barrier has been surmounted, making entire pathology archives amenable to study.

Another exciting prospect is the use of salivary proteins to aid early detection of oral cancer [7]. As a result of advances in the fields of chemical and biomedical engineering, a number of new methodologies have been developed over the last few years, and tested for their ability to detect biomarkers for various diseases (such as end-stage renal disease, chronic obstructive pulmonary disease, pancreatic cancer, and oral cancer) in saliva. These technologies include microscale devices [8], "lab-on-a-chip" [9], and nanosensors [10] that are capable of detecting a range of biomolecules present in saliva. Ultimately, the goal is to have sensitive "point-of-care" diagnostics, to enable quick, accurate diagnosis and provide better and more cost-effective treatment [11].

CONCLUSION

In recent years, technological advances have led to a dramatic increase in our understanding of the molecular routes taken by normal cells on the way to malignancy. These findings will be crucial and are being actively pursued in order to develop clinically useful indicators of disease status and novel therapeutic approaches, including pharmacologic, genetic and immune-based treatments. Soon, it may be possible to use these new tools to diagnose suspicious lesions earlier and instigate appropriate care at an early stage of the disease.

REFERENCES

1. Parkin, D.M., et al., Global cancer statistics, 2002. CA Cancer J Clin, 2005. 55(2): p. 74-108.
2. Weinberg, R.A., The molecular basis of oncogenes and tumor suppressor genes. Ann N Y Acad Sci, 1995. 758: p. 331-8.
3. Fearon, E.R. and B. Vogelstein, A genetic model for colorectal tumorigenesis. Cell, 1990. 61(5): p. 759-767.
4. Califano, J., et al., Genetic Progression Model for Head and Neck Cancer: Implications for Field Cancerization. Cancer Res, 1996. 56(11): p. 2488-2492.
5. Emmert-Buck, M.R., et al., Laser capture microdissection. Science, 1996. 274(5289): p. 998-1001.
6. Bonner, R.F., et al., Laser capture microdissection: molecular analysis of tissue. Science, 1997. 278(5342): p. 1481,1483.
7. Hu, S., et al., Salivary Proteomics for Oral Cancer Biomarker Discovery. Clinical Cancer Research, 2008. 14(19): p. 6246-6252.
8. Walt, D.R., et al., Microsensor Arrays for Saliva Diagnostics. Annals of the New York Academy of Sciences, 2007. 1098(1): p. 389-400.
9. Christodoulides, N., et al., Lab-on-a-Chip Methods for Point-of-Care Measurements of Salivary Biomarkers of Periodontitis. Annals of the New York Academy of Sciences, 2007. 1098(1): p. 411-428.
10. Gau, V. and D. Wong, Oral Fluid Nanosensor Test (OFNASET) with Advanced Electrochemical-Based Molecular Analysis Platform. Annals of the New York Academy of Sciences, 2007. 1098(1): p. 401-410.
11. Tabak, L.A., Point-of-Care Diagnostics Enter the Mouth. Annals of the New York Academy of Sciences, 2007. 1098(1): p. 7-14.

Editor's Note:

Dr. Yeudall is Interim Department Chair, Phillips Institute of Oral and Craniofacial Molecular Biology. He may be contact at: wayeudall@vcu.edu

WE CAN'T KEEP OUR MOUTHS SHUT

ABOUT ORAL HEALTH.

THAT'S THE TROOTH.COM™

Brought to you by Delta Dental of Virginia.

We're dedicated to improving the oral health of all Virginians. That's why we've created the Delta Dental of Virginia Foundation. Through Delta Dental's Smart Smiles™ program, That's The Trooth™ public education campaign and grants that support charitable organizations whose work is positively impacting oral health, we are hard at work creating healthy smiles across Virginia. For more information, visit deltadentalva.com/ddvafoundation.aspx.

DELTA DENTAL®

Delta Dental of Virginia Foundation

A Unique VCU Family

By: Kyle L. Coble, DDS, MPH, Assistant Professor, VCU School of Dentistry

This article appeared previously in the May edition of "Etch".

In 1980 I was a volunteer dentist with the American Refugee Committee, working in a Cambodian refugee camp in Thailand. The survivors of "The Killing Fields" were escaping to find safety along the Thai border. There were around 150,000 people in the Khao I Dang refugee camp at that time, and there was a special area, section 13, specifically for Vietnamese refugees. That is where I first met Thang Ba Pham and his wife, Dang Thi Nu. They were about 25 years old at that time.

Although the war in Vietnam ended for the United States in April of 1975, the repercussions of warfare that ravaged that country continued. Between 1975 and 1980, thousands of South Vietnamese tried to escape, and many died in the attempt.

Thang and Nu made their daring escape in 1979, risking their lives, crossing overland through Cambodia to safety in Thailand. As Thang described it, "The conditions along these borders were treacherous. There was constant crossfire between the Vietnamese communist, Kampuchean People's Revolutionary Armed Forces, Khmer Rouge, Thai Army, Khmer People's National Liberation Front, Armee National Sihanoukiste, and other small warlord groups".

In April of 1975, another tragic event occurred, directly related to the fall of Saigon. The Khmer Rouge took control of Cambodia, and forced its people to leave their homes and abandon their cities. This was the beginning of a bloodbath that would claim the lives of up to two million Cambodians between 1975 and 1979. They would be killed, starved, or die of disease under the regime of a madman named Pol Pot.

As a result of all of the upheaval due to warfare in Laos, Vietnam, and Cambodia, thousands of displaced people found their way to refugee camps in Thailand in 1979-1980 (and continued beyond 1986). Between 1979 and 1983, 189,000 Laotians, 120,000 Cambodians, and 44,000 Vietnamese were resettled in third countries around the world.

Thang and Nu eventually came to America, and in March, 1981, arrived in Virginia. I had encouraged them to make contact with my friends and family, and with VCU/MCV (they had been dental students in Saigon). By 1983, they were first year students in the School of Dentistry! Theirs is a remarkable story, and there is so much more to tell.

Fast forward to 2011, when I left private practice and joined the faculty at the School of Dentistry. I met Ms. Linda Dinh, a senior dental student, class of 2012. Memories of 1980-81, spent on the Thai-Cambodian border, with Lao, Hmong, Cambodian, and Vietnamese refugees, came flooding back. I know her parents. Her mother, Dr. Ngoc-Trung Pham, escaped by boat. Other members of their families escaped Vietnam by different routes. Each has a story of overcoming tremendous obstacles to be where they are today.

Listed here is only part of their achievements:
- Thang B. Pham, D.D.S., V.C.U. class of 1987
- Nu Thi Dang, D.D.S., V.C.U., class of 1987
- Ngoc-Trung T. Pham, D.D.S., V.C.U., class of 1990
- Loan T. Dang, D.D.S., V.C.U., class of 1990
- Long D. Pham, D.D.S., V.C.U., class of 2008 (born in Virginia)
- Erica Sok, D.D.S, V.C.U., class of 2008 (Cambodian, born in Virginia, married to Dr. Long Pham)
- Linda Dinh, daughter of Dr. Ngoc-Trung Pham, niece of Dr. Thang Pham and his wife Dr. Nu Dang, will graduate this year, 2012, from the School of Dentistry.

Other members of their family also have V.C.U. connections:
- Lamson Nguyen graduated in 2010 (son of Dr. Loan Dang)
- Andrew Pham is a sophomore (son of Dr's. Thang Pham and Nu Dang)
- Tayson Nguyen is also a sophomore (son of Dr. Loan Dang)

The persistence, perseverance, and bravery of my friends, Thang and Nu, and their brothers and sisters, has always been a source of inspiration and awe for me. It will be an honor and a pleasure for me to be a participant in the graduation ceremony for the dental class of 2012 , which will include the newest member in their family of dentists, Ms. Linda Dinh.

L-R: Dr. Coble, Nu, Thang (1980)

L-R: Thang, Dr. Coble, Nu (1980)

The long line of VCU graduates continues - L-R: Dr. Nu Thi Dang, 1987; Dr. Linda Dinh, 2012; Dr. Ngoc-Trung. T. Pham, 1990; Dr. Kyle Coble, 1976; Dr. Thang Ba Pham, 1987; Dr. Long D. Pham, 2008; Dr. Erica Sok, 2008; with Long and Erica's children

Data Backup Overview

By: Dr. Minh Tran

Editor's Note: This is the second article in a series on technology by Dr. Tran. He welcomes comments and suggestions. Contact him by e-mail, sharpwitz@gmail.com

Computers are not perfect. Files become corrupt, motherboards malfunction, CPUs call it quits taking our precious data with them, computer viruses can strike any time, and hard drives can fail randomly. There are many unpredictable reasons why hard drives fail. Some hard drives fail after a few weeks or a few months, while others can last almost 10 years.

Once in awhile, you should check the status of your hard drive using a HDD utlility like CrystalDiskInfo. Such an application tells you the health status of the hard drive and your risk of having a hard drive failure in the near future.

CrystalDiskInfo
http://crystalmark.info/software/index-e.html

Whether your hard drive is healthy or near failure, you may want to consider backing up your data every day. It is cheaper to have a backup plan in place than losing critical office time as well as paying a substantial amount of money to hire an IT professional for data recovery (sometimes their rates are based on how badly you need your data).

You may want to keep the data in a safe and secure place, preferably outside the physical confines of your office. A backup for dental practices needs to include not only copying data, but also programs, settings, and the operating system. RAID 1 backups **only** protects against disk failure and it does not protect against accidental deletion of files, corruption of files, power hits to your computer system, theft of the computer system, disasters, etc. RAID 1 like all raid (except RAID 0) is for redundancy. If one drive fails the system can continue to run with the other mirrored drive.

There are important aspects of a good backup strategy are:

1. **Create more than one copy of the backup on separate media**. This is typically done by alternating backups to different sets of media - backup to hard disk 1 for the first week, disk 2 next week, then back to disk 1 for the third week, etc. This means that you're not stuck if one of your backup hard drive dies. You can also create two copies on different hard drives if you do not wish to alternate between hard drives. The second copy can be saved on a hard drive offsite.

2. **Hold onto more than one generation of a backup.** This means keeping some backups for a longer period of time. For example, you might choose to keep the first backup of each month for a whole year (if you have enough disk space available). This protects against accidental deletion or corruption of files that you don't discover right away.

3. **Keep one backup offsite.** This protects the backups from risks such as theft or disasters.

4. **Encrypt and password protect your backup.** The goal of confidentiality is to prevent or minimize unauthorized access to and disclosure of data and information. In many instances, laws and regulations require specific information confidentiality (i.e. HIPAA). For example, Social Security records, employee records, medical records, and corporate information are high-value assets. A HIPAA medical records violation is $50,000 (i.e. per record) with a cap of $1.5 million annually.

Disk cloning is the process of copying the contents of one computer hard disk to another disk or to an "image" file. Unlike standard copying functions, **disk cloning** involves copying hidden and in-use files. A user may create a comprehensive backup of their operating system, installed software, and data files by making use of disk cloning. Standard copying functions cannot copy the operating system, which is why disk cloning plays an important role in bringing your computer back to working status after a severe crash.

List of Disk Cloning Software:
http://en.wikipedia.org/wiki/List_of_disk_cloning_software

My personal favorite is **Macrium Reflect**:
http://www.macrium.com/

When you encounter a hard drive failure, instead of re-installing the Operating System, then installing your programs, then copying over your data files associated with the programs, you can image restore a cloned image file from your backup hard drive onto your repaired computer and be up and running without needing to re-install the Operating System and all the programs you use along with your data files.

When you encounter a motherboard hardware failure and need to buy a new computer, the situation is more complex. Windows is optimized to boot as quickly as possible and this is achieved by loading specific drivers for your computer. This means that if you try to boot a previous installation of Windows from the old computer onto the new computer's hardware, you are likely to encounter the dreaded blue screen of death (or BSOD). Macrium Reflect has a special tool, ReDeploy, that is designed to make the complex process of getting Windows running on new hardware as easy as possible. Macrium Reflect also offers encryption and password protection of your cloned image file.

How and when you backup your data and for how longs depends on many factors at the State, Local, and Federal Level. The best approach is to take a Full backup Sunday night, followed by incremental daily backups. At some point, you're going to want to move the backups to cheaper storage (i.e., tape) if your retention rate is something high (e.g., 7 years).

In Summary:

1. Use CrystalDiskInfo to check the status of your hard drive
2. Consider cloning/imaging your computer or server onto a backup hard drive
3. Hire an IT person if you are not comfortable with the cloning process
4. Back up your data locally and remotely
5. Encrypt and password protect your backup

There are many good reasons to clone / image a computer hard drive.
It will provide protection against

- Accidental deletion of files
- Corruption of files, file system or windows system due to software bug
- Hard disk corruption or failure
- Theft of computer

Special thanks to Mr. Bo Vargas for his suggestions on this article:

http://www.linkedin.com/in/bovargas

More information on Diffential vs. Incremental Backups

http://www.acronis.com/resource/solutions/backup/2005/incremental-backups.html

WHEN FACED WITH A MALPRACTICE CLAIM, WHO DO YOU WANT IN YOUR CORNER?

When your career and reputation are on the line, you want the strongest dog in your corner. Many dentists don't realize how important their dental malpractice insurance is until they need it most. Medical Protective has over 100 years of proven experience, national expertise and a balanced defense that focuses on ***your best interest***. And, today, more than ever, the big financial strength, integrity and powerful backing of a Warren Buffett Berkshire Hathaway Company are crucial to the quality of your dental malpractice protection.

One company has strength and experience that towers over the others.

Contact us today for a Protection & Price Check-Up

PROTECTION & PRICE CHECK-UP

Email: denise@bb-insurance.com
Visit: www.bb-insurance.com
Call: 877-832-9113

Trust the dental malpractice experts.

MEDICAL PROTECTIVE
Strength. Defense. Solutions. Since 1899.
a Berkshire Hathaway Company

Peer Reviewed • Members-Only Benefits • Supporting the VDA

INSURANCE

For you, your family and your dental office

B&B Insurance Agency 877-832-9113
Full service agency for health (including endorsed **Anthem**), life, malpractice (including endorsed **Medical Protective**) home, disability, workers comp., long-term care and much more.

FINANCIAL SERVICES

For you and your dental office

Credit Cards and CDs 866-438-6262
Bank of America

Practice Financing 800-497-6076
Bank of America Practice Solutions

Patient Financing 800-300-3046
CareCredit Ext. 4519

Collections 804-282-9007
Transworld Systems/Green Flag

PRODUCTS & SERVICES

For your dental office

Amalgam Separators 800-216-5505
SolmeteX

Electronic Claims & Merchant Services
MDE — 866-633-1090 *WorldPay* — 866-495-6547
Stand-alone credit card transactions or fully integrated credit card and real-time electronic claim transactions through **MDE**, **Worldpay** and your practice management software.

Gloves 877-484-6149
VDA Services Gloves

Marketing & Communications 800-210-0355
Demandforce

Payroll Services 800-322-7292
Paychex

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.

VDA Services Announces Endorsement of Demandforce

By: Elise Rupinski,
VDA Director of Marketing and Programs

VDA Services is pleased to announce the endorsement of Demandforce Inc., a leader in marketing and communications software for dental practices. The endorsement will provide a great service to members and allow VDA members to receive the exclusive benefit of having the set-up fee waived when they sign up for Demandforce.

"VDA Services believes Demandforce is the most innovative software available for dentists to enhance their online reputation and communicate with their patients in the way they want to be reached: through email and text with the option of using Facebook and Twitter," says Dr. Lanny Levenson, President, VDA Services. "Our members were looking for a way to keep up with technology and social media as it constantly evolves, and Demandforce provides our members with exactly what they need to stay ahead of the curve. We are looking forward to our members taking advantage of the Demandforce software."

Demandforce is the easiest and most effective way for dentists to communicate with patients and increase production and efficiencies. Demandforce automates appointment scheduling and confirmations using email and text messaging, helps practices enhance their online reputation on Internet sites including Google, Facebook, and Citysearch, and enables patient reactivation with promotions, newsletters and more. Additionally, Demandforce automatically tracks results and revenue from online marketing and communications efforts to provide dentists with real-time visibility into the success of their practice.

«The endorsement of Demandforce by VDA Services showcases our common vision to provide the best dental care and products to the dental market," said Patrick Berry, Vice President of Marketing and Product Development at Demandforce. "Demandforce makes it easy to not only recall existing customers but get new customers by enhancing online reputation and automating all customer communications. We look forward to members of the VDA taking immediate advantage of Demandforce and to a successful relationship with the VDA."

This marks the sixth major dental association to endorse Demandforce, including the California Dental Association and the Pennsylvania Dental Association. Dental association's select Demandforce because it brings overwhelming value to their members, practices and patients and continues to innovate.

About VDA Services
VDA Services is a program of the Virginia Dental Services Corporation, a for-profit subsidiary of the Virginia Dental Association. The Virginia Dental Association is a professional association representing over 3,500 dentists throughout the Commonwealth of Virginia. The VDA is a community of professionals advancing dentistry and serving the people of Virginia. The VDA is online at www.vadental.org.

About Demandforce
Founded in 2003, Demandforce helps small businesses thrive in the Internet economy. Demandforce is used by thousands of customers to grow revenue, keep clients coming back, and manage operations more effectively. Demandforce connects Demandforce clients to over 100 million consumers via email communications, text messaging and online services. Demandforce has achieved 26 quarters of over 80% year-over-year quarterly growth and is led by a management team with a history of success developing and delivering web-based applications that drive real, tangible business value. Demandforce, Inc. is headquartered in San Francisco, CA. To learn more visit www.demandforce.com.

Demandforce®
Growth. On Demand.

Voices of Women in Dentistry

Why our VDA Members Value Membership

Why I Love the VDA

By: Dr. Anne Adams, Past President, Virginia Dental Association

I have been a member of organized dentistry since I was in dental school at MCV. I did not have much time to give to ASDA as I worked the four years I was in school. When I graduated from dental school I converted ASDA membership to membership in Richmond Dental Society. I attended the meetings and participated in the continuing education that was provided yearly. I also have worked at the dental school since I graduated in 1980. The job at the dental school paid enough at that time for me to enjoy having a check at the end December to pay my RDS, VDA, and ADA dues for the following year.

For three years, I worked as an independent contractor and then started my own practice in 1983. I became more involved in organized dentistry. I was asked to serve on the Children's Dental Health Committee and to visit schools to deliver information to third-graders about dental health. I also was elected to be a delegate from RDS to VDA. This was the first time I had an idea of what was happening in dentistry.

I have seen many changes over the last thirty some years. Most of the changes are good. This is why I am proud to be a part of the tripartite and list my ABC's of what makes me proud to be a member.

Advocacy for our patients and profession, collectively we have a strong voice

Benefits such as continuing education, insurance, networking to build your practice, contract analysis, insurance coding, and many more

Camaraderie, you are not alone and probably not unique

Dedicated Professionals

Executive Director, I have seen three very different directors in my tenure. Each one has brought something different and valuable to organized dentistry.

