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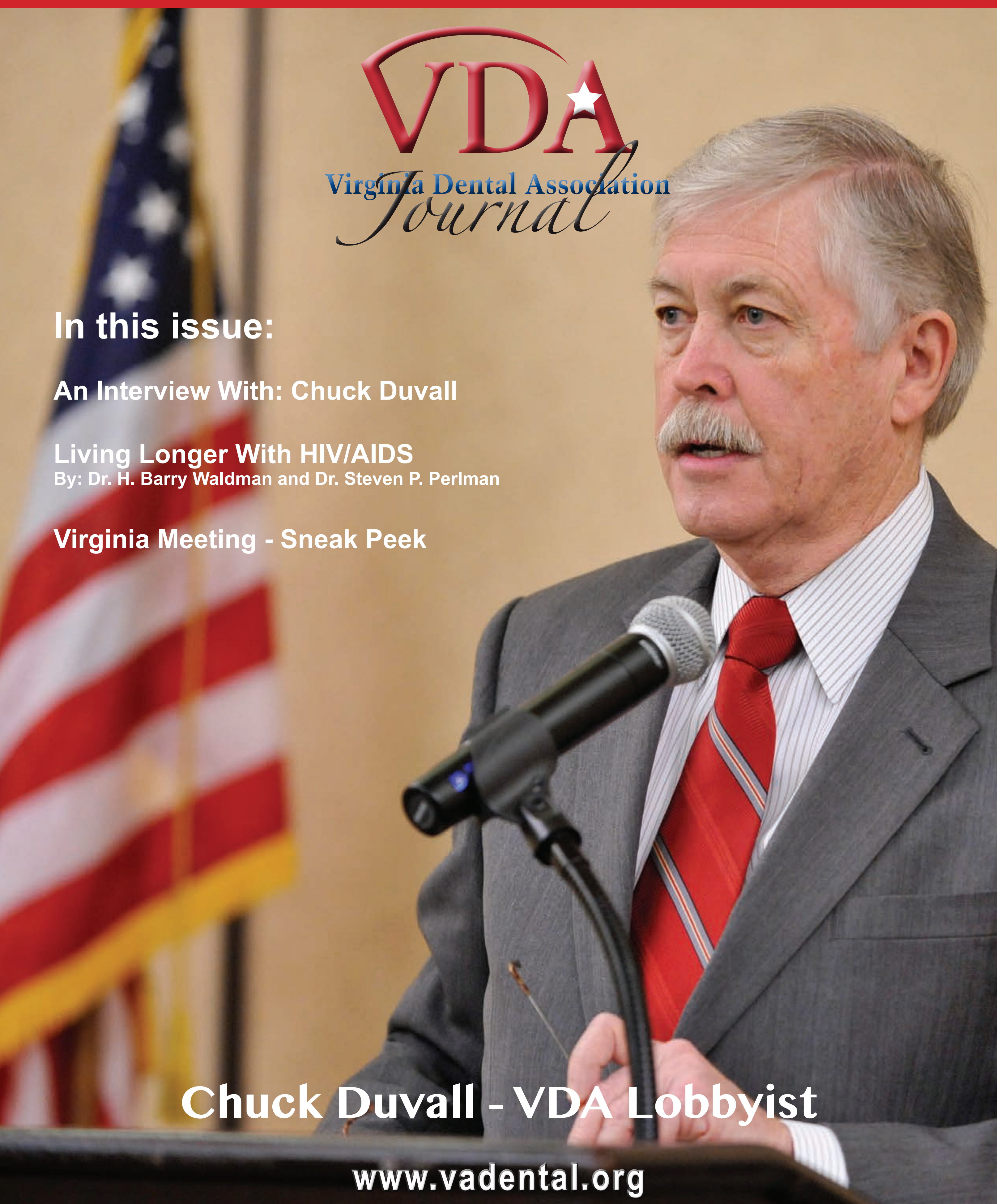

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An Interview With: Chuck Duvall

Living Longer With HIV/AIDS
By: Dr. H. Barry Waldman and Dr. Steven P. Perlman

Virginia Meeting - Sneak Peek

Chuck Duvall - VDA Lobbyist

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Message from the Editor

Dr. Richard F. Roadcap

I like to shop at Target. The stores are clean and well-lit, the merchandise is easy to find, and the prices are competitive. And, without fail, I'll run into a few patients somewhere between the watchbands and washcloths. Where are your patients? Where do they live; work; shop; attend school; vacation? What cars do they drive and what clothes do they wear? Most doctors in practice now can answer the question without resorting to a spreadsheet. Their off-the-cuff answer should be nearly as accurate as one sifted from reports. The answers will read like this: most patients rent a house or apartment, or own a (mortgaged) home; they work at local businesses or government agencies and a few are self-employed; they shop at chain retail outlets; their children attend public schools; and they vacation at a resort or recreational area a day's drive from home. They'll drive cars purchased nearby and wear off-the-rack clothes. In other words, most patients in our chairs today are members of the middle class. Improved dental care has been one of the hallmarks of America's thriving middle class, with each generation retaining more teeth into adulthood, and improved dental health beyond that of the preceding generation. We depend on the middle class to fill our appointment books, keep hygienists busy, return faithfully for recall appointments, and accept recommended treatment. The poor can't afford our services, and the rich are few in number.

A spate of articles in recent weeks has called attention to a US middle class that no longer thrives, and may be shrinking in number. *The New York Times* reported a Stanford University study showing he percentage of families living in middle class neighborhoods has declined from 65 to 44 percent since 1970.[1] A report from the Federal Reserve Bank of New York indicates high skill and low skill jobs are growing, but jobs in the middle – sales, repair, transportation, construction – had fallen to only two-thirds of the workforce in 2009.[2] Former US Secretary of Labor Robert Reich editorialized in the *Times* "…the middle class doesn't have enough purchasing power to keep the economy going" and had exhausted its ability to borrow and spend.[3] All this has not gone unnoticed by US corporations. Procter & Gamble, purveyor of household products to generations of middle class Americans, is rethinking the way it manufactures and sells its wares. Ellen Byron, writing in the *Wall Street Journal,* reports P&G (which claims to have at least one product in 98% of US households) is now targeting sales towards lower and higher income groups, realizing brand loyalty is fading. She quotes Phyllis Jackson, V-P of consumer market knowledge, as saying "The numbers of Middle America have been shrinking because people have been… falling into lower income."[4]

This bodes ill for most dental practices. If Procter & Gamble (Crest® toothpaste, anyone?) is losing its customer base, what does that say about the demand for our services? A good P&G customer probably seeks regular dental care, and our active patients of record most likely consume many of their products. "Dentists…have tended to weather previous economic downturns" says the ADA's Wayne Wendling[5] : we're recession-resistant, but not recession-proof. As reported in this publication, dentist-population ratios have remained stable for the last thirty years.[6] The US population has continued to grow, creating practice opportunities for new graduates and doctors wishing to relocate. Nonetheless, some areas of the country, notably the Northeast and Midwest have seen only slight increases in population (Michigan suffered a population decline according to the last census[7]), while other areas have experienced rapid growth. Do these demographic trends represent a sea change or sociologists' flavor-of-the-month? Some dentists have alertly moved into expanding upscale communities to position themselves for economic re-mapping. But soon all the slips at the marina will be filled. The majority of doctors are left to compete in a landscape less inviting than thirty, or even ten years ago. In the past, middle income communities could always absorb an extra dentist or two: relocations, new industries, and employer-sponsored benefits created a pool of patients seeking dental care and, maybe, a new dentist. New practices (previously) didn't take long to become self-sufficient.

There's been a slow movement in the US toward larger practices, employing more doctors and staff. Groups may be better able to serve the income strata that are emerging from an economy gasping for air. Organized dentistry has, for years, promoted policies to increase access for the poor and underserved. For now the middle class practice model dominates, but may be challenged in the future. I'll continue to shop at Target. And, I'll continue to meet a few patients in the aisles, because they like the store, too. But I could meet more at Dollar General.

---

1 Sabrina Tavernise, "Middle-Class Areas Shrink as Income Gap Grows, New Report Finds," New York Times, November 15, 2011

2 Alexander Eichler, "Middle-Class Jobs Disappearing As Workforce Shifts To High Skill, Low Skill," The Huffington Post, November 21, 2011

3 Robert Reich, "The Limping Middle Class," New York Times, September 3, 2011.

4 Ellen Byron, "As Middle Class Shrinks, P&G Aims High and Low," *Wall Street Journal,* September 12, 2011

5 https://www.ada.org/sections/dentalPracticeHub/members/economic_environment_0904

6 Waldman, H.B., et.al. Increasing size of dental establishments. Virginia Dent J 2011; 88(1):6-7, 48-49

7 http://2010.census.gov/prod/cen2010/briefs/c2010by-01.pdf

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1 Delta Dental Plans Association, June 2011
2 Business Insurance Dental Plan Providers Directory, April 2011

Message from the President

Dr. Roger Wood

Recently, my attention was called to a situation in the Tidewater area that involves a significant change in the dental insurance for the military. Once again, dentists are in an all too familiar situation with an insurance company regarding fair compensation for services. This stands to have a serious impact on many Virginia dentists, and is very concerning. But, something else I discovered regarding this situation bothered me. A group was forming to address the situation separately from efforts already in place by the Tidewater Dental Association. Most surprising was that I learned of this from someone who isn't a dentist.

I was informed of the situation as well as the organized effort in this area to meet before Congressman Randy Forbes regarding the pending changes in the dental insurance for the military. Then, I find that the dentist that is spearheading this movement is not a VDA member. I attend the meeting to find that only a few of the dentists present were members. I had the opportunity as the meeting adjourned to hear candidly about why they weren't part of the VDA. As I am hearing their arguments around lack of interest, assistance and presence from the ADA for battles such as this, a few facts fell into place.

The meeting was organized by a non-member dentist and attended predominately by non-members. The information was researched and distributed by non-members. As this group expanded, they were interacting with as many dentists as they could which also included VDA members. Their call to action was sent to everyone as the negative effects of this insurance change would not discriminate between membership status. Membership in the VDA didn't matter as a network of dentists concerned about the same issues was formed regardless of the individual's affiliation with organized dentistry. However, the non-members were not linked in with the VDA to know that there was already an organized group from the Tidewater Dental Association tackling this issue. This included guidance from legal counsel among other important resources. While every individual effort is critical in these situations, we are so much more effective as a united group.

We need to encourage the networking of all dentists. This can only help our membership efforts as well as protect our profession. I look forward to continued interaction with the Tidewater dentists so they can all benefit from what the VDA has to offer to help assist them with legal and legislative resources as well as the experience we have as a group in similar efforts. I also see a great opportunity to partner with these non-member dentists and I am issuing my own call to action.

I am asking you to contact Leslie Pinkston at the VDA office and be paired with a couple of names of non-members in your area so you can reach out to them. I have given twenty VDA members the name of a non-renew dentist in their area just recently. Our outreach efforts will be stronger and swifter if everyone were to join this effort. I am not asking for a large time commitment. Be sincere and be direct as you communicate the message of the VDA. Let them know that we need "them" and they need "us" if organized dentistry is going to continue to grow. Invite them to keep open communication with you and other members about their concerns. The larger our network with all dentists, the more aware we are of threats and opportunities that we are facing every day. Networking with non-members will also give them the opportunity to know more about the VDA. This could be what they need to make the decision to become members.

Lastly, please keep the lines of communication open with the VDA leadership. We need to hear what challenges exist in your area as it very well could affect your colleagues across the state. Or, as we have just seen with this issue in Tidewater, there could be missed opportunities to combine resources and efforts. A growing network will help us stay on top of what is affecting our profession but also gives us access to non-members who may not fully understand what the VDA does.

VDA

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Join the Virginia Dental Association members and dental students in Richmond on Friday, February 3, 2012, for our first Dental Career Matching Symposium. This evening will bring together dental professionals across the state and offer a venue for dentists and students to network practice possibilities. This is an opportunity for all VDA Member dentists to come together and meet dental students and fellow member dentists interested in associateships, partnerships, purchasing/or selling a practice.

All attendees will enjoy hearing Mr. Jim Boltz ,the President of Zimmerman, Boltz and Company, having over 25 years of accounting experience and knowledge specifically in the dental field. Jim is a member of the Academy of Dental CPA's, an association of 25 firms who specialize in servicing dentists on a national level. He has co-authored for Dental Entrepreneur, specifically covering the process and major elements involved in new practice "start-up" for young dentists.

REMEMBER:
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Contact Leslie Pinkston at pinkston@vadental.org or 804-523-2189 for more information and to register

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Letters to the Editor

Delta Dental of Virginia

Mayer G. Levy, D.D.S.

We were mired in wars in 2006 when the husband of one of my patient families asked if we could clean his teeth before his imminent redeployment overseas. The dental clinic at Ft. Eustis had no appointments. While treating him for endodontics, post & core and crown, multiple fillings, and his hygiene visit, we talked about oral health care in the field in distant countries. It seemed that the biggest problem was lack of access to even a toothbrush and toothpaste. When I was a carrier pilot back in the 1950's, I had ships stores at hand; not so with our troops fighting in the sand.

Anyway, he was appreciative of his treatment and that I didn't charge him. His service was more than sufficient payment. Later, he brought me an American Flag that had flown over his command post in Iraq. That flag now flies proudly over Seaford Elementary school.

If our dental community could get simple oral health packets made up, delivered, and distributed to our troops, we would be helping the war cause. Retired Army and Navy clinic commanders, Bupers, DOD, and everyone else I spoke with were no help. The Board of Directors of Delta Dental of Virginia unanimously voted to fund 4,000 oral health packets, but the "system" didn't care. I was lamenting my situation to retired Major General Silvasy, when he literally jumped up out of my chair, rushed back to the telephone in my private office, announced into the phone that it would be done, and our already deployed Virginia National Guard was ready to receive the packets. The two ends of the project were in place but there was no middle. A retired colonel suggested that I contact the USO and the delivery mechanism was finally put in place. (And I thought that the USO was only Bob Hope.)

Delta Dental Staff Freda Mae Dressler and Cathy Sigmon took on the task, with the help of local church volunteers, to procure, pack and ship the packets. Each kit contained toothbrushes and covers, sugar free mints, lip balm, dental floss, and a note that read: "To our U.S. Troops: Delta Dental of Virginia supports you as you strive to bring freedom and a safe environment to the people of war-torn areas throughout the world. Your health and safety are important to us. We understand that maintaining oral health can be a challenge under the best of circumstances, so please accept this oral health kit as a small token of our appreciation for all you do. Our thoughts and prayers are with you all for a swift and safe return home. Sincerely, Dr. George Levicki, President and CEO, Delta Dental of Virginia; On behalf of our Board of Directors and Employees"

An example of thanks received was a note from Iraq dated 03 FEB 2008.

"Hello Dr. George Levicki, I would like to take a little time to write you, your Board, & Employees to thank you all for the dental hygiene that you all donated to Ole and my unit. Its people like you all that just lift us and pick us up out here in Iraq and make us proud to be Americans. So once again I like to say, Thank you and God Bless. Timmy"

I hope that our dentists in Virginia are as proud as I am of DDVA for showing pride in our warriors.

Wake Up, Family Dentists!

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

ALERT! Family dentists should be aware of approaching drastic changes in dental practice. Manifestations of these changes are now in existence. Prepare NOW!

The education of the next few generations of family dentists will require creativity, innovation and careful direction, as this will be a profession facing challenging and new horizons.

Dentistry will be following the medical model of physician assistants and nurse practitioners.[1] The dental therapist or DHAT (Dental Health Aide Therapist) will be performing extractions, restorations and pulpotomies under local anesthesia. They are now doing this in Alaska and Minnesota. The dental hygienist will be doing more periodontia. What will the family dentist be doing?

The family dentist will need to direct his/her skills towards other ills afflicting the oral and peri-oral regions. This means immersion into most dental specialties with the exception of oral and maxillofacial pathology and dental public health. Future family dentistry will include the pediatric patient and the geriatric patient and all others in between. I suspect geriatric dentistry will become a recognized dental specialty because the elderly patient will frequently present with chronic and acute medical problems. The family dentist will need additional knowledge in general medicine and emergency medicine for life threatening events. Dental education will need to provide this education at the pre-doctoral level. Periodontia, endodontia, prosthodontia, and oral surgery will be an integral part of family dental practice. Advanced implantology, sophisticated radiology and basic orthodontia will be the responsibility of the family dentist.

Today we see organ transplants, stem cell therapy and other medical advances, including new medications, some producing significant oral manifestations. There will always be new unheard of diseases with life-threatening components – which the family dentist will need to recognize, and understand how they relate to dental practice.

Dental educators will be responsible for preparing the family dentist for a new and different professional environment. A general practice residency will be mandatory and may of necessity extend more than one year.

I see family dentistry in the next 25 years as a very challenging health profession that will attract quality young men and women hopefully enjoying a new scientific era.

