

VA DENTAL

JOURNAL



OPPORTUNITY NOW LOADING

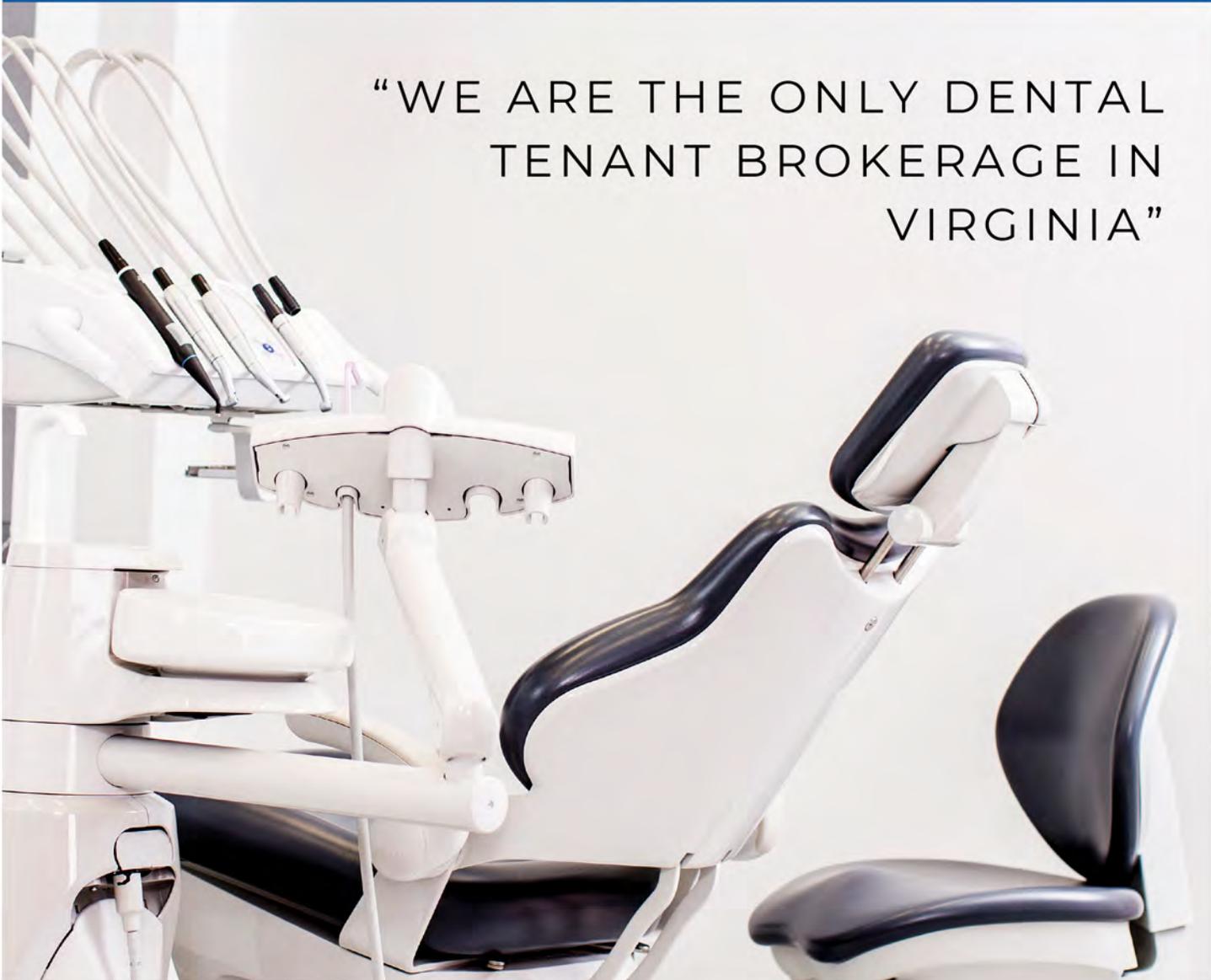
**VDA'S NEW CAREER CENTER CONNECTS
TALENT WITH OPPORTUNITY >> PAGE 33**

careers.vadental.org

THE GENAU GROUP: MARESA
**Medical Arts Real Estate
Services & Advisory**



“WE ARE THE ONLY DENTAL
TENANT BROKERAGE IN
VIRGINIA”



GET IN TOUCH

Email:
information@thegenaugroup.com

Address: 1054 31st Street NW, Suite 540
Washington, D.C. 20007
Phone: (202) 735-5382

IN THIS ISSUE

VOLUME 99, NUMBER 3 • JULY, AUGUST & SEPTEMBER 2022

COLUMNS

3 A RETURN TO NORMALCY
Dr. Scott Berman

5 HE AIN'T HEAVY
Dr. Richard F. Roadcap

7 ADA ACTIVITIES UPDATE
Dr. Gary D. Oyster

8 LETTER TO THE EDITOR
Drs. Harmeet Chiang, Shawn McMahon, Shahrzad Orenduff, Daniel Hawkins, Robert A. Strauss, and James Vick

EVENTS/CE

9 VIRGINIA DENTAL SHOWCASE

ADVOCACY

16 THREE LINKS IN THE ADVOCACY CHAIN
Ryan Dunn

17 THE SECOND LINK – VDA PAC
Dr. Bruce Hutchison

18 THE THIRD LINK – VDA COUNCIL ON GOVERNMENT AFFAIRS
Dr. Roger Palmer

19 CALL TO ACTION! STEP-UP AND SUPPORT YOUR PROFESSION
Laura Givens

SCIENTIFIC

20 PERIODONTIC ABSTRACTS

28 THROUGH THE LOOKING GLASS
THE FANTASTICAL WORLD OF ORAL PATHOLOGY
Dr. Sarah Glass

RESOURCES

33 VDA CLASSIFIEDS IS NOW THE VDA CAREER CENTER
Shannon Jacobs

36 WORKFORCE WANTED:
PROMOTING YOUR INTERNAL CULTURE TO RECRUIT CANDIDATES
Cameron McPherson

38 THE HEALTHCARE WORKFORCE DATA CENTER
Dr. Yetty Shobo

40 VIRGINIA BOARD OF DENTISTRY NOTES
Dr. Ursula Klostermyer

42 DID YOU KNOW?
A SERIES FROM THE VIRGINIA BOARD OF DENTISTRY

46 VALUE BASED CARE
VDA TASK FORCE CONVENES TO ANTICIPATE IMPLICATIONS FOR DENTISTRY IN VIRGINIA
Dr. Lyubov Slashcheva

48 STAYING CALM THROUGH RECENT MARKET VOLATILITY
Bobby Moyer

64 BUILDING A BETTER ORAL HEALTH SYSTEM TOGETHER
Sarah Bedard Holland

UNIVERSITY CONNECTIONS

51 THE EXCITING PART
Shraddha Vachhani

52 STUDENT NATIONAL DENTAL ASSOCIATION
11TH ANNUAL ORAL CANCER WALK
Najah Lewter

53 MISSIONS OF MERCY PROJECTS RETURN!
Michelle McGregor

OUTREACH

54 OPEN AND WELCOMING
SPECIAL OLYMPICS PARTNERS WITH MISSION OF MERCY
Samantha Tardugno

MEMBERSHIP

56 ACD PRESENTS AWARDS AT VCU
Dr. Michael Hanley

59 MEET THE CANDIDATES



The Silver Scroll is awarded to the editor whose publication demonstrated the most overall improvement over the prior year of publication.

VA DENTAL

JOURNAL

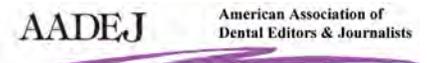
EDITOR-IN-CHIEF Richard F. Roadcap, D.D.S., C.D.E.
 BUSINESS MANAGER Ryan L. Dunn
 MANAGING EDITOR Shannon Jacobs

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

VDA COMPONENT ASSOCIATE EDITORS Dr. Rod M. Rogge, Dr. Zane Berry, Dr. Michael Hanley, Dr. Frank Luorno, Dr. Stephanie Vlahos, Dr. Sarah Friend, Dr. Jared C. Kleine, Dr. Chris Spagna, Lyda Sypawka, VCU Class of 2024

BOARD OF DIRECTORS

PRESIDENT	Dr. Scott Berman, Falls Church
PRESIDENT ELECT	Dr. Cynthia Southern, Pulaski
IMMEDIATE PAST PRESIDENT	Dr. Frank Luorno, Richmond
SECRETARY-TREASURER	Dr. Zaneta Hamlin, Virginia Beach
CEO	Ryan L. Dunn, Goochland
SPEAKER OF THE HOUSE	Dr. Abby Halpern, Arlington
COMPONENT 1	Dr. David Marshall
COMPONENT 2	Dr. Sayward Duggan
COMPONENT 3	Dr. Samuel Galstan
COMPONENT 4	Dr. Marcel Lambrechts
COMPONENT 5	Dr. Dustin S. Reynolds
COMPONENT 6	Dr. Marlon A. Goad
COMPONENT 7	Dr. Caitlin S. Batchelor
COMPONENT 8	Dr. Justin Norbo
ADVISORY	Dr. Lyndon Cooper
ADVISORY	Dr. Ralph L. Howell
EDITOR	Dr. Richard F. Roadcap
VCU STUDENT	Brett Siegel, VCU Class of 2023



VOLUME 99, NUMBER 3 • JULY, AUGUST & SEPTEMBER 2022

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

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

POSTMASTER Second class postage paid at Richmond, Virginia.
 ©Copyright Virginia Dental Association 2022

MANUSCRIPT, COMMUNICATION & ADVERTISING Send address changes to: Virginia Dental Journal, 3460 Mayland Ct, Ste 110, Richmond, VA 23233.

Managing Editor, Shannon Jacobs
 804-523-2186 or jacobs@vadental.org



A RETURN TO NORMALCY

Dr. Scott Berman

My title was a campaign slogan used by Warren G. Harding over a century ago when he ran for President. But it aptly fits in many ways where we are today. With the pandemic largely behind us (fingers crossed), Covid will be endemic to our future and part of the new “normal.” Our new normal is also like our old normal in these ways: workforce shortages, inflation, financial pressures, regulatory challenges, and constant change.

Workforce shortages are being examined by an ADA task force. Inflation is new for many members and outside our purview, but many of us have experienced it before and can tell you ways to mitigate its effects. Financial pressures have always been with us, but may deepen due to inflation, a likely recession, and rising interest rates. New regulation, in the form of a guidance document from the Board of Dentistry, threatens our ability to deliver cost-effective access to care for our patients (more on this later). And, the changing of our governance schedule and structure is part of the new normal.

All of the above challenges are on the radar of your Association. And we are advocating, educating, mitigating, and orchestrating to solve these challenges. As some of you may know, the Board of Dentistry recently released a “guidance document” that bans the use of “cutting instruments,” specifically “scalers,” by dental assistants. I have heard conflicting stories about the genesis of this document, but at this point its origin matters little. We need to respond and have this document retracted. Assistants use scalers frequently to remove cement around orthodontics appliances, temporary crowns, and other permanent restorations. I have written a letter to the Board that will start the process

going forward to first get clarification and explanation, and then hopefully reverse this guidance. At some point, we may ask you to participate in the comment period. Please do so when alerted. The restriction of cement removal to hygienists will increase our workforce problems, increase the cost of care, and reduce access to care for patients by raising costs. If the Board is recalcitrant, the obvious solution is to “certify” assistants the way they are certified to expose radiographs. Probably a half-day or online course on the safe use of scalers would suffice. This certification will need to be part of a legislative initiative. From there, it’s easy to imagine a Scaling Technician I for supra-gingival scaling. Later a Scaling Tech I could advance to a Scaling Tech II for sub-gingival scaling, and eventually, a Scaling Tech II could advance to a hygienist. This might address some workforce issues vis-à-vis hygienist shortages. These thoughts are my own and not part of any VDA policy or initiative at this time. Of course, I will keep you informed on our progress.

The change to our governance involves the separation of our House of Delegates from our new CE/Social meeting in September, the Virginia Dental Showcase. Also, the House of Delegates will be held in January along with VDA Lobby Day and our Legislative Reception the same weekend. To satisfy Bylaws requirements we will have a short virtual House of Delegates in August. Details of both will be released soon.

Not all of what I do as president is as fraught with tension and problems to be solved. Some of it is fun and adds some perspective to life. Several things illustrated that for me lately. They are, my dental school reunion, speaking at

the dental school graduation, and visiting the North Carolina Dental Society annual meeting.

A couple of months ago I was fortunate enough to attend my 30ish dental school reunion. Even though it was sparsely attended, I loved catching up with “old” colleagues, seeing the changes at the school, and spending some time with the new Dean. More recently, I spoke at the VCU School of Dentistry hooding ceremony. I really enjoyed seeing all the bright young dentists as they embarked on their futures, filled with hope, confidence, and optimism. I shared what little wisdom I could muster. These dental life cycle events were especially meaningful for me, because between these two events my father passed. My dad, also a dentist and MCV alum, always enjoyed going to his reunions and spoke fondly about his classmates and instructors (mostly). These two events, and the NCDS Meeting, reinforced why I enjoy being part of organized dentistry. I love the people in my profession. Like I said when I first entered office, dentistry and the VDA are my family. It’s a wonderful legacy to be part of.

And this is “normal” to me. We should all take full advantage of being an active member of the VDA and embrace it on as many levels as we can. Trust me, your participation will pay dividends in the satisfaction and pride you derive from being part of such a great profession. Welcome back to “normalcy.”

Dentistry is about people.



Selling your practice is not just a transaction, it's a **transition**.
*Find the perfect match for those who rely on you
while getting the best value for your practice.*



Hi, we're Todd and Sheryl. We help doctors to successfully transition their practice through our foundational pillars of expertise, professionalism, transparency and confidentiality.



It all starts with a conversation. Begin your transition today.

Serving MD, D.C. and VA | (443) 422-9509 | sgarfinkel@ddsmatch.com



HE AIN'T HEAVY

Dr. Richard F. Roadcap

I recently spoke to a friend who practices dentistry in another state. He told me his dad had just been released from the hospital after a week's stay and was entering a rehab facility. His father's illness resulted from a prescription written by his dentist for an oral infection. The dentist prescribed clindamycin, as the patient was penicillin-allergic, and a *Clostridioides difficile* infection resulted leading to the hospital stay. In defense of the attending doctor (and in my own defense), I offered that I might have written the same prescription in that circumstance.

The Centers for Disease Control estimates that over a half million *C. diff* infections occur each year in the US. Not only are persons over 65 at greater risk of an infection, 1 in 11 victims in this age group die within one month of diagnosis. And 1 in 6 of all patients, regardless of age, will have a recurrence in 2 to 8 weeks.¹ Almost any antibiotic can trigger a *C. diff* infection, but clindamycin, cephalosporins, and fluoroquinolones are most frequently cited.²

Until recently, dentists in the US prescribed clindamycin on a routine basis as antibiotic pre-medication for penicillin-allergic patients with prosthetic joint replacements (PJR) and artificial heart valves. Prescriptions for patients with PJRs have declined in the last decade as clinical evidence for their need is lacking, and orthopedic surgeons have become less insistent that their patients be premedicated. Also, a landmark article published by the ADA in 2015 relieved dentists from the duty of prescribing antibiotics for PJR patients in most circumstances.³

Dentists should be aware that in May 2021, the American Heart Association released a statement, available for review on the ADA website, stating that "Clindamycin may cause more frequent and severe reactions...and its use is no longer suggested..."⁴ The statement cites the risk of death from *C. diff*, even from one dose, as its justification. The authors recommend, for penicillin-allergic patients, a single dose of azithromycin or doxycycline. They note that many patients reporting the allergy could be excluded with sensitivity testing.⁵

"We have a particular duty to safeguard the well-being of the elderly in fragile health, those members of a generation who were to taught to never question a doctor's authority."

I'm not trying to demonize clindamycin as a prescription antibiotic. It is effective against a broad spectrum of aerobic and anaerobic organisms and is especially useful in persistent infections.⁶ I have prescribed it countless times, and I'm not aware of any resulting morbidity. But it's cold comfort to report that we followed all the guidelines when one of our patients

suffers an adverse outcome. In a previous column, I reported that one of my prescriptions, written for a cephalosporin, landed my patient in the hospital for ten days with pseudomembranous colitis. At the time it was all the rage to premedicate patients with a self-reported heart murmur, lacking confirmation from a physician or clinical evidence such as an echocardiogram.

As our brother's keeper, we must always ask ourselves if a prescription is necessary. Each one of us has written for our convenience, the convenience of our patients, to postpone indicated treatment, for lack of a diagnosis (introspection needed here), or any number of indefensible reasons. We even prescribe to placate our front desk and insulate them from repeated calls. If we have no backbone, why should our staff? We have a particular duty to safeguard the well-being of the elderly in fragile health, those members of a generation who were taught to never question a doctor's authority.

Now for some good news: my friend's dad is back home and expecting a full recovery. But a second episode of *C. diff*, either for him or anyone in his peer group, may have a different outcome. We are privileged by virtue of our training and our licensure to be able to prescribe a wide range of safe and effective medications. Most scripts are therapeutic and benefit the patient. We must adjust our moral and clinical compass to avoid those that prove to be less than benign.

References

1. [https://www.cdc.gov/cdiff/what-is.html#:~:text=diff%20\(also%20known%20as%20Clostridioides,the%20United%20States%20each%20year.](https://www.cdc.gov/cdiff/what-is.html#:~:text=diff%20(also%20known%20as%20Clostridioides,the%20United%20States%20each%20year.)

>> CONTINUED ON PAGE 6

>> CONTINUED FROM PAGE 5

2. Smits WK, Lyras D, Lacy DB, Wilcox MH, Kuijper EJ. *Clostridium difficile* infection. Nat Rev Dis Primers. 2016; 2: 16020
3. Sollecito, TP et al. The use of prophylactic antibiotics prior to dental procedures in patients with prosthetic joints: Evidence-based clinical practice guideline for dental practitioners—a report of the American Dental Association Council on Scientific Affairs. J Am Dent Assoc. 2015;146(1):11-16
4. <https://www.ada.org/resources/research/science-and-research-institute/oral-health-topics/antibiotic-prophylaxis>
5. Ibid.
6. Ahmadi H, Ebrahimi A, Ahmadi F. Antibiotic Therapy in Dentistry. Int J Dent. 2021; doi: 10.1155/2021/6667624

RELAX, You've listed your practice with Henry Schein Dental Practice Transitions.

Deciding to sell your practice is difficult. We make it easier. Our experience, knowledge, and national network will help you get the **best price, close the deal, and give you peace of mind.**



HENRY SCHEIN[®]
DENTAL PRACTICE TRANSITIONS

www.henryscheindpt.com
866-335-2947

- PRACTICE SALES ■ VALUATIONS
- TRANSITION CONSULTING/PLANNING
- ASSOCIATESHIPS

© 2022 Henry Schein, Inc. No copying without permission. Not responsible for typographical errors.



ADA ACTIVITIES UPDATE

Gary D. Oyster, DDS; ADA Trustee, 16th District

Houston is gearing up for the second SmileCon meeting, which will be held October 15-18. It promises more member interaction with a variety of events occurring simultaneously. Programs will be offered that will be of interest to all dentists, regardless of their workforce model. Please plan to attend and learn while also having a good time.

The "Give Veterans a Smile" symposium was held in Chicago on May 5-6, 2022. GVAS will be fashioned after GKAS, which celebrated its 20th anniversary this year. The goal is for GVAS to connect dentists with veterans that need care. Many states, dental schools, FQHCs, and individual dentists already have programs for veterans. During the meeting, about a dozen or so shared their ideas and individual successes. It is felt that the ADA may be an umbrella organization to coordinate the programs throughout the country. Most veterans are not covered by the Veterans Administration and really do need help with their dental care.

"Advocacy for dental issues at the state and federal level continues to be critical for the profession."

The President and CEO of the Dental Lifeline Network, Lynda Ricketson, attended and shared ideas about how the two organizations may collaborate in treating veterans as well as other underserved populations. She brings a lot of experience in the nonprofit world as both a fundraiser and administrator.

The ADA is reaching out to the new dentists and ASDA concerning membership in the ADA. The joint meeting with the ADA Board of Trustees and the New Dentist Committee resulted in many shared ideas and some really great fellowship. In addition, we are looking for ways to be inclusive of DSO-employed dentists; this is critical since many graduates are choosing that practice model. How can membership in the ADA benefit them?

One of the more innovative products is the ADA Practice Transitions. This system matches dentists looking for a practice with those selling a practice. It is a customized assistance tool from start to finish. ADAPT serves all dentists regardless of location, has a lower cost to owners, ability to cross state lines, and has exposure to multiple practice styles.

The Washington Lobby Day was held in person in March. Although restrictions somewhat limited 'on-the-hill' visits, the enthusiasm of the students and first-time dentists was evident and made the event very worthwhile. Student debt was once again a major concern with several bills discussed for refinancing their debt at lower interest rates.

Diversity and Inclusion remain a top priority for the ADA. Having a more varied group of dentists serve as members of councils, committees, and delegations is paramount for the future success of the ADA. The current makeup of young dentists and dental students must be accurately reflected in the leadership roles available at the ADA.

The ADA IT system is going to be upgraded to be more user-friendly as well as more responsive to member needs. The recent cybersecurity incident

experienced by the ADA highlighted the need for the update. The resilience of the ADA team was demonstrated as many operations continued to function and were ultimately restored.