First woman president of the Virginia Dental Association which encouraged other women to become involved in organized dentistry. Foundation (Virginia Dental Association) needs support to build outreach programs (DDS and MOM)

Goals to be the voice of dentistry

Health, an understanding of the oral and overall health connection and education developed for the public

Informed members to protect the sanctity of maintaining independence and to provide information of rapidly developing issues

Joint Collaboration with alliances that share our concerns of total health

Kindness shown by our dentists to those less fortunate

Legacies, keeping our profession strong and viable for all the children of dentists that are becoming dentists

Mentors, Carole Pratt, Joanie Gillespie, Chris Hamlin, Charlie Cuttino, Bud Zimmer

New Members, the life blood of an organization

Opportunity and obligation to make a difference in our profession

Proactive to protect our patients from government and insurance companies

Quality through ethics and education

Research to maintain current materials and methods used in dentistry

Students, all of us should be lifelong learners

Teachers, share your knowledge and expertise, support your school to provide quality education for dentists and future dentists

Unity together we can make a difference

Volunteer, give back to our communities with service or dollars
Visionary, to move us into the next millennium. VDSC nonprofit arm to support our organization to keep it dues neutral

Work hard

XOXO I love all of you

You, we need you to join us

Zealous network of like minded people who share knowledge, perspective and support

Thank you for putting up with me for all these years!

Anne

Voices of Women in Dentistry

...a powerful voice in government

Rebecca Angus, DDS
Member since: 2003
Virginia Commonwealth University School of Dentistry 2007
Angus Dentistry
Midlothian, Virginia
804-794-6893
rebecca.angus@gmail.com

The Virginia Dental Association has been instrumental in the success of my career. As an active member of both my local and state dental society, I have formed close relationships with some of the best dentists in Virginia. These dentists have been mentors to me as I've formed my practice philosophy, as I'm learning the business of dentistry, and as clinical resources. At any time, I feel that I can call or email a list of probably 25 people who will always take the time to talk with me and give me whatever help I need. The VDA also provides fantastic affordable continuing education featuring the best national speakers in nearby venues. As an active VDA dentist, I have the opportunity to get involved in the politics of dentistry within the VDA and in governmental policy. Organized dentistry has a powerful voice in government; with our efforts we protect our profession against the unethical practices of insurance companies and organizations who wish to undermine the integrity of our profession. We work hard to ensure the future of dentistry. I am honored to Chair the VDA Mentorship Committee and serve on the New Dentist Committee, and through these committees I am able to provide help and guidance, particularly in the areas of practice management and transitions, to our new dentists and dental students so that they will be able experience the successful practice that I have. I believe in the power of organized dentistry.

...our voices became one

Marjun Ayati, DDS
Member since: 2003
University of Maryland School of Dentistry 1995
Fairfax, VA
(703)560-6301
ayatidds@gmail.com

I did not fully understand the value of organized dentistry when I graduated from dental school in 1995. Being in debt from student loans, it was difficult to justify my membership dues and what it would do for me. After I got my first job as an associate, my mentor encouraged and helped me join ADA, VDA and NVDS. It was not until I became a representative of our component at the VDA Governance meeting in Fredericksburg, VA that I fully understood how valuable organized dentistry is. The issues discussed ranged from influence of insurance companies on our practice to Dental School admissions. Our voices became one as we voted on these issues and at that moment, I couldn't have been prouder to be a part of an organization that would impact me and my profession for the better.

...high level of trust

Cheryl Billingsley, DDS, FAGD
Member since: 2002
Medical College of Virginia 1990
Richmond, VA
804-740-4485
richmondfamilydentistry@mindspring.com

I have always believed in being involved with organized dentistry. Our profession holds a high level of trust in our patients' minds and organized dentistry influences that positive perception of dentists. Once my son was in college, I was able to become more involved and chose to give back to the dental profession. I initially met many of my closest friends through volunteering in organized dentistry.

Organized dentistry provides a means in which to reinforce the high values we instill in our profession such as development of outstanding continuing education, advocacy for all dentists, mission outreach, networking among our peers, and development of alliances with other organizations, in addition to an array of other opportunities. We owe it to our dental profession to stay involved and support organized dentistry.

...pursue issues that affect the future

Tegwyn H. Brickhouse, DDS, PhD
Member since: 1999
Virginia Commonwealth University, Nebraska Medical Center College of Dentistry 1996
Richmond, VA
804-827-2699

I began my career in organized dentistry between my second and third years of dental school as an ASDA Dental Health Policy extern for the American Dental Association in their State Government Affairs Office. This experience initiated my interest in understanding the disparities in oral health and the concept that the health care delivery system is a complex combination of etiologic factors and relationships that influence the utilization of dental services and individuals subsequent health status. My background and interests in oral health disparities have influenced my choices as an academician with both the research projects I am involved in and the leadership positions I have assumed in the VDA, AAPD, and Virginia Oral Health Coalition. The value of membership that the VDA has given me is the opportunity to actively participate in service projects and pursue advocacy issues that affect the future of my profession while at the same time being mentored by long-time VDA members, policymakers, business and community leaders.

It is a rewarding day when I have the opportunity to work with the VDA and apply my education and experiences a clinician, educator, research investigator and chair of a non-profit (VaOHC), to create a portfolio expertise that will address and at some point reduce disparities that exist in the oral health of young children.

...an invaluable resource

Amanda Brown, DDS
Member since: 2007
Medical College of Virginia, 1998
Leesburg, VA
703-777-8777
DrBrown@HerbertDentalGroup.com

In my tenure as a dentist since 1998, the evolution of the profession has been profound. In the last decade, the percentage of female dentists in the United States has climbed from 10.5% to 22% according to the National Census data. I was fortunate to have my father as a mentor during the start of my career. At the very beginning, he advised me to join the Virginia Dental Association. The VDA has served as an invaluable resource to me over the years. Balancing a growing dental practice, raising a family and continuing my education can be challenging. Virginia's Dental Association offers courses to enhance my dentistry so that I can continually offer my best to my patients. In addition, they keep me well informed regarding legislative and regulatory changes that I may not have time to research on my own. As a member in organized dentistry, through the Virginia Dental Association, I have advocates in the one voice that I share with other women in my chosen profession.

Voices of Women in Dentistry

...granting affordable insurance for its members

Shue Jen Chuang, DDS
Member since: 1988
University of Michigan, School of Dentistry
Centreville, VA
703-803-9223
supersmiles@verizon.net

Joining the ADA, VDA, and Northern Virginia Dental Society (NVDS) is one of the most rewarding decisions I have ever made in my life. Twenty two years ago, my husband and I, both dentists, decided to move from Michigan to Northern Virginia to start our own practice. With limited knowledge about the business and management, ADA helped seed the foundations for our practice. Our local dental society, the NVDS, has been very supportive to help us when we have any questions. Not only are the Continued Education courses stellar but the ADA and VDA publications update me about the current policies, technology, and health. Another great aspect of the ADA is the spectacular insurance benefit. Not only do I use the ADA's disability insurance, but also I utilize their life insurance. Overall, the Dental Organizations have contributed to my experience as a dentist by helping me start up my practice, providing me with updated information, and granting affordable insurance.

...REAL dentists solving REAL problems

Dr. Martha Cutright
Member since: 1987
VCU School of Dentistry 1982
Danville, VA
marthacutright@comcast.net

Complacency is the gingivitis of our profession. Whether you are employed in education, research or are practicing in the private or public sector, it is only through collaboration and organization that our voices unite with common goals at the local, district, and national levels. The VDA is comprised of real dentists solving real problems, exchanging ideas, and advancing education. As a member, not only are you represented from the district components within the Commonwealth, but also nationally by your elected representatives to the ADA. My career, since graduating from VCU School of Dentistry in 1982, has included nine years as a public health dentist followed by sharing a private practice with my husband, Barry K. Cutright, D.D.S. As a current member of the Board of Dentistry, I am aware of the utmost importance of discussion and the review of current topics and concerns that face dentistry at both the state and national levels. We are all impacted by these decisions.

Proactive dentistry today means mapping out tomorrow. It means staying abreast of issues that are as close at hand as your amalgam carrier or as far away as your retirement plans. While dentistry is often the road less travelled, rest assured that the VDA is the interstate of the future. Your membership matters. Healthy smiles can't happen without our dedication, research, and teamwork.

...excellent continuing education

Candace E. Evans, DDS
Member since: 1989
Springfield, VA
703-569-2137
drevans@candaceevansdds.com

I have enjoyed my tri-level membership in organized dentistry many years. The ADA, VDA, and in my case, the NVDS (Northern Virginia Dental Society) have been very helpful in offering opportunities for personal and professional enrichment with excellent continuing education programs. The educational programs help keep members current with the vast amount of new dental procedures, equipment, and materials rapidly becoming available. Over the years, the meetings have also provided professional networking for me, leading to career opportunities and friendships that have lasted decades. Meetings have also focused on ethics and political awareness of proposed legislation that may or may not be favorable to dentistry. When membership is alerted to these issues, organized dentistry has been able to effectively provide a voice for its members before local, state, and federal legislators thus protecting our profession and the patients that we treat.

...current and up to date

Dr. Tawana D. Feimster
Member since: 2000
UNC-Chapel Hill, Howard University,
University of Maryland
Alexandria, VA
571-312-3762
feimster@arlingtonendo1.com

I was introduced to the concept of Organized Dentistry when I was in the dental hygiene program at UNC-Chapel Hill. My hygiene instructors were all advocates of organized dentistry, and stressed the importance of lifelong learning by attending meetings hosted by the local dental society, study clubs, and national meetings. At that time, I didn't understand the value of organized dentistry, but felt that it was something that I needed to do. As I journeyed through dental school, and an endodontic residency, I have found the value of organized dentistry.

As a dental student and resident, by attending various conferences, lectures, sessions and events sponsored by ADA, AAWD, NDA and ADEA, I become more aware of dentistry as a profession, and the different avenues one can take by having a dental degree. The exposure to dental research, clinical dentistry, dental education, and advocacy helped me to get a clear understanding of what role I wanted to have in the dental community.

As an endodontist and a dental educator, organized dentistry has been very instrumental in my growth in the profession. Membership in AAE, ADA, VDA, NVDA, Penick Study Club and the other various associations has enabled me to stay current and up to date on the scientific literature, as well as clinical and practice management. This helps to assure that I am providing the best care for patients and staying up to date on the rules and regulations in dentistry. As a committee member of Curriculum Change and Innovation (CCI), a division of ADEA, this enabled me to work with educators from around the country to build a consensus in dental education leadership to assure dental students graduate as competent dentists and address the health care needs of the community.

Organized dentistry is also the avenue used to increase networking opportunities and to develop professional relationships. Overall, I think organized dentistry offers services for all dental professionals which helps with the advancement of the profession and enables the profession to better serve the public.

...a wealth of guidance and resources

Sarah Friend, DDS
Member since:2006
MCV School of Dentistry
Galax, VA
276-236-6109
friendfirgau@gmail.com

A mentor of mine once told me that "doing dentistry" is the easiest part of our job. It's everything else surrounding our profession and practice that make our lives so complex. From the time I was a dental student until now, I have always felt the presence and support of organized dentistry. The ADA and the VDA offer a wealth of guidance and resources for all stages of dental careers, helping us to make practice more manageable. Most any question I have ever had on a dental topic has been found by contacting the wonderful staff at the VDA or by visiting the ada.org. Today there are many important legislative issues on the forefront nationally and state-wide that will ultimately affect dentistry as a whole. Organized dentistry has helped to raise awareness on these issues and to strengthen the collective voice standing up for the best interest of our patients and our profession. We are truly blessed in Virginia to have strong leadership at the VDA and in our local components. I am honored to be part of this community of dedicated professionals. We all should contribute to the greater voice affecting our future by being involved with organized dentistry!

Voices of Women in Dentistry

...collegial atmosphere inspires confidence

Catherine Oden Fulton, DDS, PLC
Member since:1987
MCV/VCU School of Dentistry and Columbia University College of Dental Medicine
Norfolk, VA
757-838-2006, 757-489-1331, 757-424-3794
drfulton@drcatherinefulton.com

At the 2012 VDA Leadership Conference, a colleague said," Being involved in the VDA has made me a better person. I've carried what I have learned into all areas of my life." This simple statement captures the essential value of VDA membership: personal and professional growth. Throughout the 25 years I have been in practice as an orthodontist, I have enjoyed rich relationships with my colleagues, who have shared their experiences, insights, opinions and concerns without regard to gender. This collegial atmosphere inspires confidence, builds friendships and produces empowerment. My membership in the VDA has enabled me to learn and exercise leadership in my profession by serving in various capacities, including the office of president of a local component. As a woman, I highly recommend joining of this important community of dental professionals immediately; it will enhance your life, both personally and professionally.

...keep our profession unified and dignified

Mary Gregory, DDS
Member since:1987
VCU School of Dentistry 1982,
US Army Dental Corps, Ft. Carson Colorado 1982-1983
Arlington, VA
703-527-6495
drmarygregory@verizon.net

I would encourage all young dentists to join the VDA. There are so many ways you can benefit, to include educational programs, access to legal advice, connections in the dental community, and interfacing with peers. There are delegates working in many capacities with politicians on Capitol Hill so that we may continue to practice dentistry in the best possible way. Organized dentistry has provided me with a sense of pride in our profession, and has continually strengthened my sense of responsibility to my patients to maintain a strict code of ethics and to stay current with the state of the art. I have been a member of the VDA for 30 years and invite each and every one of you to join us to keep our profession unified and dignified. Together we can make a difference!

...ever widening circle of alliances

Dr. Daura "Christy" Hamlin
Member since: 1976
Indiana University School of Dentistry 1976, James Whitcomb Riley Hospital for Children, Indianapolis, Indiana 1976-1978
Norfolk, VA
757-627-7550
mspedo1@gmail.com

My first employer in Norfolk, was, happily, Dr. Barry Einhorn. It was an understatement to say he was involved in organized dentistry. He showed me the ropes, and then handed me those ropes!

As a new dentist to the area, it was imperative to become active in the local dental community. I was asked to chair Children's Dental Health Month, and from that humble beginning, I was honored to eventually to sit on an ADA Council. My personal growth and practice growth blossomed through these commitments, as my contacts extended to an ever widening circle of alliances. My peers showed me the force and power of the unified face of dentistry, striving to maintain the sanctity of our independence, in turn, allowing us to practice to the best of our ability. It is amazing to see the talent and dedication of these busy practitioners, volunteering their time for the dental community. You get swept up into the wave and the satisfaction of the accomplishments is heralded by all.

Next to your everyday goal of providing the best care for your patients, networking through the dental society is a way to gain exposure that no amount of advertising can match. The continuing education, which is convenient and reasonable in cost, keeps you current on cutting edge clinical and practice management techniques.

The dental association is our union, so to speak. It provides far more benefit than the amount written on the dues statement. It is truly a bargain, and those hundreds of volunteers who participate in the committees from the local components to the national level work tirelessly for us. I am honored to have had the opportunity to be a part of the process. And the rewards received, have been beyond my wildest imagination! Thank you, Virginia Dental Association.

...many platforms for outreach

Dr. Mitra Hooshangi
Member since: 2005
George Mason University, VCU School of Dentistry 1993
Vienna, VA
703-893-7900
drhooshangidds@yahoo.com

I feel membership in organized dentistry is important because it's good to know that you are being backed by an organization that not only understands the importance of the connection between oral health and overall health, but makes it a priority to educate its members as well as the public of the fact. I also appreciate that being apart of this organization provides many platforms for us providers to reach out, many at no cost, so that patients can have access to information on where they can receive care. The ADA also advocates for oral health providers by fighting for laws that help maximize patient flow by making dental care more affordable, while at the same time maximizing revenue by the decreasing taxes and fees for us.

Being a part of the ADA has been critical in the development of my career because the organization provides world class education that keeps me up to date on all the latest and greatest in dental care. The ADA is a symbol of product safety and effectiveness. As a member my patients can be and feel confident in the dental care that they are receiving.

...members willing to share their knowledge and support

Sarah Kandrac, DDS
Member since: 2007
Vinton, VA
VCU School of Dentistry 2011
540-342-7865
skandrac@gmail.com

My first experience with the Virginia Dental Association was as a freshman dental student, for their annual lobby day at the State Capitol. Seeing so many members of our profession come together to achieve a common good made a lasting impression. I appreciated organized dentistry as a collective voice and champion for our community. I maintained involvement in the VDA throughout dental school, and was ultimately connected with an amazing practice in Roanoke. The decision to go straight into private practice was less daunting knowing that I am linked to a network of like-minded members, who are so willing to share their knowledge, perspective, and support.

I have the ADA, VDA & RDS to back me up.

Claire C. Kaugars, DDS, FACD
Member since: 1983
VCU School of Dentistry
Richmond, VA
804-285-4867
ckaugars@comcast.net

I joined the Richmond Dental Society, VDA, and ADA after dental school graduation because that's what everyone did. I looked to both the RDS and the VDA

Voices of Women in Dentistry

as a good means of allowing me to get CE credit and socialize regularly with recent dental school graduates and practicing dentists. I enjoyed the camaraderie of like-minded, purpose filled dentists "serving" dentistry. Somewhere over the years among friendships, CE courses, and committee meetings, I began to understand the VDA and ADA in a new light. I began to see a bigger world, have a broader business perspective than just working in my office. In that world, there was a big dental need and access to care issues made evident through MOM projects. In that bigger world, there were government agencies beginning to influence and regulate my practice. Other professions wanted to limit the practice of dentistry. Insurance companies sought to negatively impact dental practices with unreasonable mandates. It was similar to seeing my parents in a new light once I had children of my own. I never have been an isolated practitioner/small dental office….I have had the ADA, VDA, and RDS network working for me, backing me up, scouting the rapidly developing issues. I can't be the scout, attorney, or visionary in the larger world around me and run a quality dental practice--I have to count on a larger organization to do those things. As a member of the ADA, VDA, and RDS I have found a deeper perception of who I am as a dentist and see the world in which I work, and, with their direction, hopefully can appropriately respond. Collectively we count as a voice; individually we can't be heard.

...fosters opportunity for growth

Karen McAndrew DMD, MS
Member since: 2000
University of Pennsylvania,
University of North Carolina
Richmond, VA
804-741-8689
www.vapros.net

Being connected to the dental community is essential to being able to provide patients with the best care, services and opportunities possible. Organized dentistry provides many opportunities to bond with other dentists who have many of the same ideas, concerns and goals. As a specialist, I am grateful for this network that encourages excellence and fosters opportunity for growth within our practices. While you may not know everything organized dentistry does for you, I invite you to explore how being a member can help you grow within our exciting profession. Virginia is a wonderful place to practice with so many skilled and concerned dental care providers. The many services that the VDA provides is proof positive that there is strength in numbers…lets continue to maintain a strong profession serving the wonderful patients of the commonwealth.

Regardless of your interest being it private practice, academics, research, or public service, the VDA provides the support to remain a strong dental health care force. In my travels, I have had the opportunity to meet many dentists throughout the country, sharing and exchanging ideas, but I am always reminded of how supportive our home organization, the VDA, is to the needs, concerns and care of the people in the commonwealth of Virginia.