1 Palm. Norm. The debate over alternative dental providers. Journal Michigan Dental Assoc. April 2010 (33-37)

2 A.D.A. CODA Communicator, August 9,2011 (Special Announcement)

*Formerly: Adjunct Professor-Medical Physiology-American University, Washington. DC, Clinical Professor-Oral and Maxillofacial Surgery-School of Dentistry, VCU Medical Center, Richmond, VA Chief-Oral Surgery and Dentistry, Alexandria Hospital, Alexandria, VA

In response to previous issue of the Virginia Dental Journal

Jay W. Friedman, DDS, MPH

Thank you for sending me a copy of the Virginia Dental Journal (Volume 88, No. 4, Oct – Dec 2011) that contained a reprint of my paper, Dental Therapists – The International Dental Therapist: History & Current Status, originally published in the Journal of the California Dental

I hope, also, that Dr. Roger Wood, president of the VDA, reads it. He wrote in his message of his opposition to midlevel providers because "they would change the way dentistry is delivered." In a sense he is correct. Mid-level providers such as dental therapists would extend the delivery of oral health care to underserved populations for whom there is presently little or no access to dentists. Dental therapists would extend care in the same manner as nurse practitioners in medical care. In no way does this threaten or diminish traditional dental practice. That is the message I would encourage Dr. Wood to bring to the Virginia Dental Association.

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Trustee's Corner

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

Get Ready For Change

At the 2011 ADA annual session, the House of Delegates approved a comprehensive governance study of our Association and its tripartite, as requested by the Board of Trustees. In advance of the findings that will be presented to the 2012 House of Delegates, I want you to know the scope of the study and the possible ramifications for you as members, as well as, the effect it could have on your State and Component organizations.

First, let me provide a little background. As required by the bylaws, a reapportionment of the House of Delegates is scheduled to occur at regular intervals to more accurately reflect the current dentist distribution around the country. That reapportionment was to occur at the close of the 2011 House. However, when the board calculated the new district allocations based on the required formula, there were obvious inequities that needed to be addressed. As a result, the Board offered a plan for 2011 that was fair and suggested a governance study that would address several questions. The House agreed that there should be a governance study and the reapportionment of the House was postponed until after the findings of the study are presented to the House. Some of the questions that must be considered are:

First, for an organization our size, how much should the overall cost of governance represent as a percentage of the total budget? Currently, we spend more on governance than we budget for whole divisions.

Second, what is the appropriate size of the House of Delegates to ensure adequate volunteer input into the policies and direction of our organization, and at the same time provide for a fair apportionment of delegates?

Third, is our current structure of Councils and Commissions the best way to do the work of the association, and if so, are they the right size and composed correctly?

Fourth, based on the size of our membership, do we have the right number of districts to ensure proper representation, or should we have less, or more?

Fifth, are there clear bylaws responsibilities for the House of Delegates, the Board of Trustees, Councils, and staff?

Sixth, does the current size of the Board of Trustees allow for effective management of the association?

Seventh, should we consider eliminating our current Council structure and conduct most of the work of the association through workgroups and special committees with finite timeframes?

Eight, is the tripartite the most effective structure to deliver membership services, conduct membership recruitment and retention, provide communication from bottom to top and top to bottom, and provide for leadership training?

Your representatives to next year's House of Delegates will have a thorough report to digest and they will be asked to make tough decisions regarding the future of our organization. There will certainly be advantages and disadvantages for each of the recommendations presented, but I can already predict that there will be some basic values that need to be weighed very carefully. Do we aspire to be a staff driven or volunteer driven association, what structure provides the best leadership training for our members, what can we afford, how do we provide for diversity of membership and thought, how can we achieve the ability to be nimble and respond quickly to the changing environment, and how do we ensure that our volunteers have the proper skill sets to be effective leaders?

Since most state associations are organized on the same model as the parent, ADA, any changes recommended by the House will have a dramatic effect on the states. On the positive side, we may be able to operate more efficiently and at a lower cost, but on the negative side, the positives could come at the expense of volunteer input, fair representation, and a connection to the ADA that encourages membership.

It is always possible that we could maintain the status quo and not make any alterations to our current governance, or we may see an entirely new model of organization and responsibility for the ADA. This time next year, we will know for sure.

On a different note, I welcome suggestions for topics that I could address in my future columns. Please send any requests to your editor.

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Living longer with HIV/AIDS

By: H. Barry Waldman, DDS, MPH, PhD - Distinguished Teach Professor, Department of General Dentistry School of Dental Medicine Stony Brook University, NY

Steven P. Perlman, DDS, MScD - Global Clinical Director, Special Olympics, Special Smiles Clinical Professor of Pediatric Dentistry, The Boston University Goldman School of Dental Medicine.

Abstract

A recent national survey found that Americans' sense of urgency about HIV/AIDS as a national health problem has fallen dramatically. A review of government and foundation reports is used to emphasize the continuing extent of the epidemic in Virginia and the United States. The emphasis is on the need for dentists to consider modifications for dental services, given the reality that many of the individuals with HIV/AIDS are living for extended periods.

Background

The US Centers for Disease Control and Prevention (CDC) estimated that over one million adults and adolescents are living with HIV in the country, including those not yet diagnosed, and those who have already progressed to AIDS. At the end of 2008, an estimated 682,700 people (including more than 20,000 in Virginia) were living with a diagnosis of HIV infection in the 40 states and 5 U.S. independent areas with confidential name-based reporting. An estimated 490,700 were living with AIDS (including 82,700 in New York, 67,700 in California, 50,800 in Florida, 35,600 in Texas and 9,400 in Virginia). (1) "This represents a continual increase over time as people are living longer with the disease. Additionally, there has been a recent increase in the number of newly-reported HIV/AIDS cases." (2)

• One in 380 Virginians is known to be living with HIV/AIDS.

• Among Virginians living with HIV/AIDS, 62 percent are black, 30 percent are white and 5 percent are Hispanic.

• Black women account for 77 percent of all women living with HIV/AIDS in Virginia

• For every 5 Virginians living with HIV/AIDS, approximately 4 are men, 3 are black, 3 live in the Eastern or Northern region, 2 are men who have sex with men and 2 are ages 20 to 34 years

It is estimated that about 4,500 people in Virginia don't know that they are infected with HIV/AIDS. About 50 percent of those who know they are infected are not receiving care. (2)

"(However) less than a year after the government increased its estimate of new HIV infections each year, (a national 2009) survey finds Americans' sense of urgency about HIV/AIDS as a national health problem has fallen dramatically and their concern about HIV as a personal risk has also declined." (3)

HIV/AIDS is preventable and treatable – early diagnosis and care helps those with the disease live longer and healthier lives. Yet, one in five Americans living with HIV today does not know it. The CDC identifies stigma as a major contributor to the spread of HIV, keeping people from seeking information, speaking openly, using protection, getting tested and treated and otherwise acting to protect themselves and those they love. (4) Could it be that this lack of a "sense of urgency" is a reaction to the fact that worldwide "only" 4 percent of people living with HIV/AIDS live in the United States, while 67 percent live in Sub-Saharan Africa? (5) Or that "only" 9,000 plus individuals with AIDS live in Virginia (1.9 percent of the total number in the US)?

Given this "diminished concern" regarding HIV/AIDS, it would be appropriate to review the realties of this ongoing epidemic in this country and specifically in Virginia.

Numbers and proportions in the United States

The US Centers for Disease Control and Prevention (CDC) publish HIV statistics for 37 states and 5 dependent areas with confidential name-based HIV infection reporting. AIDS statistics include all 50 states and the District of Columbia, as well as the 5 dependent areas.

• More than a half million people diagnosed with AIDS have died.
• About two-thirds of these people did not live to the age of 45.
• Between 2005 and 2008 the number of AIDS diagnoses decreased among those aged 30-44, but increased among those aged 20-29 and 55-64.(6)
• "Every 9½ minutes someone in the US is infected with HIV." (3)

Specifically, Virginia

Table 1. Virginia prevalence rates of individuals with HIV/AIDS ranked by locality, 2008

Counties & Independent cities	Living Rate*	Number living
Virginia Total	**270**	**20,838**
Petersburg	1,195	393
Richmond City	1,099	2,199
Norfolk	980	2,310
Alexandria	926	1,296
Greensville Co.	814	97
Arlington Co.	642	1,314
Fairfax	621	145
Portsmouth	649	662
Buckingham Co.	565	90
Powhatan Co.	554	154
Emporia	552	31
Roanoke	522	483
Manassas	494	175
Richmond Co.	491	45
Newport News	487	873
Sussex Co.	475	58
Williamsburg	458	57
Goochland Co.	427	88
Charlottesville	424	175
Brunswick Co.	410	73
Nottoway Co.	400	63
11 Counties & Ind. Cities	307 to 394	40 to 577
9 Counties & Ind. Cities	207 to 266	37 to 2,091
26 Counties & Ind. Cities	102 to 199	22 to 687
24 Counties & Ind. Cities	39 to 99	24 to 236
41 Counties & Ind. Cities	< 20**	1 to 20

* Rates per 100,000 total area population

** Reliability is questioned

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Access to oral health care – providing much needed oral health care and education to children who lack dental insurance or are eligible for Medicaid and FAMIS, through community partners such as Boys & Girls Clubs.

Community support – providing financial and volunteer support to charitable and philanthropic initiatives designed to improve oral health and enhance quality of life in communities throughout Virginia, including Mission of Mercy projects, Give Kids A Smile®, grants to Virginia's Free Clinics and support of Virginia's Dental and Medical schools.

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There are residents with HIV/AIDS living in each of the ninety-five counties and thirty-nine independent cities in the state. In 2008, reflecting to some extent the wide variations in the total population, there were:
• Less than 25 individuals with HIV/AIDS in each of 40 counties and 11 independent cities
• More than one thousand individuals with HIV/AIDS in Arlington County, Alexandria and Virginia Beach.
• More than two thousand individuals with HIV/AIDS in Fairfax County and Norfolk and Richmond City.

In terms of the number of individuals with HIV/AIDS per 100,000 total population, there were significant differences between the various counties and independent cities, ranging:
• From a low of less than 100 individuals with HIV/AIDS per 100,000 population in 65 counties and independent cities, to
• A high of almost 1,100 individuals with HIV/AIDS per 100,000 population in Richmond City and almost 1,200 in Petersburg. (Table 1)

What of dentistry?
The writing of this presentation was stimulated by an episode in our school's Dental Care Center. One of the students had just completed a medical history with a middle age female patient, who reported that she has been HIV positive for the past eighteen years, when he questioned his instructor whether this was possible. Should we be surprised by the student's question, given the national survey findings that "…Americans' sense of urgency about HIV/AIDS as a national health problem has fallen dramatically…" (3) The fact that hundreds of thousands of men and women survive with HIV and AIDS for an increasing period time has transformed the delivery of dental services from palliative care for a "limited period of time" to the need to provide long term repair and replacement services.

The reality is that HIV has, to some degree, become "a chronic illness" for many children, middle age, and older individuals, who live in all parts of Virginia (and other states). Dentists increasingly will be called upon to meet the long term oral health needs of these individuals, many of whom are members of families now being treated in community practices.

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PathologyPuzzler

with Dr. John Svirsky

A 61 year-old white male presented to the oral medicine clinic at Virginia Commonwealth University School of Dentistry with diffuse lesions of his oral mucosa (Figures 1-2) that he can feel with his tongue. In the past a number of the oral lesions broke down and formed symptomatic ulcerations. The patient's past medical history included elevated blood pressure treated with Atenolol®, elevated cholesterol treated with Crestor® and inflammatory bowel disease.

Which of the following is the most probable diagnosis?

1. Multiple epithelial hyperplasia (Heck's Disease).
2. Pyostomatitis vegetans
3. Human papilloma virus
4. Oral leukemia
5. Neurofibromatosis

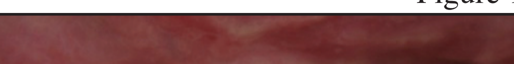


Figure 1

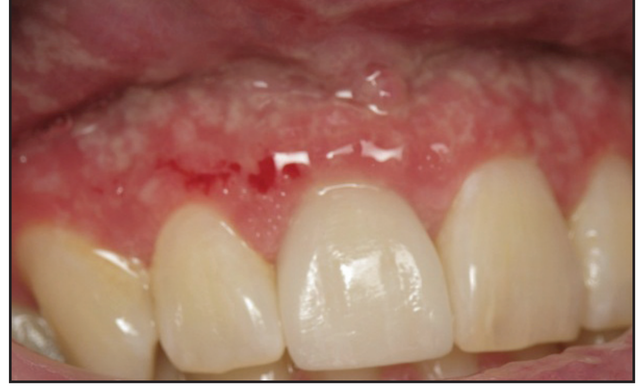
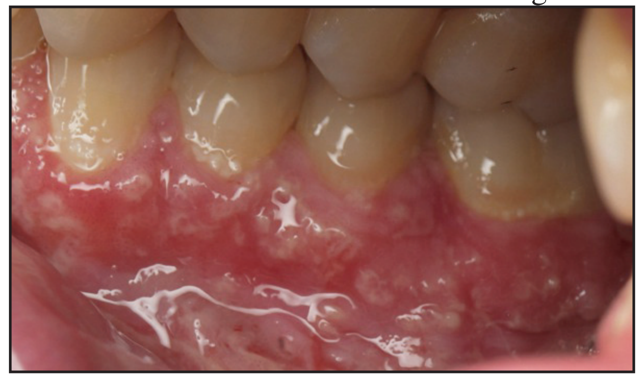


Figure 2



Continued on page 15

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Continued from page 13

PathologyPuzzler

with Dr. John Svirsky

The key to the diagnosis is the history of inflammatory bowel disease which is associated with oral lesions showing the "snail track" configuration (block arrow in figure 3). These findings are classically found in pyostomatitis vegetans (PV), a rare oral disorder associated with inflammatory bowel disease, especially Crohn's and ulcerative colitis. The etiology is unknown; microbial and immunologic factors have been implicated. The inflammatory bowel disease usually precedes the development of oral lesions, although in rare cases the bowel problem is found after the oral lesions are discovered.

The clinical findings of PV show lesions that are yellowish, slightly elevated yellow/white papules/pustules. The characteristic findings, in addition to the "snail track" lesions, are yellowish, slightly elevated pustules with a serpentine appearance and minimal ulceration. Discomfort is minimal and present if a number of the pustules show ulceration. Ulceration was not a finding in this case and therefore the lesions were asymptomatic.

The treatment is secondary to the inflammatory bowel disease, which is the major problem to the patient. Medical management of the bowel disease with steroids and sulfasalazine usually clears the oral lesions. The oral lesions can be treated with corticosteroids if the bowel symptoms are mild.

Multiple epithelial hyperplasia (figure 4-5) and neurofibromatosis (figure 6-7) are solid lesions that are not ulcerated and the pink color of normal tissue. Human Papilloma virus (figure 8) has a warty surface appearance and a white to pink color. Oral leukemia usually affects the gingiva and has a boggy surface appearance figure (9).

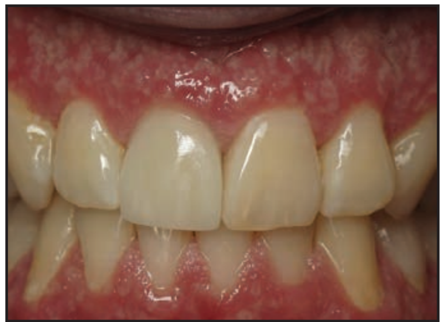

Figure 3

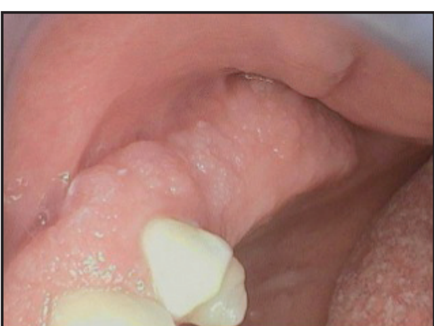

Figure 4

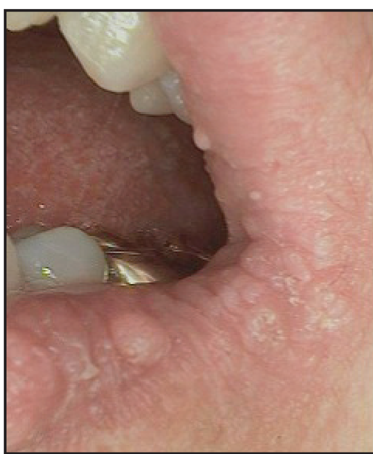

Figure 5

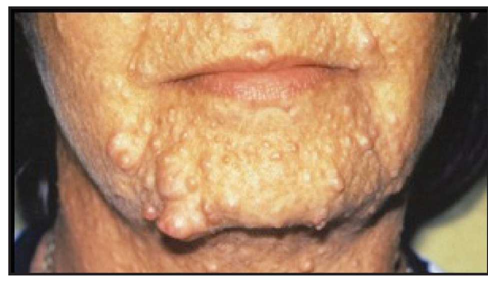

Figure 6

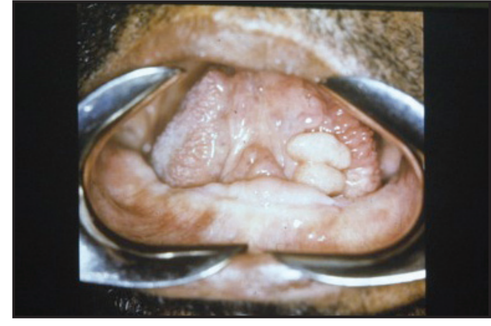

Figure 7

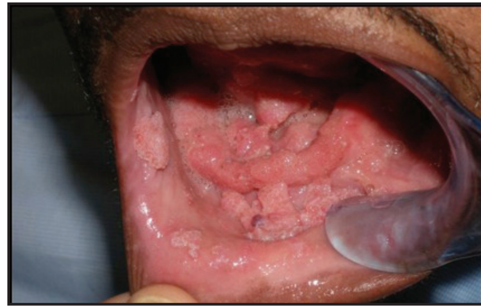

Figure 8

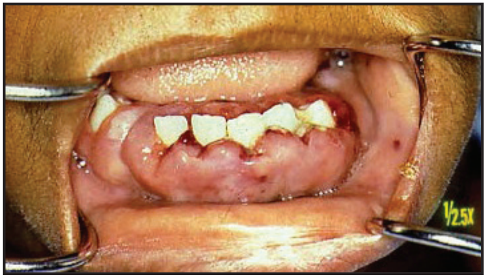

Figure 9

A program of the Virginia Dental Association

www.vadental.org

June 14-16, 2012

Photos courtesy of the Colonial Williamsburg Foundation

There Will Be Time to Learn...