The workforce issue is also being looked at in collaboration with the states to address the problem. Since a significant number of hygienists and assistants are not returning to the workplace, how do we go about replacing them? All ideas are being studied.

State Executive Directors are being contacted directly and their feedback is very important to the ADA leadership.

Advocacy for dental issues at the state and federal level continues to be critical for the profession. Medicaid expansion, Medicare, insurance issues, and other regulatory issues must constantly be monitored.

With Dr. Sabates's leadership, the ADA Board of Trustees has worked well together to solve problems and come up with solutions that should help all dentists succeed. I have enjoyed being your Trustee and will do my best for the ADA membership.

DENTAL SLEEP MEDICINE

VCU SCHOOL OF DENTISTRY FACULTY WORKGROUP OPINION

Harmeet Chiang, D.D.S., M.S.; Shawn McMahon, D.D.S., M.S.; Shahrzad Orenduff, D.D.S., M.S.; Daniel Hawkins, D.M.D.; Robert A. Strauss, D.D.S.; and James Vick, D.D.S., M.S.

We are writing to provide additional context to VCU School of Dentistry's reported position on the practice of dental sleep medicine as noted in the *Virginia Dental Journal's* coverage of the March 11, 2022, Virginia Board of Dentistry meeting. The Board heard opinions from many different parties including orthodontists, practices limited to dental sleep and pain, and sleep medicine physicians. And, while the information in the article was factual, it only represented a portion of the opinion submitted by our faculty workgroup, which is not an official position from VCU School of Dentistry regarding the practice of dental sleep medicine in the State of Virginia.

In our opinion, dentists can and do play an essential role in the multidisciplinary care of patients with certain sleep-related breathing disorders (SRBD), and they are well-positioned to identify patients at greater risk of SRBD. Dentists are encouraged to screen patients for SRBDs as part of a comprehensive medical and dental history and to recognize symptoms such as daytime sleepiness, choking during sleep, snoring or witnessed apneas, and other risk factors such as obesity, macroglossia, Mallampati class 3 or 4, or hypertension.

If risk for SRBD is determined, patients should be referred to a sleep medicine physician or their managing physician

for follow-up evaluation and formal diagnostic testing. The physician could refer the patient back to a dentist for an oral appliance or surgery, as indicated, to treat the SRBD. Dentists may elect to administer high-resolution pulse oximetry or take-home sleep apnea tests as monitoring devices to calibrate an oral appliance. The patient's physician has ultimate responsibility for assessing treatment efficacy no matter which treatment or combination of treatments are delivered. Collaboration between the dentist and the physician should be ongoing for the continued treatment of the patient.

If risk for SRBDs is identified during a pediatric dental screening visit, referral is indicated for evaluation by a pediatrician, preferably a pediatric sleep specialist, or a pediatric otolaryngologist. Dental intervention should not be undertaken without consultation with the medical provider.

We urge the American Academy of Sleep Medicine and all stakeholders to be open to discussing a pathway where dentists and sleep physicians together identify models to reduce barriers to both diagnosis and treatment by utilizing maximally the training and skills of qualified dentists while still ensuring that the diagnosis and treatment efficacy is verified/made by physicians. Dentists

treating SRBDs should continually update their knowledge and training in dental sleep medicine with continuing education. It is understood that the field of dental sleep medicine is constantly evolving, and that, due to changes in knowledge and technology, future modifications to these recommendations may be necessary.

Approximately 54 million adults in the United States have sleep apnea and about 43 million adults likely have undiagnosed obstructive sleep apnea (OSA), requiring nearly \$150 billion in health care costs per year. There should be additional pathways to the diagnosis and management of OSA. With technological advances, new models of care are being implemented at a rapid pace.

Thank you for considering our opinion on this matter.

2022

VIRGINIA DENTAL ASSOCIATION
**VIRGINIA
DENTAL
SHOWCASE**

JOINT
MEETING
WITH:



Virginia
Academy
of Pediatric
Dentistry



WELCOME TO THE **Virginia Dental Showcase!**

We are so excited to be back in person and to introduce the new look and feel of our annual event.

In years past, attendees had to choose whether they wanted to participate in the House of Delegates meetings, visit the exhibit hall, or attend continuing education. New for 2022 and 2023, the House of Delegates will be held as a part of the Richmond Lobby Conference in January to allow all attendees at the Dental Showcase to experience more and focus on connecting with other dentists, engaging with nationally renowned speakers through continuing education and discovering vendors and tools to help take your practice to the next level in the exhibit hall.

We have added new events and put a new spin on popular events that we know you won't want to miss. Back by popular demand is the Friday Power Hour in the exhibit hall where you can connect with peers and vendors over mimosas and snacks.

New for this year, on Saturday night get ready to be surprised as fellow VDA members compete in Dentists Have Talent, hosted by VDA President Dr. Scott Berman. We know so many of you have incredible talents and passions you pursue outside the office, and you'll have a chance Saturday night to put yours on display (or to cheer on the brave dentists who do).

To close out the event we will hear a unique perspective from Mr. Hoan Do, a former American Ninja Warrior and motivational speaker who partnered with Lay's for the Smile with Lay's Campaign. He will share a special message about overcoming adversity and embracing practical strategies to develop resilience and mental strength that will be sure to send dentists and dental team members alike back to work on Monday with a fresh perspective.

Sincerely,

Dr. Ralph Howell
Chair, VDA Council on Sessions

Register Now: vadental.org/showcase
Early Bird Rate ends July 26, 2022

NEW Pediatric Dentistry Track

The Virginia Academy of Pediatric Dentistry is pleased to partner with the VDA for our first joint meeting.



FRIDAY, SEPTEMBER 16, 2022



CREDITS: 4

12:00 PM-4:00 PM

The Times They Are A-Changin' and So Are the Oral Diseases in Children

Dr. Catherine Flaitz

That the times have changed over the past years for all children and adolescents is an understatement and the diseases in the mouth are no exception. This interactive course focuses on new infectious diseases, recently recognized head and neck manifestations of common diseases, updated causes about well-recognized oral lesions, newly described oral conditions and the latest treatment approaches. A range of soft tissue entities and periodontal diseases are described for this age group. It is important to be familiar with the contributions of new habits and behaviors in the development of some of these oral conditions. Characteristic signs and symptoms are highlighted, along with a potential connection to systemic diseases, behavioral health issues and medication utilization. New approaches for treating common oral lesions are outlined, tailored for the child patient.

1. Discover new orodental entities and their clinical presentation in children and adolescents
2. Learn the latest facts about well-known oral conditions and their relevance to the pediatric age group
3. Evaluate oral disease management options, including over-the-counter and prescription drugs

SATURDAY, SEPTEMBER 17, 2022



9:00 AM-10:00 AM

Virginia Academy of Pediatric Dentistry Business Meeting (VAPD Members only)

1:00 PM-4:00 PM

Endodontic Basics and Management of Dental Trauma in the Young Patient

Dr. Zameera Fida

This course will review endodontic diagnosis and treatment options for endodontic issues in the primary and permanent dentition. Current evidenced based treatment modalities for the management of caries and traumatic dental injuries will be highlighted. Advancements in dental materials for use in pulp therapy will be discussed.

1. Identify challenges in endodontic diagnosis in the young patient
2. Review pulpal therapy in the primary and permanent dentition
3. Review evidenced based management of traumatic dental injuries in the permanent dentition
4. Identify options for maintaining compromised permanent teeth during growth and development

CREDITS: 3



Schedule of Events



WEDNESDAY, SEPTEMBER 14, 2022

Code	Event/Course Title	Time	Speaker/Event Host	Cost	Credits
n/a	Registration Check-In: Attendee and Exhibitor	3:00 PM-5:00 PM	VDA & Vendors	\$0	n/a
n/a	Board of Directors Reception and Dinner	6:30 PM-8:30 PM	VDA	\$0	n/a

THURSDAY, SEPTEMBER 15, 2022

Code	Event/Course Title	Time	Speaker/Event Host	Cost	Credits
n/a	Registration Check-In: Attendee and Exhibitor	8:00 AM-5:00 PM	VDA & Vendors	\$0	n/a
Thursday1	Golf Tournament	8:30 AM-1:00 PM	VDA	\$150	n/a
Thursday2	<i>A Patient Can Have As Many Diseases As They Please</i>	2:00 PM-4:00 PM	Dr. John Svirsky	\$0	2
n/a	Exhibitor Set Up	2:00 PM-5:00 PM	VDA & Vendors	\$0	n/a
Thursday3	<i>Navigating Ethical Dilemmas and the Ethical Dimension in Dental Practice</i>	2:00 PM-4:00 PM	Dr. Carlos Smith	\$0	2
Thursday4	<i>Dentistry Uncorked</i>	4:30 PM-6:30 PM	Mr. Ryan Vet	\$0	2
Thursday5	ACD Reception and Dinner	7:00 PM-10:00 PM	ACD Members	\$0	n/a

FRIDAY, SEPTEMBER 16, 2022

Code	Event/Course Title	Time	Speaker/Event Host	Cost	Credits
n/a	Registration Check-In: Attendee and Exhibitor	7:00 AM-5:00 PM	VDA & Vendors	\$0	n/a
n/a	Coffee Break	7:00 AM-9:00 AM	VDA	\$0	n/a
Friday6	ICD Breakfast	7:00 AM-8:00 AM	ICD Members	\$30	n/a
n/a	Exhibit Hall Open	9:00 AM-4:00 PM	VDA & Vendors	\$0	n/a
n/a	Opening Session	8:00 AM-9:00 AM	VDA	\$0	n/a
Friday7	<i>Digital Dentistry – Protocols for Success</i>	9:15 AM-12:15 PM	Dr. John Cranham	\$0	3
Friday8	<i>Cracking the Millennial Code</i>	9:15 AM-11:15 AM	Mr. Ryan Vet	\$0	2
Friday9	<i>Risk Management</i>	9:15 AM-1:45 PM	Dr. Robert Peskin	\$0	4.5
Friday10	<i>The Five Secrets of High-Performance Dental Teams</i>	9:15 AM-12:15 PM	Dr. Kelly Tanner	\$0	3
Friday31	Power Hour – Mimosas & Snacks	10:45 AM-11:45 AM	VDA	\$0	n/a
Friday11	Boxed lunches	12:00 PM-1:00 PM	VDA	\$40	n/a
Friday12	<i>Basic Life Support (BLS) for Healthcare Providers</i>	12:00 PM-2:00 PM	Mr. DeWitt C. Baldwin III and Mr. Chris Shaffer	\$60	2
Friday13	<i>The Times They Are A-Changing and So Are The Oral Diseases in Children</i>	12:00 PM-4:00 PM	Dr. Catherine Flaitz	\$0	4
Friday14	<i>Evaluation, Diagnosis and Treatment of the Worn Dentition</i>	1:00 PM-4:00 PM	Dr. John Cranham	\$0	3
Friday15	<i>Dr. Gardner's Interdisciplinary Clear Aligner Therapy Concepts</i>	1:00 PM-3:00 PM	Dr. Graham Gardner	\$0	2
Friday32	Specialty Drink and Food w/ Exhibitors	3:00 PM-4:00 PM	VDA & Vendors	\$0	n/a
Friday33	The Genau Group Realty Advisors – Spotlight Sponsor Reception	4:00 PM-6:00 PM	The Genau Group Realty Advisors	\$0	n/a
Friday34	Align Technology – Spotlight Sponsor Reception	4:00 PM-6:00 PM	Align Technology	\$0	n/a
Friday35	Exhibitor Spotlight Reception #3	4:00 PM-6:00 PM	tbd	\$0	n/a
n/a	Dinner on Your Own	6:00 PM-10:00 PM	VDA	n/a	n/a
n/a	VDA PAC Gold and Silver Reception (invitation only)	6:00 PM-7:30 PM	VDA PAC	\$0	n/a

continued >>

Schedule of Events (continued)

SATURDAY, SEPTEMBER 17, 2022

Code	Event/Course Title	Time	Speaker/Event Host	Cost	Credits
n/a	Registration Check-In: Attendee and Exhibitor	7:00 AM-5:00 PM	VDA & Vendors	\$0	n/a
n/a	Coffee Break	6:45 AM-9:00 AM	VDA	\$0	n/a
Saturday16	Pierre Fauchard Breakfast - Fellow Graduation and New Fellow Presentations by Dr. Ben Ross	7:00 AM-9:00 AM	Pierre Fauchard and Dr. Ben Ross	\$45	1
Saturday17	<i>I Haven't Got Time for This Pain</i>	9:00 AM-12:00 PM	Mr. Tom Viola	\$0	3
Saturday18	<i>How to Build Wealth in Today's Market Conditions</i>	10:00 AM-12:00 PM	Mr. Bobby Moyer	\$0	2
Saturday19	<i>Mama Said There Would Be Days Like This</i>	10:00 AM-12:00 PM	Dr. John Svirsky	\$0	2
Saturday20	VAPD Business Meeting	9:00 AM-10:00 AM	VAPD	\$0	n/a
n/a	Exhibit Hall Open	9:00 AM-1:00 PM	VDA & Vendors	\$0	n/a
n/a	Coffee Break	9:30 AM-10:30 AM	VDA	\$0	n/a
Saturday21	Boxed Lunches with Exhibitors	11:30 AM-1:00 PM	VDA & Vendors	\$0	n/a
Saturday31	<i>Basic Life Support (BLS) for Healthcare Providers</i>	1:00 PM-3:00 PM	Mr. DeWitt C. Baldwin III and Mr. Chris Shaffer	\$60	2
Saturday22	<i>Cybercrime Stoppers</i>	1:00 PM-3:00 PM	Mr. Robert McDermott and Mr. David Fidanza	\$0	2
Saturday23	<i>Endodontic Basics and Management of Dental Trauma in the Young Patient</i>	1:00 PM-4:30 PM	Dr. Zameera Fida	\$0	3
Saturday24	<i>Take It on the Run Baby</i>	1:00 PM-4:00 PM	Mr. Tom Viola	\$0	3
Saturday25	<i>Medical Emergencies: Are You and Your Staff Really Prepared?</i>	1:30 PM-4:30 PM	Dr. Dean DeLuke	\$0	3
Saturday26	<i>Stepping into 3D: How to Read and When to Refer a CBCT Scan</i>	2:00 PM-4:00 PM	Dr. Aniket Jadhav	\$0	2
Saturday27	Academy of General Dentistry Reception - AGD Members Only	4:30 PM-5:30 PM	AGD	\$0	0
Saturday28	New Dentist Reception	5:30 PM-6:30 PM	New Dentist Committee	\$0	n/a
Saturday29	Membership Party with Talent Show presented by VDA President Dr. Scott Berman	7:00 PM-10:00 PM	VDA	\$0	n/a

SUNDAY, SEPTEMBER 18, 2022

Code	Event/Course Title	Time	Speaker/Event Host	Cost	Credits
n/a	Coffee Break	7:00 AM-9:00 AM	VDA	\$0	n/a
Sunday30	Closing Session and Continental Breakfast	9:00 AM-11:00 AM	VDA	\$0	n/a
n/a	Adjourn	11:30 AM	VDA	\$0	n/a
n/a	Board of Directors Meeting and Lunch	11:30 AM-2:00 PM	VDA	\$0	n/a

Event Lodging & Dining



Williamsburg Lodge

\$219 (plus taxes & fees)

Reservations

Reserve your room 2 ways:

Online:

<https://book.passkey.com/go/5ec68a67>

Call: 1 (855) 231-7240

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

Self-Parking

\$10 per room per night

- Each room will include one complimentary Historic Area Access Ticket, valid for length of stay

Restaurants

Traditions at the Williamsburg Lodge

- Breakfast: Daily 7:00 AM-11:00 AM
- Lunch: 12:00 PM-2:00 PM

Sweet Tea & Barley at the Williamsburg Lodge

- Tuesday-Thursday: 4:00 PM-10:00 PM
- Friday-Saturday: 4:00 PM-11:00 PM

Chowning's Tavern (*Outdoor Garden Snack Bar*)

- Wednesday-Sunday: 11:30 AM-7:30 PM

The Cupboard

(*Gourmet Grab & Go, located at the Williamsburg Lodge*)

- Sunday-Monday: 7:00 AM-8:00 PM
- Tuesday-Saturday: 7:00 AM-2:00 PM

To view more dining around Colonial Williamsburg Hotels, please visit:

www.colonialwilliamsburghotels.com/dining/



Showcase Your Talent!

**NOMINATIONS
ARE OPEN!**



Do you know someone in your local component with an amazing talent outside the office?

One of the great things about our profession is that it allows so many of our members to devote time to cultivating talents and passions outside the office. We have world-ranked water skiers, professional wrestlers, tractor pullers, balloon artists, singers, photographers, and stand-up comedians, just to name a few.

Nominations are now open for a few of our brave colleagues to take the stage at the Virginia Dental Showcase in a friendly talent competition during the Membership Party, that we've dubbed "Dentists Have Talent."

These pursuits outside the office are a huge part of what makes the dental community so vibrant, and we would love to celebrate what makes you unique in Williamsburg this September.

**Nominate yourself
or a colleague!**

Send a name, brief description of the talent and any questions you have to:
talent@vadental.org



Please READ the following important information prior to completing your registration!



REFUND AND CANCELLATION POLICY

All refunds must be submitted in writing by August 30, 2022. All refunds are subject to a 20% charge per total registration fee that will be processed within 15 business days to the primary registrant. The 20% fee will be calculated based on the original registration total. Refunds will be processed via check to the original payee within 10 business days for receipt of request. No refund requests will be accepted after August 30, 2022.

DENTIST REGISTRATION

Dentists must register as dentists. If registering as a VDA member, membership dues must be paid in full prior to registering. To pay your dues or to inquire about membership status, contact Jill Kelly at the VDA (804) 523-2183.

YOU MUST REGISTER FOR ALL EVENTS/ SESSIONS WHICH YOU PLAN TO ATTEND.

Each conference badge will contain a bar code, which tracks all courses and events that you have registered for. Upon entrance to any course or event, your badge will be scanned. By doing so, we are able to eliminate the need for any tickets, as well as track CE credits for each attendee. You may make changes to your registration at any time.

REGISTRATION MATERIALS

You will NOT receive registration materials before the meeting. This will allow you to edit your registration preferences during the entire pre-registration period. Materials for registrants will be available for pick-up under the registrant's name at the VDA welcome table.

NON-SOLICITATION POLICY

With the exception of exhibitors operating within their designated booth space, no attendee, exhibitor or speaker may solicit business on the exhibit floor or in any other Virginia Dental Showcase area. Violation of this policy will result in expulsion from the conference.

CLASSROOM COMFORT

Per fire codes, once a course is full, attendees will not be allowed to sit on the floor or bring chairs in from other rooms. Lecture space is limited and available on a first come first served basis. No children are permitted in lectures or workshops. Set cell phones and pagers to "silent" during courses.

LIABILITY WAIVER AND RELEASE

In consideration of being allowed to participate in any way in the 2022 Virginia Dental Showcase, I, the participant, acknowledge, appreciate, and agree that I am voluntarily undertaking participation in the 2022 Virginia Dental Showcase; by doing so I assume all risk and take full responsibility for my own well-being. I am fully aware that possible property damage, physical injury, illness or death may occur as a result of my participation in these events and activities. I forever release the 2022 Virginia Dental Showcase and The Virginia Dental Association, its directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Releases") from any and all actions, claims, or demands that I, my family or heirs now have or may have in the future related to my participation in these activities.

PHOTO AND VIDEO RELEASE

I agree and acknowledge that the Virginia Dental Showcase plans to take photographs and video at the 2022 Virginia Dental Showcase and reproduce them in news or promotional material, whether in print, electronic or other media, including the

VDA website. By participating in Virginia Dental Showcase, I grant the Virginia Dental Showcase the right to use my name, photograph and biography for such purposes. I am aware this is a release of liability and rights of use related to photographs and video; a contract between myself and the Virginia Dental Showcase. I have read, understand and agree to these terms and I am entering into this agreement of my own free will.

COURSE DISCLAIMER

The VDA makes every effort to present high caliber speakers in their respective areas of expertise. Speaker presentations in no way imply endorsement of any product, technique or service presented. The VDA specifically disclaims responsibility for any materials presented. Speakers may be subject to change due to circumstances beyond our control.

ONSITE REGISTRATION HOURS

Wednesday, September 14, 2022
3:00 PM - 5:00 PM
Thursday, September 15, 2022
8:00 AM - 5:00 PM
Friday, September 16, 2022
7:00 AM - 5:00 PM
Saturday, September 17, 2022
7:00 AM - 5:00 PM

VIRGINIA DENTAL SHOWCASE MAILING LIST OPT OUT

The Virginia Dental Showcase will be compiling a mailing list of attendees. The lists will include only mailing addresses provided to the Virginia Dental Showcase when you register. Lists will be available to any Virginia Dental Showcase Exhibitor for a small fee. These lists are strictly to be used to send out pre-conference promotions to you. If you would like to opt out of this mailing list, simply select opt out on the registration form in the brochure. Doing so will opt out all registrants on your registration form. However, if you choose to register online, you will have the option to opt out for each person who registers with your group. Note: This mailing list is strictly information provided to the VDA during meeting registration. It is entirely separate from our membership database.