...relationships that add a richness to life

Dr. Benita Miller
Member since: 1986
VCU School of Dentistry 1984,
Medical College of Georgia 1986
Richmond, VA
804-285-4867
3millers@gmail.com

"No man is an island unto himself," but we are so easily isolated in our practices whether they are small or large. Women are wonderful social networkers (and that is before Facebook, Twitter, etc!) and I have made most of my closest friends, godparents to our daughter, colleagues, and allies through organized dentistry. I would have completely missed out on these relationships if I had not joined our tripartite organization and remained a member all these years. These relationships have added a richness and depth to my life that I could not have found elsewhere. Organized dentistry has also given me the opportunity to develop relationships with other groups who impact our profession, e.g., our legislators, oral health coalitions, schools, and helped broaden my horizons in my community.

"To whom much is given, much is expected in return." I have long felt a responsibility to give back to the profession that has given me so much. There are many days when it would be so easy just to go home and stay home - there's lots to do there - it's every woman's second job. However what would happen if we all just sat back and let "someone" else be a member and be active? Who would be there? If you have talents you should use them and share them for the benefit of all. As dentists we have the rare opportunity to provide a valuable service to our patients and our communities and to provide for our families. We all have a responsibility to strengthen the profession and move it forward for our next generation. At the end of the day, I want to be an inspiration to my daughter that my Mom has been to me.

...a lot of camaraderie

Dr. Ellen R. Oertel
Member since: 2001
Medical College of Virginia
School of Dentistry 1992, VCU
School of Dentistry 2005
Colonial Heights, VA
804-520-0000
dr.ellenoertel@gmail.com

I am a female endodontist in Southside Component 3. When I first came back to Colonial Heights to start my practice in 2005, I called the VDA and joined my local component. I have to admit that I had some trepidation, our component had very few female members and it seemed to be a "Good Ole Boy" network at first glance. What I found was that I was welcomed with open arms and immediately given a position as our component's representative on the finance committee with the VDA. Within 6 months, they had voted me in as Treasurer and I was on the officer track. Our component is small but there is a lot of camaraderie, after all, your fellow dentists are the only other people who REALLY know what you've been through all day. Our members are a great resource and we often ask each other for advice about patients, business, staff and other concerns. Component 3 is very philanthropic, we give money to the dental school, we do a huge Give Kids a Smile day, we do our MOM project in Emporia, some of our members do Dentistry from the Heart, and a lot of our members participate with Medicaid and Donated Dental Services. I have found that being involved in organized dentistry makes me feel like I'm part of a team, contributing to the needs of our Southside community. I love being a "Good Ole Boy"!

...keeping current on new technologies

Dr. Rebecca Orr, DDS
Member since: 2005
Chesapeake, VA
West Virginia University 2009
757-547-2266
www.greenbrierdental.com

It is crucial to our profession to have an advocate like the ADA promoting the profession in so many ways. The majority of dentistry has maintained to be operated by independent small businesses. The ADA provides us as individuals with a strong united voice in advocating the best treatment for our patients through objective research studies and lobbying in political policy for our

patient's best interests. Organized dentistry has also brought me together with other professionals, locally and within the country, sharing valuable experiences and keeping current on new technologies to better serve my patients. On a personal note, the group life and disability insurance policies available through the ADA are offered at a great rate.

...true warriors pushing back the encroachment of government on our practices

Elizabeth J. Resnick, DDS
Member since: 1985
Virginia Beach, VA
Medical College of Virginia

After decades of government intrusion in every aspect of our lives from toilets, to movies, to food labels, to education, this list could go on and on, but this letter would be two thousand pages long and no one would read it. The bottom line is, government regulation is pervasive. Do you want government telling you how to practice? Would you like to negotiate better terms with insurance companies? Do you like being in total control of your practice? The VDA is the strong loud voice for our profession, because being silent now means a direct loss of control over our profession, in other words a loss of freedom. These heroes who advocate for our profession are true warriors pushing back the encroachment of government into our practices. The VDA is in the trenches fighting in Richmond, lobbying the legislators to keep government at bay protecting both the public and dentists. What the VDA has done for my career is to minimize government intrusion; allowing me to practice dentistry unencumbered by excessive government regulation. If you want to provide your patients with the best dentistry has to offer and control your own destiny, then actively support the VDA. It takes hard work and money to keep the government at a distance. So remember, dental patriots when you support the VDA you support freedom for you and the public, when you support the VDA you support free enterprise, when you support the VDA you support the American dream.

...mentors that offered me the chance to get involved

Dr. Elizabeth Reynolds
Member since: 1992
Richmond, VA
www.brsdentistry.com

Hmmm… I was asked to share my thoughts about organized dentistry and what it means to me. Where can I even start? When I graduated from dental school I was one of those folks that joined the tripartite ADA because it was what I was supposed to do. It was what my father had done so I assumed it was what everyone did. (I am not even sure I knew what tripartite meant! I only knew that I had to write a huge check and sent it off, and as a new dentist it was a significant investment!) I had a wonderful experience in dental school with wonderful friends and wonderful mentors; in private practice I began to realize that that environment was a bit more difficult to find. I was lucky enough to meet wonderful people who invited me to my first Northern Virginia dental meeting and the rest, as they say, is history. I have appreciated so much all of the relationships I have developed through my involvement in the VDA. I have had the opportunity to work with amazing mentors who have offered me the chance to get involved and learn exactly what organized dentistry is all about. The people in the VDA are the people who truly care about this profession; they have given of themselves in so many capacities- political involvement, MOM project involvement, leadership involvement, and they have done so selflessly and untiringly. These are the people who make this such a fabulous profession, and I feel proud to have been given the chance to be a part of such a group. So, what does organized dentistry mean to me? It means that I am given the chance to work in a profession which I love with people who continually inspire and amaze me. It means that because I am a member of the Virginia Dental Association, I am seen as an ethical, caring, responsible, knowledgeable member of my profession. It means that when I have questions or concerns, I have a network of people with a wealth of knowledge on which I can call. It means that I have every opportunity to be the best I can be. Who could ask for more than that?

...trusted leaders

Renae Roelofs, DDS
Member since: 1985
Richmond, VA
University of Minnesota Dental School
804-323-3944

My reasons for joining the Virginia Dental Association are probably very different from what you want or expect to hear. I can tell you, the reasons I list are honest and very real. As a woman in the field of dentistry, I wear many hats. I am a full-time dentist in private practice, with my husband, Dr. David Larson since 1985. I have managed the business aspect of our practice from the start. In the early days, we both worked as associates in other dental practices and taught part-time at MCV Dental School. We started our practice with one dental chair and one employee. Today we have six operatories and a staff of twelve. I am a mother of two and welcomed five foreign exchange students into our home over the years. My passion (outside of dentistry) is playing competitive volleyball. I play twice a week and play at the state and national level. I love to travel. I donate dentistry to the needy both abroad and locally. I take close to 100 CEU each year. I am active in women's networking groups. I bowl on a league. I am involved in my elderly parents lives as well as my young adult children (lives). I could keep going but why am I telling you all this?? This is the life of a woman in dentistry. I'm sure I am not unique in this regard. The bottom line is I am extremely busy. I support the VDA and trust my colleagues and leadership (who have chosen to be active) in the VDA group to make political decisions that benefit our profession as a whole. I do enjoy the additional benefit of camaraderie and the continuing education that the association provides.

...power to make positive change

Danielle H. Ryan, DDS
Member since: 2006
Charlottesville, VA
VCU School of Dentistry 2010
540-886-1979

I was asked to write a brief paragraph on why membership in organized dentistry is important and how it has been critical in development to my career. Simple, I thought.

So, of course, all of the obvious reasons flooded my thoughts- I want to make a difference in the dental profession, protect and help represent what we as dentists have worked so hard to establish and keep current with what is going on in the ever changing world of dentistry. However, when I thought about writing that

Voices of Women in Dentistry

down, and then expecting you to read the whole thing without quitting after the first sentence, I changed my mind.

I knew if I really wanted to share my voice, I would have to dig a little deeper to figure out what truly motivates me to spend hours each week outside of the office thinking about dentistry, brainstorming ideas for how to better our profession and organizations, attending meetings, conference calls and spending my week vacation each summer at a dental conference. Why do I do these things?

After much though, I have realized:
1) I am more productive when I am busy
2) I am kind of a control freak (you are too, you know it)
3) I enjoy it!

Unlike so many things in my life that I do because I have to, volunteering my time and participating in organized dentistry is something I choose to do because it is fun. I enjoy being around other enthusiastic dentists who also want to see the best for our profession. It is rewarding to realize that what I have to say and what I think matters and makes a difference.

Our dental organizations are just that... OUR organizations. We make the rules, we set the standards and each one of us has the power to make positive changes that have the potential to impact so many people; that is a powerful and important opportunity. If you are anything like me, you enjoy having the ability to make an immediate impact. Through organized dentistry, I have a voice and can help improve things-directly and quickly. I like that. Possibly, it's my control freak side coming out. It's great to be around people who appreciate that, don't you agree?

...personal and professional development

Lisbeth G. Shewmaker, DDS
Member since: 1984
Fairfax, VA
Howard University , University of Louisville School of Dentistry
703-822-2717
lshewmaker@nvcc.edu

I have been a member of the Virginia Dental Association since 1983. As a member of my state society, I have been afforded many opportunities for educational, professional, and personal development. Not only have I been exposed to excellent continuing educational programs and professional camaraderie, I have also had the opportunity to give back to those in need in the form of volunteerism at the "Give Kids a Smile Program" and the "Mission of Mercy Program" at Northern Virginia Community College. While working in private practice, I began a part-time position working as a supervising dentist in the Department of Dental Hygiene at Northern Virginia Community College. After a few years as adjunct faculty, I was offered a full-time teaching position in the Department of Dental Hygiene. Even though I am no longer in private practice, I have branched in a new direction that continues to provide me with unlimited educational opportunities and continued professional development. With organized dentistry and professional opportunities, I have been fortunate to continue my dental career in an exciting, new direction and now provide educational opportunities for my students. Thank you, VDA!

...mentors have become friends

Emily P. Smith, DDS
Member since: 2000
VCU School of Dentistry 2003
Beaverdam, VA
804-266-8547
eprocdds@yahoo.com

My involvement in organized dentistry began at the beginning—in dental school when I joined ASDA as a dental student. I joined the ADA and AGD as an AEGD resident. As a student guest at a RDS monthly meeting, I remember my first 'Ah' moment when I really understood that this was not just a social gathering. It's more than that. I was inspired to take an active part in dentistry, not just go through the clinical motions. Over the years, mentors have become friends, and I've enjoyed that sense of camaraderie you can only feel when you are a part of something bigger. This is why membership is so important to me. No matter what your personal level of involvement is at a given time, you are a member and that has value. My membership is my way of saying I appreciate and care about my profession. I cannot imagine my journey in dentistry any other way.

...the ADA is ME on the world stage

Elaine K. Sours, DDS
Member since: 1979
VCU School of Dentistry 1979
703-369-5544
Manassas, VA
drsours@soursdental.com

The ADA represents ME. It reflects ME with its 157,000 dentists and 16,000 dental students who like myself are advancing the dental and oral health of the world. The ADA is ME on the world stage giving professionals like myself education, information, representation, research, and support within my dental family. For over 33 years I have been a proud member of the A.D.A., V.D.A. and N.V.D.S. and am very appreciative of their partnership with me and my career.

We need to remain the leader of the dental team.

Dr. Kit Sullivan
Member since: 1984
University of Richmond 1978, MCV School of Dentistry 1983
804-743-8165
Richmond, VA
ksullivan@wbperkinson.com

I began practice as an associate (first female) for W. Baxter Perkinson in August of 1983. There were no women in Baxter's dental school class and I was his so called "experiment"!! When first beginning practice with his group I mainly saw children and did hygiene. Now after almost 30 years I am senior partner and one of the top producers. I have been active in organized dentistry from my very first year after dental school. I had several professors recommend I join and become active. And Baxter always encouraged involvement in dental organizations. For years, attending the Richmond Dental Society meetings and Virginia Dental Association meetings was very hard. There were few, if any, women at many of the meetings and continuing education classes. When I initially joined it was mainly for the continuing education. That is one key benefit of membership in the VDA that is still very important to me. I have always been a life-long student. And the quality and quantity of CE courses (especially at the Annual Meeting) is exceptional. They are also a great value.

In the 1970s women entering dental school made up only 2 percent of all students. In the mid-1980s, 19.8 percent of the dental students were women. And this years first year dental school class has more women than men. As the number of women dentists has increased so has the number becoming involved in various roles and positions in organized dentistry. What a transition I've seen!! It's no longer "scary" going into a meeting or course!!

Being involved in organized dentistry is not something I ever thought of as an option, but as an obligation. It's so very important to the future of our profession that we, as dentists, participate in the decisions made about oral healthcare. We need to remain the leader of the dental team.

As I enter the later stages of my career, I also hope that my involvement will positively influence other women to become active because I believe women bring a unique prospective to the table.

Voices of Women in Dentistry

"The VDA has served as a role model, encouraging professionalism and serving the community."

Denise J. Unterbrink, DDS
Member since: 1986
Indiana University Dental School
Collinsville, VA
276-647-5310
ubrink1020@gmail.com

Practicing dentistry in a small community can be professionally isolating. Fortunately, the VDA, ADA, and Journal of the American Dental Association are excellent resources for continuing education, information on clinical and professional advances in dentistry, and evaluation of new materials. Most importantly, the VDA is an effective advocate and lobbying agent to ensure that proposed legislation is beneficial to the profession and our patients. In 2010, Virginia became the 9th state to ban insurance companies from determining fees for noncovered services. In 2011, the VDA proposed new dental lab regulations that require labs to register with the Virginia Board of Dentistry. The VDA has served as a role model, encouraging professional and community involvement and benefitting both.

"...united and cohesive group"

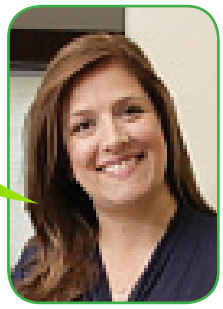
Dr. J Keller "Kelly" Vernon
Member since: 2005
Medical College of Virginia School of Dentistry 1989
804-520-0699
Colonial Heights, VA
jkellervernon@aol.com

I think it is extremely important to support organized dentistry simply because of the old adage "together we stand divided we fall". Our lobbyists are some of the strongest and most influential in government, and they see to it that our legislators understand our concerns as an entire dental profession. Dentists need to remain strong and be heard as one united and cohesive group and there is no better way to show our strength than to support organized dentistry. By supporting organized dentistry not only does it benefit you professionally but also personally. It benefits you locally, regionally and nationally. I have terrific friends in the dental community and I look forward to attending numerous functions/meetings sponsored by the VDA and the ADA.

It is rewarding to know that I am a member of an organization that genuinely has my best interests at heart. They have worked hard for me and in return I maintain my membership and enjoy the benefits of being the best dentist I can be.

As a result of the outstanding representation by the VDA/ADA our profession has been in a far better position than other healthcare providers (i.e. Medicine, Pharmacy) in that we have been able to make choices that benefit us and we have been able to govern ourselves.

"...contribute and give back as a sign of gratitude"



Gloria E Ward, DDS, MS, MIS
Member since: 2002
CES University in Colombia South America1992 & 1998, VCU School of Dentistry 1999 & 2003
804-270-7940
Henrico, VA
gloria@gloriawarddds.com

I have always believed that for each of the rights or privileges we have, there is also a duty. And, having had the opportunity to fulfill all my professional and personal dreams is a blessing that is not a common occurrence for everyone. The way I see it, I feel I need to contribute and give back as a sign of gratitude. We are immensely fortunate to have had leaders in dentistry pave the way so that we can enjoy our profession and our lives basically "as we want to". And in receiving that "right", my duty is to attempt to contribute in such fashion that we help people and along the way fulfill our dreams. I am always thankful for every patient that trusts their oral health to my team and the best I can do is to protect their right to receive the highest level of care possible.

My membership in the Richmond Dental Society Board of directors (and really, several other groups) has allowed me to express my ideas, help contribute a little bit and see how plans are made for the future of my profession and that of the future dentists. I feel it has helped me stay connected with my colleagues and as a resource for projects like M.O.M. Over time, I have been able to see how decisions are made in our profession; it has been a resource for several aspects of my business through the websites and the journals, and last but not least for continuing education.

"...included in decision making"

Dr. Sharone Ward
Member since: 1989
MCV School of Dentistry 1988, University of Maryland Medical Systems 1989
Chester, VA
804-796-1915
csharone@aol.com

Membership in organized dentistry has been invaluable to me. It has provided me many opportunities that I feel would not have been afforded me otherwise. On the local level, I have had the opportunity to be involved in volunteer projects, served on many committees, have been in leadership roles, and have served in the House of Delegates. It is very rewarding to be included in the decision making process that affects your profession. I have made friendships with fellow general dentists, as well as specialists, through the years, which has given me many sources for professional knowledge. I also have relied on the ADA many times as a resource, whether it was for office support, or clinical knowledge. Being a working Mom, I realize you can't be all things to all people, and you need to be efficient in your usage of time. Organized dentistry does most of the legwork to help us all be more successful than we would be as individuals. I am glad I made the choice, many years ago as a dental student, to become a part of organized dentistry.

"...practice dentistry without interference"

Brenda J. Young, DDS
Member since: 1986
MCV School of Dentistry 1986
703-560-6301
Fairfax, VA
drbrenda@cox.net

I became a member of organized dentistry in dental school. I felt this was a great introduction to the profession. It gave me invaluable resources to help with my professional goals. My father, being my role model, was a very active member of organized medicine in Northern Virginia. He held many positions of leadership. I watched him struggle to keep his practice and profession strong but the American Medical Association became fractured and had less of a voice for its members. I was determined not to see this happen to dentistry. I am following in his footsteps by maintaining an active role in organized dentistry. I want my voice to be heard and I want to practice dentistry without interference. I feel being a member of the ADA/VDA/NVDS is essential for my professional survival. We need to be united and vocal to maintain our livelihood in the profession of dentistry.

AFTCO

TRANSITION CONSULTANTS

WWW.AFTCO.NET

Helping dentists buy & sell practices for over 40 years.

AFTCO is the oldest and largest dental practice transition consulting firm in the United States. AFTCO assists dentists with associateships, purchasing and selling of practices, and retirement plans. We are there to serve you through all stages of your career.

Christine Karapetian, D.D.S.
has joined the practice of
Bruce S. Wyman, D.M.D.
Springfield, Virginia

Sebastian M. Bouroncle, D.D.S.
has acquired the practice of
Wayne G. Rasmussen, D.D.S.
Woodbridge, Virginia

AFTCO is pleased to have represented all parties in these transactions.

Call 1-800-232-3826 today for a free practice appraisal, a $2,500 value!

THE Virginia MEETING 2012

This year's meeting was a huge success!