Here's a glance at some of the VDA's featured speakers for this year's meeting—these are just a few of the dynamic presenters we have to offer!

Absolute Fearless Success — Thursday, June 14

Connie Podesta

With laugh-out-loud humor, amazing insight into what makes people tick, and killer success strategies, Connie will empower you! Develop the FEARLESS attitudes necessary to embrace new ways of thinking, leading, selling, balancing home/career, nurturing relationships, raising families, motivating employees, providing customer service, creating productive teams and last, but not least, LIVING LIFE the way it was meant to be lived. If you are ready to discover just how successful you can really be--this is the session for you. It could change your future forever!

Advancements in Direct Adhesive Dentistry — Friday, June 15

Dr. Lou Graham

The foundation of this course is conservative dentistry for ALL ages and how this can be a solid cornerstone in everyone's practice. Today's general dentist continues to be overwhelmed with options for direct restorative treatments. This course will present a full understanding on how and what materials to use in order to create sensitive-free, long-term, and successful posterior direct restorations. Emphasis will be given to demonstrating recession-proof techniques that will create "value" in your practices.

Mind Over Mattress: Get Up and Get Moving! — Saturday, June 16

Jill Moore

Our lives are busy! Just how do we fit in the recommended daily exercise? We, as dental personnel, are in a health care profession and we should model good health practices to our patients. We sit for the greater part of the day...we need to move or we will "rust up". This course will motivate participants to get up and get moving!

Mark Your Calendars For These Important Dates!

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Mid-March 2012	Registration Brochure Mailed
May 14, 2012	Hotel Reservation Deadline
June 1, 2012	Pre-Registration Deadline

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Speaker Sneak Peek

Life Would Be Easy If It Weren't For Other People! - An Inside Scoop on Dealing With People (Difficult & Otherwise!)

By: Motivational Speaker and Change Expert Connie Podesta

Do some people just drive you crazy? Their behavior simply defies explanation? Ever have a patient who whines? Complains? Or is argumentative? What about a co-worker who doesn't communicate? Help out when needed? Or brings a negative attitude to work? And do we dare even begin to bring it on home? Let's face it—we all have a couple of relatives (some right inside our own home) whose actions, attitudes, or behaviors cause you grief, stress, or frustration to say the least.

Well, welcome to the real world of different personalities, communication styles and "rules" of what's okay and what's not when it comes to relationships. That's why my number one selling book and keynote topic, Life Would Be Easy if It Weren't For Other People, was written just for you. So you could learn to deal with the difficult people in your life so your life could indeed be a bit easier.

Sometimes it seems that folks just don't get it. No matter what you say or how you say it, they simply don't have a clue – and don't seem too worried about getting one either! It's not their nature to understand; that's just how they "are." Maybe so, but more often than not, the problem is a result of a communication breakdown. So let's begin by learning how we can recognize the communication style they are using, why they chose to communicate that way, what they intend to get from doing whatever it is they are doing that affects us negatively, and then….here's the best part….what we can do to change our reaction to them.

You see that's the secret when it comes to developing successful, healthy relationships. We CANNOT change other people, but we can certainly learn to set better boundaries, ask for what we need, and CHOOSE to ACT, rather than REACT to difficult people. That's where we get our power (and sometimes self-respect) back so we can begin to stop dysfunctional cycles of behavior. Ready to get some control back when it comes to the people who have been arguing, complaining, manipulating, and even destroying your ability to live life to its fullest? Then here we go.

First things first. EVERY time you communicate –whether verbally or non-verbally—you have four basic communication styles to choose from: assertive, aggressive, passive and passive-aggressive. Often we can use all four within a single day, depending on what we believe will work best to get our needs met. That's human nature. However, most of us have one style that has become our default communication style—or the one we choose more often.

Here's a little insight about each communication style. See if any of it rings any bells!

Assertive Communication:

This is the most effective and healthiest form of communication. It's how we naturally express ourselves when our self-esteem is intact, giving us the confidence to communicate without games and manipulation. When we are being assertive, we work hard to create mutually satisfying solutions, communicate our needs clearly and directly and strive for a win/win situations. We know our limits and refuse to be pushed beyond them just because someone else wants or needs something from us. Surprisingly, assertive is the style most people use least. (What's up with THAT?)

Aggressive Communication:

Aggressive communication has one red flag—it always involves some sort of manipulation. The two emotions used most frequently to manipulate others are hurt and anger. When difficult people use hurt to manipulate, their goal is to make us feel guilty or bad about ourselves. You're bound to know a few folks who whine, complain, mope, and are always the "victim." Their goal is makeing us feel responsible or sorry for them so we will give in to what they want.

When people use anger to manipulate, their goal is to frighten or intimidate us. These types threaten, yell, scream, slam doors, give "killer" looks, use sarcasm, put-downs, and belittling statements. Their goal is to make us feel powerless, insignificant, or afraid so we will give in to what they want.

How do you know when you are being manipulative?

Both hurt and anger are very real feelings and emotions that can be meaningful and appropriate. One of the easiest ways to know if you're being manipulated is to check out your own feelings when confronted with another's hurt or anger. When we're being manipulated, the ultimate goal is for us to feel guilty, insecure, afraid, or inadequate. When these emotions are used appropriately, we feel empathy for the other person's anger, distress, or sorrow, but we do not internalize or accept responsibility for their feelings or situation, nor do we experience negative feelings about ourselves.

Passive Communication:

Passive communication is based on compliance and hopes to avoid confrontation at all costs. Passive communicators don't like hassles, are reluctant to tell others what they want or need, expect people to "read their minds" and often play the role of the victim in a world where life just isn't fair. They have serious trouble making decisions (because they don't want the responsibility of the consequences) and saying "no" causes them serious stress. These folks have learned that it is safer not to react and better to disappear than to stand up and be noticed.

Passive-Aggressive Communication:

A combination of styles, passive-aggressive avoids direct confrontation (passive), but attempts to get even through manipulation (aggressive). If you've ever thought about making that certain someone who needs to be "taught a thing or two" suffer (even just a teeny bit), you've stepped pretty close to (if not into) the devious and sneaky world of the passive-aggressive. (Whoops!)

A great example of passive-aggressive behavior is the silent treatment. Someone did something we didn't like or hurt our feelings, but rather than be assertive and talk about the situation and find some closure, the choice instead is to make it clear that they are upset with us but refuse to talk about it. When we ask "What's wrong" they answer by saying "oh, nothing" but continue to avoid us. They are trying to teach us a lesson rather than solving the problem. Silent treatment is manipulation at its very worst!

Now that you've got a little insight into the four different communication styles – you might start seeing some people in your office – or your family – or your social circle a little differently. You might even start seeing yourself a little differently. I know—self-evaluation is absolutely no fun at all, but very necessary if you really want some relationships in your life to change for the better. Clearly, for many reasons, the only healthy communication style is assertive communication. It's time to put that front and center in how you react and interact with those around you – and how you present yourself to them as well.

You know it's easy, especially in smaller offices, to want to see yourselves as a "family," and, therefore, you might get hurt a little easier when that doesn't necessarily turn out as planned. Remember this. Most families – even the best of them – still have unhealthy habits that need a bit of work. So whether at home or at work – be assertive, maintain your boundaries and don't REACT to every little thing. Sometimes your best bet is to take a deep breath and simply disengage—at least for a few minutes. Ask yourself—what do they get from acting this way? How do I contribute to this pattern by my reaction? What would an assertive response be rather than how I normally REACT? Remember, we can only control ourselves. We can only change ourselves. We are only responsible for ourselves. When you begin to be more accountable and thoughtful about your part in every relationship, you will begin to immediately see a change for the better. And the best part? YOU will find fewer and fewer difficult people in your life. Now isn't life easier already?

I can't wait to share even more with you guys from the stage! I promise you can look forward to lots of laughing and learning! I want to have fun but….I want you to walk away with lots of information and techniques you can use RIGHT AWAY to help you live life more fully, enjoy life more, relax more, and have the skills to cope with whatever life throws your way. Remember to stay in touch with me at www.conniepodesta.com or follow me on Facebook at www.facebook.com/Connie.Speaks. We'd love to see you there! Take care!

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Health Care Reform – Changes Effective in 2012

By: Larry Bedsole, Jr. and Jackie Holloman

The Patient Protection and Affordable Care Act (PPACA) which was signed by President Barack Obama on March 23, 2010 provided for sweeping changes to the Nation's healthcare system that will be phased in gradually through 2015. While the law is being challenged and will be reviewed by the Supreme Court in March 2012, the changes slated for 2012 will continue as scheduled pending the decision of the Court. Below please find a brief guide to the changes that will become effective in 2012:

Linking Payment to Quality Outcomes – Effective October 1, 2012
In an effort to improve the quality of care provided to hospital patients, this provision creates a hospital Value-Based Purchasing program (VBP) as a part of Medicare. As part of the VBP program, hospitals will be given financial incentives to provide quality care linked to positive outcomes in patient care. Hospitals would be measured on a number of different procedures and the performance ratings for these procedures would be available to the public for review. One factor that will also be gauged and reported on is how the patient perceives the quality of the care they receive at the hospital.

Encouraging Integrated Health Systems – Effective January 1, 2012
In an effort to get healthcare providers to collaborate to improve coordination of care, this provision provides incentives for the formation of Accountable Care Organizations (ACOs). The physicians in an ACO would work together to provide comprehensive care that would aim to reduce overall healthcare costs through the elimination of duplicate testing, unnecessary hospitalizations and better overall disease management through the team approach. Financial incentives will be given to the ACOs in form of allowing them to keep some of the savings they produce through better coordinated care via the ACO.

Reducing Paperwork and Administrative Costs – First Regulation Effective October 1, 2012 A shift towards electronic health records is projected to save money, reduce errors and streamline the administration of healthcare services. This new law works to standardize billing and to push health plans to use electronic health records that are secure, compliant with confidentiality laws and that will encourage the sharing of information and coordination of care among providers.

Understanding and Fighting Health Disparities – Effective March, 2012
The goal of this law is to identify health disparities among different racial and ethnic groups. In order to identify disparities and work to improve them, Federal health programs will now be required to gather pertinent data and report it to the Secretary of Health and Human Services.

Providing New, Voluntary Options for Long-Term Care Insurance – Effective October 1, 2012. This law looked to address concerns over the low percentage of the population that is covered by private long term care insurance. The Department of Health and Human Resources had been working to make this provision viable via the CLASS (Community Living Assistance Services and Support) program, however, it was announced on October 14, 2011 that HHS has deemed this program to be one that cannot be implemented due to concerns over long team fiscal viability. The future of the CLASS Act thus remains uncertain at this time while opponents fight for repeal and proponents urge HHS to develop a more feasible option to address the long term care issues facing the Nation.

For more information about the PPACA and a complete time line for implementation, please visit www.HealthCare.gov.

The information above was provided by B&B Insurance, the only insurance agency recommended by the Virginia Dental Services Corporation. The licensed agents at B&B have been proud to serve the members of the VDA since 2000 so please feel free to contact B&B with any questions you may have regarding insurance for your family or your practice.

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Student Fundraising for Missions of Mercy

By: Jamie Clark, VCU School of Dentistry, Class of 2013

Volunteering for Missions of Mercy Projects is not the only way to support a good cause. This fall, students from the VCU School of Dentistry have organized fundraisers to benefit the Missions of Mercy. "Miles for Smiles" 5k Race and "Mustaches for M.O.M" are two student-run organizations that raise money and get the school, faculty, and community involved.

Miles for Smiles' first 5k race was held in 2010. Jason Schoener (graduating class of 2011) was the founder of Miles for Smiles 5k race and Lindsey North (D2013) took on the responsibility to continue the race. The 3.1 mile race was held in Richmond's Bryan Park with students, friends, faculty and patients competing as runners. The first year was a success, with nearly 120 runners. The event raised over $7,500 to help buy a new truck to transport supplies and equipment for Missions of Mercy.

This fall, on September 17, 2011, Miles for Smiles successfully held their 2nd annual race. Thanks to sponsors Delta Dental, Johnson & Johnson, Procter & Gamble and MCV's SGA, the donations of local dentists, and the runners, Miles for Smiles raised over $10,000. "This was a great accomplishment and in years to come we hope students continue this race," said Lindsey after a long year of planning and organizing the race.

This year, letters were sent to local dental offices asking them to donate $150 and have their office name printed on the back of the race T-shirts. Lindsey stated that "We wanted to try and get local dentists involved in our race and help raise money for the Mission of Mercy Projects."

Also, the Class of 2014 started Mustaches for MOM this fall. Last year, Andy Coalter (D2014) started the student organization as Mustaches for Massey and raised money for prostate cancer research. This year they decided instead to donate to the MOM projects and changed the name to Mustaches for MOM. "Mustaches" raises money by selling t-shirts, but most important, it sponsors second year dental students who grow and keep a mustache for the month of November.

From handle bar mustaches to simple lip fuzz students of the class of 2014 raised $2,500 last year for Massey. Andy is optimistic about the outcome of the fundraiser this year and has encouraged others to join in friendly competition. "So far, our superior mustache-growing prowess has appeared to intimidate members of the other classes and keep them from stepping up to the challenge", said Andy.

Although only a few students are chosen as volunteers for each MOM Project, getting involved with fundraising is just as important. Students and dentists have come together to donate time and money to support oral health in Virginia. Whether running a race, growing a mustache or volunteering time or money to support Miles for Smiles/Mustaches for MOM, we can get involved and support the Missions of Mercy Projects in Virginia.

Endodontics at the VCU School of Dentistry

By: Karan J. Replogle, Assistant Professor, Department Chair and Program Director for Advanced Education in Endodontics

One of the greatest challenges in endodontic dental education today is to provide dental students and residents with an endodontic curriculum that is state-of-the-art, rich in variety and number of clinical experiences and evidence based. This challenge is made more difficult by the national decrease in the number of consumers seeing dental care providers at dental schools and the shortage of endodontic faculty.

As I meet with colleagues across the nation, the number of clinical experiences available to the predoctoral student and the continuing decrease in the number of dental professionals seeking a career in academics always is a topic of conversation. Currently at least a third of all dental schools have one or more open teaching positions in their respective departments of endodontics, and a large number of endodontic educators currently teaching across the U.S. today are eligible for retirement between 2012 and 2015. New dental school openings have further served to increase the demand for educators.

Potential young educators are not choosing academics as a profession due to disparity between the earning potential of a practicing endodontist and an educator and to the enormous debt burden upon graduation. A recent survey of endodontic residents at VCU showed the average debt upon graduation to be $150,000 with a range of $75,000 to $500,000.

The answer to the endodontic educational crisis may lie in the recruitment and retention of nontraditional academicians – practitioners who are top notch professionals who chose to transition from private practice to education after practicing anywhere from 10 to 15 years – individuals such as Dr. Richard Archer.

Dr. Rick Archer joined Virginia Commonwealth University School of Dentistry and the Department of Endodontics at VCU as a full-time educator in 2009 after having practiced privately as an endodontist in the Virginia Beach area for 16 years. Rick had a long standing interest in education, having served as adjunct faculty at VCU in the Department of Endodontics from June 1991 until assuming his full-time faculty position. Rick received his DDS from University of Maryland Dental School in 1982 and served as a general dentist in the U.S. Navy for eight years. He received his Certificate of Endodontics from Ohio State University in 1990.

The transition from practicing endodontist to full-time educator can be formidable, but Rick has made it look easy. While in Martinsville during "Endo Days" at the Community Dental Clinic where D4 dental students perform non-surgical root canal therapy under the guidance of VCU School of Dentistry endodontic faculty and residents, I asked Rick to answer a few questions from the perspective of a "young" educator.