SAVE MONEY

Save money by registering during our "Early Bird" Registration. Any attendee who registers on or before July 26, 2022 will automatically receive our early bird pricing discount. Please be aware that your registration must be at the VDA Central Office, or completed online by July 26, 2022 to receive the discount. Post marked registration will not be accepted under this pricing so please allow ample time if you choose to mail your registration.

VIRGINIA DENTAL ASSOCIATION (VDA) - GUIDELINES REGARDING COMMERCIAL SUPPORT AND CONFLICT OF INTEREST:

The VDA, in planning continuing education programming for the Virginia Dental Showcase, will adhere to the following policies:

1. Program topic selection will be based on perceived needs for professional information and not the purpose of endorsing specific commercial drugs, materials, products, treatments, or services.
2. Funds received from commercial sources in support of any educational programs shall be unrestricted and the Council on Sessions shall retain exclusive rights regarding the selection of presenters, instructional materials, program content and format, etc.
3. Any and all commercial support received shall

4. be acknowledged in program announcements, brochures, and the on-site program.
4. Commercial support shall be limited to:
 - (a). the payment of reasonable honoraria
 - (b). reimbursement of presenters' out of pocket expenses; and
 - (c). the payment of the cost of modest meals or social events held as part of an education activity.
5. Presenters shall be instructed to avoid recommending or mentioning any specific product by its trade name, using generic terms whenever possible. When reference is made to a specific product by its trade name, reference shall also be made to competitive products.
6. Speakers will be required to disclose any potential bias to commercial supporters of any activity related to the Virginia Dental Showcase.

The Virginia Dental Association (VDA) shall:

1. Be responsible for the content, quality, and scientific integrity of all CE activities.
2. Assure that presentations give a balanced view of all therapeutic options.
3. Assure that commercial exhibits do not influence planning nor interfere with the presentation of CE activities.
4. Be responsible for making ultimate decision regarding funding arrangements for CE.
5. Assure that commercially supported social events at CE activities do not compete with nor take precedence over, the educational events.
6. Have a policy on conflict of interest and assure that all CE activities conform to this policy.

TO RECEIVE CE CREDIT:

The VDA is pleased to offer many courses at the Virginia Dental Showcase free with your registration cost. We are also delighted to offer the service of tracking all CE credit that you receive at the Virginia Dental Showcase. This has led to some changes. Please read the following policy carefully.

In order to receive CE credit, you must:

- Register for the course. You MUST register for any course that you plan to attend. This will allow you to earn CE credit for your time in the course.
- Check in with the course monitor. Upon entrance, present your badge and the course monitor will scan it. All registered attendees will be granted immediate access to the course. If you are not registered, you will be asked to return to the registration table or log onto the event app where you will be allowed to register if the course has space available. Please wear your badge at all times while in the conference center or at Virginia Dental Showcase events as this badge will be used as your "ticket" to all courses and events.

A record of your total Virginia Dental Showcase CE credit will be emailed to you within 2 weeks of the conclusion of the event. Please contact Megan Wyman at wyman@vadental.org with any questions.



THREE LINKS IN THE ADVOCACY CHAIN

Ryan Dunn, CEO



Whether the state budget is expanding or legislators are faced with difficult cuts, there will always be more ideas for spending limited taxpayer dollars than there are dollars to spend. That's one reason budget requests can be so challenging compared with other legislative asks. It's not just whether you have a good idea that people support. You must continually ensure it's a top priority as it goes through a lengthy process. All 140 legislators, along with their constituents and a new Governor, have their ideas for allocating those scarce resources.

As the saying goes, nothing in government moves unless it's pushed - or pulled. The VDA formed a chain of support that helped move the leaders in the Virginia government to approve a 30% increase in Medicaid reimbursement rates.

Dr. Bruce Hutchison, our VDA PAC Committee Chair, shares on the following page why a healthy, strong Political Action Committee (PAC) is necessary to be taken seriously and have a seat at the table. And he's correct, and that's a significant link in our Advocacy chain. Dr. Roger Palmer, Chair of the VDA Council on Government Affairs, who also sits with me on the Dental Advisory Committee for DMAS, discusses how our lobbying team works with legislators to ensure oral healthcare is prioritized and we are providing trusted, expert advice. He's 100% right and a vital link in our chain.

THE FIRST LINK - OUR MEMBERS

The other link in our chain – and having seen many other associations and lobbying groups out there, it's one I can say is the VDA's strength as an association – is our members.

A legislative aide shared at the VDA's well-attended lobby day reception this January that he was amazed that every single member he spoke with had the same message about eroding Medicaid reimbursement rates and the need to raise them, along with their own experience to share about the impact it had on their ability to provide essential dental care in Virginia. He said he would be bringing that feedback to his legislator and thanked us for raising the issue. That didn't happen by accident. Our government affairs team made sure members were briefed on the issue, had leave-behind cards that explained it, and knew how to bring it up along with their personal experience.

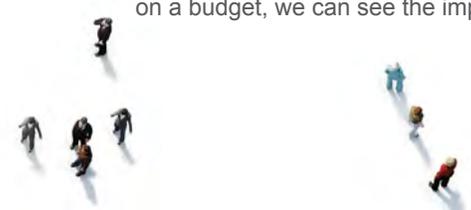
The following day, VDA members and dental students fanned out across the General Assembly building for one-on-one meetings with legislators and delivered the same message. One D1 student, Tam Nguyen, was attending his first lobby day and, encouraged by VDA members he spoke with the night before, shared his personal story about the impact that getting treatment under the dental Medicaid benefit as a child had on his own life. He went on to share his story in a powerful op-ed in the *Richmond Times-Dispatch*.

During the legislative session and, as budget negotiations continued beyond adjournment, VDA members reinforced those in-person meetings with personal messages in more than a thousand letters to legislators about the need to raise rates. Those messages from constituent members speaking with one voice allow us as an association representing dentistry in Virginia to prioritize oral healthcare in the Commonwealth. And now, with the Governor's signature on a budget, we can see the impact.

More than \$100 million in annual state and federal funds are going to increase reimbursement rates, allowing current Medicaid providers to operate more sustainably and see more patients. To put that figure in perspective, it's more than \$55,000 budgeted per provider currently participating in the dental Medicaid program.

None of this happens without a strong PAC, dogged and trusted lobbyists providing legislators with good information, and our members keeping the issue top-of-mind for Virginia's 140 part-time state legislators and reminding them why it's important.

This is a major win for oral healthcare in Virginia, but it's also just one issue that our members are facing. We need our members and dental students directly involved. Whether it's fighting unfair practices by third-party payers, workforce issues, or other challenges our members face now and in the future, speaking with a united, loud voice when the next call-to-action goes out will ensure that dentistry continues to be a priority. I hope you'll answer that call.





THE SECOND LINK – VDA PAC

Dr. Bruce Hutchison, VDA PAC Committee Chair

To be sure, getting a 30% increase in Dental Medicaid funding in the 2022 Virginia Budget was quite a success. Every two years, the Virginia legislature puts out, debates, and passes a biennial budget. As you can imagine, everyone wants a piece of that budget, and everyone makes a case to be included. Why was dentistry singled out this year? Why did we make the cut? Multiple reasons, including fairness (Medicaid rates haven't changed in 17 years), great lobbyists (we have the best in Virginia), active dentists who made the calls and made the visits to influence their legislators, and **a healthy VDA PAC.**

Over the years, Virginia dentists have supported our PAC (VDA PAC), which has become one of the top, most well-funded healthcare PACs in Virginia. Even

as contributions in the past several years have dwindled, our PAC remains active and substantial. That means we have influence. A well-funded PAC is looked at by our adversaries (i.e., insurance companies), who look at what we have and what are the chances they can bully our profession even further.

To be sure, these adversaries are constantly at our throats, whittling down your reimbursements and doing everything they can to ruin the doctor-patient relationship. Do you see the EOBs where they suggest your patient leave you to go down the street for a "better deal"? Do you get the same letters I get stating, "we can provide you with lots of patients; you just have to accept a 30, 40, or 50% decrease in your fee schedule." This 30% increase in dental Medicaid

funding will signal to everyone that it is time to raise reimbursement rates across the board.

Politics is all about relationships and money. Your relationship with your legislator is critical. But getting elected costs money. Your personal contributions are essential; however, your PAC contributions are magnified and speak loudly for our great profession. Our PAC makes dentistry's voice a united and resonant one. We are heard.

Help me rebuild our VDA PAC to be the best healthcare PAC in Virginia, not just one of the best. We need more wins like this one!

Make your contribution today at <https://www.vadental.org/vda-pac>.



THE THIRD LINK – VDA COUNCIL ON GOVERNMENT AFFAIRS

Dr. Roger Palmer; Chair, VDA Council on Government Affairs



I have participated in the Virginia dental Medicaid program since 1976, with a lapse when the Commonwealth of Virginia decided to farm out the program to at least four insurance companies. During my second year of dental school, I was first introduced to Medicaid. A group of dental students, including myself, were allowed to treat patients for simple restorative procedures under the direction of Drs. Riggs and Yost. I enjoyed and appreciated the experience and started with a favorable opinion of the Medicaid program.

For years we experienced a significant problem: a patient’s dental coverage depended upon their medical insurance. If the patient’s doctor or hospital changed or the doctor or hospital changed plans, their dental coverage would change with no notice. We were doing approved treatment on patients, and then it was denied because their doctor or hospital changed. A significant number of dentists stopped treating Medicaid patients because of this.

In 2007, the Commonwealth, through the Department of Medical Assistant Services (DMAS) and DentaQuest (the company that processes claims), took the program

back and had a fee increase which made the fees somewhat comparable with private low-paying insurance plans. This was a positive change that bolstered and greatly improved the program.

As Chair of the VDA Council on Government Affairs (CGA) and a member of the Dental Advisory Committee for Medicaid (DAC), I have been involved in discussions, and efforts to increase reimbursement rates since our costs have risen, especially over the past few years. Over three to five years ago, the VDA, specifically the Council on Government Affairs, began seriously looking at going to the General Assembly for this fee increase. This has been brought to a head since implementing the Adult Medicaid Benefit, which added hundreds of thousands of new people to the Dental Medicaid Program. These patients are much more challenging to treat and have more medical problems. To transition this program, Dr. Zachary Hairston with DMAS and several private practitioners on the DMAS DAC have been trying to iron out the details.

Starting early last year, we lobbied the General Assembly to increase funding for Dental Services under Medicaid. This was

because there has not been an increase in 17 years, and our costs have grown astronomically. We are losing providers; there is no doubt about that. DentaQuest has stated that we have enough “providers.” This is not possible with the hundreds of thousands of new people enrolled with adult Medicaid, and many dentists are not accepting new Medicaid patients. A fee increase at this point was essential.

During the 2022 session of the General Assembly, we were able to get a significant fee increase. This fee increase is supposed to be 30%, far more than the 5% proposed by the Northam administration. This initiative began with the CGA, and we were able to get this increase through the hard work of our VDA lobbyists and our VDA leaders, who have worked incredibly hard. Additionally, we could not have accomplished this without the support of our elected representatives in the General Assembly.

We look forward to a much-improved Dental Medicaid Program, which will enable many more Virginians to obtain dental care.



CALL TO ACTION! STEP-UP AND SUPPORT YOUR PROFESSION



VIRGINIA DENTAL ASSOCIATION
Tooth PAC

Laura Givens, Director of Legislative and Public Policy

Roughly 30% of VDA members have contributed to the VDA PAC for the 2022 year. Can you imagine how much more successful the VDA would be if every dentist contributed?

The VDA's top priority this year was leading the charge in securing a 30% increase for Medicaid reimbursement rates in the budget. You have surely seen this success proudly highlighted in this edition of the *Journal*. We additionally helped increase pediatric anesthesia access, fought against a bill that would have increased the medical malpractice cap for dentists and oral surgeons and fended off several foreign trained dental bills that had been drafted, all of which would have relaxed education requirements and allowed such dentists to practice in the Commonwealth. This was work done in the brief less than two-month session!



Laura Givens accepts a \$5,000 contribution check from Dr. Sam Galstan on behalf of the Southside Dental Society at his dental office in Chester.

This is an important election year and we urge all members to contribute to the VDA PAC!

Have you made your 2022 contribution? If not, you may make a contribution at the level of your choice

through the VDA website at www.vadental.org/vda-pac.

Questions? Contact Laura Givens at givens@vadental.org or 804-523-2185. Let's move in an upward direction so that 2022 will be a stronger year for the VDA PAC!

Please review the chart to see how close your component is to reaching its goal. **We thank Southside Dental Society for their generous contribution that has helped them reach their goal and encourage our other components to follow their example!**

Component	% of 2022 Members Contributing to Date	2022 VDA PAC Goal	Amount Contributed to Date	Per Capita Contribution	% of Goal Achieved
1 (Tidewater)	33%	\$45,500	\$29,252	\$304	64%
2 (Peninsula)	37%	\$27,500	\$18,500	\$330	67%
3 (Southside)	33%	\$14,000	\$14,000	\$287	100%
4 (Richmond)	21%	\$67,750	\$39,104	\$313	58%
5 (Piedmont)	30%	\$30,000	\$18,925	\$291	63%
6 (Southwest VA)	42%	\$25,250	\$13,800	\$314	55%
7 (Shenandoah Valley)	26%	\$30,000	\$21,715	\$345	72%
8 (Northern VA)	24%	\$135,000	\$73,800	\$295	55%
TOTAL	31%	\$375,000	\$229,096	\$310	61%

TOTAL CONTRIBUTIONS: \$229,096

MUST RAISE \$145,904 TO REACH GOAL

2022 GOAL: \$375,000

COMPARISON OF THE SOFT AND HARD PERI-IMPLANT TISSUE DIMENSIONAL CHANGES AROUND SINGLE IMMEDIATE IMPLANTS IN THE ESTHETIC ZONE WITH SOCKET SHIELD TECHNIQUE VERSUS USING XENOGRAFT: A RANDOMIZED CONTROLLED CLINICAL TRIAL

Atef M, et al. | Clin Implant Dent Relat Res. 2021; 23(3):456 –465

BACKGROUND: There must be a sufficient amount of alveolar bone for implant placement. Maintenance of alveolar bone volume is difficult after an extraction. There is an emerging shift from placing implants in the fully healed bone to an immediate implant placement to reduce overall treatment time. Bone resorption is greatest in the first 3 months with two-thirds of the resorption volume on the buccal bone plate and this results in the palatal/lingual shift of the alveolar crest, especially in the thin periodontal biotype. This is due to the lack of a vascular supply with no cancellous bone and only avascular bundle bone. The periodontal ligament is necessary to maintain the bundle bone. Although the dimensions of alveolar bone are important for a proper dimensional position of the implant, the quantity of newly regenerated bone is related to successful integration and long-term stability of dental implants.

PURPOSE: To compare the changes in dimension of the peri-implant soft and hard tissues clinically and radiographically around immediate single implants in the esthetic zone with socket shield

technique versus filling the buccal gap with xenograft.

METHOD: Forty-two patients with a single non-restorable tooth were selected. In the esthetic zone dentition replaced with an immediate implant were randomly assigned either to the socket shield technique (Test) or to grafting the buccal gap with xenograft (Control). The vertical and horizontal buccal bone dimensional changes were measured for 6 months following implant placement. Esthetic outcomes were evaluated by assessing the Pink Esthetic Score (PES) and the amount of midfacial mucosal alteration, in addition to patient satisfaction assessment through a Visual Analogue Scale (VAS) based questionnaire one year following implant restoration.

RESULTS: Presently the study showed that the socket shield group yielded statistically significantly less vertical and horizontal buccal bone resorption of 0.35 (± 0.62) mm and 0.29 (± 0.34) mm compared to 1.71 (± 1.02) mm and 1.45 (± 0.72) mm in the xenograft group respectively. There was a significantly

greater midfacial mucosal recession in the xenograft group of 0.466 (± 0.58) mm compared to midfacial mucosal coronal migration of 0.45 (± 0.75) mm in the socket shield group. There was no statistically significant difference regarding the total PES and patient satisfaction in both treatment groups.

CONCLUSION: Immediate implant placement in the esthetic zone using the socket shield technique yielded superior peri-implant soft and hard tissue preservation compared to conventional immediate implant placement with filling the buccal gap with xenograft. However, no difference was observed in terms of the esthetic outcome and patient satisfaction between both treatment approaches.

**Dr. Michael Ha; Resident
in Periodontics, Virginia
Commonwealth University**

FACIAL MUCOSAL LEVEL OF SINGLE IMMEDIATELY PLACED IMPLANTS WITH EITHER IMMEDIATE PROVISIONALIZATION OR DELAYED RESTORATION: AN INTERMEDIATE-TERM STUDY

Ali Bushahri, et al. | J Periodontol. 2021;92(9):1213-1221

BACKGROUND: One of the many goals of implant therapy is esthetic success. White and Pink Esthetic Scores are widely used methods to assess the implant esthetics. The Pink Esthetic Score evaluates the soft tissue surrounding implants; for example, facial mucosal level, papillae height, mucosal color and contour, and texture. In immediate implant placement (IIP), midfacial recession has been of special concern, and frequently observed as an esthetic complication. However, peri-implant tissues continue to remodel as the final crown is introduced and the implant starts to bear occlusal forces.

PURPOSE: The purpose of this study was to evaluate the facial mucosal level changes between immediately placed single implants with either immediate provisionalization (test) or delayed restoration (control) and to study potential factors influencing this change.

METHOD: Twenty-eight (28) patients who completed a randomized control trial comparing the mucosal margin

changes of single immediately placed implants between the immediate and delayed restoration groups were randomly selected. Implants placed were tapered, with an internal-connection, 0.5-mm smooth collar, length of 11.5-13mm and diameter of 3.5, 4.0, or 4.5 mm according to socket size and adjacent tooth location. Implants were placed 3mm below the mucosal margin and achieved a primary stability of 30 ncm. A particulate allograft was used to fill the gap between the implant and socket wall. Implants were then randomly assigned to one of the two groups. Test implants were immediately restored by a prosthodontist. An implant-level impression was performed in both groups at 4 months (T2) after the implant surgery by the same prosthodontist. A single CBCT scan was obtained and optical scans were superimposed using automatic registration module. To assess peri-implant soft tissue, an ultrasound scan was taken at T2. Peri-implant hard and soft tissue dimensions were evaluated clinically, radiographically, and with ultrasound.

RESULTS: The mean mucosal level change for the two groups was 0.38mm (control) and 0.06mm (test) with no statistical significant difference between the two. The other clinical, radiographic, and ultrasound parameters were not statistically different. The authors reported a 12-month mucosal margin change.

CONCLUSION: The authors concluded that peri-implant tissues of immediately placed implants with either immediate provisionalization or delayed restoration remained stable and did not differ between the groups in the intermediate term.

Dr. Roxana Rodriguez; Resident in Periodontics, Virginia Commonwealth University



Knowledgeable. Compassionate. Attentive
Practice Transitions Done Differently.

Practices Opportunities

Southwest Virginia Long established general practice located in a highly desirable town in SW Virginia. This practice is generating around \$900K per year with a FFS and PPO patient base. It has 5 operatories (an additional two plumbed) and is nicely equipped with multiple Intra Oral Scanners and a Nomad digital x-ray. The seller is retiring. Real estate is owned by seller and they are flexible on purchase or lease.

Loudoun County The practice generates over \$500K per year in revenue. The cash flow is strong and patient base is 100% FFS. There are 4 ops, digital x-ray, and a strong staff in place. Real estate is for sale which includes a nice apartment above the dental practice that buyer can occupy or rent out.

Charlottesville The office is incredibly charming and in an excellent location. Consistently generates \$350K per year with a mix of PPO and FFS patients. The practice has 3 ops with room to grow.

NC/VA Border Full-time associateship needed to replace retiring associate. Mix of

FFS/PPO patients with 8 ops. Revenue over \$1.8 M/year and growing! Commutable distance from the northern suburbs in the Triangle. Competitive compensation and benefits. New grads will be considered.

Norfolk Consistently generating over \$800K per year. 7 operatories with room for expansion. Office is paperless with digital x-ray. Seller is retiring.

Charlottesville This practice is consistently collecting around \$900K per year and has very strong cash flow. The office is in a prime location with great visibility to nearby shops and restaurants. It has six operatories and is nicely equipped with a new CBCT, Cerec scanners and mill. Practice has an associate in place that could stay on if desired. The seller is retiring. Owner will sell real estate after a few years.

Roanoke Valley Long established general practice for sale. This practice is consistently generating over \$400K per year with an almost 100% FFS patient base. It has 4 operatories in a very spacious building with

room for expansion. The seller is retiring. Real estate is owned by seller and they are flexible on purchase or lease.

Southwest Virginia Long-established general dentistry practice available in a charming southwest Virginia town with the real estate available. This practice has 5 operatories and consistently generates over \$300,000 per year with 95% FFS patient base. This is a fantastic growth opportunity. The seller is retiring but is flexible on timeline with the transition.

Newport News Grossing around \$800K per year. Currently has 7 operatories with room to grow in a 2500+ square feet space. The office is paperless and fully digital.

Shenandoah Valley Full-time associateship. Current associate is relocating. 100% FFS. Mentorship is available. Practice has all the latest technology including CBCT, iTero and Trios scanners, I/O cameras and digital X-ray sensors. Compensation is dependent on experience level. Benefits include malpractice insurance, CE allowance, retirement & health insurance.

Complimentary practice appraisals. Complimentary consultations.