Registration Category	2008	2009	2010	2011	2012
Dentists	579	438	431	323	394
Students	34	19	98	117	71
Guests	229	233	137	108	121
Dental Staff	574	471	415	383	491
Lab Technicians	4	4	0	2	3
Exhibitors	314	302	315	305	257
Scouts	0	2	0	0	0
TOTAL	1734	1469	1396	1238	1337

The Virginia Dental Association would like to thank the following organizations who have shown their support for the Virginia Meeting! Please consider these companies when making decisions for your practice!

3M ESPE
A-dec
ADS South, LLC
AFTCO
Asset Protection Group, Inc.
B & B Insurance Assoc., Inc.
Bank of America Practice Solutions
Benco Dental Supply Co.
Big Smiles Virginia, PC
BioHorizons
BIOLASE
Biomet 3i
Brasseler USA
Cain, Watters, &Associates
CareCredit
Carestream Dental/Kodak Dental Systems
Centrix, Inc.
Coverys
Creative Dental Ceramics, Inc.
Delta Dental of Virginia
Delta Dental Smart Smiles, Give Kids a Smile, & VDAA
Demandforce
Dental Business Network
Dental Direct
Dental Practice Affiliates
DentaQuest—Smiles for Children
DENTSPLY Caulk & Professional
Dentsply Tulsa Dental Specialities
Designs for Vision, Inc.
Doral Refining Corp.
Drake Precision Dental Laboratory
Eastern Dentists Insurance Company
Essential Dental Systems
Garrison Dental Solutions
GC America, Inc.
Gendex Dental Systems
GlaxoSmithKline
Healthcare Professional Funding Corporation
Henry Schein Dental
Heraeus Kulzer Hiossen Implant
Hu-Friedy Manufacturing Co.
Implant Direct International
Ivoclar Vivadent, Inc.
Jagas International Trading Corporation
Johnson & Johnson
Kuraray America, Inc.
Leadership by Design
Marquis Mobile Dental Services
McPhillips, Roberts, and Deans
Medical Protective
Mercury Data Exchange
National Practice Transitions
Nixon Uniform Service
Nobel Biocare
P&G Professional Oral Health
Patterson Dental Supply Co.
Philips
Planmeca
PNC Bank
Professional Solutions Insurance Company
ProSites
R.K. Tongue Co., Inc.
RGP Dental, Inc.
Royal Dental & Porter Instrument Co.
Sesame Communications
Solmetex
Solutionreach
State Corporation Commission, Bureau of Insurance
Sunstar Americas, Inc.
SurgiTel/General Scientific Corp.
The Homestead Resort
The Optimal Financial Group
TowneBank Private Banking
Transworld Systems
Ultralight Optics
VDA Foundation
VDA Services Glove Program
VDA Services
Verizon FIOS
Virginia Army National Guard
Virginia Dental Political Action Committee
Virginia Dental Sleep Solutions
Virginia Health Quality Center
Virginia Oral Health Coalition
Wells Fargo Practice Management
WorldPay

**Companies listed in red are Endorsed Vendors of the VDA*

The Virginia Dental Association would like to thank the following companies for their sponsorship and support of the Virginia Meeting. We truly appreciate their support.

Titanium Level CE $10,000 sponsorship)
Delta Dental, Dentsply Tulsa Dental Specialties, Nobel Biocare, VDA Services

Platinum Level CE ($5,000 Sponsorship)
Bayview Dental Laboratory, Dr. Baxter Perkinson & Associates

DIAMOND LEVEL CE ($2,500 Sponsorship)
American College of Dentists (Virginia Section), Bank of America, Biomet 3i, CareCredit, Dentsply Caulk, International College of Dentists (Virginia Section), Mercury Data Exchange, Medical Protective, ProSites

GOLD LEVEL CE ($1,000 Sponsorship)
Colgate, Commonwealth Endodontics, Commonwealth Oral & Facial Surgery, Dr. Michael Abbott, Drs. Shivar, Peluso & Andersen, Drs. Whiston, Patterson & Corcoran, Drs. Wood, Dunlevy & Lombardozzi, Hampton Roads Oral & Maxillofacial Surgery, Southside Oral & Facial Surgery, Patterson Dental, Virginia Association of Orthodontists

BRONZE LEVEL CE ($500 Sponsorship)
B&B Insurance, Bivins Orthodontics, Cincinnati Insurance Companies, Dental Business Network, Dr. Joe Niamtu - Cosmetic Facial Surgery, Fortress, Lab One, LifeNet Health, Pierre Fauchard Academy, Root Dental Lab, Seaboard Study Club, Sunstar America, Virginia Dental Assistants Association, WorldPay

EVENT SPONSOR ($500 Sponsorship)
Anthem, Associated Printing, Dr. Chris Richardson, Drs. Covaney & Dameron, Drs. Kaugars & Miller, Endodontic Partners, Fitz Vital, Hancock, Daniel Johnson & Nagle PC, Goodwin Dental Laboratory, Harris Hardy & Johnstone PC, McPhillips Roberts & Dean, Richmond Dental Society, New England Handpiece Repair, Inc., Virginia Academy of General Dentistry

GOLF TOURNAMENT ($425-$2,000 Sponsorship)
BioHorizons, Brown Reynolds & Snow, Commonwealth Endodontics, Commonwealth Oral & Facial Surgery, Dougherty DDS, Dr. Carl Roy, Drs. Morris & Taylor, Goodwin Dental Laboratory, Henry Schein, McKee/Dominion Study Club, Midgette Family Dentistry, Richmond Dental Study Club, PinCrafters, SunTrust, Virginia Dental Laboratories, West End Orthodontics, WorldPay, Yorktown Periodontics

DONATIONS ($200 Sponsorship)
ADS, Benco, Colgate, Coltene/Whaledent, Crest Oral B, Dr. Harvey Shiflett, Heraeus, Hu-Friedy, Medical Protective, Philips Sonicare, Premier, ProSites, R.K. Tongue

THE Virginia MEETING

September 18–22, 2013

at the Homestead Resort

New date.
New location.
Same AMAZING meeting.

2012 ADA Annual Session Update

By: Dr. Randy Fussell

San Francisco
American Dental Association
ANNUAL SESSION
OCTOBER 18 – 21, 2012

While attending the 2007 ADA Annual Session in San Francisco, I saw something amazing. It was the first time I'd seen the organization's "Education in the Round" continuing education format. If you haven't seen it, you should – a live-patient operatory right in the middle of a convention center ballroom, with classroom seating all around and very large screen LCD monitors hanging overhead where you can see the procedures close-up.

I've been to more than eight ADA Annual Sessions throughout my career and each time I go I see something new, innovative and inspirational. The Annual Session is the one dental meeting that has it all – world-class continuing education, fantastic vacation destinations for the family, great value … all while being able to support of OUR Association.

The reason I keep going? The professional camaraderie and the world class continuing education.

I encourage you to register for this year's Annual Session and World Marketplace Exhibition. It will be held at the Moscone Center in San Francisco from Oct. 18-21. You'll find more than 280 continuing education courses to choose from over the four days of the meeting, in addition to the World Marketplace Exhibition which will showcase more than 600 suppliers of dental products and services.

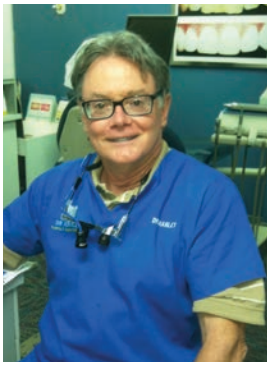
What many people may not know is more than half of the ADA's lecture courses are free with registration. There are also more than 60 hands-on workshops to choose from, including a cadaver workshop to be held at the University of the Pacific, Arthur A. Dugoni School of Dentistry. There will also be six live-patient "Education in the Round" courses this year.
The ADA CE Hub will offer several different opportunities for high-tech CE, most available as walk-up courses with no ticket required. Check out the resources for learning about dental lasers, CAD/CAM systems, 3D imaging systems, Pride Institute technology picks and more.
And don't forget to plan time to attend the post-session continuing education at the Silverado Resort in Napa Valley on Tuesday, Oct. 23 and Wednesday, Oct. 24. Two half-day morning courses on restorative dentistry will be presented by Dr. Jeff Brucia.
The 2012 Distinguished Speaker Series, part of the Opening General Session on Thursday morning, Oct. 18, will feature renowned political commentators Robert Reich and George Will as they share their perspective on the issues at the forefront of the current political landscape just three weeks before the 2012 general election.

The registration fee for practicing ADA-member dentists is $75 until September 26, but I can tell you from experience that you shouldn't wait until the last minute. If you register now, you can go back into the system and add courses and other events when you have time over the summer. Some of the more desirable courses sell out quickly, so be sure you get your seat reserved now. The ADA offers discounts at 44 ADA official hotels in San Francisco, in addition to flights on American, Delta and United Airlines, and discounted car rental services.

Full disclosure: I'm a member of the Council on ADA Sessions, now in the middle of my four-year term. The experience has been wonderful and I feel like I'm giving back a small portion of the benefits I've received from being an ADA member and attending the Annual Session in the past. So come out and join me in San Francisco. I'll see you there!

WANTED: A little help...and someone who cares

By: Dr. Michael Hanley, Associate Editor, VDA Component #3 Southside Dental Society



I first went to Lucy Corr Nursing Home around five years ago. If your wife is asked to be on the board of a nursing home….get ready because you will soon be involved too. I came in to help in the dental clinic. Lucy Corr is a non–profit facility for 230 patients. It has various sections that treat physically and mentally challenged adults. Some patients are there for many years. Mobility is a problem for most of the residents so it becomes logistically difficult to have the patients go outside of the facility to receive dental care. We have been busy trying to make this clinic as accessible and useful as one in private practice. To make this happen you need a diverse group of talented people. Lucy Corr was very fortunate to have Pam Parsons, Debra Marlowe, and the dental school's very own Dr. Jim Revere. They know people who know people…. if you know what I mean. Grants were written and funds were raised. (Save those old clothes for the '50s dance. It was a hoot and raised lots of money). New equipment is being installed as this goes to press. We really hit a home run when Trish Bonwell (now Dr. Bonwell) was hired as a part time hygienist and clinic coordinator. She has a hand in grants, organizing the clinic, setting the schedule, and seeing to it that lots of actual treatment is accomplished. I come dressed with my loupes and light, carrying a box with gloves and mirrors while Trish has the charts as we head off to do exams. We try to see every new resident. These exams are done in their room for the most part….more on that later. I do a soft tissue exam and a general evaluation of the teeth, or in many cases their dentures. Arrangements are made to have their dentures cleaned and for some to have their teeth cleaned by Trish or her dental hygiene students. On a typical day we will schedule for denture relines, new dentures, restorative, or extractions. There are many cases of angular cheilitis and Candida infections. Prescriptions are written and life is soon a little better for these folks.

The folks in the nursing home are not easily embarrassed anymore. Those middle school days are over. They also don't sit in their rooms and watch TV (although, when they do it is usually *Bonanza* or *Gunsmoke*; and if you want something a little more modern you can't beat *The Price Is Right* - go Drew Carey!) So this means we might be doing an exam wherever we find the patient….could be the hallway, in front of the nurses' station, or in the commons area. I have one bit of advice: don't do the exams in the lunchroom…..during lunch. The mashed potatoes, roast beef and gravy looked and smelled so good when I walked in. I walked out a vegetarian. We got a late start this day and had eight new residents to see and they were all in the lunchroom. The nurse announced what we doing and they were all agreeable, so we worked our way around the table. We called one lady's name and someone shouted "please fix her teeth… they keep falling out on the table!" She's scheduled for a reline. Next time a dentist is there the patients will come to the clinic and we will try to treat what we found on exam day.

With the loss of physical skills and cognitive awareness oral hygiene diminishes rapidly. People with beautiful dentistry are now unable to maintain their oral health. Trish has set up training sessions for the personnel in the wards. There is now an emphasis on daily oral hygiene. We are trying to stress that oral health has a direct impact on general health.

Before I bore you further, what is the point of this article? Lucy Corr is but one of hundreds of similar homes in Virginia. They all have the same patients. A few hours a month by a dentist and perhaps a part-time hygienist could really make a difference in your area. The people at Lucy Corr are willing to give you ideas to get a similar program up and running. These patients were all productive members of our communities at one time and now they just need a little help and someone who cares….think about it.

Give Kids A Smile® 2012

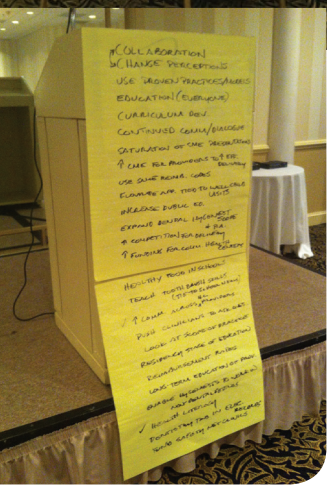
By: Tina Bailey

10th ANNIVERSARY
give kids a smile!®
ADA American Dental Association®

Component	Kids Smiling	Value	Volunteers
1-Tidewater	1182	$38,976	151
2-Peninsula	147	$61,035	54
3-Southside	39	$10,454	32
4-Richmond	934	$172,590	309
5-Piedmont	0	0	0
6-Southwest	65	$10,100	23
7-Shenandoah	15	$1,564	15
6-Northern VA	349	$36,205	145
2012 TOTAL	2,731	$330,924	729

The Virginia Oral Health Coalition: Helping Make Oral Health a Priority in Virginia

By: Sarah Bedard Holland, Executive Director, VaOHC



On April 20th, the Virginia Oral Health Coalition (VaOHC) convened a groundbreaking Forum targeting improved oral health. The forum hosted over 100 participants including VDA-member dentists and representatives, medical professionals, academics, state and local policy leaders, health care safety net personnel, and representatives of the business community. Together, they began to create a statewide roadmap to improve oral health outcomes through provider collaboration and referral.

Participants heard from Keith Hare, Deputy Secretary of Health for the Commonwealth of Virginia, who encouraged the group to identify and work toward activities that will foster collaboration and improve access to oral health prevention services. They then participated in roundtable discussions to identify barriers to the delivery of preventive oral health care and generate solutions.

Several themes emerged during the Forum's discussions, including the importance of educating new and experienced dental providers about the relationship between oral health and overall health, and the importance of ensuring that reimbursement and technology support medical and dental provider collaboration. VaOHC staff is working with Forum participants to synthesize the themes and potential solutions identified to complete the roadmap; the Coalition intends to apply for startup funding in late summer.

This initiative is possible because of a planning grant from the DentaQuest Foundation to the Coalition. The Coalition is one of only 20 organizations in the nation to receive one of these significant grants to address the root causes of inadequate access to oral health care.

The Virginia Oral Health Coalition was created in 2010 by a group of stakeholders, including the VDA, to work together to improve oral health access for all Virginians through policy change, public awareness and new programs. The medical and dental collaboration initiative and the April 20th Forum are vehicles for advancing the mission of the Coalition. The Coalition has other programs, such as the Virginia Dental Home Initiative, which brings together early childhood educators and dental providers to establish dental homes for very young children, and advocacy initiatives designed to ensure the pediatric dental benefit that is mandated, as part of the Affordable Care Act, is affordable, accessible and understandable.

"Perhaps nowhere else in healthcare can we better exemplify the old adage 'an ounce of prevention is worth a pound of cure," says Dr. Tegwyn Brickhouse, Virginia Oral Health Coalition Chair and Chair of Pediatric Dentistry at Virginia Commonwealth University School of Dentistry. "If low-cost preventive oral health measures such as fluoride and early childhood dental visits were more routinely utilized, … a great deal of pain, suffering, and expense that could be avoided," Brickhouse continued. The potential economic impact of improved access to and utilization of preventive oral health care is significant. "Last year Virginia Medicaid spent over 7 million dollars on over 3,000 outpatient operating room cases involving dental issues. The vast majority of these cases could have been avoided with prevention and early detection," noted Sarah Holland, VaOHC Executive Director.

For more information on VaOHC and its initiatives, visit http://www.vaoralhealth.org/.

Eastern Shore Rural Health System, Inc. kicks off dental program expansion

By: Amy G. Bull, APR

Eastern Shore Rural Health System, Inc. is expanding its dental program after naming increasing access to dental care as its number one strategic priority. Rural Health currently has five medical locations up and down Virginia's Eastern Shore and three dental sites – one at its Franktown Community Health Center and two at Accomack County Public Schools' sites. In the expansion, Rural Health will add a fourth dental location and staff a traveling outreach dental team.

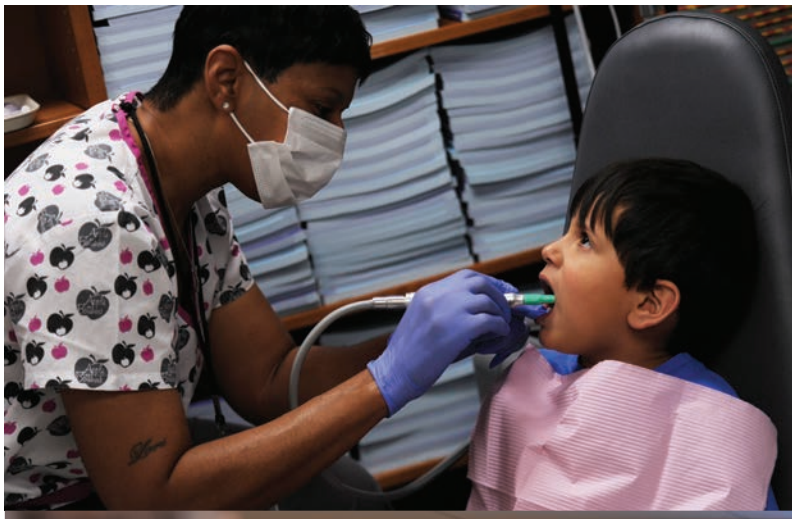
Research done by Rural Health indicates that, in one year's time, 56,000 dental appointments will not occur in Accomack County because there are not enough dentists. Other obstacles to receiving care exist – many Shore residents can't afford to see the dentists available – plus there is a lack of public transportation, language barriers and an abundance of jobs in which it is difficult to get off work to see a dentist.

On May 1 Rural Health held a kick off luncheon in support of the New Atlantic Dental Wing Capital Campaign at Wallops Island. The event featured a keynote presentation by Virginia Dental Association Executive Director Dr. Terry Dickinson. The capital campaign, with a goal of $1.1 million, is in support of a seven-chair dental wing at Rural Health's new Atlantic Community Health Center currently under construction in New Church. Though a $4.9 million Health Resources and Services Administration grant was awarded to Rural Health to build the center, the final cost of construction is $7 million. The new center is set to open in early 2013. Rural Health estimates 1,380 patients will be seen at the new dental site in 2013.

"The expansion of our dental program is specifically designed to address access to oral health on the Eastern Shore. We have long recognized that oral health is a significant component to overall health. By integrating dental services into the new Atlantic center we hope to create a greater continuity of care with improved overall outcomes," said Dr. Noel Root, Rural Health dental director. "In placing all primary care services under one roof we are increasing the opportunities for patients with transportation issues to take advantage of multiple services."