Dr. Rick Archer

When thinking about making the move from practice to education, what was the most intimidating aspect? What did you fear most?

Rick: The thing I was most intimidated about was the technology. I had never used PowerPoint or Blackboard. My cell phone was 10 years old.

In your first 6 months to a year, what did you find to be your greatest challenge?

Rick: My greatest challenge was learning about teaching endodontics rather than doing endodontics. I had worked so long as a practitioner that I was completely comfortable doing root canals, but I had to learn the right way to relate that knowledge to students.

What has been the greatest reward?

Rick: One great reward is the positive influence a teacher has on the maturation of students. Watching both undergraduate and graduate dental students develop and grow in their skills and confidence is awesome. The other great reward has been becoming a student myself. I chose to attempt to achieve Board Certification from the American Board of Endodontics as soon as I came to teach. The specialty board process has forced me to push myself to learn more about endodontics than I have ever known. Going through board certification has made me realize how wonderful the specialty of endodontics is and how talented the people involved with our profession really are.

Second, being at VCU has been a true blessing in allowing me to work with every discipline of the school. For example, I can't thank Drs. Vincent Sawicki, John Svirsky and Jim Burns enough for getting me prepared for the oral pathology portion of my board exam. I loved having the ability to study with them, and I realize that it is an experience I would never have had if I hadn't come to VCU.

Anything you miss about private practice?

Rick: I miss the people. I miss my staff, my referring dentists, my patients and the endodontist I worked with.

Expanding Our Horizons: Educating the Next Generation of Endodontic Educators

The Department of Endodontics and VCU School of Dentistry have formed a unique partnership with the University of Kuwait School of Dentistry to prepare Dr. Tareq Al-Ali for an academic position.

Dr. Al-Ali received his undergraduate education at VCU. He was awarded his DDS from the VCU School of Dentistry in 2007, completed an AEGD in 2008, returned to Kuwait and worked as a general dentist for a year and joined the Department of Endodontics in 2009 to begin this 5-year partnership.

Dr. Al-Ali spent the first year of the partnership honing his clinical teaching skills by providing clinical supervision of predoctoral endodontic patient care. Dr. Al-Ali currently is enrolled in the Advanced Education Program in Endodontics pursuing a Certificate in Endodontics and a Masters of Science in Dentistry degree. Upon completion of the endodontic residency, Dr. Al-Ali will then focus on learning the role of endodontic educator. He will teach in both the predoctoral and graduate curriculum, develop research interests and pursue Board Certification.

Opportunities to mentor young educators are rare and welcomed. It is our joy to assist him as he attains the skills necessary to teach endodontics upon his return to Kuwait.

Any advice for other practitioners who may be considering academics after practicing privately for 15 years or so?
Rick: I think dentists who have been practicing for many years need to realize the gift they can give to both undergraduate and graduate dental students. There is no substitute for their experience. There is no greater reward than the ability to pass that knowledge on to the next generation of dentists. It seems like a natural progression for experienced practitioners to go into education.

Students have made their appreciation of Dr. Archer's unique skills known, awarding him a Faculty of the Year Award in 2011 for his support in their preparation for the endodontic component of the SRTA Licensure Examination. Dr. Archer recently participated in a multi-institutional research project in which the use of plastic standardized teeth were compared with the use of extracted teeth in a Mock Board setting in an attempt to determine if plastic standardized teeth should or could be used as a part of a Licensure Examination. Rick received notification in December 2011 that he had successfully completed all requirements for Certification in Endodontics and will receive that certification in April of 2012 at the Annual Session of the American Association of Endodontists.

Many questions still remain as to how best to meet the demand for endodontic educators in today's marketplace, but practitioners choosing a second career in education seems a logical solution.

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University Connections

Simulated plastic tooth versus extracted tooth for endodontic portion of SRTA Licensure Exam

By: Dr. Karen J. Replogle

D4 (4th year) dental students challenge the endodontic portion of the SRTA Board Exam in the spring of their last semester of dental school. Historically, the endodontic portion of the exam has involved doing clinical procedures on extracted human teeth. Students struggle with finding suitable teeth, often sorting through and radiographing up to 15 teeth to find a tooth suitable for the exercise. Teeth available are often desiccated and compromised due to the amount of carious and missing tooth structure. The variability of the anatomy of the teeth presented an often insurmountable problem with students' clamoring to find a molar that was not a third molar or that lacked extreme root curvature. The exercise became one of the student's ability to find a tooth rather than the ability to perform a clinical endodontic procedure. Students were consistently spending more time searching for the perfect tooth rather than practicing their clinical skills.

Last spring, the VCU dental class of 2011 participated in a mode effect study designed by Dr. Richard Archer and sponsored by SRTA to determine if candidates challenging the exam would perform differently or the same on a simulated plastic tooth as they would on an extracted human tooth. VCU D4s eagerly volunteered to be in the study even though they realized that their board exam would still use extracted teeth. Based on the hard work and willing participation of the Class of 2011, SRTA adopted the use of the simulated plastic tooth. For the first time, the SRTA exam in 2012 will use a simulated plastic molar.

Key to this advance was the development of a simulated plastic tooth which could be substituted for an extracted one. Development of this product is the result of collaboration between Dr. Archer, Jeff Scott, CEO of Acadental – the manufacturer of the plastic tooth – and SRTA. Use of this simulated tooth levels the playing field for all candidates. Hats off to all involved!

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L-R: Dr. John Doswell, Dr. Jim Revere, Sen. Mark Warner, Dr. Roger Wood, Chuck Duvall

An Interview with:
Chuck Duvall, VDA Lobbyist

By: Laura Givens, Director of Legislative and Public Policy

If one were to mention the name Chuck Duvall to any member of the Senate of Virginia or House of Delegates, there is no doubt that he or she will know him. They will know him not only as a lobbyist but many will also consider him a friend, someone whom they can count on when they have questions about an issue regarding one of his clients. I hear time after time from members of the legislature that he is one of the most respected men on "the Hill".

Since 1977, when he began lobbying in Richmond, Chuck Duvall has been a tireless advocate for his clients in every session of the General Assembly. The VDA was fortunate to hire him as its lobbyist in 1994. In the past eighteen years the VDA has faced many challenges. You may recall legislation involving the Definition of Dentistry, Assignment of Benefits, positioning Medicaid to better serve children and most recently and possibly the biggest battle of them all: the non-covered services fight with big Insurance Companies. Success was not assured in these fights. Over the years, the VDA's legislative agenda has been opposed by some physician groups, insurance companies, and shifting federal and state Medicaid priorities. I asked Mr. Duvall why the VDA has been so successful with its legislative initiatives. "Dentists don't go up to the Hill and ask the legislature for self-serving changes. These are issues that have been beneficial to their patients," he said, "They know what is right and they fight for it."

Mr. Duvall has not only rallied the VDA troops to visit with their legislators during the General Assembly, he has also worked very hard with members of the Virginia Dental Political Action Committee (VADPAC) to increase contribution levels. VADPAC has grown substantially over the past ten years. In the past two years Mr. Duvall and VADPAC committee members set lofty goals: raise more than $350,000 each year. In a struggling economy, this figure seemed unattainable to many. Although these goals appeared beyond reach, VADPAC succeeded in raising approximately $360,000 in both 2010 and 2011. We hope to raise the same amount in 2012.

Both VADPAC contributions and member visits with legislators have consistently increased throughout the years. Mr. Duvall gives credit to the dedication and determination of VDA members. Unfortunately, there remains a lack of member involvement in the political process. Only half of the VDA membership participates in political efforts. Dentists who are not involved usually cite the twin pressures of managing a practice and family responsibilities. "The main focus should be to take care of patients and their business responsibilities, but dentists are born sales people, and it doesn't take much time to speak with their representatives in the legislature," said Mr. Duvall. "It is commonly known that when you ask men with whom they feel most comfortable, it's their dentists and their barbers."

VDA members also feel comfortable with their lobbyist. Dr. Les Webb was President of the VDA in 1994 and was involved in hiring Chuck Duvall. "It was certainly one of the best decisions the VDA ever made," said Dr. Webb.

The 2012 General Assembly session began on January 11. Chuck Duvall, along with other VDA lobbyists, will be right there representing YOUR profession.

VADPAC Fundraisers

Thank you to all VDA members involvement in steering committees to make these fundraising events successful.

Delegate John O'Bannon Fundraiser in Richmond

Dr. Charlie Cuttino and Dr. Anne Adams hosted a VDA fundraiser for Delegate John O'Bannon at their home on November 2nd. Dr. O'Bannon is one of only several health care professionals serving in the General Assembly. His voice is important in representing the views of physicians, dentists and other members of the health care community before his legislative colleagues. Delegate O'Bannon represents House District 73, which encompasses parts of both Henrico County and the City of Richmond. Dentists from his district and surrounding areas attended the event to show their support for Delegate O'Bannon, who in turn strongly encouraged dental professionals to run for elective office. It was a spirited talk by one of dentistry's strongest General Assembly supporters.

Delegate Lacey Putney Fundraiser in Forest

The VDA hosted a fundraising event on October 6th at the Trivium in Forest, VA for legendary Delegate and Chairman of the Appropriations Committee, Lacy Putney. Dr. Ellen Byrne chaired the event, more reunion than fundraiser, and many friends, family members and dentists from the area attended to show their support for Delegate Putney. Long an advocate for the dental profession and a leader in securing state support for the interests of dental patients statewide, Delegate Putney marks his 50th anniversary representing the 19th district when he returns to Richmond in January.

Speaker of the House Bill Howell Fundraiser in Fredericksburg

The VDA, along with the Medical Society of Virginia, hosted a fundraising event in honor of Speaker of the House Bill Howell on October 26th at the Fredericksburg Country Club. Dr. Bob and Martha McGrail and Dr. John and Linda Coker chaired the event. As Speaker, Bill Howell misses no opportunity to lead the discussion about the contributions of small business to Virginia's economy. More importantly, Speaker Howell regularly champions legislation in the General Assembly to benefit dental patients, dentists and other small business owners.

ADPAC Contribution

Dr. Mark Crabtree (Martinsville) delivered an ADPAC contribution at an event for Congressman Robert Hurt held at Stoneleigh, the home of former Governor Thomas Stanley of Stanleytown.

2011 Virginia State Elections Report

By: Chuck Duvall, Denny Gallagher and Tripp Perrin - VDA Lobbyists

We took some time to analyze the results of the races relative to VADPAC contributions – below is a snapshot summary. Our members should feel very good about the outcome but more importantly about the strong relationships dentists have with legislators across the state. From Virginia Beach to Vinton and Arlington to Abingdon, few professional organizations and small business owners have better relationships with legislators than the VDA and its members. There will be a significant number of new members in both the House and Senate, as noted below, so dentists will need to apply their usual strong relationship-building skills. Relationship-building has already begun in earnest with dentists contacting newly elected legislators to discuss issues of concern to dentists and their patients and to deliver post-election contributions. Among those with whom VDA members are now meeting are: Senators-Elect Bryce Reeves (defeated long-time incumbent Edd Houck), Tom Garrett (won an open seat in Senate District 22), and Dick Black (won an open seat in Leesburg); and Delegates-Elect Mike Watson (defeated incumbent Robin Abbott) and Rick Morris (defeated incumbent Bill Barlow).

2011 VADPAC – QUICK PERFORMANCE SNAPSHOT

• House of Delegates – 59(R)-40(D)-2(I) to 67(R)-32(D)-1(I) – Very Strong Gains.

- Republicans Won 13 of 14 Open (non-incumbent) Seats – Alfonso Lopez is the only incoming Democratic Freshman.

- Three Incumbent Democrats Defeated – Ward Armstrong, Bill Barlow and Robin Abbott.

- VADPAC Distributed $218,000 to House Candidates and Won 96 out of 99 Races and Only Donated $10,000 to Defeated Candidates – a 96% Winning Percentage of money spent.

• Senate – 22(D)-18(R) to 20(D)-20(R) – Effective Control to Republicans – Uncertain Atmosphere – Significant Committee Realignment a Certainty

- Democrats Had to Strongly Defend 12 Seats – Republicans Really had to Defend 0 – in Terms of the Races Actually Being Competitive

- Two Incumbent Democrats Defeated – Roscoe Reynolds and Edd Houck

- Republicans Picked Up Three Open Seats in Districts 13 and 22 and 40 – David Black, Tom Garrett and Bill Carrico

- Democrats retained Two Open Seats in the Districts 30 and 31 (NoVA) – Adam Ebbin and Barbara Favola

- VADPAC Did Not Play in the Black or Garrett Race but PAC Won 36 of Remaining 38 Races in Which We Did Play – 95% Winning Percentage

- VADPAC Distributed a Total of $174,500 to Senate Candidates – Only $17,500 of that Went to Defeated Candidates – 90% Winning Percentage for dollars

• Combined VADPAC Results

- VADPAC Spent $393,000

- Correct 93% on dollars spent

- Correct on 132 Out of 137 Races in Which We Played – 96% Winning Percentage

VADPAC UPDATE

The Virginia Dental Political Action Committee

VADPAC Contributions For 2011

Goal Surpassed

Component	# of Members Contributing to Date	2011 VADPAC Goal	Amount Contributed to Date	Per Capita Contribution	Amount Needed to Reach Goal
1	172	$44,000	**$42,718**	$249	$1,282
2	115	$25,000	**$27,944**	$243	$0
3	51	$12,500	**$12,600**	$247	$0
4	234	$60,500	**$65,291**	$279	$0
5	113	$28,100	**$27,485**	$243	$615
6	89	$23,000	**$26,368**	$296	$0
7	106	$30,000	**$26,600**	$251	$3,400
8	482	$132,000	**$130,183**	$270	$1,817
TOTAL	1,362	$355,100	**$359,189**	$260	**$0**

Total Contributions: $359,189

Goal: $355,100

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Thank you to all VADPAC Conributors for helping us exceed our 2011 goal!

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Four Simple Ways to Help Patients Say "YES"

By: Dr. Tanya Brown

Dental teams provide a tremendous resource for patient education and care. However, sometimes we can be our own worst enemy with regards to case presentations and acceptance. While our intentions are honorable, the results may prove disheartening when patient fails to schedule the treatment that we know they need. Dr. Peter Dawson said that "Any reasonable person will find a way to do the recommended treatment if they understand the implications." That statement is absolutely true and leads us to several tips for presenting treatment to patients and helping them to say "Yes".

The first thing to remember is never assume you know what the patient wants. Whether it is a simple choice between amalgam or composite or a full reconstruction, we should never assume. We should ask the patient what they want, and if you take the time to ask, the answers will surprise you! You may also be surprised that when given the choice and proper information, the patient will typically choose the best option. Sometimes, instead of just placing one crown at a time, they may choose to restore the entire quadrant, or better yet, the entire arch. All you have to do is ask them.

The second simple tip that dentists and dental teams should remember is to build the relationship with the patient first. Some refer to this as "co-diagnosis" or being a "partner with the patient". However you phrase it, the key is that the patient relationship is built on trust and that takes time to develop. If you refer to the WIDIOM rule- "Would I Do It On Me?" and always keep the patient's best interest as your top priority, you will be amazed at how much your case acceptance improves.

The third way to help patients say "Yes" to treatment is to avoid overwhelming or confusing them by too many choices or too much information. Too much information can lead to Analysis Paralysis. The most successful dentists and dental team members speak to the patient in their language and terminology. We have all seen a patient's eyes glaze over from the wealth of knowledge pouring from the doctor and as soon as the doctor leaves the room, the patient turns to the dental assistant or hygienist and says "What did they just say?" Or "What would you do?". Informed consent is important, but it can be carried to an extreme. While some patients need more details and information than others, the majority of patients only need and want the benefits that pertain to them. For example, a team member may say "Mrs. Jones, Dr. Smith has recommended a crown on that lower right tooth because it is cracked. You are fortunate that it hasn't started to hurt you yet, and Dr. Smith can preserve your tooth and give you a better result if we take care of that tooth before it breaks more or starts to hurt you." Remember the KISS principle- "Keep It Simple Smarty"!!

Finally, a simple but valuable tip in helping the patients say "Yes" is to remove any barriers to treatment for the patient. Barriers can range from physical barriers like the sliding glass window in the reception area to inflexible patient financing. Certainly, I do not advocate practices being in the banking business. Using financial partners like Care Credit® or Wells Fargo® may help a patient fit the financial responsibility of their dental care into their family budget. A great internal marketing project for a team meeting is to walk through your office and look for barriers to patients saying "Yes" to treatment and then remove them! If you follow the motto of "Make it easy for patients to do business with you", you will have increased case acceptance.

There are many factors that influence a patient's case acceptance and it takes every person on the team to make it happen. Most important, the better the communication between team members and the patient, the higher the case acceptance will be. Case acceptance is an ongoing process that requires monitoring. The next time a patient asks you for your opinion, give it to them in their terms, share the benefits to them, and see what happens!