800-516-4640 | www.bridgewaytransitions.com | info@bridgewaytransitions.com

BLOOD CLOT STABILIZATION AFTER DIFFERENT MECHANICAL AND CHEMICAL ROOT TREATMENTS: A MORPHOLOGICAL EVALUATION USING SCANNING ELECTRON MICROSCOPY

Stefanini et al. | J Periodontal Implant Sci. 2022;52(1):54-64. doi: 10.5051/jpis.2102800140

BACKGROUND: From a histological point of view, a remaining smear layer over the root surface and the adjacent connective tissue could limit the connective tissue re-attachment. Therefore, an important goal during periodontal surgery is to obtain a clean, smooth, and decontaminated root surface. Several chemical conditioning agents have been introduced such as ethylenediaminetetraacetic acid (EDTA), citric acid, phosphoric acid (PA), and tetracycline. In today's dentistry, EDTA has been used in periodontal surgeries more frequently due to neutral pH (up to 7). However, its usage is still controversial due to lack of solid evidence to support the benefits of using EDTA.

PURPOSE: The aim of this study is to evaluate different debridement techniques (ultrasonic device and manual scaling) and chemical conditioning procedures (EDTA and PA) on root surface morphology and blood stabilization through scanning electron microscopy (SEM) evaluation in a vitro setting.

METHOD: Three periodontally hopeless upper premolars were selected for this study. They did not have a history of scaling and root planing in the previous 6 months. After, extraction two parallel grooves were made, right at the CEJ level and 6.5 mm apical to first groove. Root blocks were obtained and divided into 2 halves through the root canal. Each half was randomly assigned to either hand instrument or ultrasonic mechanical treatment. Then, each half specimen was cut lengthwise into several slices. Each slice conditioned either with EDTA or phosphoric acid. Also, 2 slices were used as control and conditioned by saline. One drop of fresh human blood was placed on the top of the remaining pre-treated slices. The blood was allowed to clot over the specimens for 20 minutes and then rinsed. Specimens were evaluated using SEM.

RESULTS: The hand instrument group showed the most irregular surface with the absence of blood traces. The hand instrument combined with EDTA group

showed the highest frequency of blood component adhesion. No differences were detected between the hand instrument, ultrasonic combined with EDTA and hand instrument combined with phosphoric acid. All three performed better than the hand instrument alone and ultrasonic combined with phosphoric acid.

CONCLUSION: Using EDTA and hand instrument scaling may be the most efficient way to enhance smear layer removal, collagen fiber exposure, and clot stabilization on the root surface.

**Dr. Sarang Saadat; Resident
in Periodontics, Virginia
Commonwealth University**

EXPLORING THE RELATIONSHIP AMONG DENTAL CARIES, NUTRITIONAL HABITS AND PERI-IMPLANTITIS

Vilarrasa J, et al. | J Periodontol. 2020; 92(9):1306-1316

BACKGROUND: As two of the leading dental diseases, periodontitis and dental caries share similar etiologies. Although periodontitis is an inflammatory disease and caries is linked to demineralization of enamel, nutritional factors might play a role in the development of both conditions. Tooth loss is often a result of both of these causes, leading to increased placement of implants. Peri-implantitis is also becoming one of the more prevalent dental conditions due to plaque induced biofilm. There has yet to be a link tying nutritional factors and caries with peri-implantitis.

PURPOSE: The purpose of this cross-sectional study was to determine the relationship between history of caries and nutritional habits and prevalence of peri-implantitis.

METHOD: Patients were subjected to a questionnaire along with a clinical evaluation to determine nutritional habits and other variables. Decayed, missing, filled teeth (DMFT) were recorded along with presence of peri-implantitis. Logistic

regression analyses were performed to identify relationship between these variables.

RESULTS: In this study 311 implants in 169 patients were included. In these patients 92% had the presence of at least one carious lesion and 22% of patients were diagnosed with peri-implantitis; 56% of patients had mucositis. It was determined that patients presenting with more than two carious lesions had higher likelihood of mucositis. Other significant associations included high sugar diets, keratinized mucosa width, increased missing teeth, and fillings next to implants.

CONCLUSION: Patients with less favorable periodontal conditions were more likely to have presence of caries and presence of peri-implantitis. It is suggested by this study that patients demonstrating higher full mouth bleeding score and full mouth plaque score were at higher risk for both caries and peri-implantitis. High sugar diets, though not a direct etiology for bony destruction,

has been linked to higher risk for developing peri-implantitis. Patients that were not compliant with their supportive periodontal therapy were also at higher risk of having peri-implantitis. Untreated interproximal caries next to implants were also associated with poorer peri-implant health. Overall, increasing number of caries can be looked at as a risk indicator of peri-implant disease.

Dr. Sara Kube; Resident in Periodontics, Virginia Commonwealth University

THE SURGICAL ANATOMY OF THE GREATER PALATINE ARTERY: A HUMAN CADAVER STUDY

Herman L, et al. | Int J Periodontics Restorative Dent. 2020;42(2): 233-241

BACKGROUND: Mucogingival deformities have been surgically corrected by using autogenous soft tissue grafts since the early 1960s. The literature is extensive in discussing the uses of subepithelial connective tissue grafts (SCTG), including discussions from Langer and Langer in 1985 as an option for root coverage. The recommended donor site for this graft is typically the palate between the distal canine to the region of the second molar. Many

techniques have been proposed to remove the wedge of connective tissue from the palate. However, one must take into account the greater palatine neurovascular bundle including the greater palatine artery which enters the hard palate through the greater palatine foramen and courses anteriorly to anastomose with the nasopalatine branch of the sphenopalatine artery.

PURPOSE: The purpose of the present

study was to determine the location of the greater palatine artery from the CEJ of the maxillary canine to the second molar and determine its relationship to the palatal vault height (PVH) in cadavers.

METHOD: Thirty-five (35) embalmed fully or partially dentate Caucasian cadavers (16 males and 19 females), donated to the Department of Anatomy School of Medicine, University of Colorado were dissected. Each quadrant had canine >

ROLE OF THIN GINGIVAL PHENOTYPE AND INADEQUATE KERATINIZED MUCOSA WIDTH (<2MM) AS RISK INDICATORS FOR PERI-IMPLANTITIS AND PERI-IMPLANT MUCOSITIS

Gharpure A, et al. | J Periodontol. 2021;92(12):1687-1696

BACKGROUND: The role of peri-implant soft tissues and their effect on implant health has become an important topic. The soft tissue around natural teeth is perpendicular as opposed to implants which has collagen fibers that run parallel to the implant surface without direct anchorage. This results in an inferior biologic seal. Thus, the peri-implant soft tissues are more prone to breakdown during inflammatory disease processes. Existing literature has shown a positive association between >2mm keratinized tissue (KT) around implants and improve soft tissue health. Inadequate KT has been associated with pain during home care and higher plaque scores.

PURPOSE: The primary aim of the study is to investigate the role of thin gingival phenotype (less than 1mm thickness) and keratinized mucosa width (KMW) as risk indicators for peri-implantitis and peri-implant mucositis. The secondary aim was evaluating patient reported outcomes such as food impaction and pain or discomfort during oral hygiene.

METHOD: Sixty-three (63) patients with 193 implants (mean follow time 7 years) had clinical and radiographic examinations including plaque index, gingival index, bleeding on probing, probing depth, KMW and phenotype analysis. Patients were given a questionnaire to assess awareness of food impaction and pain/ discomfort.

RESULTS: Implants with a thin phenotype had higher prevalence of peri-implantitis (27% vs 11%) and peri-implant mucositis (43% vs 33%) and pain/discomfort during oral hygiene (25% vs 5%) than thick phenotype. Implants with inadequate KMW had a statistically higher prevalence of peri-implantitis (24.1% vs 17%) and peri-implant mucositis (46.6% vs 34.1%) and pain/discomfort during oral hygiene (28% versus 10%) than the adequate KMW. Thin phenotype was also strongly associated with inadequate KMW.

CONCLUSION: Implants with a thin phenotype were associated with a 3.32 increased prevalence ratio of peri-implantitis and 1.8 increased prevalence

ratio of peri-implant mucositis. Implants with inadequate KMW were associated with a 1.87 increased prevalence ratio of peri-implantitis and 1.53 increased prevalence ratio of peri-implant mucositis. Both thin phenotype and inadequate KMW are significant risk indicators for developing peri-implantitis and peri-implant mucositis. Higher number of implants with thin phenotype and inadequate KMW had food impaction as opposed to thick phenotype and adequate KMW. Implants with thin phenotype and inadequate KMW had more pain/ discomfort during oral hygiene. This holds considerable clinical relevance. Phenotype modification therapy may be indicated at implants sites with thin phenotype and inadequate KMW to mitigate the risk of developing peri-implantitis and peri-implant mucositis and improve patient comfort with oral hygiene practices.

Dr. Nitya Reddy; Resident in Periodontics, Virginia Commonwealth University

through the second molar present and no teeth were supra-erupted or misaligned. PVH was measured vertically at the midpalatine suture to the level of the CEJ of the maxillary first molar utilizing a custom splint. PVH was categorized as shallow (9-11mm), average (12-14mm), or high (>15mm). Sectional cuts were made in the palate to visualize the artery and make measurements of the GPA's distance from the CEJs of corresponding teeth.

RESULTS: Of the 66 half palates that were included, 12 were shallow, 20 were average, and 34 were high PVH. There was no variation and no effect between the location of GPA and the age of the cadavers. The distance from the CEJ to

the GPA was 10 +/- 1.2 mm, 10.8 +/- 1.7 mm, 12.2 +/- 1.8 mm, and 12 +/- 1.9 mm from the first premolar to the second molar, respectively for average PVH. For high PVH measurements were 10.9 +/- 1.2 mm, 13 +/- 1.3 mm, 14 +/- 1.1 mm, and 14.5 +/- 1.3 mm, respectively from the first premolar to second molar. In shallow palates there was a significant correlation difference between genders. Of the 66 half palates that were included, 12 were shallow, 20 were average, and 34 were high PVH. There was no variation and no effect between the location of GPA and the age of the cadavers. The distance from the CEJ to the GPA was 10 +/- 1.2 mm, 10.8 +/- 1.7 mm, 12.2 +/- 1.8 mm, and 12 +/- 1.9 mm from the first premolar to the second molar,

respectively for average PVH. For high PVH measurements were 10.9 +/- 1.2 mm, 13 +/- 1.3 mm, 14 +/- 1.1 mm, and 14.5 +/- 1.3 mm, respectively from the first premolar to second molar. In shallow palates there was a significant correlation difference between genders.

CONCLUSION: Maximum mean distance from the GPA to CEJ ranged from 10 mm at the canine and 14.5 mm at the second molar. The majority of the PVHs were considered greater than or equal to 15 mm.

Dr. Catherine Ramundo; Resident in Periodontics, Virginia Commonwealth University

EFFECT OF PREVIOUS IMPLANT FAILURE ON THE PROGNOSIS OF SUBSEQUENT IMPLANTS: A RETROSPECTIVE STUDY

Leisner, et al. | Clin Oral Impl Res. 2021;32:863-870

BACKGROUND: Implants have high survival and success rates. Nevertheless, implants could fail due to various factors. These factors could be patient-related, site-specific, or treatment-related risk factors. Reimplantation of the same site is one of the retreatment options but is often compromised. Studies have been investigating the success rate of reimplantation and the results had shown the high tendency towards failure of implants reimplanted in the same site. This could be attributed to the bone loss associated with previous implant failure. Among the limitations of these studies are the short observation period and not including a control group in the study design.

PURPOSE: The purpose of this retrospective cohort study is to compare the long-term survival rate of implants placed with and without a history of same site failure.

METHOD: Included in the experimental group were 137 implants placed in 59 patients with a history of implant failure, while 2,664 implants placed in 1,172

patients without a history of previous implant failure were included in the control group. Immediate implant placement, immediate implant loading and implants with insufficient follow up data were excluded. Most implants included were titanium implants with a diameter ranging from 3.3 mm to 5 mm and height from 6 mm to 14 mm. Kaplan–Meier curves were used to describe the variables of implant location and simultaneous implant placement. Effects of patient- and site-specific risk factors were examined by the Mixed-effects Cox regression models. Fisher–Boschloo test compared implants failure between reimplants locations.

RESULTS: The mean observation period was 5 years. Implant failure occurred in 2.8% in the control group and 8.0% in the experimental group. Over half, 50.6%, of the failure occurred in the first year while 49.9% occurred one year after placement. The leading causes for implant failure were peri-implant bone loss and peri-implantitis. In the experimental group, implants that were placed in the same site after previous failure, 68.5% failed one year after insertion and 31.5 % failed in

the first year of insertion. Insertion in the same or different site of a previous failure was not a significant factor for implant survival. In the control group, the 10-year estimated survival was 95.6% while in the experimental group it was 86.5%. Kaplan–Meier survival curves were significantly higher for implants placed in pristine bone than non-pristine bone. The 10-year survival rate of mandibular implants was 97% while that of maxillary implants was 93%. Failure rate for mandibular implants was 5 times lower than that of maxillary implants. The only significant variable was implant location.

CONCLUSION: The long-term survival rate of implants placed in the same site after a previous failure wasn't significantly different from those placed in new sites. In terms of implant location, maxillary implants were twice more prone to fail in the long term than mandibular teeth.

Dr. Lina Elnakka; Resident in Periodontics, Virginia Commonwealth University

INFLUENCE OF RESTORATIVE DESIGN ON THE PROGRESSION OF PERI-IMPLANT BONE LOSS: A RETROSPECTIVE STUDY

Majzoub J, et al. | J Periodontol. 2020; 92(4): 563-546

BACKGROUND: To date, research has mainly focused on peri-implantitis in terms of the prevention, development, and treatment of this emerging disease. Therefore, studying the early disease progression pattern of peri-implantitis and the factors that could affect peri-implantitis-associated bone loss is critical. In addition, most of the early studies evaluating factors associated with peri-implantitis focused on biological associated events. Clinical data on the

restorative designs affecting the early progression of peri-implantitis are scarce.

PURPOSE: To evaluate the early progression of peri-implant bone loss in patients with peri-implantitis and to assess potential restorative factors (e.g., restoration emergence angle, as well as internal screw length and diameter) that can affect it.

METHOD: This was a retrospective study

of 83 bone level implants in 65 patients at the Michigan dental school from 2007-2017. Subjects were included if they had a single functionally loaded implant and no signs of periimplantitis for at least 6 months before being diagnosed with periimplantitis, and on a maintenance recall program. The investigators evaluated several clinical factors including patient-related factors (such as age, sex, etc.); 2) medical history (including documentation of smoking, diabetes, >

EVALUATION OF THE EFFECTS OF 660-NM AND 810-NM LOW-LEVEL DIODE LASERS ON THE TREATMENT OF DENTIN HYPERSENSITIVITY

Naghsh, et al. | J Lasers Med Sci. 2020;11(2):126-131

BACKGROUND: Dentin hypersensitivity is an ailment that many patients suffer from and recent evidence suggests that the prevalence of this symptom will only increase with an aging population and a renewed emphasis on retention of natural teeth. Oftentimes, the severity of dental hypersensitivity will be more pronounced in a patient with recession defects, no matter the etiology (thin phenotype, periodontal disease, etc.). Adjunctive aids such as antihypersensitivity dentifrice and topical glutaraldehyde offer adequate relief for many but certain cases may require a more targeted approach.

PURPOSE: The purpose of this randomized double-blind clinical trial is to compare the use of two different low-powered diode lasers (660nm and 810nm) on the effect of dentin hypersensitivity.

METHOD: The study group consisted of 7 patients' hypersensitive dentition split into three groups. Group I, treated with 660-nm diode laser irradiation, group II, treated with diode laser 810-

nm, and group III as the control group. Each patient contributed sensitive teeth to each of the three groups. Irradiation parameters for 660-nm and 810-nm diode lasers were the power of 30 mW and 100 mW respectively, in contact and continuous modes. The cervical area of each tooth was treated with two full minutes of irradiation perpendicular to the tooth surface in a sweeping motion. Treatments were carried out in four sessions at weekly intervals. Evaluations were completed using patient reported data (VAS scale 0-10) at each treatment session and then at 1-week, 4-week, and 8-week postoperative intervals. The data obtained were analyzed with SPSS 22, using one-way repeated measures ANOVA and the LSD (least significant difference) test.

RESULTS: No significant differences in visual analogue scale (VAS) score changes between the two laser groups were found after the intervention in the first, second and third weeks compared to the baseline. These changes in the fourth week were significantly higher in the

810-nm laser group compared to the 660-nm laser group and in the 660-nm laser group, they were more than the control group. The mean VAS scores at 1-week, 1-month and 2-month postoperative intervals were significantly lower in the 810-nm laser group than in the 660-nm laser group. In the 660-nm laser group, they were less than the control group. Overall, the 810nm group started with an average of 8.8 on the VAS and concluded the study at a value of 0.8. For 610nm the corresponding values are 8.4 and 2.2.

CONCLUSION: The authors of this study concluded that both wavelengths of diode lasers were effective in treating dental hypersensitivity with a stronger trend seen in the 810nm laser group. Diode lasers are widely available and are an affordable tool for the everyday practitioner, particularly in the context of dental hypersensitivity. In terms of cost, the fee is a fraction of that compared to its CO2, NdYAG, and ErYAG counterparts.

Dr. William Porzio; Resident in Periodontics, Virginia Commonwealth University

other systemic or local diseases; as binary outcomes); 3) location of the implant (mandible/maxilla); 4) implant characteristics (length and diameter); 5) bone augmentation procedures with simultaneous implant placement; 6) self-reported parafunctional habits/bruxism (confirmed according to the application of a bite-splint); 7) type of restoration (cement- or screw retained); 8) frequency of maintenance visits during each follow-up year; and 9) all radiographs during the included time points. Radiographs were compared to determine which factors influenced periimplantitis progression.

RESULTS: The mean marginal bone loss from time 6 months before diagnosis of periimplantitis to 12 months post-

diagnosis, was 1.52mm. Additional mean bone loss from 12-24 months post-diagnosis was 0.58mm. There was a significant correlation between frequency of maintenance visits and bone loss, as well as, between marginal bone loss and restoration emergence profile. With an emergence angle ≥ 30 degrees the mean marginal bone loss was 2.3mm compared to 0.6mm for <30 degrees. There was no correlation between internal screw length or diameter, but a non-significant pattern was seen where the bone levels were at the same level as the apical end of the internal screw. Considering these cases, 66% were within 1mm of this level and remained the same following the second year follow up as well.

CONCLUSION: This study was looking specifically at the early progression of the disease after initial diagnosis of periimplantitis. With an emergence angle ≥ 30 degrees the mean marginal bone loss was about 1.74mm greater than smaller emergence angles. There was a relationship between bone levels and a zone within 1mm of the apical end of the internal screw.

Dr. Daniel Hall; Resident in Periodontics, Virginia Commonwealth University



THROUGH THE LOOKING GLASS

WITH DR. SARAH GLASS

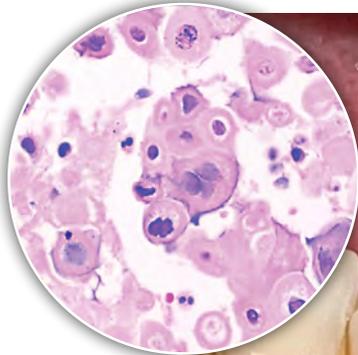
Contributing Author: Elisabeth Trunnell, VCU School of Dentistry Class of 2023

EXPLORE THE FANTASTICAL WORLD OF ORAL PATHOLOGY

Editor's Note: Dr. Sarah Glass is a board certified Oral and Maxillofacial Pathologist. She works as an assistant professor at VCU School of Dentistry, and her job responsibilities include teaching, working in the biopsy service, and seeing oral medicine patients.



A 36-year-old female presents with multiple small ulcerations on the buccal gingiva adjacent to #19 and #20. She reports that similar lesions have occurred after dental cleanings in the past. What is your suspected diagnosis?

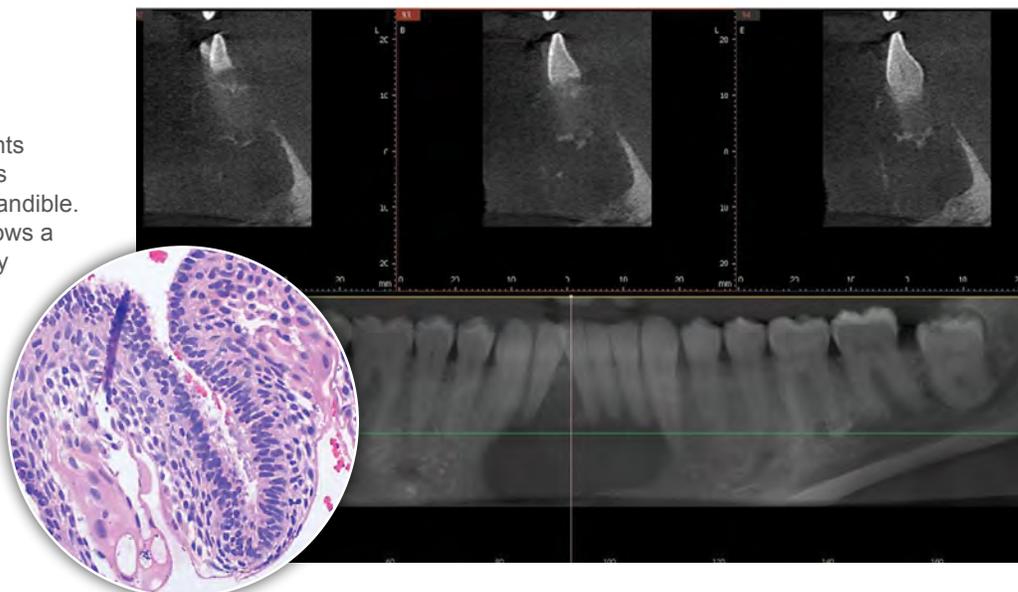




A 41-year-old male is worried about several painless, white-pink pedunculated lesions on his lower lip, especially one larger lesion. Past medical history includes a diagnosis of HIV well-controlled with medication. His most recent blood work showed that the viral load is undetectable. What is your suspected diagnosis?