On May 2, the first patients were seen as part of a new dental outreach program at Kegotank Elementary School in Mappsville. Using portable digital x-ray, dental chairs, dental equipment consoles and tablets for data entry Rural Health will do comprehensive oral evaluations, diagnostic radiographs, prophylaxis fluoride treatment and patient evaluation at remote locations. These new patients will then be followed at a Rural Health permanent dental site. This outreach program will initially see patients in the eight Accomack County Public Schools' campuses that do not have a Rural Health dental office onsite. (Rural Health has dental offices at Metompkin Elementary School in Parksley and Pungoteague Elementary School in Pungoteague.) There are roughly 4,200 children attending these eight target schools.

"We recognize that the best opportunity for healthier mouths and a better quality of life lies in early diagnosis, prevention, education and intervention. The goal of our dental outreach is to make the first three universally available to children enrolled in schools and Head Start programs. The new Atlantic dental wing will place an emphasis on follow-up treatment of this population," said Dr. Root.



Given the construction of Rural Health's new center in Accomack County and Rural Health's partnership with Accomack County Public Schools, Accomack County is the initial focus of the dental expansion effort.

Eastern Shore Rural Health System, Inc. is a Federally Qualified Health Center non-profit practice with a mission to make comprehensive primary care accessible to all regardless of ability to pay. Rural Health is the medical provider of choice for more than 50% of the Shore's population.

Editor's Note: For more information, contact abull@esrh.org; (757) 894-8353

Northern Virginia Community reaches out to help 876 patients

By: Dr. Peter Cocolis

I am always impressed and in awe of the generosity and hard work that the volunteers of a MOM project give. This year was no exception. On March 9th and 10th, 2012, with the generous support of more than 200 Northern Virginia Dental Society members, hygienists, dental assistants, dental students, and over 550 community volunteers, our ninth Northern Virginia Missions of Mercy was a resounding success! Over the course of the two days 876 people were treated and over $263,000 worth of free dental treatment was rendered. Our volunteers amassed more than 3,000 hours over the weekend which can only be attributed to the caring and generous attitude of all our volunteers and organizations.

We were once again able to partner with the Northern Virginia Community College Medical Campus in Springfield. Their generosity with their facility has enabled us to maintain great patient flow and a wonderful caring atmosphere. This partnership has enabled us to utilize the campus network to not only increase our ability to educate waiting patients with video and presentations, but also to utilize digital radiography for every patient. While this has happened over the last couple of MOM projects, this year was seamless and helped our clinicians with diagnosis and also our efficiency of care. Our representatives from Carestream Dental and Dexis were a large part as well as our coordinator, Mike Grable of Baran Dental Lab.

Without the support of all our volunteers, dental and non-dental, this type of project cannot happen. Our ability to help those in need is a success because of all involved. It is a great to see our community reaching out to help all those in need.

THE STATS

Volunteers:

84 General Dentists contributed 520 hours
29 Specialists contributed 235 hours
44 Hygienists contributed 240 hours
83 Dental Assistants contributed 500 hours
32 Dental Hygiene Students contributed 180 hours
250+ Community volunteers contributed over 1250 hours

Total Number of Patients Treated: 876

Services Provided:

811 Routine Exams
139 Cleanings
141 Gross Debridements
12 Fluoride & Varnish
70 Bite Wing x-ray
281 PA x-ray
32 Panorex
370 Composite Fillings
12 Core Buildups
239 Routine Extractions
134 Surgical Extractions
40 Root Canals
7 Pulp Caps
3 Biopsies
2 Crown Recements

ESTIMATED VALUE OF CARE: $263,041

Dedicated Suction System introduced at Roanoke M.O.M.

By: Sarah E. Kandrac, DDS

This year's Roanoke MOM Project really sucked. For the first time at a Virginia Missions of Mercy project, a dedicated suction system was implemented - this allowed increased efficiency at each operatory unit, and to the delight of dental students, it eliminated the need for a dedicated "grounds crew".

The volunteers at the 2012 Roanoke MOM saw a total of 829 patients during 846 patient visits. A total of 4847 procedures were performed totaling $645,135 or $828 per patient. The overall value of the one and a half day project was $1,008,509. Two-hundred and ninety dental volunteers served a total of 3828 hours with a record-high number of dentists (92).

Each year, I'm astounded at the logistics, time and effort that go into coordinating a successful MOM project. Experience and improvements from previous projects were utilized to result in efficient parking, ticketing, and patient flow. Volunteers directed traffic to ensure smooth entry into the Roanoke Civic Center. Patient flow was streamlined by repeating the ticketing process and prescreening used in previous years. Patients initially waited in the Exhibit Hall, where they had access to seating, restrooms, a community resource fair, and health videos. Indoor waiting is crucial in an area where weather can be very unpredictable this time of year.

For a second year, we rented an x-ray truck from the North Carolina Dental Society. The ability to simultaneously take four panoramic x-rays greatly reduced bottlenecks. During the project, volunteers wore t-shirts that were color coded according to their duties. This was a great way to recognize who was assigned which duty, and to appreciate our sponsors for the project.

Larell Dentures were provided to selected patients who had extractions completed at previous projects. This service truly transformed patients who had gone a year or longer with no teeth. Funding for this has been secured for future projects.

For all of the hard work that went into planning and executing the 2012 Roanoke MOM, the greatest reward was the effect we had on the lives of our patients. Volunteers worked all weekend to give cleanings, fillings, and extractions to those in need, many of whom had never seen a dentist in all their lives. In the end, some hugged us, some cried, but everyone smiled. For so many, their mouths were a source of pain, and we were able to take that away.

Overall, the project was a success. We were able to reach and care for a great many underserved patients in Southwest Virginia. Thank you so much to the team of volunteers who worked so hard to provide basic care to those who needed it most!

31% of baby boomers never go to the dentist (or only go in an emergency)[1]

75% of U.S. adults experience some degree of dental fear[2,3,4]

15% of the population declines necessary dental treatment because they fear oral injections[5]

Oral Sedation Dentistry

3-day course | 25 credit hours

Grow your practice, reach and knowledge

Key Educational Objectives:

- Learn protocols to sedate healthy adults while applying the highest safety standards and offering positive experiences for patient and practitioner
- Gain crucial knowledge about current medical science and become a better clinician
- Acquire skills to help the millions who fear dentistry by managing their pain and anxiety
- Streamline team training to maximize practice profit
- Participate in hands-on airway techniques and vital signs monitoring

Doctor	$ 2,497
DOCS Education Member*	$ 2,247
Team (per person)	$ 738

(Separate team sessions)

**Not a member? Ask how you can save 10% by becoming a DOCS Education member.*

Memphis, TN
August 24-26, 2012

Seattle, WA
October 12-14, 2012

Atlanta, GA
Nov. 30-Dec. 2, 2012

We promote practical, proven, safe methods to sedate your patients

April Burus

Dr. Robert Fazio

Dr. Leslie Fang

Dr. Anthony Feck

Register Today

888.611.8080

DOCSeducation.org/course_info

Academy of General Dentistry PACE Program Approval for Continuing Education

Approved PACE Program Provider FAGD/MAGD Credit Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. **9/17/2000 to 12/31/2012**

[1]Academy of General Dentistry. (2007). National survey reveals baby boomers miss links between oral and overall health. Retrieved May 30, 2008, from: http://www.agd.org/support/articles/?ArtID=1287

[2]Harkavy, J., Kleinknecht, R.A., McGlynn, F.D., & Thorndike, R.M. (1984). Factor analysis of the dental fear survey with cross-validation. *J Am Dent Assoc.* 108 (1): 59-61.

[3]Getka, E., Glass, C.R. (1992). Behavioral and cognitive-behavioral approaches to the reduction of dental anxiety. *Behavior Therapy.* 23 (3): 443-448.

[4]Getz, T., Milgrom, P., Weinstein, P. (1995). *Treating fearful dental patients: A patient management handbook*. University of Washington.

[5]Hamilton, J.G. (1995). Needle phobia: A neglected diagnosis. *Journal of Family Practice.* 41: 169-175.

PathologyPuzzler

with Dr. John Svirsky

A 64 year-old white male presented to the Virginia Commonwealth University School of Dentistry for a recall appointment. His past medical history includes hypertension, gastroesophageal reflux disease and a vasculitis condition diagnosed and treated in 2009. The head and neck examination revealed generalized lesions confined to the buccal mucosa that appeared to be sloughing. The oral findings (Figures 1-4) show lesions affecting large areas of the buccal mucosa. Theses lesions did not bother the patient. However he thought they were "gross". The patient reports pulling large sheets of tissue from his mouth. This was evident during the clinical examination when the dental student ran his fingers over the buccal mucosa.

Which of the following would be a consideration?

1. Benign mucous membrane pemphigoid
2. Candidiasis
3. Chemical burn
4. Leukoedema
5. Leukoplakia
6. Lichen planus
7. Pemphigus vulgaris
8. Squamous cell carcinoma.
9. Tobacco pouch keratosis

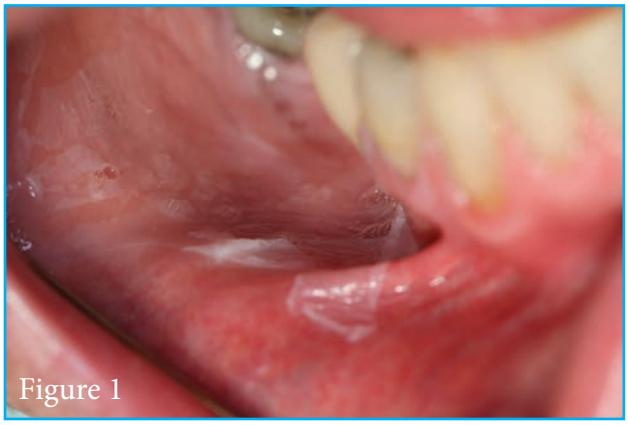


Figure 1

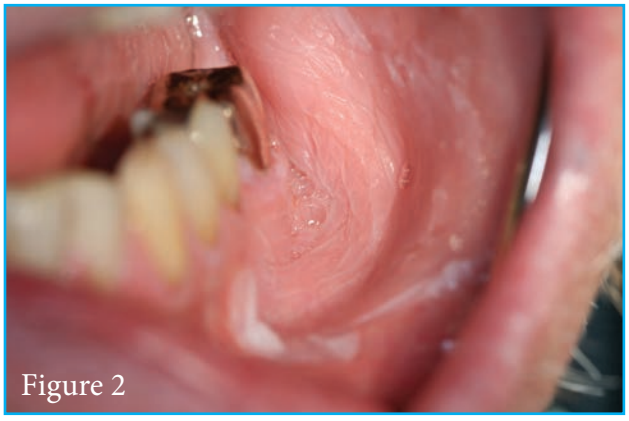


Figure 2

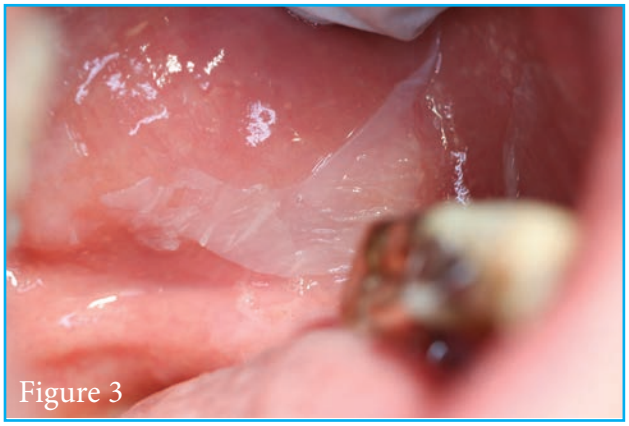


Figure 3

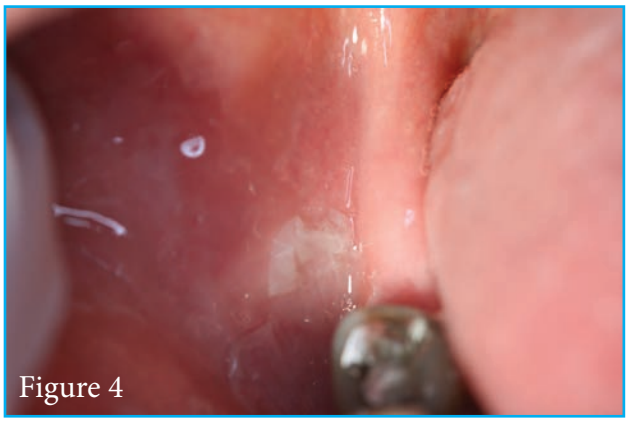


Figure 4

Continued on page 48

PathologyPuzzler
with Dr. John Svirsky

Continued from page 47

Without more history, it is difficult to reach a definitive diagnosis.

Benign mucous membrane pemphigoid (BMMP) could have a positive Nikolsky (blow air or rub a tongue blade on unaffected tissue and cause a separation) sign. BMMP would not separate with the ease of this case and if it did, there would be other symptoms. Normally patients with BMMP complain of blood filled areas, especially of the anterior gingiva after brushing. Figure 5 shows a picture of a lesion which presented as large bullae, which have now ulcerated.

Candidiasis typically has patchy areas and not sheets of separation. The cause most likely would be antibiotics or steroid therapy (the patient had neither). It would be unusual for a patient with candidiasis to have this much disease without involving the tongue and palate. Figure 3 does not have the look of a fungal infection, being uniform in appearance and covering a large area. (Figure 6 shows classic candidiasis.)

A chemical burn will not typically affect this large an area or cause sloughing of this magnitude. I have seen mouthwash reactions that have a patchy appearance (Figure 7) and sometimes an ulcer/burn but never a true leukoplakia (Figure 8).

Leukoedema would not slough off and would usually be opalescent rather than leukoplakic (Figure 9). When stretched, lesions of leukoedema disappear (Figure 10).

Leukoplakia (Figure 11) is a white patch that does not rub off and cannot be diagnosed as other diseases such as candidiasis and lichen planus. The white color is the only common element to both lesions. The diffuse multifocal nature of the disease and the sloughing are not typical of a leukoplakia.

Lichen planus (Figure 12: note the white periphery) will normally not slough and if this extensive, would be painful. There were no lacy areas in this case which is typical of lichen planus, especially with this much disease.

Pemphigus vulgaris (Figure 13) with this amount of disease would be painful. Like BMMP the lesions would not separate that easily without trauma. Patients with pemphigus typically have skin lesions (Figure 14) and pain which this patient did not report.

Squamous cell carcinoma (Figure 15) does not slough and is not typically multifocal. A malignancy would have a granular surface appearance with some bulk. It would also be indurated (tumor hardness). Figure 16 shows a thick leukoplakia with a squamous cell carcinoma at the posterior of the lesion (arrow).

Tobacco pouch keratosis (Figure 17) would not slough off and does not have this clinical appearance shown except slightly in Figure 2, where a slight cobblestone appearance is suggested. Overall the areas are too extensive, slough and occur in locations where no one would hold tobacco.

Since we do not have the definitive answer, more history is needed. The patient started using Listerine® Total Care plus Whitening "a few months ago". He stated that since one minute was the recommended time, he would go "a little extra" to help him achieve better results (sounds like the dream dental patient). The extra time he estimated was anywhere from 3-5 minutes. He would just "swish the mouthwash around as he was getting dressed or cooking breakfast". He reported pulling large sheets of tissue from his mouth afterwards. I am surprised he did not recognize and/or connect that this was a problem. I was even more surprised that he could hold the product in his mouth for that length of time without hurting.

The final diagnosis was a reaction to overuse of mouthwash. He has since been counseled on the correct use of the product. This is probably a "Guinness world record" for the amount of time a patient can hold mouthwash in their mouth.

This case was submitted by Scott Shirk, a senior dental student at Virginia Commonwealth University from Fredericksburg, Virginia and Dr. Terence Imbery, a member of the Virginia Commonwealth University School of Dentistry General Practice Department.