This is just a taste of the practice boosting strategies that will be covered by Dr. Brown and Laura Edwards from MDE in the upcoming workshop Make your Practice a Masterpiece on Friday, March 2, 2012.

Workshop details:

Date: Friday, March 2, 2012

Time: 8:00am – 3:00 pm

Place: Hilton Garden Inn, Chesapeake/Suffolk

CE: 6 AGD Continuing Education credits under Practice Management (issued by Konikoff-Salzberg Periodontics)

Fee: $159 for the dentist or first attendee, $100 for additional team members

Register by phone to Melody Price at Konikoff-Salzberg Periodontics at 757-486-2796, or email info@center4perio.com.

Dr. Tanya Brown, a leader in dentistry and dental management, founded and actively practices at The Center for Cosmetic & Restorative Dentistry. She is a Senior Consultant and Speaker for Miles Global and she helps dentists & dental teams be more focused, be more productive, and have more fun. Contact Tanya for a COMPLIMENTARY copy of her New Patient Initial Call Form. She can be reached at Tanya@MilesGlobal.net or 757-285-2833.

The VDA's Dental Direct Reimbursement and Assignment Program Enjoys a Year of Working with the Richmond Society of Human Resource Managers

By: Elise Rupinski, Director of Marketing and Programs

Dr. Lanny Levenson (l), VDSC President, presents a check to Dr. Don Trawick, President of the Richmond Dental Society at a meeting on November 17, 2011. The funds are a sponsorship of an upcoming continuing education program of the RDS and were provided by the VDSC/VDA Services. Through the use of the VDA Services recommended vendors, RDS members supported their society by making this CE sponsorship possible.

L-R: Larry Bedsole, Jr. of B&B Insurance; Dr. Lanny Levenson, VDSC President; Dr. Don Trawick, Richmond Dental Society President and Dr. Roger Wood, VDA President. At an RDS Meeting on November 17, 2011, the RDS is presented a sponsorship from the VDSC/VDA Services that will be used to fund a continuing education program.

In November 2010, Dental Direct Reimbursement and Assignment (DR/DA) dental plans were approached by the Richmond chapter of the Society of Human Resource Managers (RSHRM) about working with the organization as an annual sponsor in 2011. With a membership of over 1200 human resource professionals in the Richmond area, the RSHRM group was a natural fit for Dental Direct Reimbursement and Assignment – the only dental benefit strongly supported by the American Dental Association and the Virginia Dental Association. In years past, the VDA's DR/DA program has worked with the statewide organization of human resource managers and this sponsorship opportunity was a chance to increase involvement with the largest local chapter in Virginia. The VDA has enjoyed working with RSHRM and educating their membership about the Dental Direct Reimbursement alternative.

Dental Direct Reimbursement and Assignment Plans are self-funded dental benefit programs for groups that differ from traditional insured dental plans. Throughout the year, representatives from the Virginia Dental Association and Benefits Administration, Inc. attended meetings and provided information to the members of RSHRM about Dental Direct. Via mailers, presentations and articles, the concepts behind DR and DA plans – freedom of choice, dollar-based reimbursement and fully customizable options – are reaching human resource decision makers in the Richmond area.

Dental Direct Reimbursement is a concept that was developed in the 1970s but it has even more relevance today as consumer driven healthcare has really changed the benefits landscape. With so many employers offering FSAs, HSAs and other consumer-driven products, Dental Direct can be a natural fit. "The opportunity to work with RSHRM has been a great one in 2011. Their members have been receptive to learning about the Dental Direct Reimbursement alternative and we hope that in time, some of the RSHRM members will find that DR/DA is a good fit as their company's dental benefit" remarked C.P. Coyner, President of Benefits Administration, Inc.

About Dental Direct Reimbursement and Assignment Plans:

Dental Direct Reimbursement is a self-funded dental benefit that is a departure from traditional dental insurance. Based on simplicity and freedom-of-choice, the Dental Direct model has been supported by both the Virginia Dental Association and the American Dental Association. The VDA has been promoting DR and DA style plans to employers across Virginia since 1996. Dental Direct Reimbursement and Assignment plans are for groups and can be customized to meet the needs of employers of all sizes. To find out more about Dental Direct, please visit www.VADentalDirect.com or contact Elise at the VDA office (804-523-2184, Rupinski@vadental.org).

Physical Safety from Violence in the Dental Practice

By: Kathleen M. Roman, MS

Safety plans address a variety of risks. Remember when you were little and every October your school celebrated Fire Prevention Month? Many of us still recall the visits of important dignitaries, like real firemen or Smoky the Bear, to our classrooms. Through educational programs aimed at kids, schools also encouraged parents to check for fire hazards in the home and to take steps to correct them. Today, millions of homes and businesses have fire extinguishers and smoke alarms, at least in part because of the benefits of a proactive national fire safety program.

Years later, because of local fire codes, you probably continue to benefit from this national program through an in-office fire safety plan. In addition, you may also have taken the safety approach a step further and implemented protection plans for bad weather and possibly even for earthquakes, depending on what part of the country you live in.

But there's another type of risk that you may not be prepared to deal with. What are you doing to protect yourself, your staff, and your patients from physical violence? Statistically, the odds are greater that you will be harmed by a violent person than by a powerful storm.[1 2] According to a study by the Bureau of Labor Statistics (BLS), "health care and social service workers are frequent victims of violent assault at work."[3] In some parts of the country, healthcare professionals are classified in the job category most at risk to become victims of violent crimes.[4]

The dental office isn't immune to violence. Over the past 15 years, the Joint Commission has received reports of 256 crimes in a variety of healthcare facilities. That may not seem like a lot but, interestingly, the majority of these crimes have occurred within the past five years.[5] When this report was published, in June 2010, over 100 violent episodes had been reported just in the previous three years. This shows a significant increase with each ensuing year. In addition, the Joint Commission alert noted that the report numbers are likely quite low because of "significant under-reporting."[6] .

Much of the statistical information reported on violence in the healthcare environment is drawn from hospitals. Because the literature lacks statistics about assaults on office-based healthcare, it may not be a good idea to assume that the dental office is a safe haven. Rather, state and local crime monitoring agencies may be better resources for dentistry-specific statistics.[7]

Evidence suggests that, once a dental office or worker is targeted by a violent offender, they may actually be at higher risk for the following reasons. First, the average dental office has fewer employees than the average medical office. Security experts remind their clients of the old adage, "there is safety in numbers." Second, the ratio of female to male employees is typically higher in dental practices than in many other healthcare settings. Violent individuals may feel safer acting out in an environment that is composed of a small group, almost all of whom are women. In addition, the upward trend in the number of female dental school graduates has contributed to a commensurate increase in the number of all-female dental offices.[8]

How to begin: First, acknowledge the possibility that you, or the people you work with, can be victims of threatening or violent behavior. This is an unpleasant thought and one that most of us would rather ignore. But, take into consideration the fact that, even though you've probably never had a fire in your office, you are nonetheless prepared for the possibility that one might occur. Because of your school training, and local fire codes, this preparedness has become an accepted part of your business process. Continuing this line of thinking, just because you've never had a violent episode in your office doesn't mean that you never will. The time to develop a plan is before you need one.

Conduct a risk assessment. Include staff when you conduct a risk assessment. Violence can occur in a variety of ways and a team approach increases the odds of prevention or successful management. Keep in mind that several states have reported acts of domestic violence in the healthcare setting. Employees who are at risk of domestic violence may be even more vulnerable at work because the threatening individual knows where and when the intended victim is are most likely to be at work. Employers have a duty to take into account the possibility of such risks and utilize appropriate measures to manage them.[9]

Here are just a few questions that might help you get started in assessing the physical risks associated with your practice:

* How secure are doors and windows, especially back doors or seldom-used hallway entrances?

* Must staff or patients leave the actual office in order to use a lavatory? What security measures need to be in place to protect them while they are outside the actual walls of the office?

* Is there need for a code lock system to reserve access to the lavatories only to those individuals who have been given a code? Is the code changed regularly?

* Are hallways well lit and does building management use cameras, employees, or hired security staff to survey the building and parking areas?

* Does staff education include required compliance with management of known security risks? Examples: "We never open the back door without first looking through the peephole;" "When working alone in the office, all doors must be kept locked;" or "After hours emergency calls from unknown individuals are referred to the local ER."

* Do employees typically park within view of the office windows? Are employees encouraged to walk out of the office together, especially in wintertime when it may be dark outside at the end of the business day?

* Are you prepared to deal with a variety of possible threats or violence? Examples: a) an irate patient or family member; b) a stranger; c) a former employee; d) a current employee – possibly someone who has just been fired; e) a family member of acquaintance of a current or former employee; f) a person who claims to be an investigator of regulatory auditor, but who refuses to produce proper identification; g) other examples that you and

your staff may have experienced.

* Whose job will it be to talk with a threatening patient or an intruder?

* What conversational skills might be needed to help defuse verbal confrontations?
* Who would determine whether or not patients need to be moved from treatment areas or if people in waiting rooms need to be evacuated?

* Whose job will it be to call building security or the police?

* How will the incident be documented once it has been resolved? Who will conduct and ensure that a post-incident debriefing occurs? Will it include: a) assessment of how well the team managed the incident; b) de-stressing; c) fine-tuning the current process to help improve the team's performance in potential future events.

Walk through various scenarios with your staff. Discuss management strategies. Here is a real example. Late one Friday evening, a female dentist received a call from a man who claimed to be one of her patients and who begged her to come to her office to examine an injury he said he'd sustained in a fist fight. The dentist went to her office and opened it only to be attacked by a stranger who demanded money and prescriptions for drugs. Fortunately, her boyfriend arrived at the office and confronted the attacker who ran away. Had the attacker been armed or more combative, this incident might have had a catastrophic ending. In this case, the doctor might have advised the caller to go the hospital ED for an initial assessment and to call the hospital to report the possible arrival of the patient and that, based on an initial exam, she could be called in to see the patient.

Don't panic. Acknowledgement of the need for a security system should not make your staff fearful. Rather, having a plan and knowing when to swing into action can reduce anxiety. Once you identify possible risk exposures, you can implement responses to be used by you and your staff, including outreach to safety/security experts and/or local law enforcement professionals. Then, just as you conduct periodic fire prevention reviews, you can also be prepared to deter/manage threats to you or anyone associated with your practice.

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Kathleen M. Roman, M.S., is risk management education leader for Medical Protective – the nation's oldest professional liability insurer, exclusively serving the healthcare professions since 1899. Kathleen can be reached at: kathleen.roman@medpro.com

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Missions of Mercy
Virginia Dental Health Foundation

Grundy M.O.M. - 2011

By: Barbara Rollins, Director of Logistics - Missions of Mercy

MOM returned to Riverview Elementary/Middle School in Grundy, VA on October 1-2. Over 2,717 dental procedures were provided to the 489 patients, many who waited through the night in their cars for care. During the two day event Southwest Virginia area residents received a variety of treatment including 593 fillings, 98 cleanings and fluoride treatments, 900 extractions and 12 root canals. Drs. Scott Miller and Steve Alouf also fabricated 56 dentures during that short time. The value of all donated dental care was estimated at $431,927. This project was made possible by the 166 volunteers (dentists, hygienists, dental assistants and staff – many of whom travelled from out of state) who attended and gave of their time and talents.

As Frannie Minton, RN and co-organizer of the health fair in Grundy, said "It's truly an honor to serve the people of this area. We can't thank our volunteers enough…the people, the schools, the church and all who came together to the betterment of the people served. It was a job well done."

Overall, the Missions of Mercy projects held annually in Grundy for the past 8 years have provided free dental care to 3,772 patients valued at over $2.8 million.

Missions of Mercy Project, Grundy: Reflections

By: Dr. Steve Gardner

Most of the dentists I know have really big hearts. That's part of the reason they choose their profession. They get great satisfaction from helping other people. Whether it is helping some one in need in the private office setting or traveling half the way around the world to do a medical mission trip, most of us enjoy the privilege of using our talents for the benefit of those less fortunate. I recently gave myself that "gift of giving" when my wife, Kathy, and I traveled to Grundy, Virginia to take part in a Mission of Mercy Project. I had been meaning to do a MOM project for years. I don't know why I never got around to it. In retrospect, it may have been a combination of travel and time and even the anxiety of doing dentistry in the field. Boy was I wrong.

Every aspect of the trip turned out to be pleasant, relaxed and rewarding. The strength and energy of the volunteers to effectively transform the school into a medical and dental clinic was remarkable. The care and dignity of the volunteers while efficiently checking in hundreds of patients was touching. I was so impressed with the energy, knowledge and positive attitude of all the dental and dental hygiene students. Wow! These young people are a credit to themselves and an asset to the future of dentistry. The dentists around me seemed to be pleasant and engaged. Although we were all practicing our own style of dentistry, the focus of delivering quality, compassionate dental care was evident. Watching members of my profession taking care of patients with respect and friendliness certainly left me feeling proud.

Enough of the accolades. The group of people at the Grundy MOM project that had the greatest impact on me were the patients. I have never been thanked so sincerely, by so many people in such a short time. I recently lost my mother to a long hard battle with cancer. One of her favorite quotes was "blessed are the givers, and happy are the receivers". This certainly sums up my Mission of Mercy experience at Grundy. I hope you will join MOM volunteers in the future and enjoy the "gift of giving".

THANK YOU!

Many thanks to those who gave so generously of their time and talents at the 2011 Grundy, Emporia and Richmond Homeless Connect MOM projects!

Dr. Mike Abbott
Deborah Adams
Stephanie Adams
Molly Adler
Saira Ahmed
Chelsea Aiken
John Aiken
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Zohra Saleh
Sara Sarrafee
Lauren Schiff
Courtney Schlenker
Geoffrey Schreiber
Emily Schroeder
Glenda Schroeder
Robbie Schureman
Scott Schwartz
Dr. Rupal Shah
Dr. NeelaSree Shan-
mugam
Christopher Shim
Amrita Singh
Dr. James Slagle
Dr. Jay Slagle
Amy Smith
Heather Smith
Jessica Smith
Kristina Smith
Jennifer Sobrito
Dr. Cynthia Southern
Tamana Spingher
Wanda Sprouse
David Stafford
Dr. Kristina Staples
Alexandra Starns
Michelle Stelmach
Monchel Stephenson
Renee' Stout
Jocelyn Strode
Harmony Sullivan
Dr. Kit Sullivan
James Sung
Janna Sweeney
Dr. Kevin Swenson
Tricia Taylor
Didi Terlep
Dierdre Terlep
Tracy Tester
Kaisha Thomas
Fizza Tirmizi
Pat Tisdelle
Laura Tolusso
Tina Tran
Dr. Donald Trawick
Lynda Trawick
Dr. Bradley Trotter
Suzie Trotter
Dr. Cassidy Turner
Erin Turner
Laura Turner
Lisa Turner
Marlene Tweedy
Sarah VanderHaeghe
Jasmine Vargas
Heather Vick
Debbie Vlahos
Dr. Gus Vlahos
Brian Volkay
Dr. Doug Walters
Kimberly Walton
Camy Webb
Dr. Michael Webb
Kelsey Weber
Debbie Weeks
Tracey West
Dr. Austin Westover
John White
Michael Whyte
Adam Williams
Dr. Heather Williams
Carolyn Wilson
Davone Wilson
Eric Wilson
Rose Wilson
Gevonda Winston
Josh Wong
Keleigh Woodlief
Dr. Ronald Wray
Chelsea Wright
Monica Wu
Erin Wyrick
Dr. David Yandle
Timothy Yang
Aaron Yarborough
Dan Yeager
Vicky Yeager
Jenny Young
Patrick Young
Dr. Reggie Young

Third Emporia M.O.M. Makes Music

By: Jamie Neal

After successful Missions of Mercy projects in 2008 and 2009, expectations for the 2011 Emporia MOM ran high. The morning of Friday, November 4th started with rain but when triage of patients began mid-day, the skies were clear and remained that way for the entire event. Patients lined up long before the equipment or volunteers arrived. There was an air of excitement and anticipation among those standing in line that, at last, they would receive treatment of their dental needs.

As the equipment trucks pulled up to the local high school gymnasium, volunteers began arriving. Many volunteers had experience under their belt, having worked many MOM projects throughout the state, and some volunteers showed up with no prior experience yet everyone worked together and in less than four hours, 350 patients were triaged by dentists and had x-rays taken to determine their pressing needs.

Saturday morning one of the first patients through the door was overheard to say with awe in her voice and tears in her eyes, "Yeah, I was here before four 0'clock and I will wait however long it takes. They told me yesterday that they can save my front tooth with a root canal." She left later thanking every volunteer she passed.

As the day progressed 427 people received dental treatment valued at over $302,000 from dentists, hygienists, dental assistants and VCU dental students who generously gave of their time and expertise. While the majority of patients came from Brunswick and Greensville counties, many others were seen from the surrounding areas. The Emporia MOM receives funding from the Greensville Memorial Foundation, whose goal is improving the health of the residents in this area.

Additional services were provided by VCU Pharmacy students who counseled patients leaving with prescriptions. The students stressed to patients the correct use of medications prescribed following dental treatment and made them aware of possible dangerous interaction with other medications including those purchased over the counter.