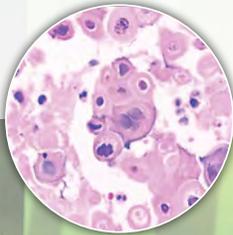


A 56-year-old female presents to her dentist with a painless expansion of the anterior mandible. A panoramic radiograph shows a large unilocular radiolucency extending from canine to canine in the mandible that is causing displacement of the roots of #24 and #25. What is your suspected diagnosis?

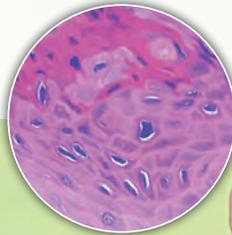


>> ANSWERS ON NEXT PAGE

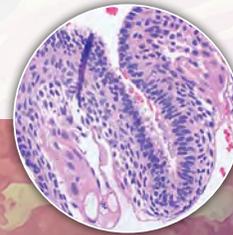
1. **Recurrent intraoral herpes simplex virus** can be reactivated by triggers such as dental cleanings and treatment, stress, UV light, trauma, and fever. Ulcerated epithelium is observed in the histopathology with viral cytopathic changes in epithelial cells adjacent to the ulcer.



2. Histopathology shows a papillary mass with koilocytes and mitosoid bodies in the epithelium indicating a diagnosis of squamous papilloma. Squamous papilloma is benign and most often due to infection with low-risk human papillomavirus subtypes. **Multiple human papillomavirus (HPV)** lesions are commonly seen in patients with HIV even when well-controlled with medication.



3. A differential diagnosis for a radiolucency in the jaws can include an odontogenic keratocyst, ameloblastoma, and central giant cell granuloma. The histopathology for this lesion shows an odontogenic tumor with epithelial islands demonstrating peripheral palisading and stellate reticulum-like areas consistent with an **ameloblastoma**. Expansion of the lesion seen clinically should increase suspicion of an ameloblastoma.





Get automated insurance verifications
faster than you read this sentence.



For every patient
on the schedule



Up to 7 days before
the appointment

VDA Members Receive 40% off!

iCoreConnect.com/VA3

888.810.7706



Member  **Perks**
VIRGINIA DENTAL ASSOCIATION

CAREER CENTER

VDA VIRGINIA DENTAL ASSOCIATION

VDA Career Center connects employers with premier dental professionals



Post your job where the industry's most qualified dental professionals go to advance their careers.

Have your open positions emailed directly to VDA job seekers via our exclusive **Job Flash™** email.

Find your next great hire. Search our **Resume Bank** using robust filters to narrow your candidate search.

For pricing and packages visit
— CAREERS.VADENTAL.ORG —



YOUR NEXT OPPORTUNITY IS LOADING

VDA CLASSIFIEDS IS NOW THE VDA CAREER CENTER

Shannon Jacobs, VDA Director of Communications

It's my pleasure to announce the launch of the new VDA Career Center - the premier resource to connect career opportunities with highly qualified dental talent. The VDA has long been the go-to resource for classified ads with our well-known VDA Classifieds featured online and in this publication. However, we saw the opportunity to offer dental professionals in Virginia an upgraded experience that will make finding or filling their next opportunity easy. Our partners at YM Careers have helped us design a Career Center that will give users a better overall experience through a modern design and an intuitive interface.

The transition from VDA Classifieds to the new VDA Career Center will allow you to:

Manage Your Career:

- Search and apply to the best dental jobs at practices that value your credentials!
- Upload your anonymous resume so employers can contact you, but you maintain control of your information and choose to whom you release your information.

- Receive an alert whenever a job becomes available that matches your profile, skills, interests, and preferred location(s).

- Access career resources and job searching tips and tools.

Recruit for Open Positions:

- Post your jobs, or your organization's jobs, where the most qualified dental professionals will find and apply to them.

- Promote your jobs directly to VDA job seekers via our exclusive Job Flash email.

- Search the resume database and contact qualified candidates proactively.

- Expose your job postings to a larger audience through our NEW diversity, veterans, and social networks.

VDA members receive all of these features and benefits at a significantly lower cost than market rates and rates for non-members. Just one more way your VDA membership is working for you!

We are committed to providing users with the most current career information possible. To that end, we no longer feature classified ads in this publication. Instead, you can access the most up-to-date listings online 24/7.

You can easily access the Career Center through the device of your choice - smartphone, tablet, or desktop. And we've made it simple for you to log on; simply use the same login you use for the ADA, VDA, and components websites.

Need Help? No problem, our partners at YM Careers are standing by to help with technical or product support. Just give them a call at 1-860-437-5700.

Don't wait! Take advantage of all the VDA Career Center has to offer.

careers.vadental.org



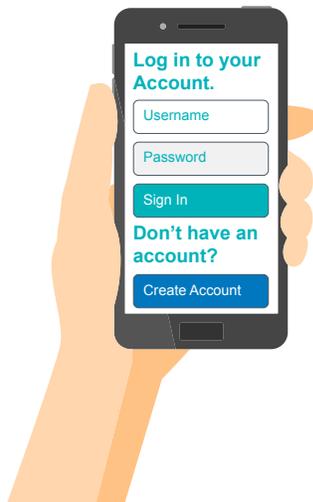
JOB SEEKER BENEFITS

Search and find dental jobs with competitive salaries through the VDA Career Center, your one-stop resource for job searching and career planning.

Create your job seeker account

By creating your job seeker account, you can monitor job application activity, check for alerts and messages, or update your resume for recruiters to view.

1. Visit careers.vadental.org.
2. On the career center homepage, under the Job Seeker section, select “My Account.”
3. Create your account on the “Create a new account” section.
4. Enter all the required information to complete your profile.
5. Return to the homepage by clicking the link “Career Center Home” on the left navigation.

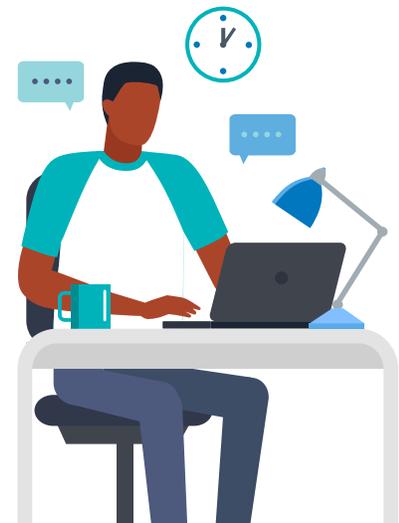


Get to the right job faster

Spend less time searching and more time applying to relevant positions with the immersive “Job Search” page. This layout allows you to view job search results and job details on one screen, making searches faster.

Other features include:

- **Real-Time Filters:** Advanced filters with real-time updating.
- **Take a Tour:** Guided walk-through training available on demand.
- **Career Matches:** Find relevant jobs more easily with the “Jobs You May Like” section.
- **Bookmarked Jobs:** Bookmark jobs using the star logo and apply when you're ready.



Setup job alerts

A Job Alert is an online search of the most recently posted jobs on the job board. When it finds the jobs matching the criteria you set, you will receive an email notification containing all those jobs. This is a great tool as it does not require you to view the job board every day to look over the new jobs that have been posted, instead, the postings will be sent straight to you.



Upload your resume and request a resume review

Your resume can make or break landing the interview. While it is important that your resume is current and complete, it is also important that it stands out.

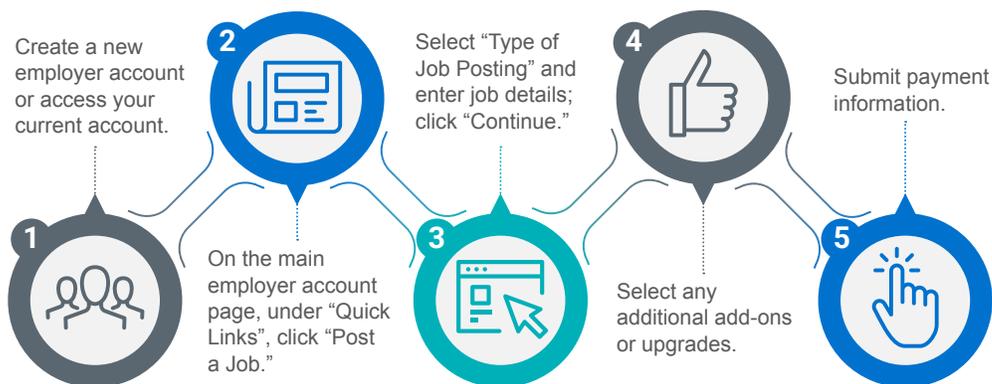
The **FREE Resume Critique** service allows you to get your resume reviewed by a resume-writing expert. Within a few days of submitting your resume, you will receive an evaluation outlining your strengths, weaknesses, and suggestions to ensure you have the best chance of landing an interview.



EMPLOYER BENEFITS

Fill your open positions faster with the VDA Career Center. It offers effective recruitment solutions that connect you with highly qualified dental professionals.

Create your job posting in five easy steps.



Job posting discounts for members

Regardless of your staffing needs or budget, the VDA Career Center has multiple recruitment products available that are right for your practice. If you are an employer and an association member, you can save on job posting rates and even more for subscription-based job postings.

The best way to reach job seekers

Place your open positions where highly qualified dental professionals go to advance their careers. Target candidates with ease by utilizing the following multi-channel approach:

Job Flash™ Email

Our most effective recruitment channel that emails your job directly to the inboxes of thousands of members and registered job seekers.

Job Posting Upgrades

Premier location on the job board homepage, highlighted job remains at the top of search results, and the job is distributed to a network of more than 1,000 recruitment sites or sites that are marketed specifically to attract diverse and/or veteran candidates.

Resume Bank Access

Search, find, and contact the most qualified and relevant candidate for your open position.

Detailed company profile and logo upload capabilities

If hiring qualified talent is a top priority for your practice, then having a complete and streamlined company profile with a logo can certainly promote your brand. The VDA Career Center offers detailed company profile generation and logo upload capabilities to employers for **FREE**. With this, job seekers can look for relevant information about your company without leaving the job board.



WORKFORCE WANTED:

PROMOTING YOUR INTERNAL CULTURE TO RECRUIT CANDIDATES

Cameron McPherson

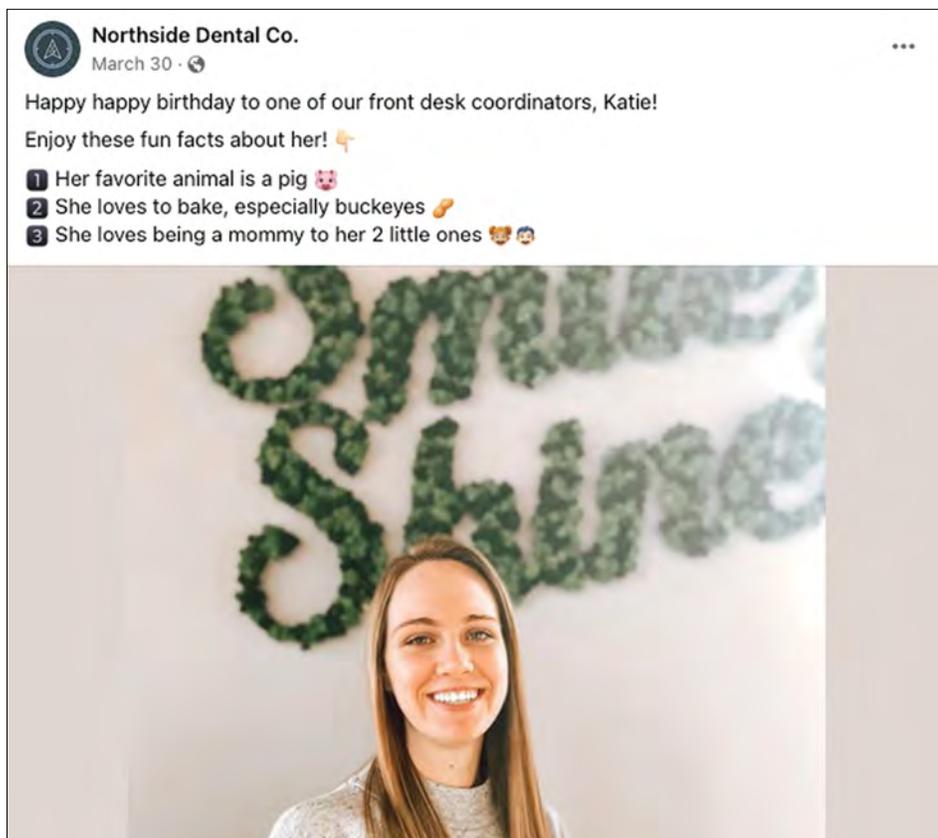
As many dentists and business owners know firsthand, employers across the country are continuing to experience difficulties filling job positions. According to spring data from the Bureau of Labor Statistics, the United States has two job openings for every person who is unemployed. In other words, the labor market is tight, competitive, and at times, exhausting.

Careers in the dental field are rewarding and bring smiles to the faces of both patients and staff. Local leaders and organizations, like the Virginia Dental Association (VDA), are working to ease

workforce challenges and connect more people to dental team positions.

We know promoting your organization's culture is an important part of marketing an open position. A recent poll by job review website Glassdoor revealed that 77% of respondents consider a company's culture before applying. When it comes to recruiting new team members, your dental practice's social media platforms are an important tool for highlighting your practice's culture and attracting candidates – and can show why your dental office is a place they want to work.

“When it comes to recruiting new team members, your dental practice’s social media platforms are an important tool for highlighting your practice’s culture and attracting candidates.”



Here are some tips and best practices to keep in mind.

Spotlight staff through employee profiles

Employee profiles can be among the easiest content to produce on your social media pages and the most effective. Create a few questions that showcase the personality of your staff and snap a photo of the team member. The profiles not only help attract patients, but they also help job seekers get a feel for your business' culture and their future colleagues. Keep in mind that there should be a level of privacy. For instance, consider using only first names and that some teammates may not feel comfortable being promoted on social media.

Here are a few questions to consider:

- What's your favorite hobby?
- What's your favorite thing about your role?
- Where was your most recent vacation?



For some inspiration, follow Northside Dental Co. on Instagram (@northsidedentalco). Its team consistently features engaging staff profiles.

Go behind the scenes

Maybe you organize an annual team lunch or dress up for Halloween, or perhaps you go axe-throwing like the Bitty Bites dentistry team (see above right). It's all content you'll want to share on social media, too.

These team activities support employee retention and show prospective candidates how your organization cares for its employees.

Pro tip: When you're having fun, it can be difficult to remember to take pictures. Assign a team member to take photos during the events, so you have visuals you can publish on social media and in the break room.

Celebrate employee anniversaries

Do you track employee anniversaries and milestones? Highlight your team's years of service on your social media accounts. It's a simple and effective way to acknowledge the hard work of the team by publicly saying "thank you" while signaling to prospective employees that your office is a great place to work.

Virginia Oral & Facial Surgery shares employee anniversaries with the hashtag #VOFSversary, a combination of the company's acronym and "anniversary." By clicking on the hashtag on Facebook, you can find all the anniversary posts for the practice. It's a smart approach for organizing social content.

Show off your personality

Dental offices are full of compassionate and creative teams. Use your social media accounts to display the personalities of staff members – and have some fun! The team at Pediatric Dentistry of Reston consistently reshapes self-made Tik Tok videos onto its Facebook page featuring staff and celebrating various holidays. You'll see waving, dancing, and big toothbrushes that represent the welcoming and kid-friendly atmosphere of the office. It's a helpful marketing tool for parents and shows job applicants how much the staff enjoys their roles.

Other ideas to consider

When it comes down to it, social media is a great opportunity to publicize the many ways your office is unique. Engage your employees for ideas they want to post on your company's social media pages. Consider organizing "employee takeovers" once a week or month where a team member can share aspects of their

work. It's also a good idea to highlight your new employees early as the first 90 days in a new position are crucial for their long-term happiness at work. Don't forget to be consistent with highlighting your company culture on social media – you'll want to give candidates a lot of content to scroll through before they apply.

As always, when you're sharing content on social media make sure to adhere to HIPAA rules and respect patient privacy. For more information, the ADA provides several online resources to help you and your employees use social media ethically while protecting your practice from HIPAA violations.

By sharing content on social media today, you may be inspiring a future hygienist or dental assistant to enter the profession tomorrow. Good luck as you grow your team.

Editor's Note: Cameron McPherson is VP of Advocacy at The Hodges Partnership.



A DENTAL WORKFORCE DATA TREASURE TROVE: **THE HEALTHCARE WORKFORCE DATA CENTER**

**Yetty Shobo, Director, Healthcare Workforce Data Center and Data Analytics Division,
Virginia Department of Health Professions**

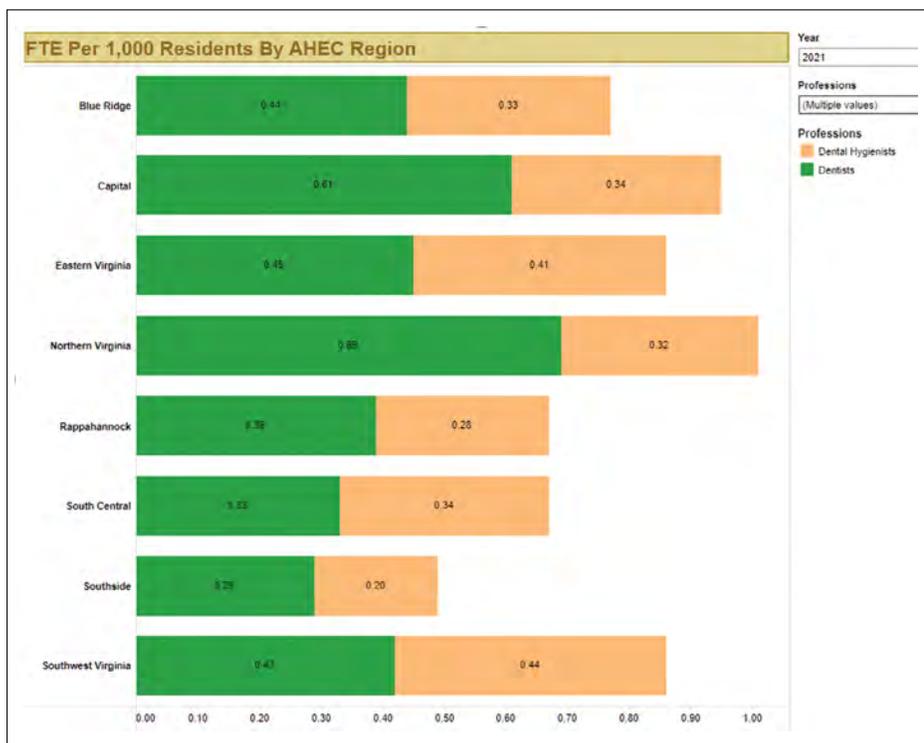
The Healthcare Workforce Data Center (HWDC) and the Data Analytics Division at the Virginia Department of Health Professions are a treasure trove of data on Virginia’s dental workforce. Annually, surveys of dentists and dental hygienists are conducted to collect important information on dentists and dental hygienists licensed and/or working in the state. The surveys provide important information that helps guide workforce policies, evaluate aging and racial/ethnic diversity among the workforce, and provide insight into workforce characteristics such as unemployment, hours worked, region of work, retirement intentions, and much more. For example, did you know that 20% of dentists surveyed in 2021 reported

involuntary unemployment likely due to the coronavirus pandemic? This is considerably higher than the average of 2% in the previous eight years and Virginia’s 6.9% statewide unemployment rate in March 2021 when dentists were surveyed. Other important data is available in the dental workforce reports.