Figure 5

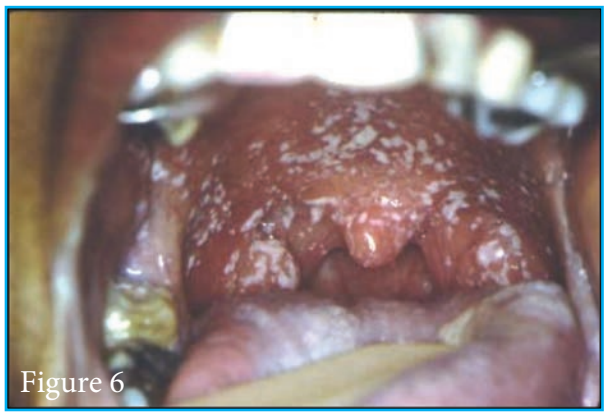


Figure 6

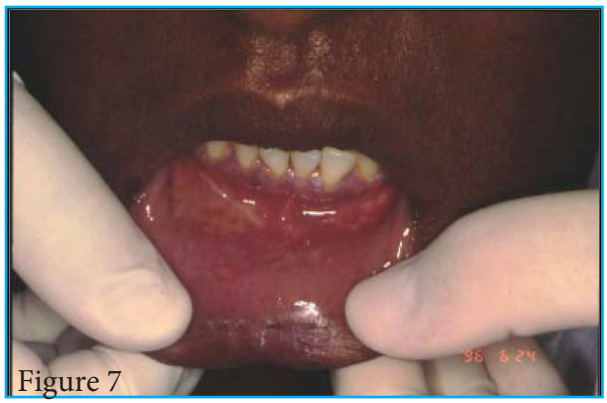


Figure 7

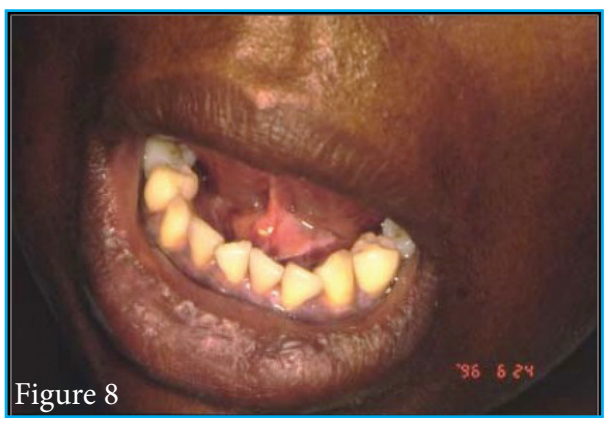


Figure 8

PathologyPuzzler

with Dr. John Svirsky

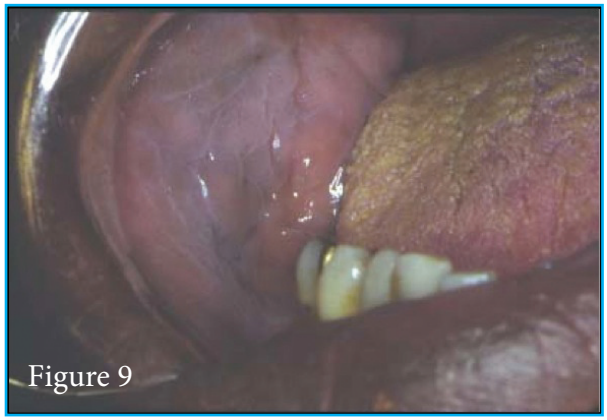


Figure 9

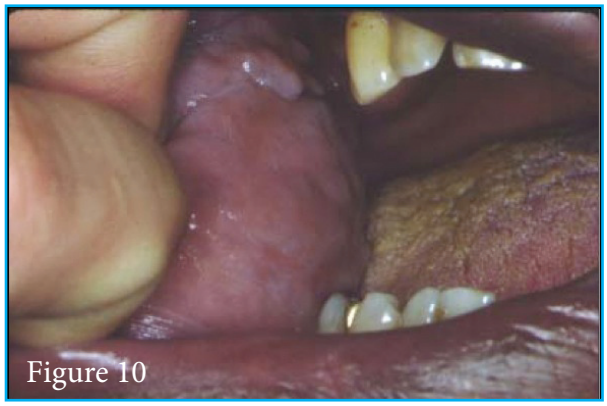


Figure 10

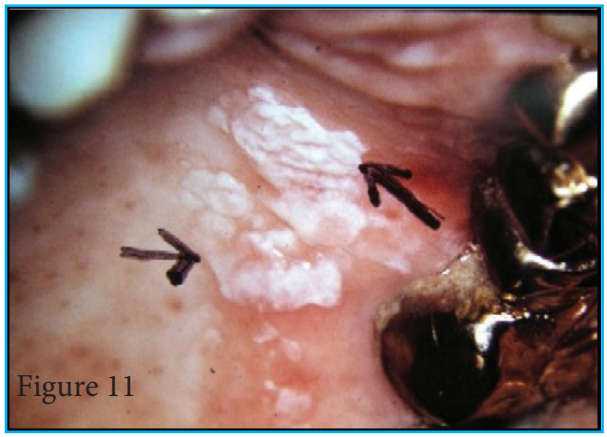


Figure 11

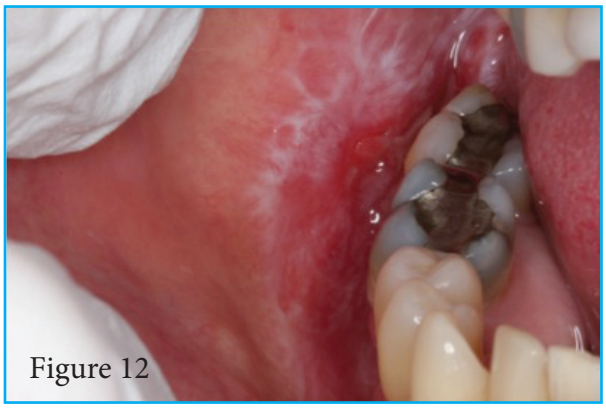


Figure 12

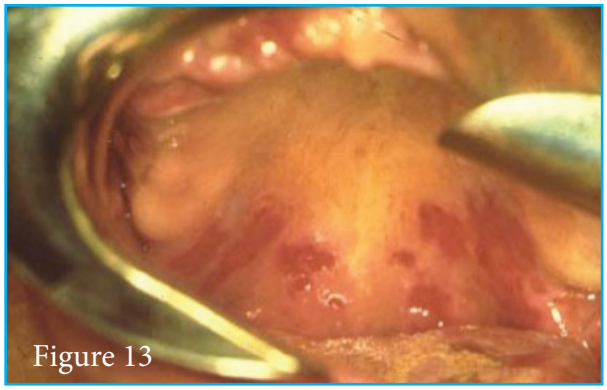


Figure 13

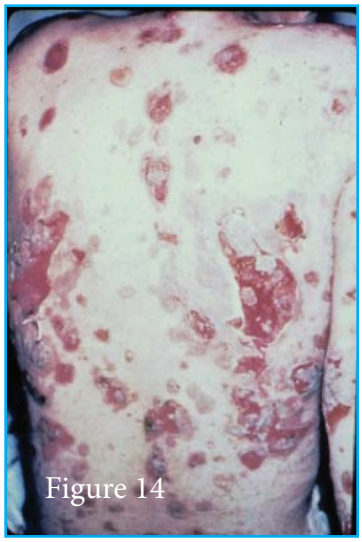


Figure 14

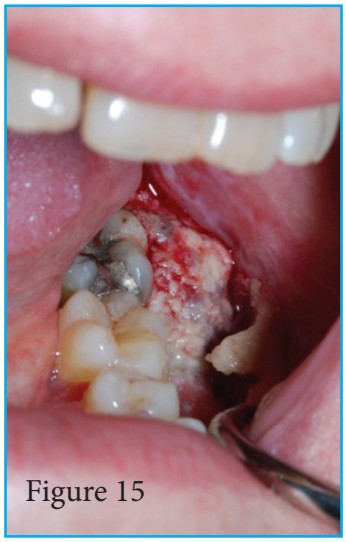


Figure 15

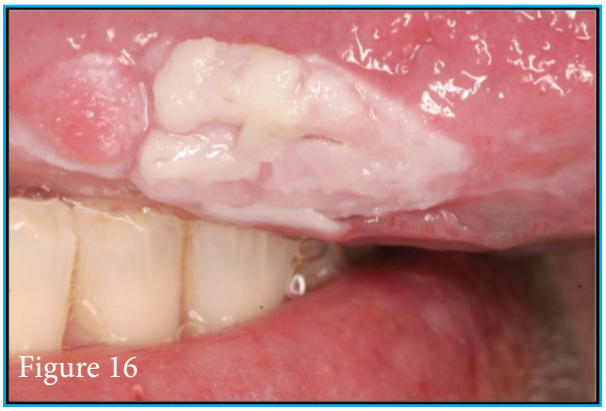


Figure 16

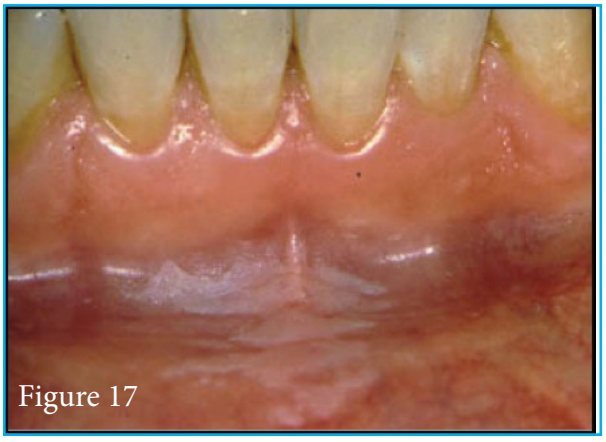


Figure 17

PERIODONTAL ABSTRACTS

Patel RA, Wilson RF, Palmer RM. The Effect of Smoking on Periodontal Bone Regeneration: A Systematic Review and Meta-Analysis. J Periodontol 2012; 83 (2):143-155

Purpose: The aim of this systematic review and meta-analysis was to examine whether there is a difference in bone regeneration in smokers and non-smokers after periodontal treatment.

Methods: Systematic review and meta-analysis was done according to the recommendations as outlined in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement. PRISMA statement is primarily aimed at helping authors improve the reporting of reviews of randomized control trials. The protocol was planned to minimize the effect of author bias on the review and, in particular, the potential to alter the method or data analyses based on study findings. Prospective and retrospective clinical studies assessing bone regeneration in smokers and non-smokers after periodontal treatment were included. Aims of clinical trials comparing different interventions were also included. The following inclusion criteria were set: 1) publications written in the English language, 2) human studies, and 3) studies that categorized subjects into groups and included non-smokers and smokers.

Results: There were 1,799 studies initially obtained from the search of five databases. After excluding non-periodontal studies and screening titles, 83 studies remained. Abstracts of the 83 studies were reviewed, and 24 studies were selected for a full-text evaluation. Of the full-text articles evaluated, 14 articles were excluded, and 10 articles were considered eligible for inclusion, Six of the 10 studies concluded that smoking significantly influenced bone gain or bone fill after treatment of periodontal defects. Although a total of 10 studies were included in this review, only three studies could be included in a meta-analysis. The meta-analysis of these three studies demonstrated that smoking resulted in a statistically significant smaller bone gain in intrabony defects. There was a standardized mean difference of -2.05 mm.

Conclusions: Smoking has a negative effect on bone regeneration after periodontal treatment. Patients should be advised that smoking may result in worse outcomes.

Sam Bakuri, DMD, BDS, Resident in Periodontal Dentistry, Virginia Commonwealth University

Cortellini P, Stalpers G, Mollo A, Tonetti MS. Periodontal Regeneration Versus Extraction and Prosthetic Replacement of Teeth Severely Compromised by Attachment Loss to the Apex: 5-Year Results of an Ongoing Randomized Clinical Trial. J Clin Periodontol 2011; 38(10):915-924

Purpose: To compare the outcomes of periodontal regeneration versus extraction of teeth with chronic perio-endo lesions and/or attachment loss to or beyond the apex.

Methods: Fifty subjects participated in this study. Each subject presented with generalized severe periondontitis and at least one tooth given a hopeless prognosis as a result of either a chronic perio-endo lesion and/or attachment loss to the apex, and treatment-planned for extraction. The control group (n=25) was treated with the extraction of the hopeless tooth and replacement with one of the following: Implant supported restoration; tooth-supported bridge; Maryland bridge. The test group was treated with periodontal regeneration around the hopeless tooth. Clinical and radiographic measurements as well as prognoses of the treated teeth were made at baseline, 1 year, and 5 years post-treatment. Statistical comparisons were performed using the Student's t-test (intergroup comparison) and the paired t-test (intragroup comparison).

Results: In the test group, at year 1, the mean clinical attachment level gain was 7.7± 2.8mm, the pocket depth reduction was 8.8 ±3mm, and the radiographic bone gain was 8.5 ± 3.1mm with most teeth showing a decrease in tooth mobility. Moreover, at year 1, 23 out of 25 teeth were no longer given a prognosis of hopeless. At year 5 there was no statistical difference between the measures taken at year 1 and 5.

Conclusion: Periodontal regeneration can successfully be used to improve the prognosis of hopeless teeth.

Justin Hardison, DMD, Resident in Periodontal Dentistry, Virginia Commonwealth University

Nevins M, Nevins ML, Karimbux N, Kim SW, Schupbach P, Kim DM. The Combination of Purified Recombinant Human Platelet-Derived Growth Factor-BB and Equine Particulate Bone Graft for Periodontal Regeneration. J Periodontol 2012; 83(5):565-573

Purpose: The aim of this study was to evaluate the safety and efficacy of the combination of purified recombinant human Platelet-Derived Growth Factor (rhPDGF-BB)/equine particulate bone graft for use in guided tissue regeneration (GTR) procedures to treat intrabony defects.

Methods: Nine female dogs had their 3rd and 4th premolars extracted, and then five weeks later, flaps were made and experimental 2-wall intrabony defects were created on the distal of the second premolar and the mesial of the first molar. These sites were not grafted at all (sham-surgery negative control), grafted with rhPDGF-BB/β tricalcium phosphate (ß-TCP), or grafted with rhPDGF-BB/equine particulate bone graft. No barrier membrane was used in any of the groups. The flaps were sutured with tension free primary closure. Animals were sacrificed 10 weeks later, after clinical and radiographic measurements had been made, and then were submitted for histologic and histomorphometric evaluation.

Results: Four of the rhPDGF-BB/β-TCP and two of the sham surgery sites experienced recession, while none of the rhPDGF-BB/equine experienced any recession. No root resorption or ankylosis was seen in any of the groups. Probing depth among the three groups was not significantly different. Radiographically, only the sham surgery sites experienced crestal bone loss post-operatively. Regeneration on the form of new bone, cementum and PDL was seen in all three groups, but the sham surgery group was significantly less than the other two groups. The mean percentage of newly formed bone was higher for the equine bone group than for the β-TCP at 42% compared to 32% respectively. Both were significantly higher than the amount of new bone formed in the sham surgery group. There were no differences between the two grafted groups in terms of residual particles. The percentage of new cementum formed was significantly higher in the equine group than in the sham-surgery group at 80.2% vs. 35.8%, whereas in the β-TCP group it fell in between at 57.64%.

Conclusions: rhPDGF-BB/equine particulate bone graft is a safe and effective means of regenerating attachment in 2-wall intrabony defects in dogs.

Sam Malkinson, DMD, Resident in Periodontal Dentistry, Virginia Commonwealth University

Wood RA, Mealey BL. Histologic Comparison of Healing After Tooth Extraction With Ridge Preservation Using Demineralized Freeze-Dried Bone Allograft. J Periodontol 2012; 83(3):329-336

Purpose: To compare Freeze-Dried Bone Allograft (FDBA) and Demineralized Freeze-Dried Bone Allograft (DFDBA) in preservation of alveolar bone after extraction of non-molar teeth.

Methods: Thirty-three patients had non-molar teeth extracted and grafted with either FDBA or DFDBA. All graft material came from a single donor. Following 18-20 weeks of healing implant sites were prepared and core biopsies taken.

Results: For both FDBA and DFDBA groups, the average loss of height was less than 1mm and width approximately 2mm at the time of implant placement. DFDBA resulted in 81.26% vital bone compared to 50.63% for FDBA. DFDBA resulted in 18.74% residual graft particles compared to 49.73% for FDBA.

Conclusions: Alveolar ridge preservation with DFDBA resulted in more vital bone with less residual graft particles when compared to FDBA. Ridge dimensions were similar in both groups after 18-20 weeks of healing.

Corin T. Marantz, DDS, Resident in Periodontal Dentistry, Virginia Commonwealth University

Slot E, Kranendonk A. Adjunctive Effect of a Water-Cooled Nd:YAG Laser in the Treatment of Periodontitis. J Clin Periodontol 2011; 38(5):470-478

Purpose: To evaluate whether using Nd:YAG laser as an adjunct to scaling and root planing (SRP) leads to greater clinical improvement than SRP alone; to compare reduction of subgingival microorganisms after SRP with and without the use of laser; to evaluate patients' postoperative experiences and pain level after the two treatment modalities.

Methods: Nineteen subjects with generalized moderate-severe periodontitis were selected (>1 site per quadrant with pocket depth >6mm, inter-proximal attachment loss of >3 mm, bleeding on probing (BOP), radiographic evidence of bone loss, systemically healthy). The investigator was blinded to treatment. Split mouth design was used. SRP was done with or without laser. Results were assessed immediately and 3 months postoperative. Microbiological sampling was performed at the deepest site in the quadrant right after treatment and 3 months postoperative. Questionnaires assessing pain level were filled out by the subjects for the six days after procedure.

Results: At three months all clinical parameters were improved significantly and independently of the treatment modality used. Microbiological counts were also not significantly different between SRP and SRP + laser at both 0 and 3months. Postoperative pain was more pronounced for the Nd:YAG group than for the SRP group alone.

Conclusions: SRP with or without the adjunctive use of an Nd:YAG laser resulted in a lowered subgingival bacterial load immediately after instrumentation. At the 3-month evaluation, no additional clinical or microbiological advantage could be established for the Nd:YAG laser.

Anya A. Rost, DMD, Resident in Periodontal Dentistry, Virginia Commonwealth University

Shetty S, Kohad R, Yeltiwar R. Gingival Blood Glucose Estimation with Reagent Test Strips: A Method to Detect Diabetes in a Periodontal Population. J Periodontol 2011; 82(11):1548-1555

Purpose: To determine if the prick method of testing gingival blood glucose with reagent strips was a reliable tool in screening for diabetes in a periodontal population and to explore any possible correlations between periodontal disease and diabetes.

Methods: Three groups were created from a total of 356 patients: Group 1 – patients with healthy periodontium; Group 2 – patients with gingivitis without extension into the periodontal structure and Group 3 – patients with periodontal disease (generalized chronic with ranges from mild-severe to generalized aggressive). Gingival blood glucose was collected from each patient by using a lancet to prick the incisive papilla between maxillary central incisors or between maxillary central and lateral incisor. The drop of blood formed and fell on the reagent strip without allowing any portion of the strip to touch any part of the gingiva, tooth or mucosal tissue. Color change on strip was noted at the end of 2 minutes and the corresponding glucose level was recorded provided by the manufacturer. If glucose levels were greater than120gm% subjects were given a glucose tolerance test (GTT) to determine their glycemic status and patients with abnormal GTT values were further evaluated by physician for diagnosis of diabetes.

Results: Of the 356 patients, 46.9% had elevated gingival blood glucose and 19% of them tested positive for diabetes with 3.93% from group 1, 7.87% in Group 2 and 7.31% in group 3. The frequency of previously undiagnosed diabetes ranged from 7.6% in Group 1 to 28.6% in Group 2 and 34.7% in group 3. No significant difference was found between males and females for the diabetes positive group; 10% females and 9% males in the survey population tested positive for diabetes. Males and females taken together and individually showed a strong and significant association between diabetes and periodontal disease. No significant difference was found between percentage of patients with hyperglycemia testing positive or negative for diabetes in all three groups. Groups 2 and 3 had higher proportions of patients that tested positive to diabetes than group 1. Age of patients in the survey population and of the patients that detected positive for diabetes was independent with the disease and groups. Compared to data from the population of India as a whole, the proportion of patients who tested positive for diabetes in group 1 was significant (higher without diabetes than with). Groups 2 and 3 had significantly higher proportions of patients with diabetes compared to without.

Conclusions: In this study, 19% of patients were found to have undiagnosed diabetes and the majority of these newly diagnosed diabetes patients presented with gingival and periodontal diseases.

Jessica S. Shreck, DMD, Resident in Periodontal Dentistry, Virginia Commonwealth University

Meyle J, Hoffmann T, Topoll H, Heinz B, Al-Machot E, Jervoe-Storm P-M, Mei BC, Eickholz P, Jepsen S. A Multi-Centre Randomized Controlled Clinical Trial on the Treatment of Intra-Bony Defects With Enamel Matrix Derivatives/Synthetic Bone Graft or Enamel Matrix Derivatives Alone: Results After 12 Months. J Clin Periodontol 2011; 38(7):652-660

Purpose: To compare clinical and radiographic outcomes of Enamel Matrix Derivatives (EMD) in combination with synthetic bone substitute or EMD alone in the treatment of wide intra-bony defects after 12 months.

Methods: Seventy-three chronic periodontitis patients with one and two-walled intrabony defects at least 4mm in depth and at least 2mm wide without furcation involvement were included and randomized to one of two treatments after initial therapy: EMD followed by synthetic bone graft (SBG, Straumann Bone Ceramic) mixed with EMD or EMD alone (no membrane). Five centers participated and involved five operators and five masked and calibrated examiners. All measurements were made using a customized acrylic stent and radiographs were standardized using a fixed film holder. The primary outcome variable was the change in defect fill recorded by bone sounding 6 months and 12 months after surgery. Secondary variables included probing pocket depth (PPD), relative attachment level (RAL), gingival recession (GR) (using a Florida Probe to 0.2mm) as well as differences between the cemento-enamel junction to the most apical extension of the bony defect (BD). Factors influencing defect fill were also examined.