A Health Information Advocacy group including representatives from the Massey Cancer Center, Virginia Cooperative Extension Service, and Service and Health Information Specialists from Nottoway, Halifax, and Brunswick/Greensville/Emporia were also onsite. This group provided information and answered questions on a wide range of topics affecting overall health. They also distributed bags containing material on prostate cancer, breast changes and screening recommendations (including information for obtaining free mammograms), diabetes and hypertension.

Countless local volunteers, with no connection to dentistry other than a desire to help others, lent their support: a local club prepared and served the volunteer dinner Friday night; a sorority provided breakfast, snacks and lunch for volunteers on Saturday; the local hospital auxiliary manned the volunteer sign-in table; and many individuals were on hand and willing to do "whatever" was needed.

The Missions of Mercy projects touch the heart and soul. Sometime Saturday morning, a mother and two boys arrived. Both boys were examined by a volunteer pedodontist with one of the boys receiving needed restorations. The other boy was pronounced decay-free and received a cleaning and fluoride treatment. The mother was so happy and expressed her gratitude. Her eyes were bright but there was no smile.

At the end of the day, as equipment and supplies were packed for return, one patient receiving restorations on her two central incisors remained in a lone treatment chair. Every project has a last patient, one who has most likely waited the entire day for treatment. In this case the last patient was the mother mentioned earlier. When the volunteer dentist finished and the patient stood, the mother who put her two boys first had her smile back.

The Emporia MOM ran so smoothly it could be compared to a performance of an accomplished symphony orchestra. Each instrument, when played by a skilled and dedicated artist, makes beautiful music. However, when played together with each instrument performing its part the result often transcends music and becomes magical. That is what the volunteers did when they combined their individual skills and efforts on a shared goal of giving dental treatment to those in need. For the citizens of Southside Virginia on November 4th and 5th, the Missions of Mercy was MAGIC.

Patient Report

Rachel Bonopart

Rachel is a beloved patient of Dr. Peter Murchie and his entire office. She is great to be around and the staff always wants to give her hugs. Rachel is just that type of person, fun and full of life. We all enjoyed giving her a new smile!

Dr. Peter Murchie (Richmond) provided dental care through the DDS Program.

Goodwin Dental Lab provided the complete upper and lower dentures.

Many Turns and U-Turns - VDHA, VDA partner to help tribes

By: Julie Tran, DDS

On October 22, 2011 I had the privilege to be part of the Virginia Dental Hygienists' Association Rappahannock Dental Project serving the people of the Rappahannock Indian tribe and surrounding tribal communities. This is the first C.A.R.E. Project (Creating Access to Reach Everyone). Carrie Simpson, RDH, was the tireless leader of the October 22-23 project.

There has been no dental care on this reservation for over ten years. I admit that when I first heard the term "Indian reservation", I immediately thought of somewhere else far away. Who knew we have Indian reservations right here in Virginia? In fact, there are eleven tribal groups recognized in Virginia. So at 5:30 a.m., after kissing my babies goodbye, I headed south to the site. Anticipating it might be hard to find, I equipped myself with two GPSs. After many turns and U-turns, the GPSs dropped me off in the middle of nowhere. They both kept saying that "you have arrived at your destination". I pulled to the side and started to call Carrie Simpson for direction. And thank God, another car pulled up aside me and a young lady hollered out "Are you looking for the tribal center?" It turned out that she was also a volunteer and she took me directly to the tribal center, which was a mile away. We had volunteers from Roanoke, Charlottesville, Williamsburg, Richmond… one doctor even enlisted her daughter and her daughter's boyfriend (who all have served in 11 or 12 M.O.M projects).

Extractions, basic restorative procedures and preventive hygiene services were performed. We also partnered with the Gerontology Department of Virginia Commonwealth University. Ginger Ragan, a graduate student in the department, gathered data for an IRB grant proposal to sustain this event for years to come, since the need is great. An estimated $20,000 in dental services were provided at this event. Of the eleven recognized tribal groups, there were eight documented. Three out-of-state tribes also participated. My favorite patient of the day was a gentleman with speech and hearing impairments. We communicated on a clipboard. Despite the discomfort of the portable chair and the bad taste of the local anesthetic, he always had a big smile on his face. He told us he is really appreciative of our service. I want to thank him and the tribal people for placing their trust in us for their oral health care. We are honored. And we are once again reminded how blessed we are.

Many thanks to the volunteers:

VDHA Members:
Carrie Simpson
Cathy Berard
Catherine Johnson
Sheila Richards
Sheri Moore
Melanie Swain
Susan Reid-Carr
Betsey Soulsby
Maureen McCann
Pam Kitner
Vicki Brett

VCU Dental Hygiene Students:
Parisa Souvannavong
Sarah Vance
Kendall Lanasa
Megan Wilson
Natalie Cavalieri
Kayla Patel
Danielle Eballar
Charlene Gluck
Brittany Campbell
Christopher Chau
Kara Sprouse
Rebekah Mason

VCU Senior Dental Students:
Aileen Chyn
Christopher Ruth
Steve DePasquale
Nadder Hassan
Peter Lanigan
Rocio Lopez

ODU Senior Dental Hygiene Students
Sharon Stull, Faculty
Carolyn Bland, Faculty

Dentists:
Dr. Diana Marchibroda
Dr. Julie Tran
Dr. Paul Neumann
Dr. Michael Huband
Dr. Preston Loving
Dr. Richard Roadcap
Dr. Jim Mosey
Dr. Charles Johnson
Dr. Ana Maya Atkins

VCU Department of Gerontology
Ginger Ragan
Tracey Gendron
Biostatistics Students

Other Volunteers:
Sharon Darnell RN
Melinda Guillotti
Yamilin Chin
Raquel Loving

Special thanks to:
Barbara Rollins, VDA Foundation
Dr. Terry Dickinson, VDA Foundation
Kim Isringhausen, VCU Department of Dental Hygiene
Chief Anne Richardson
VCU Department of Community Engagement

L-R: Dr. Michael Huband, Dr. Julie Tran

Outreach

Virginia Oral Health Coalition Awarded $100,000 Grant for Medical and Dental Collaboration

By: Sarah Bedard Holland and Samantha Dorr

The Virginia Oral Health Coalition was one of only 20 nonprofit organizations in the country to receive a planning grant from the DentaQuest Foundation's Oral Health 2014 Initiative. The $100,000 grant will enable the Coalition and a broad base of traditional and nontraditional partners to identify solutions to improve oral health through increased collaboration between medical and dental providers throughout the state. The Coalition's grant application included support from over 20 organizations in Virginia, with more partners expected to join. The planning process will focus on curriculum integration and successful practice models.

"This planning grant provides resources to identify proven solutions that will increase access to oral health prevention activities and referrals to dental professionals while also helping manage chronic illnesses among Virginians," commented Coalition executive director Sarah Bedard Holland, adding, "There are tremendous overlaps."

Despite links between oral health and systemic disease, medical and dental care is typically provided separately and most medical and dental providers receive little cross-disciplinary education or referrals. To learn more about the connections between oral health and overall health, visit the Coalition's website at www.vaoralhealth.org.

Virginia Oral Health Coalition Hosts Statewide Oral Health Summit

By: Sarah Bedard Holland and Samantha Dorr

Virginia Oral Health Coalition's 2011 Oral Health Summit titled "Bridging the Dental Gap: From Policy to Practice," offered participants a thoughtful assessment of oral health access in Virginia. Marilyn Tavenner, the recently appointed administrator for the Centers for Medicare and Medicaid Services, presented opening remarks on the positive changes she has witnessed in Virginia and her vision toward optimal oral health for the state.

The program, held on October 21 in Richmond, also featured a diverse faculty of expert speakers who explored medical and dental collaboration through presentations on oral health prevention, workforce and policy issues, to name a few. The group of over 150 attendees represented the medical and dental communities, legislature, community organizations and health-related organizations. Coalition executive director, Sarah Bedard Holland, closed the meeting with a call to action to continue striving for excellent oral health for all Virginians.

To view all of the presentations from the 2011 Oral Health Summit, visit the Coalition's website at www.vaoralhealth.org.

Patient Report

Dr. Ronald Wray (L), Greg Marston

Donated Dental Services, Drake Laboratory and local McKenney Dentist, Dr. Ronald Wray, donated time and resources to help out a young man, Greg Marston of DeWitt, regain his smile. This is a true testament of how a group of people can come together to make a difference. Donated Dental Services is an organization that helps to place a patient with a willing dentist and lab to provide a needed service for no cost. Thank you so much for all the people that made this possible for Greg to receive these services. He has not stopped smiling and being able to tell people that he has a new set of dentures it gives him so much confidence.

Thank you so much again for all your help!

Cordially,
Jamie Marston

Outreach

He’s Best In Class

By: Joel Danoy, *The Winchester Star*

Reprinted with permission from The Winchester Star

Patient Report

WINCHESTER- It’s the highest distinction a recruit can earn upon graduation from U.S. Marine Corps boot camp in Parris Island, S.C.

For PFC. Wayne Lackey, who became the honor graduate of Lima Company’s recruiting class of 417 on Oct. 21, it’s a title he had little time to prepare for.

Lackey is the first recruit from the Winchester-based Marine recruiting office - at 2117 S. Loudoun St. - to earn such an accolade. He was presented with a plaque and commemorative coin during his graduation ceremony.

“I had about three minutes of notice that I was interviewing for company honor grad,” he said. “When they told me I got it, it felt great. I had put out the whole time. I tried to put out as much effort as I could.”

It’s an honor that happened by chance.

When he moved from northern California to Winchester about a year ago, Lackey visited the Navy recruiting office - located next to the Marine office - to potentially enlist in that branch of the armed services.

Walking out of the office following a less-than-promising meeting, another opportunity was quickly presented to Lackey when he was approached by Marine recruiter Sgt. Russell Ryan.

“Sgt. Ryan stuck his head out the door [of the Marines office] and asked me if I wanted to answer a few questions,” Lackey said. “I said, ‘Sure, I’ll answer some questions,’ but I thought, ‘No way am I tough enough to be a Marine.’ But a month later, I was signed up and now I’m the Lima Company honor graduate and it’s about the best thing to ever happen.”

Lackey credited his ability to “see the big picture” with helping him earn the distinguished title.

Lackey, 26, took it upon himself to assist and encourage his fellow recruits - who typically range in age from 17 to 21.

He put aside his own needs and focused on the needs of the other recruits in his platoon.

“I had a pregnant fiancee waiting at home with a 4-year-old, but I spent extra money at the recruits’ exchange,” Lackey said. “Anything I thought the recruits would lose, I bought extra of that stuff. I spent about an extra $300 on the platoon. It’s your duty.”

Staff Sgt. Patrick McNew said Lackey’s foresight and leadership is years ahead of where it should be.

“He thinks probably two ranks higher than he is and I’ve never seen anyone come out of boot camp with this mentality,” he said. “It sounds like the whole time through that he not only gave 100 percent effort but he was thinking on his feet. Part of being a leader requires two missions: mission accomplishment and troop welfare.”

Boot camp also provided Lackey - a self-published author - a unique opportunity to develop several short stories he plans to write. He took notes about his own experiences - with hopes of publishing his account in the future.

“It was a great chance to think about a lot of things,” said Lackey, who has an associate degree in social and behavioral science.

Since his return to Winchester on Saturday, Lackey has enjoyed time with his now wife and their 4-year-old child, as well as indulging in one of his favorite foods - a plate of enchiladas.

Lackey reports in about a week to Camp Lejeune, N.C., where he’ll train at the Marines’ supply and accounting school.

“I’m really excited to go in and see where everything takes me,” he said. “I think I started off on the right foot, so I just want to keep that going.”

- Contact Joel Danoy at
jdanoy@winchesterstar.com

Wayne Lackey came to Dr. Gerry Brown, a dentist in Winchester, for help with his dental care. Mr. Lackey wanted to join the U.S. Marines. In order to qualify for admission into the training program he was required to be in good oral health. Unable to pay for that care, Dr. Brown agreed to see Mr. Lackey through the Virginia Dental Association’s Donated Dental Services program. The above article resulted in a very heartwarming success story!

So You Want To Retire Some Day: What Will It Take?

By: E. Wayne Bullie, CRFA - The Bullis Financial Group, Inc.

Retirement is an event. It is the day that one leaves a working position, perhaps never to engage in employment again. However retiring is a process. This process occurs while gainfully employed and actually continues after the retirement event. Let's see why and what it takes to retire.

For many, retirement can be a very emotional time. Leaving job responsibilities after lengthy periods of retirement can be a relief. One might feel over-worked, tired, worn-out, or burned-out, and he/she may look at retirement as a way to relax and reinvigorate. Or one might look at retirement with excitement and anticipation as the end of one long journey which will hopefully lead to a new and enjoyable journey in life. Either way, there are significant over-tones.

After the event of retirement, we are not the same person we were when we were employed. Not enough folks understand and plan for this change. Prior to retirement, we were business people, service people, leaders, or whatever role we had. However, after retirement, that role - - which often played a major part of our lives - - is gone. What is the new role that will take the old role's place? One can only fish, play golf, or volunteer for so long! What will it take to fill the time, complete the schedule, and provide personal satisfaction that the role left behind provided?

Social relationships often change, too. If one is a business owner or is involved in personal service companies such as dental practices, multiple folks such as employees, clients, vendors, and other dentists are involved in daily activities. Often, discussions occur after business hours or at home about the day's activities. These options for social outlet most likely are terminated upon retirement. Certainly, some key relationships may be retained, but often relationships after retirement change.

Statistics about life after retirement reveal that proper planning for personal identity and social relationships are key factors in enjoying the retirement years - - and in living a longer life.

But most folks are generally interested in the financial aspects. As financial advisors who specialize in helping folks, whether business owners or other professionals, plan for retirement and manage their assets, we often hear questions such as: "How much money do I need to retire:" and "How can I make certain that I don't outlive my money?"

These are great questions, but they're not the starting place. Planning for retirement is a lot like planning for a trip. What's my destination? How long will it take to get there? What will I do when I arrive? Then, how much will it costs.

When planning for retirement, income needs are often based upon the type of lifestyle or desires in retirement (that one can afford!). Many current monthly expenses may end; however, others may be acquired. For example, company-paid health-care costs may no longer be available after retirement. Such costs will have to become a part of one's budget, whether through health insurance, Medicare premiums, or supplemental health insurance. There are other such living expenses. Make a list of your current expenses. Determine which expenses remain after retirement. Determine what new expenses will occur. Use the information to gauge retirement income needs.

After retirement income needs are established, consider the potential sources of income that may be available to provide the needed income. One strategy is to define which expenses in retirement are fundamental and necessary. For those, perhaps a guaranteed income base is required. Options for that guaranteed income base may be Social Security (however, be reminded that Social Security is an entitlement that is in flux), a company-provided pension, an immediate annuity, and others. Once necessary expenses are covered, planning can be given to strategies for providing additional income for variable expenses, such as gifts, vacations, unexpected expenses, etc.
But there are a lot of pitfalls in each of these planning issues. At what age should one begin taking Social Security and why? What products provide a sustainable life-time income that can't be outlived? What type of insurance protections do I need and should I have in retirement? How should my investment portfolios be position during retirement? (Remember accumulating assets for retirement is quite different from withdrawing income from assets during retirement.) What if the markets fall after I retire? What type of survivorship plans should I make for my family? What are the tax implications for my decisions? How will my retirement decisions affect my estate? And, many more important questions will need to be addressed in planning for and living throughout retirement. Do you have financial expertise to do so? If not, please consult your financial advisor for help.

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Awards & Recognition

Las Vegas, NV - October 2011, Tina Bailey receives the American Dental Assistants Association President's Award of Excellence. This award is underwritten by Henry Schein and is given to a ADAA member who has shown the most outstanding achievements in promoting the objectives of the Association and furthering the profession of dental assisting.

L-R: Tina Bailey, ADAA President Natalie Kaweckyj (L)

Las Vegas, NV - October 2011, The 2011 ICD journalism award was presented to Dr. Daniel Laskin (L) by the ICD Past President, Dr. Leighton Wier (ICD/USA Section).

Las Vegas, NV - October 2011, Four Virginia dentists were honored with membership in the International College of Dentists.

L-R: Dr. David Sarrett, Dr. Michael McMunn, Dr. Lanny Levenson, Dr. Randy Norbo, and District 16 Regent Dr. Bill Bennett

VDA Honorary Membership - Robbie Schureman

Community Service Award - Lynn Tolle, ODU School of Dental Hygiene

Dental Team Member Award - Eleonore Yee, Dental Assistant

New Dentist Award - Fernando J. Meza, DMD

Emanuel W. Michaels Distinguished Dentist Award, Bruce Hutchison, DDS

Awards & Recognition

Leadership Award - Alonzo M. Bell, DDS

Presidential Citation - Mark A. Crabtree, DDS

Leadership Award - Craig B. Dietrich, DMD

Missions of Mercy Corporate Volunteer Award, Steve Kess, VP, Henry Schein

Alabama Dental Association

Ski 'n Learn Seminar
16 CE Hours

March 14-21, 2012

Big Sky Resort - Big Sky, Montana
For registration information call 1-800-489-2532

Speaker Sneak Peek

Are We Fit To Sit?