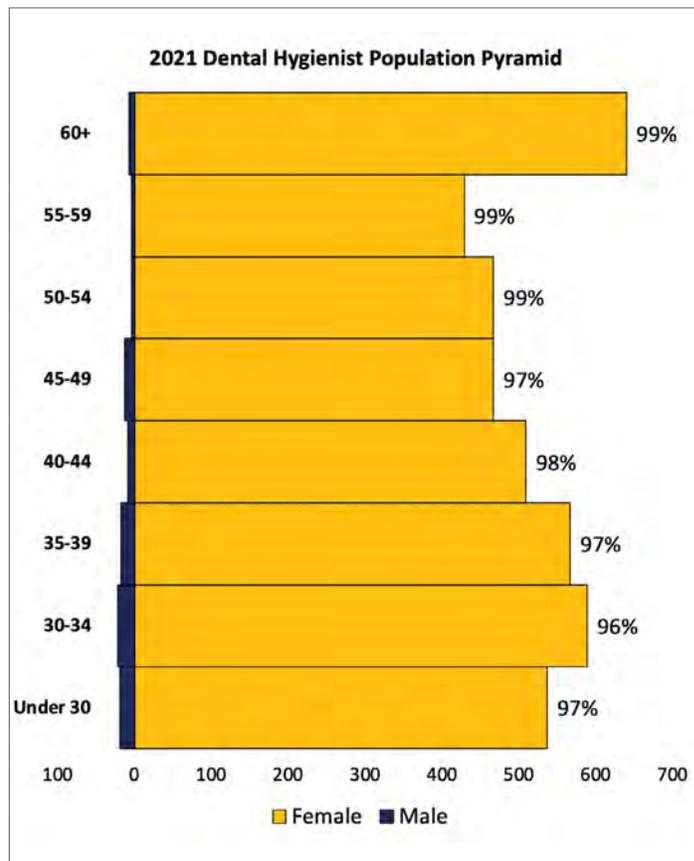
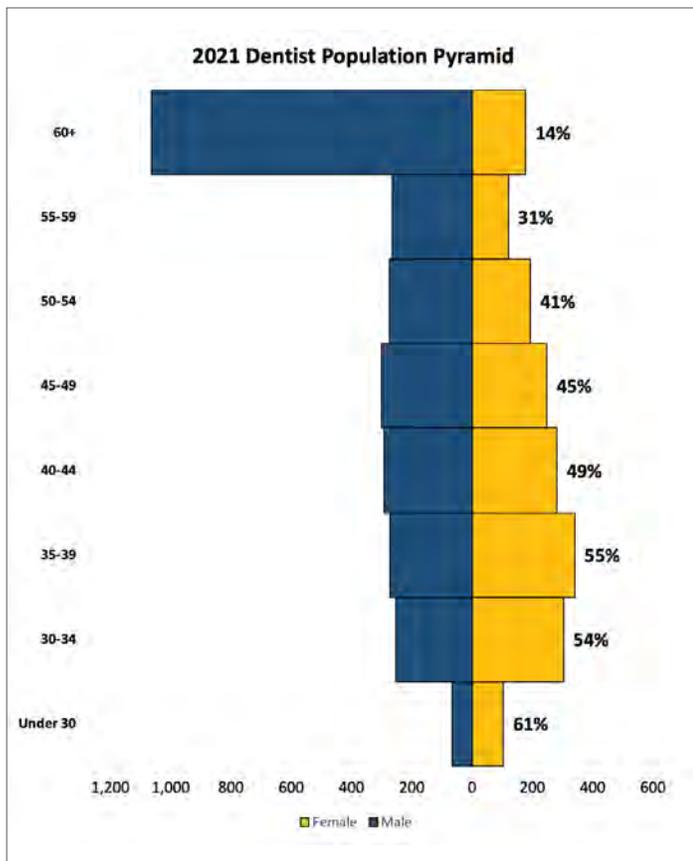
Beyond the reports, several dashboards with customizable features exist to examine trends over time, regional differences, and geographic distribution of the healthcare workforce in Virginia. The Virginia Healthcare Workforce: Gender and Racial/Ethnic Diversity reveals that the dental hygiene workforce has the least gender diversity of all the professions HWDC surveys,

with 98% female dental hygienists in 2021. Dentists, on the other hand, reported the second-lowest percentage of females of all the healthcare professions that HWDC surveys; however, that’s changing.

Aging of the dental workforce is another issue that the Virginia HWDC dashboard highlights. Although scrolling through the dentists’ population pyramid through the years reveals that the dentistry workforce has come a long way in terms of its female composition, the magnitude of the 60+ male population shows the profession has to grapple with replacing its aging workforce soon! And each age bracket under the age of 40 is predominantly female. This older workforce bulge is noticeably absent for dental hygienists in their population pyramid.



Other dashboards present geographical distributions of the dental workforce and geographical variations in different indicators. A good example is the median income reported by dentists in the Regional Careforce Snapshot. Significant variations are observed with dentists in Blue Ridge and Rappahannock AHECs reporting median income of \$160,000-\$170,000 whereas dentists in Capital and Northern Virginia AHECs, often have higher costs of living, and report median income of \$150,000-\$160,000. Scrolling back through the years also reveals that, whereas dentists’ median income in Blue Ridge surpassed that of Northern Virginia only in the past three years, it has always been higher than that of Capital AHEC. A look at full-time equivalency units per 1,000 residents in the same dashboard reveals that the Northern and Capital AHECs fared best in terms of both the dentist and dental hygienist FTEs in 2021 whereas the Southside AHEC region fared worse compared to other regions.



Whether it's digging into the trove of data to see trends in the dental care profession workforce over the years, examining geographical variations in different indicators, or looking at statewide indicators for the dentistry or dental hygiene workforce, the Healthcare Workforce Data Center (HWDC) and the Data Analytics Division at the Virginia Department of Health Professions have a wealth of resources for you. Visit us today!



Virginia Healthcare Workforce Data Center (VAHWDC)



VAHWDC Healthcare Workforce Dashboards



VIRGINIA BOARD OF DENTISTRY NOTES

JUNE 10, 2022

Ursula Klostermyer, DDS, PhD

The meeting started, as usual, with public comments.

1. Tracey Martin, president of the Virginia Dental Hygiene Association (VDHA), spoke about VDHA supporting infection control training for dental assistants and supporting the guidance document 60-7 on delegable duties for dental assistants. After her comment, Dr. Nathaniel Bryant (Board President) stated that her comment could not be accepted as the public comment period had already ended on these items and both topics are pending.
2. Dr. Scott Berman (VDA president) spoke about the guidance document 60-7, which would not allow dental assistants the use of cutting instruments, including scalers, to remove cement. He stated that the use of scalers would be safer than the use of explorers and that dental assistants had been using cutting hand instruments during his 30 years of practicing dentistry. Dr. Berman's presentation was interrupted by Dr. Bryant, stating that the public comment period for this item is closed.
3. Jessica Lee (executive of SERTA) would like SERTA to be accepted in Virginia and to allow more applicants who have passed a SERTA exam to apply for licensure in Virginia.
4. Tashine Nasur wanted to bring attention to her personal situation regarding her licensure to practice dentistry. She was interrupted as personal issues should not be presented in

front of the Dental Board during meetings. She was advised to stay, as some of the issues likely would be covered.

The minutes for the meetings in March and April 2022 were unanimously accepted.

Dr. David Brown, Director of the Department of Health Professions, reported that the transition with the new Governor of Virginia is still ongoing. He talked about the recent security changes in the building (e.g., metal detectors to be installed) and that the new audio-video systems are in the works. Thus, virtual meetings could be a valid possibility, especially for some of the Board members attending from afar.

Dr. Patricia Bonwell (Regulatory-Legislative Committee) introduced CE Zoom and CE Broker, two CE tracking options used in different states. The basic level is free of charge for the user and CE credits can be filed and tracked online. This is an easy way for the licensee to track their own CE credits and for the BOD to determine if the applicant for the renewal of the license has enough CEs to apply for a continued dental license. It was discussed which auditing company is preferred. CE Zoom is currently used by about 3,000 Virginia dental professionals. CE tracking systems are presently used by many different states. In these states, it was first voluntary to use them, and eventually, it became a requirement. The BOD unanimously accepted the requirement for implementing a CE tracking system in the state.

The Exam Committee made the following recommendations to the BOD for consideration: two hours of CE in jurisprudence every two years for all

licensees and two hours of CE in sedation jurisprudence every two years for all sedation permit holders.

To clarify: the Sedation permit holders are required to take four hours of CE every two years in administration and monitoring of such anesthesia or sedation the dentist is permitted for.

The BOD voted unanimously to require licensees to obtain two hours of CE for general jurisprudence every two years.

Sedation permit holders will be required to obtain an additional two hours of CE every two years for general jurisprudence as well. These credits can be included in the 15 required CE credits each year.

Before this becomes active, it must go through the NOIRA process, and the VDA will monitor this to make sure members are aware when the public comment period opens so that they have an opportunity to comment.

Dr. Michael Martinez reported briefly about the American Association of Dental Boards meeting.

Assistant Attorney General Erin Barrett reported on legislation, regulation, and guidance.

The guidance document 60-9 was adopted by all in favor.

The motion for agenda Item: Initiation of periodic review for chapter 15: Regulations Governing the Disciplinary Process carries with all in favor.

Action was needed for the motion regarding periodic reviews recommended by staff to retain Chapters 21, 25, and 30 but amend the chapters and send them

to the regulatory committee to determine amendments. It was voted with all in favor.

Action was needed for the petition for rulemaking regarding refresher courses for dental hygienists applying for reinstatement. Dental hygiene refresher programs accepted by the ADA and the ADHA are evaluated according to their established standards and guidelines for didactic and clinical competency. This document will first be sent to the regulatory committee and back to the BOD.

The regulatory committee recommended proposed regulatory changes for the draft guidance document regarding delegating direct pulp-capping to Dental Assistant II. The motion to adopt the proposed regulations removing direct pulp-capping from tasks delegable to a Dental Assistant II carried. The new guidance document 18VAC60-30-120 for the educational requirements for Dental Assistants II was adopted with all in favor. Guidance document 60-11, which will be effective August 4, 2022, outlines the delegation of pulp-capping procedures to a Dental Assistant II. The BOD adopted proposed regulations to clarify that dentists may only delegate indirect pulp-capping to individuals registered as a Dental Assistant II. Due to the lack of clarity in the current regulations, individuals registered as Dental Assistants II may have "pulp-capping procedures" listed as delegable duty on their registration. While the registration of any individual received in years prior will not be changed, the Board reminds dentists that just because a procedure may be delegated does not mean it should be or must be. The Board states that, for patient safety, only a dentist should manage a direct pulp capping procedure.

The repeal of Guidance document 60-21: Failure to report to PMP (Prescription Monitoring Program) carries unanimously.

A brief discussion came up regarding training in infection control: A dentist shall be responsible for assuring that dental assistants complete annual training in infection control standards as required by OSHA and recommended by the CDC. Newly employed dental assistants shall receive the training as soon as possible but no later than 60 days from the time of employment.

To be added: unless there is proof of recent training within the previous 12 months from a previous practice. FYI: All documentation of training in infection control shall be maintained by the dentist for three years. The motion carries for the additional sentence.

The BOD had a brief discussion on the update of Guidance Document 60-7, which went into effect on February 3, 2022, regarding what tasks can be delegated to a Dental Assistant. If the task is not listed, it means the DA cannot perform the task. Dental assistants can remove excess cement from the coronal surface of teeth by using a non-cutting instrument. This instrument could be an explorer or dental floss, but not a scaler. The motion was carried with one board member opposing it.

The draft of the schedule for meetings in 2023 was approved.

Ms. Jamie Sacksteder presented the disciplinary report: From January-May 2022, 139 cases were received, 134 cases closed without violation, and 44 cases closed with a violation. She states that the BOD received more cases this year but closed more cases as well. Most

case-violations consisted of improper, delayed, or unsatisfactory diagnosis and treatment, or business practice issues like recordkeeping, advertising, default on a guaranteed student loan, solicitation, records, inspections, audits, self-referring of patients, required reporting not filed, prescriptions blanks, or disclosure.

Two summary suspensions were issued during this period for prescribing, labeling, dispensing, and administration errors.

The next Business BOD meeting will be on September 9, 2022.

Editor's Note: Dr. Klostermyer, a VDA member, practices prosthodontics in Richmond. Information is presented here for the benefit of our readers and is deemed reliable but not guaranteed. All VDA members are advised to read and comprehend all Board of Dentistry regulations and policies.

KNOWING

REGULATIONS IS HALF THE BATTLE

DID YOU KNOW?

A SERIES FROM THE VIRGINIA BOARD OF DENTISTRY

► **UNPROFESSIONAL PRACTICE**

Did you know it is unprofessional practice if a dentist delegates any dental service or operation that requires the professional competence or judgment of a dentist to any person who is not a licensed dentist or dental hygienist or a registered dental assistant II?

18VAC60-21-70 (A) (1) of the Regulations Governing the Practice of Dentistry.

► **RECORD ABANDONMENT**

Did you know records shall not be abandoned or otherwise left in the care of someone who is not licensed by the board except that, upon the death of a licensee, a trustee or executor of the estate may safeguard the records until they are transferred to a licensed dentist, are sent to the patients of record, or are destroyed? Please see guidance document, 60-6.

18VAC60-21-80 (G) (3) of the Regulations Governing the Practice of Dentistry.

► **GENERAL SUPERVISION**

Did you know that if a dentist is doing general supervision with a dental hygienist then the dental hygienist shall consent in writing to providing services under general supervision?

18VAC60-21-120 (E) (2) of the Regulations Governing the Practice of Dentistry.



DENTAL DETECTIVE SERIES

WORD SEARCH

Dr. Zaneta Hamlin

G G E P Z H Z M O N S T S A E U J T P F S F O A B R B S V X
 G X V A L L E C U L A H T D U Q Y E X R E Q Z C W V B F N X
 E A T T T M E C O G D J M B V A M S R R A E E O S B A Q U J
 H A O Z Q Y S I X V Q W Z U U G I A N Y K J D X Y X I A M J
 Y S A J X G Q U O A F Q M W L Y G J L O E O C B G X L O F B
 O J H Y C J E I B S C M B I A I A A N P R E U M A F L A S Z
 G R W S O M I N G L B F M P F N A S Q G A O E I I C W Y I M
 L Q Y E P I K R I F I Z G Q L B C P U F K R P D H L K G W C
 O Z A R B H N D Y O U N V I A L Q O A B I X O H L M O K X V
 S J V R B I P K X R G N G K G D Y F N L L Y S T A L M S P P
 S W A A T J L C P V S L G U W L Q M S S A I S T I R J Y B Y
 U V M T P R X T E A N B O I A X I U P X T T N D Z D Y X D O
 S N V U M U F M E E B N I S F L X I E H L R O G B B Q N O P
 D W Z S B J A F F Q S H J F S O N L D A O M I G U R V B X X
 B P K Y B X S S F H I Y T U U R H F J Z C K C L A C L N J
 I L I E S C C E Z B U T N D O G S M J W V Y Y T T O L S Q T
 S C F R P J I P L A T Y S M A Z A D U F X E G T O O S Q O Z
 U H M I I I A M V C I R C U M V A L L A T E F O E N R S X N
 B S J M P F M Q Y E D X G S S P L J R J Y J T A M S S S A Y
 M Z D T V U O Y A L W Z N P H J K O Y E S O B A F A U I U L
 U B O H T N W R S W O I L Z R C M B R Z D B R Y H V Q J L I
 C U R Y X N R S M I V H K V X M E N T A L I S W Q K I S F N
 O C S O S W D X B R U T Y R C F Q L E V A T O R L A B I I G
 S C U I P H N X U Z E M L O I J R R U K S N U Q V T F L Y V
 A I M D V T N D Y T G C U E I S A R H Q Z W I K C A D V J T
 L N T J Y R B R S L D Y E A H D O I G Y H Y B Z Z B Y G U A
 T A Z E J K C D X F V N U S B Y S R N W R A S Q W V R W J L
 E T U L W N I B Q L O G C K S G T H I V G A I T A T X E T U
 X O K U L X R L H S B M N G L X Y I G U E S O P H A G U S S
 X R J R A Y H Y E A F P F X M A X V F E S B R T Z X T C P V

PIRIFORM RECESS

CONSTRUCTORS

OROPHARYNX

HYOGLOSSUS

MYLOHYOID

PLATYSMA

TONSIL

UVULA

PALATOGLOSSAL

GENIOGLOSSUS

SUBLINGUAL

ESOPHAGUS

FEEDBACK

SERRATUS

RISORIOUS

HYOID

CIRCUMVALLATE

BUCCINATOR

LYMPHOCYTES

VALLECULA

EPIMYSIUM

PAROTID

FASCIA

LEVATOR LABII

SUBLINGUAL

SUBMUCOSAL

FUNGIFORM

MENTALIS

ZYGOMA

DORSUM

>> ANSWERS ON PAGE 45



MAKE **COMPLIANCE** THE EASIEST PART OF RUNNING YOUR PRACTICE

The Abyde software solution is the easiest way for any sized practice to implement and sustain comprehensive HIPAA compliance programs.



Abyde has allowed me to be less stressed about keeping up to date on the changes with HIPAA compliance. Their support staff is quick to answer my calls whenever a question arises. Their sign-up was simple and the time it took to begin the process was minimal. Abyde makes HIPAA compliance seem almost effortless.

*Dr. Avi Gibberman,
VDA Member*

Ready to be stress-free? Schedule a complimentary HIPAA demo today!
abyde.com/demo



800.594.0883 | info@abyde.com | abyde.com

>> WORD SEARCH ANSWERS CONTINUED FROM PAGE 43



PIRIFORM RECESS

SUBLINGUAL

EPIMYSIUM

CONstrictors

ESOPHAGUS

PAROTID

OROPHARYNX

FEEDBACK

FASCIA

HYOGLOSSUS

SERRATUS

LEVATOR LABII

MYLOHYOID

RISORIIUS

SUBLINGUAL

PLATYSMA

HYOID

SUBMUCOSAL

TONSIL

CIRCUMVALLATE

FUNGIFORM

UVULA

BUCCINATOR

MENTALIS

PALATOGLOSSAL

LYMPHOCYTES

ZYGOMA

GENIOGLOSSUS

VALLECULA

DORSUM



VALUE BASED CARE

VDA TASK FORCE CONVENES TO ANTICIPATE IMPLICATIONS FOR DENTISTRY IN VIRGINIA

Lyubov Slashcheva, DDS, MS, FABSCD, DABDPH, FICD

Dentistry, as part of the larger healthcare system, is a constantly evolving field. Many of us pursued this profession because of its highly innovative nature. With any growth in new directions, both challenges and opportunities emerge. Dental payment innovation has been one of these growing edges within our profession, especially regarding the transition toward Value Based Care (VBC) models for financing dental care. In late 2021, the Virginia Dental Association convened a VBC Task Force to prepare our membership for meaningful engagement in implementing this new payment model in Virginia. Updates and educational materials will be shared by the Task Force as they develop; this brief introduction to VBC is part of these resources.

Before diving into the details of VBC and its implications for dental practice, it may be useful to consider how the advent of dental insurance transformed how dental care is provided and received. Even before President Johnson signed the landmark legislation that established Medicare and Medicaid in 1965, unions and employers began offering dental insurance as an added hiring incentive. Before this payment innovation, patients were unlikely to seek dental care until they were in pain due to needing to pay the full cost of treatment. With the expansion of dental insurance across the nation, patients became less hesitant to see a dentist on a routine basis for diagnostic services and were able to afford preventive, early-intervention, and restorative dental treatments more easily. Dentists and their staff had to adapt to clinical and practice management workflows aligned with each insurance type. Today, most providers would admit that insurance coverage and reimbursement characteristics continue to

have an indelible impact on the practice of clinical dentistry, encouraging both patients and clinicians toward some treatment options and against others. While some providers have opted out of participating with all or some insurance carriers, many have come to see participation with dental insurance as an integral part of supporting their practice and enabling their patients to pursue dental treatment they otherwise would not be able to afford.

“Value-Based Care (VBC) is a healthcare payment model that uses health outcomes to measure the quality of care that results from investing in a particular healthcare service.”

Both dental and health insurance have evolved into complex and massive industries in our country, reaching milestones that encourage a transition away from traditional fee-for-service payment models. Value-Based Care (VBC) is a healthcare payment model that uses health outcomes to measure the quality of care that results from investing in a particular healthcare service. Measurable outcomes may be either patient-reported—such as satisfaction, care experience, health-related quality of life, and self-reported behaviors and

conditions, or clinician-reported—such as diagnoses, risk status, treatment outcomes, and clinician wellbeing. The goal of associating cost and quality in this way is to determine if proper investments are being made to reach the desired outcomes or if there would be more value for all stakeholders in allocating funds differently.

Several key driving forces behind VBC include a deeper understanding of population health, technological advancements, and economic trends. Escalating costs of healthcare, which are also evident within the dental industry, encourages the search for more efficient ways of improving health outcomes than those which are becoming unsustainable. Modern-day epidemiology has helped us determine the root causes of disease, including social determinants of health in addition to genetics, physiology, or behavior, as the foundation for our interventional approaches (ex: Fischer-Owens model for conceptualizing the development of dental caries). Electronic health records, payer claims databases, and software to engage patients in health systems have enabled the development of metrics to link care, cost, and health outcomes to monitor and improve quality. In clinical dentistry, paradigm shifts toward diagnosing caries along a spectrum (International Caries Detection and Assessment System) and prevention or treatment of dental caries in a minimally invasive manner (International Caries Classification and Management System, Caries Management by Risk Assessment) have put into question the role of some of the more traditional and costly surgical approaches in improving the oral health and wellbeing of our patients. Additional technology, such as TeleDentistry, Artificial Intelligence/machine learning, and 3D scanning and printing, will continue to

challenge the traditional norms of where, how, and by whom dental care will be delivered.