Results: Both treatment modalities led to significant improvements measured by bone sounding. The mean defect fill in the EMD/SBG group was 2.7mm ($p<0.001$) vs. 2.8 ($p<0.001$) in the EMD only group. Both treatments resulted in significant reductions of PPD (~3mm), gain in attachment (~2) and a change in gingival recession (~1). In comparison with the 6 month data, an insignificant increase in attachment gain and pocket reduction was observed. Both treatment modalities also resulted in a significant radiographic defect fill (gain of 2.19 and 1.49 for test and control respectively) with no significant differences determined between the treatment modalities. Only baseline depth of the intra-bony component was found to influence bone fill, i.e. the deeper the defect the more the defect fill may be expected.

Conclusion: Both EMD in combination with synthetic bone substitute or EMD alone results in statistically significant defect fill.

Stephanie C. Voth, DDS, Resident in Periodontal Dentistry, Virginia Commonwealth University

26 Years and Counting...

Science Fair showcases students' talents

By: Dr. Clay Weisberg

On April 2, 2012 high school students from across the state gathered at the Ted Constant Convocation Center at Old Dominion University for the 26th Virginia State Science & Engineering Fair. I had the honor of serving with Dr. Tim Russell and a select group of doctors who served as judges for the competition. This year the VDA would like to extend a special thanks to the dental students from Virginia Commonwealth University who greatly enhanced and facilitated the process. The presentations at the competition were amazing! Good luck to the winners as they move on to compete in the International Science and Engineering Fair in San Jose, California.

Virginia Dental Association Awards

Grand Prize :	Darwin Hanchin Li
Animal Sciences :	Natasha Diba Sheybani (Richmond)
Behavioral & Social Sciences :	Krysta McKenna Luzynski (Roanoke)
Biochemistry :	Vivek Prakash Gupta (Ashburn)
Cellular & Molecular Biology :	Arun Brendan Dutta (Charlottesville)
Chemistry :	Jee In Seo (Fairfax)
Computer Science :	Zachary James Newman (Ashburn)
Earth & Planetary Sciences :	Vijay Govindarajan (Richmond)
Engineering Electrical & Mechanical :	Michael Russell Collins (Fairfax)
Engineering Materials & Bioengineering :	Samantha Marie Marquez (Richmond)
Energy & Transportation :	Steven James Lyle (Fairfax)
Environmental Management :	Jun Hong Kim (Fairfax)
Environmental Sciences :	Darwin Hanchin Li (Fairfax)
Mathematical Sciences :	Andrew J Krombowski (Charlottesville)
Medicine & Health Sciences :	Taylor Nicole Bruce (Roanoke)
Microbiology :	Conan Zhao (Richmond)
Physics & Astronomy :	Saumil Bandyopadhyay (Richmond)
Plant Sciences :	Kelsi Samantha Faley (Ashburn)
Team (Cellular & Molecular Biology) :	Benjamin Tyler Cobb & John Conor Moran

Does VADPAC Support Republicans or Democrats?

By: Dr. Bruce R. Hutchison, Chair, VADPAC

Short answer- Neither or both! VADPAC supports a profession, dentistry, and not a political party.

VADPAC's goal is to support legislators who support our profession and our patients. This support can, and does, come from both sides of the aisle. Over the years, both political parties have been given equal support from VADPAC. Some years the Democrats get little more, and some years the Republicans get a little more. But on average, it is equal. The various issues we have fought for as a profession, in recent history, have included the definition of dentistry, assignment of benefits, non-covered services by insurance companies, Medicaid funding, and funding for the VCU School of Dentistry.

Our aim has always been to provide better dental care. Every issue mentioned above has made dental care in the Commonwealth better for our patients. For this reason, we are generally well received by the legislators. They see that our issues revolve around our patients and are not self-serving. However, some legislators have historically been more supportive than others. Also, some tend to have more "power" or influence because of seniority or committee appointments (some committees deal more with dental-related issues than others). We tend to offer more support to those who help our cause and who have the potential to further help our cause.

So who does VADPAC support? We support those who help us, Republicans and Democrats. We may not always support the candidate that you personally support, but we always support those who listen and fight for us and our patients.

Thanks for all of your support to VADPAC. Dentistry has done well with your support. The battles will continue, and we need to stay armed and ready to fight for what is right for our beloved profession and for the health and safety of our patients.

VADPAC UPDATE

Component	# of Members Contributing to Date	2012 VADPAC Goal	Amount Contributed to Date	Per Capita Contribution	Amount Needed to Reach Goal
1	159	$45,000	**$39,458**	$248	$5,542
2	94	$26,000	**$25,846**	$272	$154
3	46	$12,500	**$13,189**	$287	$0
4	221	$62,500	**$65,734**	$297	$0
5	123	$28,100	**$30,001**	$244	$0
6	82	$25,000	**$25,010**	$301	$0
7	103	$30,000	**$26,697**	$259	$3,303
8	469	$132,000	**$132,894**	$283	$0
TOTAL	1297	$361,100	**$358,929**	$274	**$2,171**

Total Contributions: $358,929

Goal: $361,100

WE NEED YOUR CONTRIBUTION TO RAISE $2,171!

There are nearly 600 Political Action Committees in the Commonwealth of Virginia. VADPAC raised more dollars in 2011 than any other PAC in Virginia.

As you can see by the dollar amounts above, VADPAC continues to be successful as we move into the second half of 2012. We thank all of the VDA members who have opened their wallets this year and in years past. Your generosity has played a large part in protecting the dental profession, and the 2012 General Assembly was no exception with accomplishments in expanding access, preventing reimbursement cuts for Medicaid and restoring cuts to the Department of Health dental clinics. These tangible examples are proof that the support from dentists within the Commonwealth has helped tremendously to advance our positive and forward-looking legislative and regulatory policies.

The VDA has often been a model for legislative success and we need to keep it that way. The legislature has over 20 new members, which means that our participation, particularly in the form of financial support, is critical in 2012 and beyond. Your participation will ensure we sustain the very positive reputation dentists have in the halls of the Capitol and protect the profession and our patients for future generations.

WHEN YOU GIVE TO VADPAC, YOU ARE RAISING THE VOICE OF DENTISTRY.

Please contribute today! Contact Laura Givens at givens@vadental.org or 804-4523-2185.

ADA Washington Leadership Conference

By: Laura Givens, VDA Director Legislative & Public Policy

Congressman Paul Gosar (center) with fundraiser hosts (from left) Dr. Bruce, Alyssa and Nancy Hutchison. Congressman Gosar is a dentist and member of the ADA who is running for re-election in the House of Representatives. Approximately 40 dentists and friends from Virginia and surrounding areas attended the event to show their support.

The ADA hosted its annual Washington Leadership Conference at the JW Marriott on May 7-9. VDA Action Team Leaders attended to present their views on federal issues important to the profession. The VDA would like to thank all Action Team Leaders who were able to attend and meet with their Representative and Senators. The Action Team Leaders participating were: **Dr. David Anderson, Dr. H.J. Barrett, Dr. Mark Crabtree, Dr. Bruce Hutchison, Dr. Ron Tankersley, Dr. Don Trawick and Dr. Gus Vlahos.**

Conference attendees were briefed on the key issues to be discussed during their Capitol Hill visits and also heard from members of Congress and Senators, as well as polling/elections expert Stu Rothenberg.

Congressman Dr. Paul Gosar (R-AZ), an ADA member dentist, was among the attendees. Gosar is carrying HR 4818, the Dental Insurance Fairness Act of 2012, and he continues to be a key legislator in Congress for the dental profession and its patients. Strong support comes from his fellow dentists, including VDA member Dr. Bruce Hutchison. Dr. Hutchison and his wife Nancy hosted a fundraiser for Gosar at their home in Centreville following the conference on May 10th. Approximately 40 VDA members and other friends from the dental community attended the fundraiser and contributed to Dr. Gosar's re-election campaign.

The issues at the forefront of Congressional lobbying this year are:

• Protect Medical Innovation Act of 2011: HR439/Medical Device Access and Innovation Protection Act: S17

- Both bills would repeal the excise tax on medical devices, which is part of the Patient Protection and Affordable Care Act. The dental industry estimates that the excise tax will increase the cost of dental care by $160 million annually. Medical device manufacturers and importers are likely to pass on to providers and ultimately consumers any costs imposed by these taxes.

• Dental Insurance Fairness Act of 2012: HR4818

-This bill would help consumers receive the full value of their dental coverage. HR4818 requires that all health plans offering dental benefits provide uniform coordination of benefits. When a consumer is covered by more than one plan, the secondary payer should be responsible for paying the remainder of the claim (up to, but not exceeding, 100% of the amount of the claim). In the ADA's view, it is an unfair gain at the expense of beneficiaries for the insurance industry to do otherwise. Passage of this legislation would provide a more equitable system for dental patients, making dental care more affordable and accessible.

• Coordination of Pro Bono Medically Recommended Dental Care Act: S1878/HR4091

-This legislation creates a grant program (authorized at $2 million per year for five years) to support the coordination of medically recommended dental care for low income individuals. Dental care will be provided by volunteer dentists at no cost to patients who have medical conditions such as diabetes, cancer, autoimmune disease, kidney disease or those who need heart or joint replacements or transplants. This legislation is needed because Medicare, which does not cover routine dental services, will not pay for the coordination of medically recommended dental care, with many underserved patients thereby prevented from receiving needed care or having an existing chronic condition compromised for want of treatment.

Action Team Leaders and the VDA Legislative Committee will continue to monitor these issues, and the VDA will communicate with the Washington delegation as necessary.

VDA members are encouraged to participate in legislative and grassroots events like the ADA WLC, as well as the VDA Day on the Hill in Richmond (January 18, 2013) and by attending local fundraisers for incumbents and candidates in your respective districts.

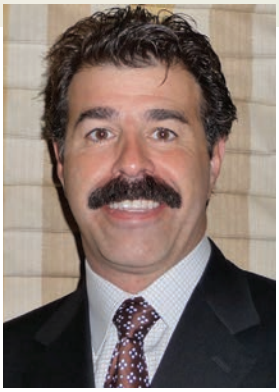
L-R: Laura Givens (VDA Staff), Jeff Hood, U.S. Senator Marco Rubio (FL), Dr. Michael Miller, Dr. Benita Miller and Congressman Eric Cantor.

Taken March 1, 2012 at an event honoring Eric Cantor at the Jefferson Hotel, Richmond.

On behalf of the American Dental Association, Dr. Catherine Oden Fulton (right) presents a check to Rep. Scott Rigell, 2nd district Congressman from Virginia

VDA and BOD at Odds Over Dental Laboratory Registration

By: Dag Zapatero, DDS, MAGD



The dental laboratory landscape in the United States has been in decline for several year as off-shore competition, a declining labor pool, and CAD-CAM technology have continued to take there toll on the industry. The US Department of Labor and Statistics reported 33,600 dental technicians in 2010 (down from 43,000 in 2008), and that number is expected to drop to about 23,000 by 2014 through attrition. In 2010, the FDA inspected only 8% of the reported 20 million shipments of regulated medical imports entering our ports. The international dental market research firm iData Research reported 39.5 million crowns were imported in 2010, from off shore dental labs. While China, India and the Philippines represent the largest offshore exporter, 32 countries in total produce dentistry bound for our shore. The offshore dental work trend is increasing and will continue to grow as more dental insurance companies, dental manufactures and dental suppliers enter into the dental lab business in China._

A more troubling problem than off-shore production of dentistry, is the rise in gray market or counterfeit product being freely substituted by both foreign and domestic dental laboratories. It has been reported that China is the biggest supporter of counterfeit goods due to market demands and lack of regulations. Captek, Zirconia, 3M Lava, Bruxzir, and IPS e.max, have all reported counterfeit products in the dental laboratory supply chain. Dental manufactures are attempting to stay ahead of the counterfeiter by utilizing three dimensional images, bar codes, IR sensors, or other mechanism but this only drives up prices, making the gray product market even more lucrative. More information on this topic can be found at: http://www.dentalaegis.com/id/2011/04/taking-the-bait

The Virginia Dental Association (VDA) and the Virginia Board of Dentistry (BOD) agree that regulatory changes are necessary to increase public safety. The Virginia standard of care requires a dentist to know point of origin and materials disclosure before work is inserted in a patient's mouth. The case for increasing oversight and regulations is compelling, and all parties are acting in good faith given the current dental statue in place. Where we disagree is how to implement those requirements and who is responsible for noncompliance.

The Virginia Dental Laboratory Safety Act, passed by the VDA House of Delegates in September of 2011, requires dental laboratories to disclose point of origin (POO), and material disclosure (MD) for all dental work stemming from a work order executed by a licensed dentist practicing in Virginia. It also requires dental laboratories to register with the Commonwealth of Virginia every two years, at a nominal fee. The fee will be used to pay for maintaining the web base registration list and administrative cost. Research from the National Association of Dental Laboratory (NADL), has shown that states with dental lab registration fees had crown fees that were below the national average. The VDA task-force, which included a laboratory owner, and chaired by Dr. Scott Miller, reviewed ADA policy, researched current and proposed laws in other states, and consulted with the NADL before developing its recommendations. The task force believes registration of dental laboratories to be the only mechanism to ensure disclosure compliance by dental labs. If a Virginia dentist was not receiving POO and/or MD from a registered dental lab, the dentist would file a complaint with the BOD, which could fine or revoke the dental laboratory registration. No action would be taken against dentist and no changes to the work order would be necessary under the VDA plan. The VDA plan will require Virginia dentist to only utilize a registered lab after the two year grace period lapses.

The Virginia BOD past, and now requires all dentist practicing in the Commonwealth to supply and use two new work order forms; the Virginia Board of Dentistry Approved Dental Laboratory Work Order Form, and the Virginia Board of Dentistry Approved Dental Laboratory Subcontractor Work Order Form (see Va. BOD Briefs January 2012). These two required forms also aim to provided dentist with POO and MD. The difference is the BOD places the responsibility in obtaining POO and MD on the dentist writing the work order. This means they if a lab fails to provide POO and/or MD with a case, it is the dentist who faces fines and penalties if he or she inserts the work in the patients mouth without the required information as part of the patient record. The BOD asks dentists to document the nondisclosure and any attempts to rectify the problem. They then ask the dentist to switch to another lab or another subcontracting lab if our lab picked a subcontracting lab who failed to disclose. No matter how long you have done business with that lab you must switch labs or face fines and penalties for each offense.

The VDA and BOD formed a workgroup to study dental laboratory disclosure and were able to make substantive changes to the BOD approved forms which will streamline the process for dentists, but the BOD will still hold dentist responsible if a dental lab or sub contracting lab fails to provide the required information. The VDA/BOD workgroup members reached an impasse when it came to laboratory registration. Thus delaying patient care and placing an unjust burden on the dentists of Virginia.

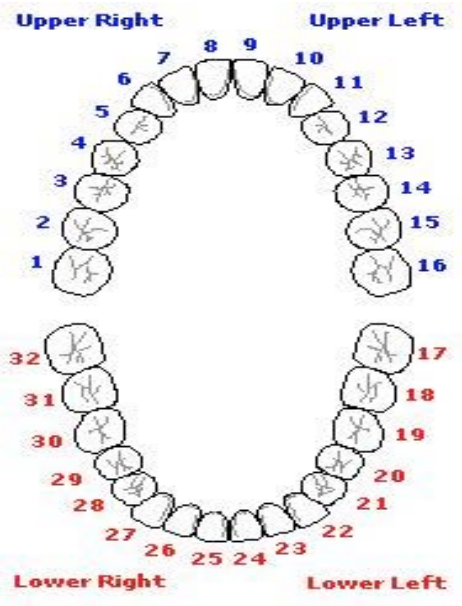
The VDA Task Force on Dental Laboratories does not feel Virginia dentists need any more regulations which can have an impact on the practice of dentistry. The pending Virginia State Legislature House Bill 267 places the responsibility for disclosure on dental laboratories and NOT on dentist. Surveys by the NADL show a large majority of laboratories and technicians support the new regulations. Registration of dental labs is the only mechanism to improve public health in or Commonwealth and to hold dental laboratories accountable for POO and MD. The VDA Task Force ask Virginia dentist to stand united, protect our profession, and the public health, by calling the Virginia Board of Dentistry and/or the VDA and telling them you support HB 267.

VIRGINIA BOARD OF DENTISTRY APPROVED
DENTAL LABORATORY WORK ORDER FORM

This form is prescribed by the Board for use by its licensees as required by §54.1-2719 of the **Code of Virginia**. A licensee shall provide all the information required to complete the form. **A licensee may use a different form only if all the required information on this form is collected and conveyed.**

PATIENT NAME, INITIALS or ID#: _____

Laboratory Name: _____
Physical Address: _____
_____
E-mail Address: _____
Contact Person: _____



Description of work to be done (include diagrams if needed):

_____
_____
_____
_____
_____
_____
_____
_____

Specify the type and quality of materials to be used:

_____
_____

Dentist's Signature: _____ Date: _____
Dentist's Name Printed: _____ Dental License # _____
Dentist's Address: _____ Telephone: _____
Dentist's Email Address: _____

Instructions to Lab

Laboratory must furnish dentist with subcontractor work order form if the dental lab uses a subcontractor and must comply with all items below:

1. Prior to beginning work, the prescribing dentist must be notified of any foreign subcontractor involved in fabrication or component/materials supply.
2. Prior to beginning work, the prescribing dentist must be notified of any domestic subcontractor involved in fabrication or component/materials supply.
3. Prescribing dentist must be notified of all materials in the delivered appliance/restoration.
4. Prescribing dentist must be notified in writing that materials in the delivered appliance/restoration DO NOT contain more than very small trace amounts (less than 200 ppm) of lead or any other metal not expressly prescribed.
5. Before returning finished case to prescribing dentist, the fabricated appliance/restoration must be cleaned disinfected, and sealed in an appropriate container or plastic bag.

VIRGINIA BOARD OF DENTISTRY APPROVED
DENTAL LABORATORY SUBCONTRACTOR WORK ORDER FORM

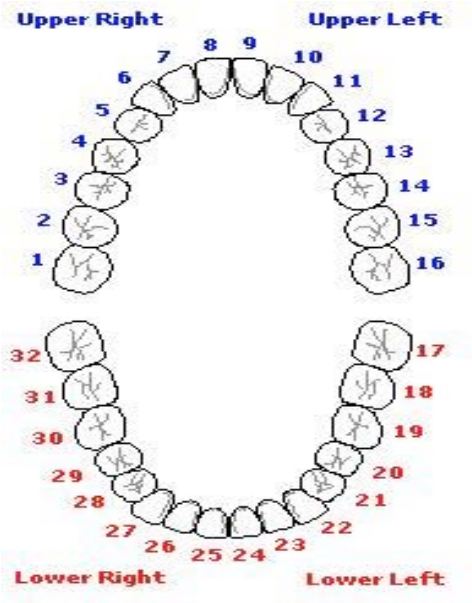
This form is prescribed by the Board as required by §54.1-2719 of the **Code of Virginia** for use by dental laboratories to subcontract work orders from dentists licensed and practicing in Virginia. A dental laboratory shall provide all the information required to complete the form. **A different form may be used only if all the required information on this form is collected and conveyed.** A copy of the signed work order received from the prescribing dentist shall be attached.