Jill Moore

Do you go home after a full day in the operatory and feel pain or soreness in your neck or back? Can you enjoy your golf game on Friday with your buddies, your weekend bike ride, or is gardening now just too hard after you have worked all day?

Can you imagine giving up your lifelong passion for physical activity due to a chronic skeletal muscle disorder that developed over years of giving your patients great dentistry? Just recently, one dentist confessed he crawls out of bed in the morning onto all fours and pulls himself up to a standing position ten minutes later. In his own words he says, "I then have to go to the office and perform seven hours of dentistry in pain." As a result, this dentist is considering an early exit from his practice as he can no longer face his daily ordeal. Do you want this to be you?

Jill Moore, a dental professional with over 35 years of experience, often muses over the irony of her colleagues spending copious amounts of their time trying to convince patients to make a daily two minute commitment to brush and floss. Rarely however, do these same practitioners make an equal effort for their own physical health. Dentistry asks its professionals to place their bodies into a number of unnatural and awkward positions in order to better serve their patients. Alarmingly, many dental practitioners are unaware of the damage that occurs to muscles, spinal discs, ligaments and fascia from these contorted and static positions, as the pain begins to manifest much later. Even then, how many simply shrug off this discomfort as merely a byproduct of the job? Sadly, too many ignore the signs of what their bodies are trying to tell them, and consequently, time consuming and expensive treatments are eventually needed to alleviate the pain.

We hope you're asking if a solution exists to avoid chronic pain and to continue practicing dentistry. Thankfully yes, and Moore is on a crusade to give people the required tools needed to achieve a pain free life. She believes in dental prevention for her patients and enthusiastically believes in body prevention for dental professionals. During her lectures, you will learn simple exercises directed specifically at training the muscles in your back and upper body as a method for avoiding back and shoulder pain. Stretching exercises for the four key areas of dentistry will also be discussed. Moore has many exercises to share but will concentrate on her top picks for the important areas where we, as dental personnel, need to focus our attention.

Additionally, Moore will demonstrate correct postures and seated positions, and will discuss operator stools that are best suited to long lasting health. Similar to flossing, Moore's daily exercises require a minimal time commitment, but yield numerous benefits that will not only keep you safe at work, but will also improve your overall health and fitness.

Mind over Mattress? Get up and get moving is Moore's motto. As health care practitioners we also need to get active. Statistics show that 25% of us are not getting the recommended daily allowance of physical activity needed to prevent chronic illness. We must be role models to our patients and families and get our bodies moving. When an inordinate amount of our day is spent sitting, we require strategies to incorporate movement into our life style. Some say it is impossible but Moore will motivate and encourage you to find an activity that brings you joy and will invigorate you in all walks of life. What we do in our operatories affects our lives outside of dentistry as you will find out in "Fit to Sit". What physical activities we do outside our dental lives, however, can also greatly improve how we feel at work. Dentistry is noted to carry great stress due to patient communication, employee issues and just executing the purely mechanical aspects of dentistry. Body movement has been proven to alleviate many of our daily stresses.

Having previously presented both her "Fit to Sit" and "Mind Over Mattress" lectures to conferences and study groups in Canada and the US, Moore is excited to bring her message of health to the Virginia Meeting in Williamsburg. Moore will share her knowledge of physical training and experience in dentistry to motivate and inspire you to get up off the couch and live a life that is healthy and pain-free.

Dental Ethics

By: Dr. Al Rizkalla; Ethics and Judicial Affairs Committee

"There is so much good in the worst of us, and so much bad in the best of us, that it ill behooves any of us to find fault with the rest of us."

- Unknown

Unlike most learned professionals, dentists not only provide advice and service – we also create physical artifacts of our skills that, potentially, can live beyond us, can survive our patients, and are open to inspection by our colleagues as patients move from one provider to another. This unique feature of dentistry often stimulates the critical instinct that is an inherent element of the intelligent human mind. But perhaps we, as a profession, should stifle this critical urge when surveying the work of fellow dentists.

The practice of medicine began as a way of compassionately treating those who were suffering, with payment in the form of goods from the family larder. As doctors learned and earned more, their lifestyles improved. The lifestyles of their patients also improved, as more expendable income became available. Today patients can afford more dentistry than ever, and much of it is elective. Thanks to advances in dental research and education, dentists have been provided with the knowledge and education to meet these demands.

How many of us see patients where our first reaction is "This work isn't up to my standards"? Are there situations where the patient needs to be a participant? There may be, but those situations are limited. When we examine a new patient, do we see dental care as adequate to his or her needs, or as an opportunity to improve the bottom line? Do we see work that is satisfactory but not "a work of art" as a chance to build up our own ego at the expense of a colleague?

If we give vent to criticism unnecessary to informed health decisions of our patients, we do harm to our profession. Think about this from the perspective of the patient. Patients generally can make gross judgments as to the expertise of their dentist. They know when something is really wrong. They often don't know when something is technically excellent, that often is just between us. How long has it been since you went out of your way to compliment the work of a previous dentist?

Reflect for a moment on a "kinder and gentler" inner self that can replace this negative demeanor with a more charitable attitude toward the profession and pride in its ethical standards. There is so much good in our profession. Let us build a harmonious dental community.

ODDS To Meet in Richmond

By: Randy Adams, DDS, Liaison to VDA Board of Directors

Greetings from the ODDS!

The Old Dominion Dental Society is the state component of the National Dental Association and supports Virginia Commonwealth University School of Dentistry's chapter of the Student National Dental Association (SNDA).

The SNDA held its 3rd annual Oral Cancer Walk on September 11, 2011. Participants were sponsors, dental professionals from around Richmond, dental students, hygiene students, family and friends. The purpose was to increase awareness of oral cancer. Statistics have shown that African-American males have a higher chance of being affected by oral cancer. The SNDA donated $2,246 to the Phillips Institute (located at the dental school) for ongoing research.

The SNDA collaborated with the medical school and the pharmacy school student organizations on November 5, 2011 to deliver a program for students at the undergraduate level. The event offered informational sessions, clinical sessions and mentoring sessions with health professionals in their respective fields.

The SNDA has also partnered with Chimborazo Elementary School to help with their mobile food pantry and establish a dental educational program for students.

The last major event for the SNDA will be the Impressions Program on February 4, 2012. The Impressions Program will focus on the dental admissions process, connecting students with dental professionals and also provide clinical experiences relevant to dentistry. The current president of the SNDA is Carlos Blackmon.

The 99th Annual Old Dominion Dental Society Conference will be held in Richmond, April 13 - April 15, 2012. This meeting will be hosted by the Peter B. Ramsey Dental Society, the local component. The conference will be held at the Omni Richmond Hotel, 100 S. 12th Street.

The Omni Hotel check-in time on April 13, 2012 will be at 3:00 p.m. and check-out on April 15, 2012 is 12:00 noon. The room rates are $149.00 plus taxes. Please refer to "The Old Dominion Dental Society" to ensure special group rates when making reservations. You may call the hotel directly at 1-800-THE-OMNI or (804) 344-8200 to make reservations. Reservations must be made by March 14, 2012 to secure the group rate.

The registration fee for members (doctors) to attend will be $125.00. All staff members are included with the doctor's paid registration. A luncheon and program will be held on Saturday, April 14, 2012 at a cost of $75.00 per person and children under 12, $30.00. The same registration fees apply to current members of the VDA.

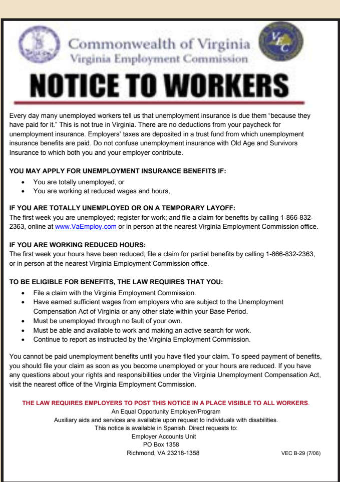
State and Federal Poster Requirements

By: Dr. Garland Gentry, Chair, Infection Control & Environmental Safety Committee

State and federal laws protecting employee rights and benefits in the workplace often require the employer to post notification of the employee's protected rights. Whether the employer is required to post the notice often depends upon the number of employees the employer has in the workplace (a payroll count that includes part-time and full-time employees), or the type of work the employer is performing (i.e. under a federal contract). Following is information to assist employers with making the determination of which posters may be required for their business. Once you have made your determination, you should check with your legal counsel to make sure you have made the correct selection, and considered all applicable laws.

Required State Posters For All Virginia Employers:

Job Safety and Health Protection


Commonwealth of Virginia
Virginia Employment Commission

NOTICE TO WORKERS

Every day many unemployed workers tell us that unemployment insurance is due them "because they have paid for it." This is not true in Virginia. There are no deductions from your paycheck for unemployment insurance. Employers' taxes are deposited in a trust fund from which unemployment insurance benefits are paid. Do not confuse unemployment insurance with Old Age and Survivors Insurance to which both you and your employer contribute.

YOU MAY APPLY FOR UNEMPLOYMENT INSURANCE BENEFITS IF:

- You are totally unemployed, or
- You are working at reduced wages and hours.

IF YOU ARE TOTALLY UNEMPLOYED OR ON A TEMPORARY LAYOFF:
The first week you are unemployed; register for work; and file a claim for benefits by calling 1-866-832-2363, online at www.VaEmploy.com or in person at the nearest Virginia Employment Commission office.

IF YOU ARE WORKING REDUCED HOURS:
The first week your hours have been reduced; file a claim for partial benefits by calling 1-866-832-2363, or in person at the nearest Virginia Employment Commission office.

TO BE ELIGIBLE FOR BENEFITS, THE LAW REQUIRES THAT YOU:

- File a claim with the Virginia Employment Commission.
- Have earned sufficient wages from employers who are subject to the Unemployment Compensation Act of Virginia or any other state within your Base Period.
- Must be unemployed through no fault of your own.
- Must be able and available to work and making an active search for work.
- Continue to report as instructed by the Virginia Employment Commission.

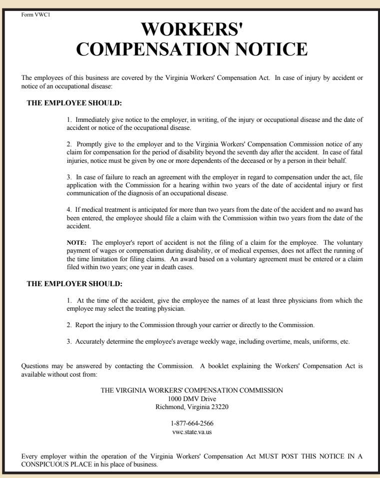
You cannot be paid unemployment benefits until you have filed your claim. To speed payment of benefits, you should file your claim as soon as you become unemployed or your hours are reduced. If you have any questions about your rights and responsibilities under the Virginia Unemployment Compensation Act, visit the nearest office of the Virginia Employment Commission.

THE LAW REQUIRES EMPLOYERS TO POST THIS NOTICE IN A PLACE VISIBLE TO ALL WORKERS.

An Equal Opportunity Employer/Program
Auxiliary aids and services are available upon request to individuals with disabilities.
This notice is available in Spanish. Direct requests to:
Employer Accounts Unit
PO Box 1358
Richmond, VA 23218-1358

VEC B-29 (7/06)

Notice to Workers - Unemployment Compensation


Form VWC1

WORKERS' COMPENSATION NOTICE

The employees of this business are covered by the Virginia Workers' Compensation Act. In case of injury by accident or notice of an occupational disease:

THE EMPLOYEE SHOULD:

1. Immediately give notice to the employer, in writing, of the injury or occupational disease and the date of accident or notice of the occupational disease.
2. Promptly give to the employer and to the Virginia Workers' Compensation Commission notice of any claim for compensation for the period of disability beyond the seventh day after the accident. In case of fatal injuries, notice must be given by one or more dependents of the deceased or by a person in their behalf.
3. In case of failure to reach an agreement with the employer in regard to compensation under the act, file application with the Commission for a hearing within two years of the date of accidental injury or first communication of the diagnosis of an occupational disease.
4. If medical treatment is anticipated for more than two years from the date of the accident and no award has been entered, the employee should file a claim with the Commission within two years from the date of the accident.

NOTE: The employer's report of accident is not the filing of a claim for the employee. The voluntary payment of wages or compensation during disability, or of medical expenses, does not affect the running of the time limitation for filing claims. An award based on a voluntary agreement must be entered or a claim filed within two years; one year in death cases.

THE EMPLOYER SHOULD:

1. At the time of the accident, give the employee the names of at least three physicians from which the employee may select the treating physician.
2. Report the injury to the Commission through your carrier or directly to the Commission.
3. Accurately determine the employee's average weekly wage, including overtime, meals, uniforms, etc.

Questions may be answered by contacting the Commission. A booklet explaining the Workers' Compensation Act is available without cost from:

THE VIRGINIA WORKERS' COMPENSATION COMMISSION
1000 DMV Drive
Richmond, Virginia 23220
1-877-664-2566
vwc.state.va.us

Every employer within the operation of the Virginia Workers' Compensation Act MUST POST THIS NOTICE IN A CONSPICUOUS PLACE in his place of business.

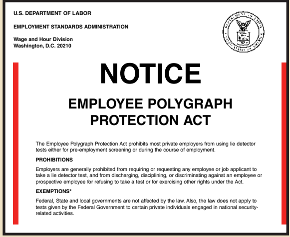
Workers' Compensation Notice

Employer Earned Income Tax Credit

The required state posters may be downloaded from:

http://www.doli.virginia.gov/publications/required_posters.html

Required Federal Posters For All Employers:


U.S. DEPARTMENT OF LABOR
EMPLOYMENT STANDARDS ADMINISTRATION
Wage and Hour Division
Washington, D.C. 20210

NOTICE

EMPLOYEE POLYGRAPH PROTECTION ACT

The Employee Polygraph Protection Act prohibits most private employers from using lie detector tests either for pre-employment screening or during the course of employment.

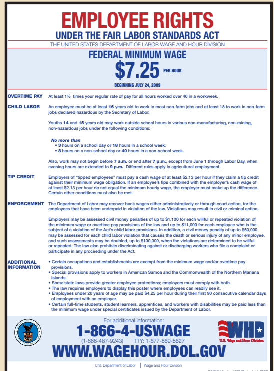
PROHIBITIONS

Employers are generally prohibited from requiring or requesting any employee or job applicant to take a lie detector test, and from discharging, disciplining, or discriminating against an employee or prospective employee for refusing to take a test or for exercising other rights under the Act.

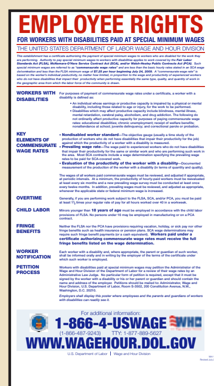
EXEMPTIONS*

Federal, State and local governments are not affected by the law. Also, the law does not apply to tests given by the Federal Government to certain private individuals engaged in national security-related activities.

Employee Polygraph Protection Act



Equal Pay Act



Fair Labor Standards Act

Occupational Safety and Health Act

Uniformed Services Employment and Reemployment Rights Act

General information regarding most of the required federal law notice requirements may be found in a chart at:

http://www.dol.gov/oasam/programs/osdbu/sbrefa/poster/matrix.htm

Note that all employers, regardless of size, must post notices in compliance as listed above.

Welcome New Members!

December 2011

NORTHERN VIRGINIA DENTAL SOCIETY

Dr. Seema Ahmed graduated from University of Maryland in 2009, and completed her GPR at Albert Einstein Medical Center in 2011. Dr. Ahmed practices in Alexandria.

Dr. Elba Bordon graduated from National University of Cordoba in 1998 and completed her GPR at Howard University College of Dentistry in 2010.

Dr. James Davies graduated from SUNY Buffalo School of Dental Medicine in 2007 and went on to specialize in Oral and Maxillofacial Surgery from Metro Health Medical Center in 2011. Dr. Davies is practicing in Gainesville.

Dr. Fernanda Fontes graduated from Federal University of Minas Gerais, Brazil in 1996 and completed her Masters in Pediatric Dentistry from University of Michigan in 1999. Dr. Fontes practices in Fairfax.

Dr. Barbara Frist graduated from University of Pennsylvania in 2010 and received her GPR in 2011. Dr. Frist is practicing in McLean.

Dr. Joseph Grant III graduated from Howard University in 2011.

Dr. Hillary Hochman graduated from Tufts Dental School in 2009 and practices in Reston.

Dr. Dan Huang graduated from Tufts Dental School in 2010 and practices in Fairfax.

Dr. Preeti Kansal graduated from VCU in 2010 and received her AEGD from Temple Kornberg School of Dentistry in 2011. Dr. Kansal is practicing in Fairfax.

Dr. Anantpreet Kaur graduated from Temple University Kornberg School of Dentistry in 2011.