Innovations in health technology will continue to create an environment for VBC to take shape and succeed within dental practice. The American Dental Association Dental Quality Alliance is leading the way toward defining quality measures that are meaningful to providers, patients, and payors. Health record, practice management, and patient communication software increasingly include elements such as disease risk, dental diagnoses, and patient-reported outcomes, which are also the building blocks toward measuring oral health outcomes that result from the delivery of dental care. While it may seem that all of these innovations challenge the traditional way in which we've grown accustomed to managing our dental practices and caring for our dental patients, those who have directly experienced delivering dental care within VBC models suggest that this is an opportunity to step off the fee-for-service treadmill and intentionally focus on the core of our passion as providers—to take good care of our patients and evaluate through objective measures that we are making a positive impact on their lives. VBC may be the payment mechanism that would support us to improve our effectiveness in this endeavor as providers and a profession. Through the VBC Task Force, the Virginia Dental Association is prepared to proactively engage in the implementation of this payment method to ensure that the best potential of VBC is realized in dental practices across the Commonwealth.

Resources for further reading:

1. ADA Dental Quality Alliance: <https://www.ada.org/resources/research/dental-quality-alliance>
2. Journal of the American Dental Association VBC Framework: [https://jada.ada.org/article/S0002-8177\(18\)30761-X/fulltext](https://jada.ada.org/article/S0002-8177(18)30761-X/fulltext)
3. NNOHA Payment Innovation Case Study in 3 States: <https://drive.google.com/file/d/1GMgS9FxFyTL3Kv4YsRpyPK4tYzfVWVZ4/view>

Acknowledgments:

Dr. Caitlin Batchelor, a VDA Board Member, serves as Chairperson of the VDA Value Based Care Task Force. Other members include Dr. Lindsey North, Dr. Roger Wood, Dr. Cynthia Southern, Dr. Carolyn Kelly-Mueller, Dr. Lyubov Slashcheva, and Dr. Gretchen Drees. Please contact Dr. Batchelor with questions or suggestions for the Task Force at caitlin@batchelor-dentistry.com.

Editor's Note: Dr. Slashcheva obtained her dental training at Virginia Commonwealth University as a National Health Service Corps Scholar. She completed a Fellowship in Geriatric & Special Needs Dentistry and Residency in Dental Public Health at the University of Iowa. Dr. Slashcheva is a Diplomate of the American Board of Dental Public Health, a Fellow of the American Board of Special Care Dentistry, and a Fellow of the International College of Dentists. She provides dental care at Healthy Community Health Centers and is Research Team Lead for Apple Tree Dental.



STAYING CALM THROUGH RECENT MARKET VOLATILITY

Bobby Moyer, CFA®, CFP®, CAIA®; Chief Investment Officer, ACG Wealth Management

So far, 2022 has been rough for investors. Through the end of May, the S&P 500 fell by 12.8% and the Bloomberg Aggregate bond index fell by 8.9%. Investors have been taught for decades they should diversify their investment portfolios by holding both stocks and bonds, as these two assets are uncorrelated — when stocks go up, bonds go down, and vice versa.

So far this year, this has not been the case. A basic allocation of 60% S&P 500 and 40% Bloomberg Aggregate Bond Index fell by more than 11% in the first five months of the year! A miserable start, for sure.

So why is the market acting this way and what adjustments should you make to your investment portfolio? Let's start with answering the *why* first and we will finish with the *what*, if anything, you should do.

The global economy is still recovering from a pandemic that has impacted consumer behavior, working environments, and supply chains. As a result, the demand for goods has been much greater than the available supply, pushing prices higher. In addition to the imbalance of supply and demand, companies are having a difficult time finding — and keeping — workers, forcing them to pay higher wages. These higher expenses are then passed on to consumers. Inflation, as defined by the consumer price index, is at 40-year highs. This phenomenon has forced the Federal Reserve to begin raising interest rates for the first time in three years and the Fed most recently announced its largest one meeting increase, 50 basis points, in over 20 years. They have not only begun to raise rates, but they have also provided an aggressive forecast for future rate hikes in order to slow consumer demand and stabilize prices.

The Fed's action, both what they have done and what many expect them to do, is causing many economists to increase the probability of a recession in the U.S. and likely many other economies across the globe. Higher interest rates have also caused a change in stock market leadership. For the past several years, companies that focused on technology, innovation, and disruption have performed best. This dynamic has included large, established mega-cap companies like Apple, Amazon, Microsoft, Facebook, Google, and Netflix, but it has also included small companies with little revenue and no profit. This stock market dynamic was created by the low-interest-rate environment established by the Federal Reserve. Investors were paid next to nothing to hold cash, so they invested in companies not immediately profitable but had longer-term potential. This all changed when interest rates began to rise. Companies that do not expect to see profits for many years experienced some of the most significant losses. Even established companies like Netflix were hit hard. As of the end of May, Netflix had fallen by more than 70% from its all-time high that was reached in November of 2021.

For the past decade, the Federal Reserve has had the flexibility to keep rates low because inflation has been stubbornly low. Any time the market experienced some volatility the Fed catered to it, helping support asset prices. The accommodative Fed kept interest rates low, making stocks the only investment market to earn a return. Fast forward to 2022 and the Fed no longer has flexibility. In fact, the Fed really has no choice but to aggressively raise rates.

Nobody likes market corrections or bear markets, but they are inevitable. Let's

face it — the stock market has been an easy place to make money over the last several years. Investors have been spoiled and complacent. So, before you start complaining about the recent losses and volatility, let's take a look at returns over the last 12 years. The S&P 500 returned over 15% annualized, or 443% from January 1, 2010, through December 31, 2021, which is 4% higher than the annualized return of the past 50 years. Before 2010, the long-term average return of the S&P 500 was only 10%. For the last 12 years, investors have experienced abnormally high returns and now it might be time to weather a little volatility and give back some of the excess returns that were earned.

Admittedly, this is not a great scenario for any investors new to the market. They did not get to participate in the "good" times and now their first market experience is a negative one. However, while it may not feel good in the moment, this is good for young investors who are making bi-weekly or monthly contributions into an investment account. Any new purchases are buying stocks at cheaper prices, so you buy more shares, and you have time on your side to experience many more bull markets in the future.

Given the scenario above, as an investor, what should you do now? As mentioned, if you are young and making ongoing contributions to an investment account, don't stop. If you can, invest more. Time in the market is more important than timing the market.

The question may be a little more complicated if you are currently in or nearing retirement. If you have a well-thought-out plan and your investment allocation is consistent with your financial plan, you don't need to do anything.



Wealth Management

www.acgworldwide.com

Should you not have a plan, or went against your plan to chase higher returns, it may be appropriate to make some changes and learn your lesson for the next time greed creeps into your thinking! There is a major behavioral influence from which many human beings suffer — getting too excited (greedy) when things are good and too anxious (fearful) when things do not go as planned. The

“The Fed’s action, both what they have done and what many expect them to do, is causing many economists to increase the probability of a recession in the U.S. and likely many other economies across the globe.”

natural reaction in both situations is to do something, usually based on emotion. When things are good, sure, let’s take on that risk. When things get challenging, sell, and avoid further pain. In most cases, doing the opposite, or doing nothing, is the best financial decision.

An investor approaching or in retirement also might consider looking outside of traditional stocks and bonds. There have been many enhancements to the types of investments available to retail investors over the last decade. An example of this is a defined outcome

strategy. One type of this strategy uses options to provide upside participation of an equity benchmark like the S&P 500 but caps that upside participation at a certain level in order to provide downside protection. These types of investments allow investors to participate in the equity market but remove the “fat tails” of the upside and downside, thereby creating a much smoother return stream. These investments come in many different flavors so there is flexibility. There are other approaches that can be thought of as hedged equity strategies that have a similar objective but are executed differently. Another type of investment, an interval fund, provides retail investors access to private investments, like illiquid bonds, real estate, farmland, timberland, or infrastructure, just to name a few. *This is not a recommendation; this is for educational and illustrative purposes.*

When it comes to investing in the stock market, there is no silver bullet or free lunch. To say it another way, there is no investment with all the upside and none of the downside. Investing requires taking risks but there are ways to prepare yourself for a difficult climate. For one, have a plan. This often requires blending your willingness (emotional fortitude to withstand volatility) and ability (how much risk do you need to take or can you afford to take) to reach your financial goals. Having a plan helps you stay invested during the good and bad times.

We have all heard the quote, “If life gives you lemons, make lemonade.” This saying can be loosely translated into periods of stock market volatility. If the stock market is falling, one opportunity investors can take advantage of is tax-loss harvesting. Tax-loss harvesting is a tactic of selling positions at a loss to realize the loss in your account and simultaneously

investing in a similar, but not exact, investment to maintain exposure to that area of the market. You can use the loss to offset investment gains either in the current year or in future years. By staying in the market with a similar investment you do not miss out if the stock market rallies. This is a great tactic to help provide future after-tax gains.

Investors should consider working with or talking with a financial advisor who does not just put you in a generic investment allocation but works with you to build an allocation that is consistent with your financial goals. In addition to having a tailored investment allocation, you may also look for an advisor who adds value through more enhanced due diligence efforts, superior service, and additional return benefits.

See Important Disclosure Info: <https://acgwealthmanagement.com/important-disclosure-information/>

>> CONTINUED ON PAGE 60



YOUR REPUTATION YOUR PRACTICE YOUR ASSETS WE'RE WATCHING LIKE A HAWK.

R.K. Tongue, Co., Inc. is exclusively endorsed by the Virginia Dental Services Corporation to provide insurance and employee benefits to VDA members.

BUSINESS INSURANCE

- Professional Liability
- General Liability
- Property Insurance
- Workers Compensation
- Commercial Auto
- Employment Practices Liability
- Cyber Liability

INDIVIDUAL INSURANCE

- Life / Disability
- Health / Medical
- Long-Term Care
- Annuities
- Auto / Home Insurance
- Personal Umbrella

EMPLOYEE BENEFITS

- Group Medical
- Group Life
- Group Disability
- Group LTC
- Voluntary Benefits
- Pet Insurance

WWW.RKTONGUE.COM | 800.638.6353 | INFO@RKTONGUE.COM

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



THE EXCITING PART

Shraddha Vachhani; Class of 2024, VCU School of Dentistry



It is no secret that many dentists play golf. In the words of Tiger Woods, “No matter how good you get you can always get better, and that’s the exciting part.” This concept of continual growth and improvement is applicable to every aspect of life. VCU School of Dentistry is an exceptional program that recently made a few curricular changes to further improve the quality of its clinical education.

The following highlights a few of the changes that have taken place. The class of 2024 is the first class to experience these enhancements. This past semester, Spring 2022, the D2s had the opportunity to enjoy the debut of a new course: “Advanced Restorative Digital Dentistry.” This course, curated and led by Dr. Awab Abdulmajeed, focused on esthetic dentistry, advanced restorative dentistry, and the use of digital dentistry. It is a pre-clinical course our class anticipated, and we are grateful to have experienced it. It has become one of my favorite courses so far and upon talking to my peers, we seem to be in agreement.

Another brand-new course that the class of 2024 experienced is “Clinical Dentistry.” Clinical Dentistry is a year-round course that began Fall of 2021, where we spent an afternoon in the pre-doc clinic each week. This past spring semester, we spent a full day each week. Through this course, we got our hands wet (literally) in the clinic. We had the opportunity to assist our vertical buddies, complete operative procedures, administer local anesthesia, place dental dams, and



VCU School of Dentistry Doctor of Dental Surgery class of 2024 and Dental Hygiene class of 2023 students celebrated their transition to clinical care at the annual White Coat Ceremony. (Photo Credit – VCU School of Dentistry)

so much more. It is such a rewarding and exciting moment when the material we learned and practiced in pre-clinic courses translates to clinic! As Summer 2022 has begun, our class has officially matriculated into the predoc clinic to start seeing our own patients and rotating through specialty postdoc clinics.

VCU School of Dentistry takes pride in its clinically advanced curriculum and its graduates are better prepared as clinicians as a result.



STUDENT NATIONAL DENTAL ASSOCIATION 11TH ANNUAL ORAL CANCER WALK

Najah Lewter; Class of 2023, VCU School of Dentistry

On April 10, 2022, VCU's Student National Dental Association held an event at Richmond's Byrd Park to raise funds and awareness for oral cancer. The event, an Oral Cancer Walk, started with check-in, and t-shirt pick-up. Three gift baskets were up for raffle. During check-in, people placed their names on a list that later would be used to choose the winner per basket. Then food was available for people to grab before the speeches and walking. The event started off with the current SNDA president, Najah Lewter, giving an introduction about SNDA and some facts about oral cancer.



About Oral Cancer:

Oral cancer is twice as common in men than in women. According to the Oral Cancer Foundation, approximately 54,000 people will be diagnosed with oral cancer this year. Oral and pharyngeal cancers are attributed to

factors such as tobacco, heavy alcohol use, and HPV. The good news is that early detection significantly reduces the risk of death. This walk is committed to raising awareness of the cause.

About SNDA:

The Student National Dental Association (SNDA) originated from concerned dental students at Meharry Medical College in 1970. SNDA was formed to give a structured mechanism to promote contact between minority dentists and dental students. Since its humble beginning, SNDA has grown to approximately 1,100 minority dental student members across the nation. Our mission has been to promote, support, and encourage the recruitment and retention of minority dental students. We are committed to engaging in outreach efforts, providing oral hygiene education, and improving access to care, emphasizing our efforts on minorities and the underserved.

That day there were three speakers: a personal story from Dania Luby about

her courageous sister and her sister's fight with oral cancer, a personal story from an oral cancer survivor, Ms. Cindy Cheely, and lastly, Dr. Todd Kitten, a representative from the Philips Institute for Oral Cancer Research. The group gathered to hear the stories from our speakers. Their stories were so heartfelt and contributed so much to our walk. In emphasizing the importance of oral cancer detection, research, and raising awareness, it's important that everyone goes to the dentist and physician for their annual or biannual examinations.

Thanks to our generous sponsors, we were able to raise approximately \$1,400 this year and majority of the portion was donated to the Philips Institute for Oral Health Research. This walk has helped raise over \$9,000 in the past for oral cancer research. The event ended after everyone walked around Byrd Park. The raffle winners were announced and closing remarks were given. Next year we hope to expand our walk to help raise awareness for oral cancer.



MISSIONS OF MERCY PROJECTS RETURN!



Michelle McGregor, R.D.H., B.S., M.Ed., Director of Community and Collaborative Partnerships at VCU School of Dentistry

Reprinted with permission from the VCU School of Dentistry

With the support of the Virginia Dental Association Foundation (VDAF), two Mini Missions Of Mercy (MOM) projects took place on March 24-26, 2022. One project was at the Chesapeake Care Clinic in Chesapeake, and the other was at the Appalachian Highlands Community Dental Center in Abingdon.

Abingdon Mini MOM

Fourth-year dental hygiene (DH4) and fourth-year dental students (D4) assisted the amazing team at Appalachian Highlands Community Dental Clinic (AHCDC) in relieving pain for many in the Abingdon community. Over the course of two days, the team attended to 124 patients and performed more than 500 extractions. Most of those that were edentulous following extractions were scheduled for one of the free denture clinics taking place in June and October.

This project was a success thanks to so many people, including Elaine Smith, executive director, and Dr. Alouf, Dr. Miller, and Dr. Hollyfield from AHCDC; residents at Johnston Memorial Hospital; volunteer staff; the many professionals who assisted; and, of course, the VDAF.

“The Abingdon MOM project turned out to be an awesome success! With the help of an incredible team, the project helped extract hundreds of teeth relieving patients of pain and providing them with the care they deserved. It was a great kick-off to the projects to follow, we are all so excited to be back!” said Katlyn Hardy, DH4 at VCU School of Dentistry.

Chesapeake Mini MOM

In Chesapeake, VCU dental students and volunteer dentists provided approximately 217 free extractions as well as oral exams including oral cancer screenings at the Chesapeake Care Clinic. The value of care provided was estimated to be worth \$53,210. Chesapeake Care Clinic is a senior rotation site for dental students in the Service-Learning course at VCU School of Dentistry, and dental hygiene students will be joining the rotation for the 2022-2023 academic year. This was the first MOM project at the clinic, thanks to Executive Director Dourina Petersen, Dental Director Dr. Peter Adams, volunteer staff and professionals and the support of the VDAF.

“I believe that it is our ethical duty to help each other. I am passionate about the health field in general and bettering people’s lives. Every day, I feel a bigger responsibility to help others in any way that I can,” said Saleh Smadi, D3 at VCU School of Dentistry. “Being able to give back to my community is an opportunity to which I cannot say no. When I saw people coming with pain and leaving with smiles while saying we are angels, I felt so honored and happy that I could help and be part of this amazing event.”

Thanks to our MOM coordinators

Finally, I’d like to give a huge thank you to our graduating MOM coordinators. Without them, these projects would not happen. Despite limited events in the academic year 2021-2022, they spent many hours planning, organizing, moving equipment, and unpacking/packing trucks. We wish them well in their future endeavors and know that they will continue to serve and make a positive impact in their communities.



Abingdon Mini-MOM. Back row: Dr. Scott Miller, Bryan Scalf D4, Daniel Chun D4, Ali Alhaddad D4, Class of 2021 graduate Jacob Shelbourne, Faisal Shakir D4, Amr Khatib D4, Dr. Stephen Alouf. Front row: Catherine Malone D4, Michelle McGregor VCU Faculty, Kristin Smith DH4, Katlyn Hardy DH4, Dr. Hollyfield, Sarah Holden Class of 2021, Benjamin Mavelli Class of 2021



Chesapeake Mini-MOM. Back row: Braden Putich D4, Poula Hanna D4, Saleh Smadi D3, Alex Lam D3, Ali Husain D3, Marko Ilikj D3, Dr. Asigri, Dr. Adams, Front row: Carrington Bailly D3, Sarah Short D3, Tiffany Duong D3, Caitlin Harrah D4

OPEN AND WELCOMING

SPECIAL OLYMPICS PARTNERS WITH MISSION OF MERCY

Samantha Tardugno; University of Pittsburgh School of Dental Medicine, Class of 2023

Recently I traveled to the University of Richmond to provide dental care at the Special Olympics, along with eighteen other members of the Special Needs Club in my class at the University of Pittsburgh School of Dental Medicine. We were accompanied by our instructors, Dr. Matthew Cooke and Dr. Lacey Williams, who had recently worked with us on a dental mission trip to Comayagua, Honduras. The clinic at the University of Richmond was also an outreach of the VDA Foundation's Mission of Mercy.

This event was a collaborative effort of the VCU School of Dentistry and the University of Pittsburgh School of Dental Medicine. Students, faculty, and dentists from the surrounding area came together to provide care. Through our studies, we have learned that individuals with special health care needs are a massively underserved population in the dental world. In the past, many dentists have reported reluctance to treat patients with disabilities². This reluctance seems to come from three main areas: lack of education, lack of appropriately trained personnel, or lack of confidence in their ability to treat. To make matters worse, in general, those with disabilities suffer from poor oral hygiene¹. Without appropriate care, these patients can be sentenced to a life of dental pain and oral health problems. To alleviate the issue of lack of education, CODA approved a mandate in 2019 stating that "graduates must be competent in assessing and managing the treatment of patients with special needs." This updated the previous standard from CODA in 2013 that required the assessment of patients but did not require the management. This mandate will require dental schools to have students actively working with patients with special needs. This change should have been implemented by 2020

across all CODA accredited dental schools.

At Pitt, we are accustomed to working with patients with special health care needs. Long before the CODA mandate, Pitt had a "Special Needs Clinic." Our clinic services a large portion of the Pennsylvania area. Patients and their caregivers will drive hours to see us. The head of the department, Dr. Lynne Taiclet, provides us with tremendous guidance and education during our third and fourth years so that we become comfortable and confident in the treatment of those with special health care needs. Our clinic is fortunate to have in-house anesthesia residents and faculty that allow for sedation of patients, if deemed necessary. However, in working with these patients, we have found that most patients do not need sedation to cooperate. It could be suggested that a large majority of these patients could be seen by a neighborhood dentist with the appropriate resources. It's hoped this new CODA mandate will encourage new dentists to be more open and welcoming to those with special health care needs. I'm grateful that our education at Pitt prepares us to treat patients from all walks of life.



References:

1. Anders, P.L. and Davis, E.L. (2010), Oral health of patients with intellectual disabilities: A systematic review. *Special Care in Dentistry*, 30: 110-117. <https://doi-org.pitt.idm.oclc.org/10.1111/j.1754-4505.2010.00136.x>
2. Casamassimo PS, Seale NS, Ruehs K. General dentists' perceptions of educational and treatment issues affecting access to care for children with special health care needs. *J Dent Educ*. 2004 Jan;68(1):23-8. PMID: 14761169



Peer Reviewed Members-Only Benefits

ENDORSED PRODUCTS AND SERVICES

Abyde

abyde.com | 800-594-0883 x1

User-friendly software solution for any sized dental practice to implement and sustain HIPAA compliance programs.

Save 10% on HIPAA Compliance Services

ACG Wealth Management

acgworldwide.com/vda | 800-231-6409

Retirement planning and wealth management

Contact ACG to learn about exclusive member benefits.

ADA Visa Credit Card from U.S. Bank

adavisa.com/36991 | 888-327-2265 ext 36991

ADA Preferred Rewards Visa Signature Card

Earn Points Every Day – Enjoy Your Choice of Rewards! Support VDA Services with each purchase!

Bank of America Practice Solutions

bankofamerica.com | 800-497-6067

Practice sales, acquisitions, and financing

50% reduction in Loan Administration Fees.