PATIENT NAME, INITIALS or ID#: _____

Subcontractor Name: _____
Physical Address: _____
_____
E-mail Address: _____
Contact Person: _____

Contact information of the prescribing dentist:
Name: _____
Address: _____
Telephone: _____
Email Address: _____

A copy of the signed work order received from the prescribing dentist is attached.
_____Yes _____No



Additional instructions for the handling, construction or repair of the appliance:
_____
_____
_____

Contact information of person, firm or corporation issuing Subcontractor Work Order Form:

Signature: _____ Date: _____
Name Printed: _____ Telephone: _____
Address: _____
Email Address: _____

Instructions to Lab
Subcontractor laboratory must comply with all items below:

1. Prior to beginning work, the prescribing dentist must be notified of any foreign subcontractor involved in fabrication or component/materials supply.
2. Prior to beginning work, the prescribing dentist must be notified of any domestic subcontractor involved in fabrication or component/materials supply.
3. Contracting laboratory must be notified of all materials in the delivered appliance/restoration.
4. Contracting laboratory must be notified in writing that materials in the delivered appliance/restoration DO NOT contain more than very small trace amounts (less than 200 ppm) of lead or any other metal not expressly prescribed.
5. Before returning finished case to prescribing dentist, the fabricated appliance/restoration must be cleaned, disinfected, and sealed in an appropriate container or plastic bag.

Thinking about an associate?

By: Dr. James Schroeder

Reflecting back on thirty five years of practice, I marvel at the diversified skill set required to operate a dental practice – from highly skilled dental procedures, for which we receive extensive training, to complex human relations and business decisions, for which we have limited training (or virtually no training at all). Things are further complicated by the rapid rate of change taking place in the market.

Today we will do a limited dissection of the decision making required when considering an associate. The catalyst that starts the thinking process may be:

1) a friend or recent graduate from school approaches you.
2) I am working too hard and am booked too far in advance; I want to work less.
3) I have too much space and overhead.
4) I am tired of practicing by myself.
5) I am really not sure why I hired an associate, I thought....., (fill in the blank.)
6) Failing health.

Successfully bringing in an associate requires three bodies of knowledge: legal, accounting, and leadership with the interpersonal skills necessary to create a new team. The last body of knowledge -- leadership and interpersonal skills -- is often left to random chance resulting in many unmet expectations and weariness. "Why did I not see this before I made my decision?" On the other hand, hiring an associate can lead to a win–win situation for all parties. The leader must frame this important decision before the new person joins the practice. Each of the stakeholders has a different perspective – the patient, the team, the senior doctor, and last but not least, the excited new associate.
Dentists are not trained to be professional change agents and often encounter failure and frustration when trying to bring something new into the routine of the office. A quote I often hear: the senior employee says to the new employee, "Don't worry, he's always coming up with some new idea. Most of the time it is back to the way we've always done it after a couple of weeks."

It is important to understand that bringing in an associate impacts everyone in the office. According to a Gallup Poll, when change is introduced to an office the first thing employees want to know is, "How is this going to affect me!" Failing to answer this question can lead to halfhearted support of the fledgling dentist. Take time to explain your goals to the staff and what you expect of them in this transition. Allowing questions and concerns to be aired creates a healthy atmosphere and forces you to think of details you may have glossed over. It also creates ownership. And, it shifts the lunch room and parking lot conversation from, "He is hiring an associate," to, "We are hiring an associate for our practice."

Often we get a poor return on our investment in new employees because we skip the effort necessary to get "buy-in" or "ownership" with the change we are introducing. Obviously you are the boss, and you might be tempted to approach your employees as assembly line workers. However, this leads to high turnover and low morale. In this difficult economy our greatest resource is often left underdeveloped. Equipping staff with exceptional people skills (that often do not come naturally) can improve the acceptance of the new associate.

Consider these two approaches. It's a busy day in the office. The receptionist answers the phone, "I am sorry you have a broken tooth. I know you usually see Dr. A, but he is slammed. You will have to see Dr. B. He is not doing anything now. But I promise I will get you back to Dr. A for your next appointment." Contrast that with, "I am sorry you broke your tooth, but this will give you an opportunity to meet Dr. B! He is fantastic. His training and educational record was sent to all of our patients; we are lucky to have him. Dr A is so excited to introduce him to the practice. Come on over right now and Dr. B will take care of you."

Ownership and confidence in the new associate by staff can maximize the growth and profitability of your decision. Conversations about a new associate take place in every office. Your leadership and your staff training are the tipping points for how these conversations proceed.

The planning and decision making matrix for both objective and subjective factors in selecting an associate and integrating him or her into the practice is often not recognized. Using all three bodies of knowledge – legal, accounting, and leadership with interpersonal skills – can lead to a very rewarding and profitable experience. The same sort of training we received in reconstructing a mouth using specialists, current technology, and detailed communication to all parties needs to be applied when considering an associate. Anything less will often lead to unmet expectations and blame.

This article is certainly not intended to cover the full scope of acquiring an associate. We have not touched on the "patient busy factor" which, if that is going well, a multitude of sins are covered. Are you willing to build up his practice with your patient load or do you expect him to start from ground zero? Have you developed an internal and external plan to promote him/her? Do you have the skill to have the courageous conversation when staff members come to you with a horror story about how Mrs. Jones was treated?
Although having a good contract and "good hands" are often the focus, it requires much more to achieve the full potential of a new associate.

Please call or write me with your experiences or questions on this important decision.

Editor's Note: This is the second column by Dr. Schroeder in a series on practice management. He welcomes questions and topic suggestions. He may be contacted by e-mail, drjimschroeder@gmail.com, or phone, (804) 307-5108.

The Ethics of Fee-Splitting

By: Thomas J. DeMayo, DDS

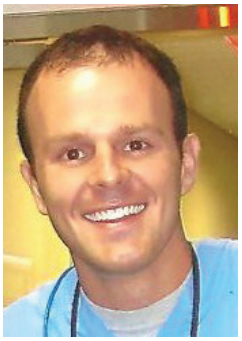
Suppose for a moment that you are fairly new to town and you have been told by your Primary Care Provider that you need a referral to a Cardiologist for tachycardia. The referring doctor has gained your trust and you have no reason to question the referral or the qualifications of provider that you are being referred to. What would you think if you found out that your doctor and the cardiologist had a business relationship where the cardiologist would split the fee that he or she would receive from you with your doctor? How would you feel? Would you question if you were being sent to the ideal provider for you? You might even question your need for the referral itself? Has it shaken your faith in your physician?

Call it a finder's fee, kickback, commission or advisory fee, but in the medical and legal professions it is commonly referred to as Fee-Splitting. By definition, Fee-Splitting is the practice of sharing fees with a professional colleague in return for referrals, and both the AMA and the ADA consider it to be unprofessional conduct. It is illegal in most states, yet there are no statutes that regulate this practice within the Commonwealth of Virginia. The Virginia State Board of Dentistry Guidance Document 60 -15 "Standards of Ethical Practice in Dentistry" clearly advises against it. In a subsection dealing with Financial Transactions, this document states that the dental practitioner will not accept or tender 'rebates', or split fees with any other health professional. Without a supporting law, however, the Board of Dentistry has no ability to reprimand or otherwise take action against parties involved in splitting fees. It should be noted that there are Federal Anti-Kickback Statutes that broadly "prohibit the offer, solicitation, payment or receipt of anything of value, direct or indirect, overt or covert, in case or in kind, intended to induce a referral of a patient for items or services reimbursed by all federal programs… and programs covering Veterans benefits" (Social Security Act # 1128B). Violators could be charged with a felony and face fines and or imprisonment. Fee splitting between provider and provider or provider and third party (social/internet couponing companies) is dangerous and uncharted territory.

Legality aside, Fee-Splitting poses ethical concerns. It is unprofessional conduct to directly or indirectly offer, give, solicit, or receive any fee or consideration from a third party for the referral of a patient in the performance of a professional service. Doctors should not pay other doctors (or a third party) for a patient referral. One could argue that this is simply a means of advertising, or it's a business model and a marketing platform for merchant partners, but consider viewing it from the patient's perspective. A patient should be referred to the provider who is best suited to fit that patient's need, not to the provider that pays for the patient referral. Fee-Splitting represents a conflict of interest which may adversely affect both the patient's care and well-being, since the patient is not necessarily being referred to the appropriate provider for care, but rather to one that has a compensatory or commission type of relationship with the referrer.

You're Not Alone - Collaborative Treatment and When to Refer

By: Dr. Chris Spagna, Associate Editor, Component 8 (Northern Virginia Dental Association)



Considering the increasing desire for natural and attractive smiles, collaborative patient care among restorative clinicians and specialists is paramount. Often, successful esthetic rehabilitation demands a multidisciplinary approach that requires complicated treatment beyond what one dentist alone can provide.

Team-oriented treatment planning can help us as clinicians accomplish our objectives, delivering the highest standard of care by creating a functional and esthetic outcome built for long-term success. The lines of communication between providers (and labs) must remain open and accessible at all times, and those lines are not just telephone wires. Technology has enabled us to easily share digital photographs, radiographs, 3D scans, and restorative simulations, so that every player on the patient care team can be fully equipped and informed in order to achieve the desired result.

Advanced technologies may also contribute to one "biting off more than he (or she)can chew". Due to the tremendous amount of training and technological support currently available in the modern dental practice, general practitioners are performing an increased number of specialized procedures chairside. Across all disciplines of our profession, every dentist is continuously charged with increasing their education, armamentarium, and skill set in order to provide a high level of patient care. But when concern for the quality of a patient's oral healthcare exceeds the clinician's comfort zone, or when the patient presents with an advanced or complex condition, we must keep in mind that we are not alone but rather part of a team. Rely on the team and communicate with them. It is often more prudent to refer a patient to a specialist who has focused their studies on such delicate conditions, rather than risking potential complications. By doing so, practitioners ensure that the patient receives the most qualified treatment for their condition, while protecting the clinician from potential complications that may occur as a result of procedures beyond their scope.

As the clinical armamentarium continues to expand with advanced technologies and professionals are afforded the ability to perform increasingly difficult procedures with ease, patients will continue to benefit from an improved quality of oral healthcare. But discerning clinicians must keep in mind the boundaries of their expertise in relation to the patient's treatment needs and desired outcome - not shying away from using a collaborative approach when necessary to ensure that their treatment plan is optimally executed.

Classified Advertisements

Job Opportunities

Moyock, NC Dentist Opportunity
Work in a practice that allows you to make a guaranteed income and includes a full benefits package made up of health insurance options, paid CE, paid vacation/personal/sick days, as well as a 401k plan with free and matching funds. This established practice is ready to add a full time dentist.

Moyock is located within commuting distance of Virginia Beach, VA and is in beautiful Northeastern NC.

This position will give you an opportunity to focus on the clinical side of dentistry while drawing a guaranteed income. Excellent opportunity to leave your work behind you at the end of the day and give you a great work/family balance. Monday through Friday work week. If you enjoy surgery then this opportunity could be a great fit.

Call Brian Whitley to get more information. All experience levels are encouraged to apply, from new grads to seasoned veterans. Call today to start your way toward a "less stress" practice model. Call Brian at 1-800-313-3863 ext. 2290 or email brian.whitley@affordablecare.com
OR Apply online at:
http://www.affordabledentures.com/careers/associates/

Exciting opportunity for dentists, hygienists and assistants to provide children with dental care in Virginia schools. No evenings or weekends. Email your resume or questions to jobs@smileprograms.com or phone Judy at 888-833-8441 x 102. Pediatric or General Dentists wanted.

Miscellaneous

WANTED
Your gently used Cavitrons, Curing Lights, Amalgamators. Please contact Barbara Rollins at the VDA rollins@vadental.org or 804-288-5750 Thank You!

Interim Professional Service:
Maternity Leave, Vacations, Illness, Disability, Part-Time Associates. Maintain Production & Patient Access. Also, Interim Job Opportunities. Forest Irons & Associates 800-433-2603 www.forestirons.com DENTISTS HELPING DENTISTS SINCE 1984

In Search of Opportunity:
Dr. Hendrick Tafo Tabue is currently looking for General Dentist opportunities in the Richmond, VA area. He is also interested in surgery, endodontics, prostodontics, periodontics, implant and restorative dentistry. Please contact him at hendricktafo@yahoo.fr or 832-713-2497.

Practices For Sale/Lease

Chesapeake Dental Practice for Sale
Beautifully designed dental practice nestled within the heart of Chesapeake, Virginia, two blocks South of the Chesapeake Regional Medical Center.

• 1/4 mile from intra/interstates 168 and 64 entrance and exit ramps

• 4 Operatories, fully equipped; 1,645 square feet

Currently listed with ADS South Practice Transitions Company 919-337-1162 or jim@adssouth.com

Hit The Ground Running!

General Dental Practice for Sale South Central PA near Carroll County, MD

Escape the traffic! Come to PA!

**private building – 1340 square feet – complete basement
**Small/medium sized practice located in private brick building on tree lined street. Private parking lot in rear shared by office next door.
**Great visibility near local hospital and medical buildings. Nestled in very nice residential area., Well maintained building and landscaping.
**Solo practitioner. Concentration on preventative, restorative and prosthetics.
**Three operatories equipped, another plumbed. Good size.
**Good growth of new patients. Indemnity Insurance and P.P.O.'s, No H.M.O. Several small Medicaid private insurances.
**Open 4/12 days a weeks. No evenings/weekends.

For more information, please e-mail to bparkerdds@embarqmail.com or call 717-359-9926 and leave a message. Fax to 717-632-1464

Practice For Sale
Loudon County - General Family practice. Solo practicing doctors with shared space. Total 8 ops. R/E for sale. Rev. $1.3M. Call Donna 800.988.5674. www.snydergroup.net

PRACTICE FOR SALE
Virginia, Covington - 84yo general practice, 2700sqft, custom built brick 1980, 6 operatories, center of town. 68yoDDS'68 MCV graduate will stay on as needed. Price negotiable to suit needs of buyer, who will hit the ground running at a very reasonable start-up cost. Contact us for confidential details through: http://www.gilbertdentalpracticetransition.com

Classified advertising rates are $60 for up to 30 words. Additional words are .25 each. It will remain in the Journal for one issue unless renewed. All advertisements must be pre-paid and cannot be accepted by phone. Faxed advertisements (804-288-1880)must include credit card information. Checks should be payable to the Virginia Dental Association. The closing date for all copy will be the 1st of December, March, June, and September. After the deadline closes, the Journal cannot cancel previously ordered ads. The deadline is firm. As a membership service, ads are restricted to VDA and ADA members unless employment or continuing education related. Advertising copy must be typewritten in a Word document and either mailed (in the form of a disc) or emailed to the following address: Journal and Website Classified Department, Virginia Dental Association, 3460 Mayland Ct, Ste 110, Henrico, VA 23233 or emailed to jacobs@vadental.org. The Virginia Dental Association reserves the right to edit copy or reject any classified ad and does not assume liability for the contents of classified advertising.

Baran Dental Laboratory

The Choice for Crowns, Bridges & Implants

4433-E Brookfield Corporate Drive, Chantilly, Virginia 20151

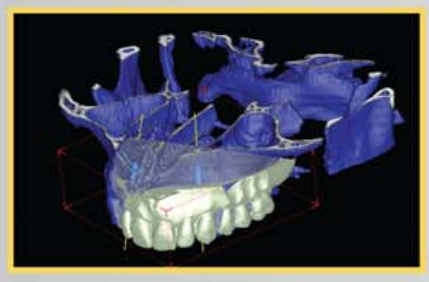
703.961.0116/800.941.4291

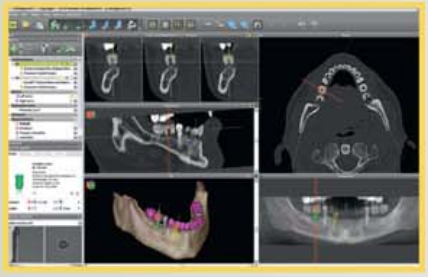
& Milling Center

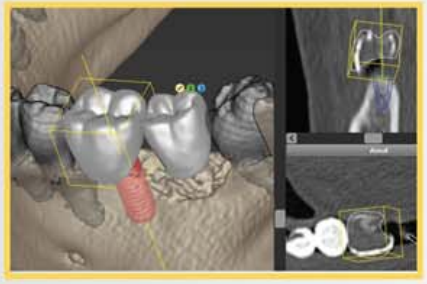
Baran Dental Lab uses **Straumann® CARES® Guided Surgery** platform for in-lab scan and surgical template fabrication: resulting in fast turnaround times.

Other benefits include:

- Open platform for planning over 40 implant systems
- caseXchange application for treatment planning between the surgeon, lab, and GP
- 3D treatment planning available
- Import STL files from iTero® for prosthetic planning







Contact Baran Dental Lab at 800.941.4291 or mgrable@barandental.com for your first guided surgery case today!

Virginia Dental Journal

Virginia Dental Association
3460 Mayland Ct, Unit 110
Henrico, VA 23233

VISIT US ONLINE AT www.VADENTAL.org

VDA MEMBER SPOTLIGHT: Dr. Henry Botuck

By: Dr. Chris Spagna

At our annual business meeting on September 7, 2011, the Northern Virginia Dental Society was proud to recognize Dr. Henry Botuck with our highest honor, the Lifetime Achievement Award. Born in Detroit, Michigan, Dr. Botuck received his Bachelor's and Dental degrees from the University of Detroit Mercy. Early in his career, he served as Captain in the United States Army Dental Corps. He started his private practice in general dentistry in 1959, serving the Northern Virginia community through 2006.

Among many acomplishments over his long and distinguished career, Dr. Botuck has been honored as a Fellow of the Virginia Dental Association (1981), the Pierre Fauchard Academy (2000), and the International College of Dentists (2001). He was appointed fourteen times by the Supreme Court of Virginia as a Malpractice Review Panel Member.

His membership involvement within the dental community includes the ADA and its subdivisions since 1954, and the Academy of General Dentistry since 1975. Dr. Botuck served as President of the Alexandria Dental Society from 1969-1970, and as Chairman of the Special Committee on Quality of Care for the Virginia Dental Association.

Dr. Botuck's dedication to the Northern Virginia Dental Society includes his fifteen years of service on the Peer Review Committee, and eight years of service on the Patient Relations Committee. He also served as chair of both committees. He is Past Chairman of the Ethics Committee, a Past Parliamentarian, and has acted as an NVDS delegate to the Virginia Dental Association on numerous occasions. Dr. Botuck's service in varying positions with our Executive Committee goes back to the 1960s.

As current Chairman of the NVDS Infection Control Committee, Dr. Botuck has published over fifty articles in our quarterly newsletter, "NOVA News", addressing, informing, and educating his colleagues on this topic. Dr. Botuck also continues to contribute his time and expertise to the Northern Virginia Dental Clinic as a regular volunteer.

Dr. Botuck's life devotion to his profession and his countless contributions to the dental community are deeply appreciated. The Northern Virginia Dental Society expresses a heartfelt thank you and congratulations to Dr. Botuck for an honor he so truly deserves.