Dr. Eunghwan Kim graduated from Seoul National University in 1994. He received his Certificate in Prosthodontics in 2002, from the University of Maryland, Baltimore College of Dental Surgery .Dr. Kim is practicing in Fairfax.

Dr. Ida Kondori graduated from Virginia Commonwealth University in 2011 and is practicing in Burke.

Dr. Sandhya Pal graduated from Howard University in 2000 and is practicing in Reston.

Dr. Jeff Parker graduated from University of Pittsburgh in 2010; he received his GPR from Allegheny General Hospital in 2011. Dr. Parker is practicing in Fairfax.

Dr. Dipa Patel graduated from University of Maryland Dental School in 2006 and advanced degree from NY Long Island Jewish Medical Center in Oral and Maxillofacial Surgery in 2010. Dr. Patel is practicing in Arlington.

Dr. Loken Patel graduated from the University of Pennsylvania in 2011, completed his AEGD in Fort Carson, and received his Endodontics Certificate from NJ University of Medicine and Dentistry in 2011.

Dr. Marjan Salari graduated from NOVA Southeastern University in 2011 with a Certificate in Prosthodontics.

Dr. Caitlin Stangel graduated from Virginia Commonwealth University in 2009, received her GPR from Wake Forest University in 2011. Dr. Stangel is practicing in Warrenton.

Dr. Carl Steger graduated from VCU in 1999 and is practicing in South Riding.

Dr. Bruce Taheri graduated from New York University Dental School in 1999 and completed his GPR at Woodhull Medical and Mental Health Hospital in 2000. Dr. Taheri practices in McLean.

Dr. Georges Traboulsi graduated from the Saint Joseph University-Lebanon in 2005. He attended Boston University, where he completed his certificate in CAGS/MSD in 2011.

Dr. Fan Yu graduated from Tufts School of Dental Medicine in 2009 and is practicing in Fairfax.

PENINSULA DENTAL SOCIETY

Dr. Ashley Lamay graduated from VCU in 2010 and is practicing in Yorktown.

Dr. Rachel Hubbard graduated from Virginia Commonwealth University in 2011 and is now attending Hampton Medical Center for her GPR. Dr. Hubbard practices in Hampton.

Dr. Christian Meyers graduated from Virginia Commonwealth University in 2011 and is now attending Hampton Medical Center for GPR. Dr. Meyers is practicing in Hampton.

Dr. Melissa Restrepo graduated from University of Pennsylvania in 2007 and is practicing in Newport News.

PIEDMONT DENTAL SOCIETY

Dr. James Bolton graduated from Virginia Commonwealth University in 2011 and is practicing in Danville.

Dr. Sarah Kandrac graduated from Virginia Commonwealth University in 2011 and is practicing in Vinton.

Dr. Margarette Le graduated from Virginia Commonwealth University in 2011 and is practicing in Danville.

Dr. Paul Miller graduated from Virginia Commonwealth University in 2010 and is practicing in Chatham.

RICHMOND DENTAL SOCIETY

Dr. April Breen graduated from Meharry Medical College in 2009 and received her GPR in 2011. Dr. Breen is practicing in Charles City.

Dr. Harmeet Chiang graduated from Buddha Institute of Dental Sciences and Hospital in 1997. She received her AEGD from Eastman Institute of Oral heath in 2011. Dr. Chiang is practicing in Richmond.

Dr. Jae Hyuk Choi graduated from New York University College of Dentistry in 2011 and practices in Colonial Heights.

Dr. Justin Edwards graduated from Tufts School of Dental Medicine in 2009. He completed his Certificate in Pediatric Dentistry in 2011, from VCU School of Dentistry.

Dr. Chad Flanagan graduated from VCU in 2011 and is practicing in Mechanicsville.

Dr. Jennifer Hankle graduated from University of Pittsburgh in 2009 and received her AEGD from VCU in 2011. Dr. Hankle is practicing in Richmond.

Dr. Richard Sedwick graduated from VCU in 2011 and is practicing in Richmond.

Dr. Sehmi Lee graduated from Virginia Commonwealth University in 2011 and is practicing in Richmond.

Dr. Julie Kim graduated from Seoul National University in 1999, received her M.S. in Operative Dentistry in 2011. Dr. Kim is practicing in Richmond.

Dr. Kunjal Patel graduated from SUNY - Buffalo, NY, in 2009 and is practicing in Richmond.

Dr. Barrett Peters graduated from VCU in 2011 and is currently enrolled at VCU for a specialty in Pediatric Dentistry. Dr. Peters is practicing in Richmond.

Dr. Joshua Swanson graduated from University of Louisville in 2008 and is practicing in Fredericksburg.

Dr Hendrick B Tafo-Tabue graduated from Ivory Coast University of Abidjan-Cocody in 2003 and received his GPR at Ohio Miami Valley Hospital in 2010. Dr. Tafo-Tabue is currently practicing in Stafford.

SOUTHSIDE DENTAL SOCIETY

Dr. Douglas Walters graduated from University of Missouri-Kansas City in 2000. He then attended the University of Missouri-Kansas City where he completed his specialization in Periodontics in 2002. Dr. Walters is practicing in Petersburg.

SHENANDOAH VALLEY DENTAL ASSOCIATION

Dr. William Potter graduated from Virginia Commonwealth University in 2011, he is practicing in Charlottesville.

Dr. Ricardo Solis graduated from Virginia Commonwealth University in 2003, He attended Carolinas Medical Center where he received his GPR in 2004. Dr. Solis is practicing in Charlottesville.

SOUTHWEST VIRGINIA DENTAL SOCIETY

Dr. Steven Amburgey graduated from West Virginia University in 2005. He is practicing in Bristol.

TIDEWATER DENTAL ASSOCIATION

Dr. Monika Madan graduated from Maulana Azad Medical College in India in 2002. She completed her CAGS/DSC from Boston University in 2009. Dr. Madan is practicing in Virginia Beach.

Dr. Holly Meise graduated from University of Maryland in 2007. She then completed her AEGD in 2008 and received her Certificate in Pediatrics in 2010 from University of Maryland. Dr. Meise is practicing in Portsmouth.

Dr. George Najim graduated from Fairleigh Dickinson University in 1964.

Dr. John Sinclair graduated from Virginia Commonwealth University in 2009 and is practicing in Virginia Beach.

Dr. Sara Stires graduated from VCU in 2011 and received her GPR at the NMC Portsmouth VA. Dr. Stires is practicing in Portsmouth.

Membership

In Memory of...

Dr. Kenneth E. Copeland	Component 3,	Midlothian	October 24, 2011
Dr. Thomas Hudson	Component 4,	Richmond	November 6, 2011

PUBLICATION OF CANDIDATE INFORMATION IN THE VDA DENTAL JOURNAL

The following positions are up for election at the 2012 Annual Governance/ Membership Meeting in Newport News. President-elect, three (3) ADA Delegate positions (3-year terms) and five (5) ADA Alternate Delegate positions (2-year terms).

All candidates must submit their CVs, pictures (color head shot preferred) and biographical information to the attention of Dr. Richard F. Roadcap, Editor, at the VDA Central Office no later than February 28, 2012 for publication in the April-May-June 2012 issue of the VDA Journal. Please submit information as a Microsoft Word attachment via e-mail to jacobs@vadental.org. Forms for submission of candidate information have been mailed to all VDA component society presidents.

Candidates for the office of President-elect will be allowed a maximum of 500 words. Candidates for all other offices will be allowed a maximum of 250 words. Candidates are asked to limit their biographical information to major accomplishments, but include such pertinent data as education, memberships, honors, positions of leadership held in the ADA, VDA and component society, and community leadership activities. Due to space limitations, the VDA Journal editor will reserve the right to condense biographical information, if necessary.

Should you have any questions regarding the Journal criteria, please feel free to contact Dr. Richard Roadcap at (804)520-4770. If additional Journal submission forms are needed, please contact Bonnie Anderson at (804) 523-2190 or anderson@vadental.org.

VDA AWARD NOMINATIONS

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

If you would like to submit a nomination, please contact Bonnie Anderson (804-523-2190 or anderson@vadental.org) and request a Nomination Submittal Form. Nominations are due April 30, 2012.

Nominations are accepted for the following awards:

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

Emanuel W. Michaels Distinguished Dentist Award - This award is presented to a member dentist who has demonstrated outstanding service, leadership and dedication to the profession of dentistry and for the improvement of the health of the citizens of Virginia. This award is presented only when a worthy candidate is recognized by the President and approved by the Awards Committee.

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

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

Don't forget to pay for membership dues...

Contact:
Leslie Pinkston to make your payment today.
pinkston@vadental.org
804-523-2189

Report of the ADA Delegation

By: Dr. M. Joan Gillespie, Chair – Virginia Delegation

Virginia is one of the three states in the 16th trustee district of the American Dental Association. The Delegates and Alternate Delegates are elected by the members of the VDA. Dr. Chuck Norman from North Carolina is our trustee and will be running for President Elect at the next annual ADA session in San Francisco.

In September, our Delegation hosted the Delegations from North Carolina and South Carolina, our partner states in the 16th District, at our caucus in Roanoke. The district Delegation reviewed the proposed resolutions for the upcoming ADA House of Delegates.

In October, our Delegation traveled to Las Vegas for the Annual ADA Session and the House of Delegates where many resolutions were deliberated and voted upon during the five days of caucus and HOD meetings. The HOD did approve a $7.00 increase in the national dues. Dr. William Calnon from Rochester, NY was installed as the Association's 148th President. Dr. Robert Faiella of Osterville, Mass. was elected President-Elect.

Thank you to the conscientious and caring members of the Delegation. The Delegates include Drs. Anne Adams, Richard Barnes, Alonzo Bell, Mark Crabtree, M. Joan Gillespie, Ralph Howell, Rod Klima, Kirk Norbo, Gus Vlahos and Ed Weisberg. The Alternate Delegates are Drs. Mike Abbott, Dave Anderson, Fred Certosimo, Vince Dougherty, Bruce Hutchison, Mike Link, McKinley Price, Elizabeth Reynolds, Ted Sherwin and Roger Wood. VCU Dean, Dr. David Sarrett and Executive Director Dr. Terry Dickinson were also part of the delegation.

Board of Directors

Actions in Brief

November 11, 2011

Reported as information only:

1. The following appointments were made:

   A. 2012 Awards Subcommittee members: Scott Miller, chair, Benita Miller and Neil Small

   B. Board of Directors committee liaison appointments:

Caring Dentist	Anthony Peluso
Communication & information Technology	Scott Miller
Constitution & Bylaws	Mike Abbott
Council on Finance	Steve Forte
Council on Sessions	Anthony Peluso
Dental Benefits	Benita Miller
Dental Health	Sam Galstan
Dental Practice Regulations	Ron Downey
DR	Jo Koontz
Ethics	Neil Small
Infection Control	Dave Black
Institutional Affairs	Richard Roadcap
Legislative	Mike Link
Membership	Dave Black
Mentoring	Kirk Norbo
New Dentist	Richard Roadcap
Peer Review	Neil Small
VADPAC	Neil Small

   C. Sam Galstan was appointed an ADA alternate delegate to serve the year remaining in the term vacated by Bruce Hutchison. He will be eligible to run for election to a full term in September 2012.

Classified Advertisements

Job Opportunities

FANTASTIC OPPORTUNITY FOR ASSOCIATE DENTIST

Well established general family practice looking to replace retiring dentist with opportunity for future partnership and buy out. Located in Lynchburg, Virginia. This practice offers a well trained staff and large patient base. Excellent compensation and benefits. Please contact Dr. Keith Austin at (434)385-6000.

Family Dental of VA

Family Dental of VA desires motivated, quality oriented General Dentists to work in our busy practices in Hampton & Richmond, Virginia.

At Family Dental of VA we focus on providing the entire family superior quality general dentistry, in a modern technologically advanced setting with experienced support staff.

Because we understand the tremendous value of our Associate Dentists, we make sure that their compensation package is ranked amongst the best.

Our competitive compensation package includes:

1. Average earning potential of $200,000 to $350,000 per annum
2. Malpractice insurance
3. Health insurance
4. Paid vacation*
5. Visa/permanent residency sponsorship
6. Relocation assistance*
7. Sign-on bonus*

*Certain locations

For more information, please contact:
Juliette Boyce, PHR
312-274-4520 office
800-707-8757 fax
jboyce@kosservices.com

Exciting opportunity for dentists to provide children with dental care in Virginia schools. No evenings or weekends. Email your resume or questions to caringdental@yahoo.com.

Miscellaneous

NEW OWNER REPRESENTATION:

Our family and organization has represented over 1000 new owners over the last 65 years in the mid-Atlantic area that have purchased, started or became partners in a dental practice. Ownership is a decision that is too important to make without a qualified facilitator. We can get the new owner 100% financing plus working capital. Call us for a FREE CONSULTATION and allow us to send you a list of our references. THE MCNOR GROUP, 888-273-1014 x 103 or johnf@mcnorgroup.com, www.mcnorgroup.com

SELLERS WANTED

We have qualified buyers with 100% funding approval that want to buy a practice in Virginia. The baby boomers are starting to sell and this is a great time to transition your practice. We get excellent prices and sell the practice in a timely, healthy manner. THE MCNOR GROUP, 888-273-1014 x 103 or johnf@mcnorgroup.com, www.mcnorgroup.com

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

PRACTICE VALUATION APPRAISAL

We are the only transition consulting company in the area that has a Certified Valuation Analyst CVA as a principal that focuses exclusively on the transition of DENTAL PRACTICES. Please see the article by CVA Karen Norris on page 82 of the April 07 issue of Dental Economics on this subject or call or email us for a FREE CONSULTATION and a copy of the article. If you are selling, buying, creating a partnership or just want to find out the current value of your practice contact THE MCNOR GROUP, 888-273-1014 x 103 or johnf@mcnorgroup.com, www.mcnorgroup.com

Practices For Sale/Lease

PARTNERSHIPS OR DELAYED SALES

We have many satisfied clients with associates in your area that we have helped to either buy-in, buy-out or conduct a delayed sale with the current associate. Without a quality valuation and plan up front these transactions normally fail. Call or email us to arrange a FREE CONSULTATION to find out if you are a candidate for this service. The result is higher income and a higher practice value for the seller and a clear financially positive path for the associate. THE MCNOR GROUP, 888-273-1014 X 103 or johnf@mcnorgroup.com, www.mcnorgroup.com.

PRACTICE BUYERS WANTED

For great practices in the Virginia area. We have many practices available for sale in the Virginia area. Are you tired of being an employee in a dead end job? Call us for a FREE CONSULTATION to find out about these opportunities. THE MCNOR GROUP, 888-273-1014 x 103 or johnf@mcnorgroup.com, www.mcnorgroup.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 prepaid 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, P.O. Box 3095, Henrico, VA 23228 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
& MILLING CENTER

WINTER SALES EVENT

ALL CERAMIC RESTORATIONS ON SALE AT 15% OFF WITH COUPON!

- **Lava** crowns, bridges normally $175 per unit on sale for $148.75 per unit ! (3 units max with coupon)
- **e.Max** crowns, anterior bridges (3units max) normally $175 per unit now only $148.75!

  With coupon!
- **Full Contour Zirconia** crowns, bridges normally $155 per unit now $131.75 up to three units with coupon!
- **Essential** crowns, bridges (3 units, 29mm max) normally $135 per unit now just $114.75 per unit with coupon.
- **Lava Custom Hybrid Zirconia Abutments** starting as low as $200* per unit now $170* per unit - 3 abutments maximum with coupon!

New accounts only!

Starts: December 1, 2011

Ends: March 31, 2012

Hurry Call
for details:
703.961.0116
800.941.4291

Since we mill and press our work, we control our quality!

Good for your next two cases up to three units per case.

We use name brand products for our restorations and your peace of mind:

LAVA, IPS e.Max, 3M Essentials, Full Contour Zirconia, VITA Ceramics

Original name brand products for about the price of generics!

(cut along dotted line.)

Baran Sales 15% Coupon Redeemable at:

Must use Coupon for Sales Event

Atlantis, Straumann Etkon, Procera, or stock Zirconia Abutments not Available for discount.

Proudly custom crafted for your patients in America!

& Milling Center

Coupon valid from 01/03/2012 to 03/31/2012.
Can not be used in conjunction with any other offer.
Coupon has no cash value and is only valid for 2 cases with a maximum 3 units per case.
Additional units can be sent in with couponed units, however the additional units will be invoiced at regular pricing.
Coupon valid for all dentist in group practice.
Not available for Dental Laboratories.
* with your interface components.

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

VISIT US ONLINE AT WWW.VADENTAL.ORG

EASTERN DENTISTS INSURANCE COMPANY
Malpractice Insurance | By Dentists, For Dentists®

THERE'S A NEW SHERIFF IN TOWN!

EDIC is proud to now provide coverage to our Virginia dental colleagues. Be part of a company that you own and control.

A Dental Society Risk Retention Group
edic® EASTERN DENTISTS INSURANCE COMPANY
Malpractice Insurance By Dentists, For Dentists®

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ENDORSED BY RHODE ISLAND DENTAL ASSOCIATION