Best Card

BestCardTeam.com | 877-739-3952

Credit card processing

Special pricing and \$100 off EVM chip-reading equipment!

CareCredit

carecredit.com/dental | 866-246-9227

Patient payment plans

\$30 enrollment fee – a savings of \$165 off the standard enrollment fee!

Dominion Payroll

empower.dominionpayroll.com/vda
804-355-3430 ext. 118

Tailored payroll and HR solutions

Save 15% off standard Dominion Payroll pricing!

iCoreConnect

land.iCoreConnect.com/VA15 | 888-810-7706

iCoreExchange: HIPAA-compliant email 35% member discount

iCoreVerify: Automated Insurance Verification 40% member discount

iCoreRx: Electronic Prescribing 38% member discount

Professional Protector Plan (PPP)

protectorplan.com | 800-683-6353

Professional liability insurance

Support VDA Services by using the Professional Protector Plan.

ProSites

prosites.com/vda | 888-932-3644

Website design and marketing

25% discount on new website setup!

RK Tongue, Co., Inc.

rktongue.com | 800-683-6353

Full service insurance agency

Value added benefits through Anthem, support VDA Services by using RKT for all of your insurance needs.

The Dentists Supply Company

tdsc.com/virginia | 888-253-1223

Dental supplies

Average member savings of 20%!

TSI

tsico.com/virginia-dental | 703-556-3424

Collection services

Preferred pricing for VDA Members!

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



ACD PRESENTS AWARDS AT VCU MEETING

Dr. Michael Hanley; Secretary/Treasurer, American College of Dentists, Virginia section

The American College of Dentists was pleased to present several awards at a recent faculty meeting of the VCU School of Dentistry; the “Student of the Year” award went to Jennifer Ahn. She has a very impressive resume and will greatly contribute to our profession.

Two “Faculty of the Year” awards were presented to Dr. Awab Abdulmajeed and Kim Isringhausen, RDH, MPH. With the extra protocols needed at this time of COVID, the dental school and its faculty have risen to the challenge and continue to provide our students with a top-notch dental education.

The American College of Dentists stands for Leadership, Scholarship, and Ethics. To further that end, the chair of the Virginia section, Dr. Ed Griggs, also presented a check to Dr. Carlos Smith to help with the annual ethics seminar for our students.

**Keep up the great work,
VCU School of Dentistry!**



Left to right: Dr. Abdulmajeed, Ms. Isringhausen, Dr. Griggs, Ms. Ahn, Dr. Smith



Left to right: Dr. Griggs, Dr. Smith



Left to right: Bryan Scalf, Morgan Sabol Ellis, Catherine Malone, James Villena, and Ethan Jang with Dr. Terry Dickinson
Virginia Dental Association Foundation
Missions of Mercy Dental Student Award



Katlyn Hardy (left) and Kristin Smith (right) with Dr. Terry Dickinson
Virginia Dental Association Foundation
Missions of Mercy Dental Student Award

Private Banking Solutions for Dental Practices & Practitioners



Our consultative Private Bankers are always available to help.

- Dedicated Local Bankers
- Business & Private Banking
- Practice Acquisition/Buy-out Options
- Loans & Lines of Credit*
- Custom Mortgage Solutions*

MICHELLE S. BUTLER | EXECUTIVE VICE PRESIDENT | DIRECTOR OF PRIVATE BANKING
T 757-638-7521 | MICHELLE.BUTLER@TOWNEBANK.NET



MEET THE CANDIDATES

VOTING BEGINS JULY 18, 2022 AT [VADENTAL.ORG/VOTE](https://vadental.org/vote)

PRESIDENT-ELECT (1 position available)



Dr. Dustin S. Reynolds

I am humbled and honored to have the opportunity to run for the VDA President-Elect. As someone who was born and raised in Virginia

and continues to live, serve, and practice in the Commonwealth, it has always been a personal and professional goal to lead Virginia's organized dentistry into the future. My path to dentistry was not what most would consider conventional. As a first-generation college student in my family, I graduated from Virginia's Hampden-Sydney College with a degree in Physics, hoping to pursue an engineering career. It wasn't until I joined the local volunteer fire department and rescue squad that I realized my passion for serving others! So how does one combine a physics background's critical thinking and problem-solving skills with helping others in a professional

healthcare setting? You apply to dental school, right?! Dentistry is small-scale engineering at its finest. Just think, we still get to build bridges and use drills each day! It was during Dental School that I realized the importance of organized dentistry. If we don't advocate for ourselves, no one else will. After serving as class president during my four years of dental school, I entered an endodontic residency. Once I had completed a post-doctoral master's degree and Certificate in Endodontics as chief resident, I moved back to my hometown of Lynchburg, where I continue to maintain a successful private practice that is both evidence-based and patient-focused.

We have all seen dentistry evolve over the years, especially through the challenges we faced during the COVID-19 pandemic. We will continue to navigate these waters together and come out stronger than ever.

As healthcare professionals, our number one goal should remain the same; to provide the highest level of care to our

patients. Membership in the VDA is vital to see that our goal is not only met but exceeded, all while advocating for the DENTIST. In a world that is insurance-driven and with the push for mid-level providers, we need the VDA, now more than ever, to fight to ensure that our voice is heard, advocate so that we are appropriately compensated for our services, and see to it that we are not told how and when to practice by a corporate or government entity. We need to build on our positive reputation and increase our membership footprint because, after all, there is strength in numbers. I feel confident that I possess the passion, enthusiasm, and skill set needed to lead the VDA!

I have served in numerous local, state, and national leadership capacities. I was elected to the VDA Board of Directors, where I have continued to serve since 2016. I look forward to the opportunity to continue to serve you all and respectfully ask for your vote as the next President-Elect of the VDA!

ADA DELEGATE (4 positions available)



Dr. C. Dani Howell

I have had the pleasure of serving as an Alternate Delegate to the 16th District Delegation since 2018. We are lucky to have great leadership in the 16th District. By serving on the delegation, I have gained both knowledge and experience that is helpful in shaping the future of this profession. My experience as an Alternate Delegate for the past four years has

prepared me to take the step forward as a Delegate. I believe my understanding of the tripartite membership, my experience at each level, and my desire to work towards a stronger association qualify me for this position. Thank you for your support and consideration, I have thoroughly enjoyed my time on the delegation, and I look forward to having the opportunity to serve as an ADA Delegate.



Dr. Cynthia Southern

I would like to continue serving as an ADA delegate. I have served as an ADA Delegate for the last four years. I have learned through my experience with the association that hard work pays off. I have been involved with my component and state association since 2000. I am very committed to our profession and would like the opportunity to continue to serve at the

next level. My work at the VDA level has provided the experience that is needed to serve as an ADA delegate. It is with great pleasure that I am seeking the position of Delegate to the ADA.

>> CONTINUED ON PAGE 60

>> CONTINUED FROM PAGE 59

ADA DELEGATE continued (4 positions available)**Dr. Paul T. Olenyn**

Serving as a Delegate to the American Dental Association has been one of my proudest achievements. I have also served as President of the Northern Virginia Dental Society, Chairman of the Peer Review Committee, and as a member of the ADA Council on Members Insurance & Retirement Programs.

The profession of dentistry is constantly changing. The pressure of government regulations, insurance companies, student debt, and the pandemic are just a few of the issues facing dentists today. Having served on various committees at the local, state, and national levels have given me the opportunity to view the challenges and to help be part of the solution. I would like to continue to make this great profession of ours thrive. I humbly ask for your vote to allow me to continue to represent you at the American Dental Association.

**Dr. Elizabeth Reynolds**

There are very few days that I don't take a moment to realize how grateful I am to be a dentist. Dentistry has been a part of my life forever. My father was a dentist in a small town, and I grew up watching him go to work every day, whistling as he went. He worked hard, and put in long hours, but loved his profession. Just like most of you, I do the same. I work hard, but I love what I do. Continuing to serve the VDA as a delegate to the ADA would

allow me an opportunity to continue to give back to this profession that has been so wonderful to me. I want to help ensure that each of our members can focus on his/her patients first, knowing that the VDA and the ADA are lobbying for them, fighting for fair insurance reimbursement and less government interference. I want to help ensure that every dental student and every new dentist has an opportunity to practice dentistry in a way that is meaningful to them, in a modality that makes sense to them. I want to be sure that those who are less fortunate can get the dental care that they need and that the dentists providing that care are fairly compensated. It would be my absolute pleasure to continue to represent Virginia on the 16th District delegation to be your advocate and your conduit to the ADA. I humbly ask for your vote.

ADA ALTERNATE DELEGATE (6 positions available)**Dr. David Marshall**

Serving as an ADA Alternate Delegate for the Virginia Dental Association is truly an experience that I wish to continue. Our 16th ADA District is comprised of the most enjoyable and effective group of representatives within the dental profession. It is a pleasure to work with them.

**Dr. Caitlin Batchelor**

I am grateful for the opportunity to serve the Virginia Dental Association in the capacity of ADA Alternate Delegate. From years representing the Shenandoah Valley on the VDA Board of Directors, I understand the mechanisms by which policy changes affect our profession on a state level and hope to bring this experience to learn more about how Association policy is made at a national level. I will be honored to serve our membership in this role.

Secretary-Treasurer (1 position available)**Dr. Zaneta Hamlin**

I have had the unique opportunity of being called to serve as VDA Secretary-Treasurer late last year as Dr. Southern took her seat as our President-Elect. I have gained a deeper insight into how best to serve on a state level. I hope to continue to grow and offer my talents in this position. My experience in several levels of leadership and my desire to be better than I was the day before is a testament for what is needed to fill this position. I look forward to continuing to serve as your state Secretary-Treasurer as well as bringing a fresh and sometimes witty perspective to the board of directors. I sincerely appreciate your support and consideration!

ADA ALTERNATE DELEGATE continued (6 positions available)



**Dr. Mark
Crabtree**

Dentistry faces challenges on many fronts and as an ADA Alternate Delegate, I am honored to work on our profession's difficult issues on your behalf. The ADA Board of Trustees appointed me to a four-year term on the Council on Government Affairs and have two years of service remaining. As a member of this Council, I am very involved

with all areas of the Council's work. Serving as an Alternate Delegate allows me to be more effective in advancing Virginia and the 16th District interests to the ADA House. "The Council on Government Affairs (CGA) recommends policies related to legislative and regulatory issues, including the formulation of proposed federal legislation. The Council also disseminates information to assist state and local societies on state legislative and regulatory matters. The CGA is the Association's liaison with agencies of the federal government, especially those agencies that employ dental personnel." My life experiences have prepared me well to serve you in this arena. I am committed to ensuring that the ADA's efforts to protect our interests remain a high priority for the ADA. I'm proud to be a dentist practicing in Virginia, and I will be honored to continue serving you as an Alternate-Delegate to the ADA. If we work collaboratively, we can meet the challenges before us in a way that will improve our profession while protecting our core value of improving the oral health of our patients. Thank you for granting me the opportunity to represent your interests on the ADA Delegation.



**Dr. Zaneta
Hamlin**

I have served in leadership positions not only in Virginia but in Maryland as well. When I relocated to Virginia in 2015, I was the President-Elect of the Howard County Dental Association. I have since matriculated from Secretary-Treasurer of the Tidewater Dental Association to the President and now Immediate Past

President. I am passionate about organized dentistry and eager to learn and put my best electric handpiece forward for the benefit of dentistry. I have held several leadership positions because of my go-getter personality and colleagues like you who have believed in me to deliver, with a smile and quick wit or the determination of one looking for MB2. I recently opened my start-up general practice where I have applied my leadership skills and passion as a clinician to do things in a humble and fun manner. I look forward to serving on a national level as an ADA Alternate Delegate and being a representative of not only our Commonwealth but of the 757 (component 1)!



**Dr. Abby
Halpern**

In my professional career, the Virginia Dental Association has been exceptional in allowing me to humbly serve the dentists and patients of our great state. I have enjoyed learning alongside my colleagues to further understand the pulse of the profession, both on the state and national levels. I have seen how the parliamentary

process acts as a conduit for the desires of our membership, by way of the House of Delegates, to allow for this pulse to be heard and then disseminated as a united and effective voice. Having served as both a Delegate and Chair for ASDA's delegation to the ADA, I have experienced this process first-hand. I believe wholeheartedly that such involvement in organized dentistry is vital to keeping dentistry poised to evolve while simultaneously allowing us to protect the profession. Due to my previous experience and enthusiasm for service, I earnestly ask for your support and vote to represent the Virginia Dental Association's voice as an Alternate Delegate to the ADA. It would be my honor and privilege to serve dentistry in this way as we move ahead as a united force, voice, and profession through the challenges that lie ahead. I sincerely thank you for your consideration.



**Dr. Melanie
Wilson Hartman**

There are many reasons I am seeking to serve a second term as an ADA Alternate Delegate. I have served on Component 8's delegation to the VDA House of Delegates since early in my career. I am a long-time member of our component's Board of Directors and am both able and willing to present the opinions of my colleagues as

well as to offer my own. We are blessed with great leaders in the current ADA House of Delegates—leaders who strive to protect our beloved profession, the public, our future, and the future of those dentists who will practice after us. I believe we can only protect what we have worked so hard to establish by staying involved in and committed to organized dentistry. Only then may we wisely and proactively address the challenges that come our way. It goes without saying that our profession has confronted a myriad of unique challenges and rapid changes in how we practice our profession in the last two years, and I have never been prouder to be an ADA member and Alternate Delegate. If re-elected, I will continue to make myself available to my peers and colleagues and work to facilitate our shared goals. I am fully committed to the duties and responsibilities of the position, and it would be an honor and privilege to continue serving our great profession at the national level. Thank you for your consideration!

WELCOME NEW MEMBERS

THROUGH JUNE 1, 2022

Tidewater DENTAL ASSOCIATION

Dr. Francis Badejoko – Virginia Beach – University of Colorado Denver School of Dentistry 2011

Dr. Miranda Lee – Virginia Beach – Boston University Goldman School of Dental Medicine 2020

Dr. Stanley Moss – Virginia Beach – Baylor College of Dentistry 1976

Dr. Charmaine Walker – Portsmouth – Howard University College of Dentistry 2014

Peninsula DENTAL SOCIETY

Dr. Jae Ha Kim – Hampton – University of Detroit-Mercy School of Dentistry 2019

Southside DENTAL SOCIETY

Dr. Joseph Wright – South Chesterfield - Howard University College of Dentistry 2020

Richmond DENTAL SOCIETY

Dr. Robert Reinhart, Jr. – Henrico – University of Texas Health Science Center at San Antonio Dental School 1986

Dr. Kelsey Schott – Richmond – University of Oklahoma College of Dentistry 2021

Piedmont DENTAL SOCIETY

Dr. Yailin Diaz Pichardo – Lynchburg – University of Rochester Eastman Dept. of Dentistry 2021

Dr. John Green, III – Roanoke – Louisiana State University School of Dentistry 2010

Dr. Vijay Maheshwari – Roanoke – Howard University College of Dentistry 2020

Dr. Megan Milburn – Roanoke – University of Kentucky College of Dentistry 2013

Southwest Virginia DENTAL SOCIETY

Dr. Vincent Filanova – Bland – Georgetown University School of Dentistry 1985

Dr. Sara Ibrahim – Christiansburg – Temple University The Maurice H. Kornberg School of Dentistry 2011

Shenandoah Valley DENTAL ASSOCIATION

Dr. Daniel Nuckols – Virginia Commonwealth University School of Dentistry 2020

Northern Virginia DENTAL SOCIETY

Dr. Shahad Al Mashta – Manassas – University of Illinois at Chicago College of Dentistry 2021

Dr. Harika Chadive – Arlington – University of Minnesota School of Dentistry 2018

Dr. Heng-Ying Chu – Fairfax – New Jersey University of Medicine and Dentistry 2011

Dr. Tadasha Culbreath – Alexandria – Boston University Goldman School of Dental Medicine 1989

Dr. Furkan Dogan – Spotsylvania – Tufts University School of Dental Medicine 2009

Dr. Valla Grayeli – Fairfax – Temple University The Maurice H. Kornberg School of Dentistry 2017

Dr. Marwa Hamidi – Loudoun – Virginia Commonwealth University School of Dentistry 2020

Dr. Michael Jungwirth – Fairfax – Harvard University School of Dental Medicine 2015

Dr. Saif Kargoli – McLean – Columbia University College of Dental Medicine 2017

Dr. Frinet Kasper – Alexandria – Case Western Reserve University School of Dental Medicine 2006

Dr. So Jung Lee – Fairfax – Case Western Reserve University School of Dental Medicine 2020

Dr. Johana Nieto – Arlington – Louisiana State University School of Dentistry 2002

Dr. Deepa Pandian – Fairfax – Nova Southeastern University College of Dental Medicine 2005

Dr. Bharti Sharma – Alexandria – Touro College of Dental Medicine at NYMC 2020

Dr. Jessica Sugajara Mitsuzuka – Fairfax – University of Rochester Eastman Department of Dentistry 2011

Dr. Adam Hogan

The Atlantic Implant Institute is located in Virginia Beach, Virginia.

Dr. Adam Hogan provides customized one-on-one training and group courses for dentists interested in learning more about oral reconstruction with dental implants and the AOX procedure.

E-mail or call for more information
director@theatlanticimplantinstitute.com

757-404-9885



Find us on social media

IN MEMORY OF:

Name	City	Date	Age
Dr. Robert Stuart Berman	Manakin Sabot	3/26/22	83
Dr. Stephanie Bomar	Centreville	6/11/22	43
Dr. Henry Mordecai Botuck	Springfield	3/31/22	89
Dr. Lewis Guy Coffey	Rocky Mount	11/4/21	94
Dr. Roger H. Flagg	Virginia Beach	4/13/22	91
Dr. Charles F. McKeon	Alexandria	1/31/09	81
Dr. Francis D. Mullen	Newport News	3/11/22	68
Dr. Samuel Edmund Saunders	Fredericksburg	10/26/17	87



2022 CATALYST ANNUAL SUMMIT ON OCTOBER 7 IN RICHMOND

BUILDING A BETTER ORAL HEALTH SYSTEM TOGETHER

Sarah Bedard Holland; CEO, Virginia Health Catalyst

Virginia's dental community has proven to be strong, resilient, and committed as the world enters its third year of the COVID-19 pandemic. You've juggled ever-changing policies, new technologies, a backlog of patients in need, and high staff turnover or exhaustion.

You've also embraced new technologies, met new patients, and ensured that oral health needs are recognized as a vital part of overall health. In two and a half years, you have innovated and ensured that oral health is understood to be a critical part of overall health.

The Virginia Health Catalyst Annual Summit on October 7 at the Westin Richmond will celebrate this spirit of innovation and desire to build an oral health system that works for clinicians and patients alike.

The 2022 Summit brings national and Virginia-focused perspectives to address health care issues. Dr. Eleanor Fleming, a public health dentist and Assistant Dean of Equity, Diversity, and Inclusion at the University of Maryland School of Dentistry, and Dr. Sarah Raskin, an oral health researcher at VCU, will start the event by sharing ways to instill racial equity across the health care system. Also on the agenda are strategies and examples of meaningful community engagement as a mechanism to understand community needs and incorporate these voices and perspectives as we build solutions.

Like in previous years, the afternoon breakout sessions will highlight Virginia-specific innovations that apply to your work. For example, learn how you can improve Virginia's oral health across nine population health measures with the upcoming 2022 Virginia Oral Health

Report Card. Or hear from clinicians and policymakers about utilization, impact, and next steps for the adult dental benefit in Virginia's Medicaid program, which took effect July 2021.

Be a part of the next chapter in our health care system by attending the 2022 Catalyst Annual Summit. The full agenda will be available when registration opens in August. Be sure to visit our website

<https://vahealthcatalyst.org/catalyst-annual-summit/> to register. Act quickly to receive the early bird pricing! The entire Catalyst team looks forward to seeing you in October.

SAVE
the
DATE

VIRGINIA HEALTH
CATALYST
ANNUAL SUMMIT

FRIDAY, OCTOBER 7, 2022
THE WESTIN IN RICHMOND

Virginia
Health Catalyst
The Intersection of Overall
Health and Oral Health

Put the pliers down, let the pros do their job.

Some brokers just send you the candidate and leave all the heavy work to you -
Would your patient pull their own teeth?

Trust your practice sale to an **experienced full service broker** who has had hundreds of practice sales.

(877) 365-6786 • choicetransitions.com



Harry Snyderman, DDS x230

Considering selling to a DSO? Don't, until you read this.

“

Choice walked me through the process, presented the best offers, and made the experience much less stressful by handling all the negotiations. In the end, I received more for my practice than I ever expected. The best part is that Choice provided all the consultation and services to me without charging any fees! If you are considering selling to a DSO, I highly recommend you contact Choice instead of directly contacting the DSOs.

”

Commission free. DSO Choice.

Call 774-DSO-INFO • choicetransitions.com





Virginia Dental
ASSOCIATION

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

We've been looking for **you.**

The MedServ Group is looking for professional dentists to join our team.

PARTNERSHIPS WITH
450 NURSING HOMES

FLEXIBLE SCHEDULES

COMPETITIVE PAY!

ALL DOCTORS ARE 1099
(INDEPENDENT CONTRACTORS)

THE
MedServ
GROUP
Medical Service Professionals



THEMEDSERVGROUP.COM | 914.351.2299 | INFO@THEMEDSERVGROUP.COM