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VOLUME 99, NUMBER 1 • JANUARY, FEBRUARY & MARCH 2022

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At this time of year, we can’t help but reflect upon the last year and take stock of what has happened and what we have learned as an Association. As I reflect on what has occurred in 2021 with my dental “family”, I can’t help but see this year as a time of challenges met and constant change. Sometimes the change is self-generated, and sometimes foisted upon us. As is commonly stated, the only “constant” in life is “change”. If I sat down to write this address a week or two ago, I might have chosen a theme built around the improving pandemic environment. Perhaps I would have highlighted loosened restrictions and greater practice and personal freedom, a “return to normalcy”. Instead, we’re now all wondering about the potential effects of the omicron variant. (Will my final address revolve around the tau or zeta variant?) By publication, omicron may be a distant memory.

Omicron is certainly an example of foisted change. We also have generated some internal change as well. In the coming year, we will be changing our annual calendar and placing our Governance Meeting in January to coincide with our annual grassroots Day on the Hill and winter Committee Meetings (starting January 2023 if all logistics can be worked out). This new schedule should streamline and make more efficient our legislative initiatives and ease the burden of attendance for many members who not only volunteer to serve as Delegates to our annual Governance Meeting, but also volunteer their time to visit legislators at our Legislative Day in January. This new schedule will also create more opportunities for member Delegates to participate in our Legislative Day. (For this year, if you haven’t signed up for Lobby Day January 21, please do, and remember we will also be having a very nice Legislative Reception the night before as well).

Additionally, we are in the process of “updating” our practice guidelines through our Back to Work Task Force. Drs. Vince Dougherty and Frank Iuorno and the rest of the volunteers on the BTW Task Force have a new list of guidelines, vetted by our Association attorney, and will be sharing them. They include several reduced requirements and helpful FAQs. But like this address, I hope the changing pandemic factors, don’t necessitate even sooner “updating”. Either way, your Association will be responding quickly and thoughtfully to changing circumstances. So, check vadental.org regularly for helpful and important updates.

Another challenge we’re trying to meet is the constant attempts by the insurance industry to usurp control of our profession and come between dentists and the patients we serve. This challenge is being met legislatively with new initiatives by the VDA to craft the rules around teledentistry, and it’s also being met with our Value-Based Care (VBC) Task Force led by Dr. Caitlin Batchelor. VBC, if not familiar, is a newer healthcare concept that may be embraced by third party payers, in theory, to deliver greater value in dental care. But in practice, it may really be an Orwellian term for insurance companies to generate more profit. The use of large data, data mining and artificial intelligence may allow insurance companies to, for example, direct consumers to practitioners whose care delivers more “value” (however they may define that). By learning more about what is happening on the VBC horizon, we hope to be better prepared to influence any implementation of VBC, or to counter its more undesirable consequences.

Finally, to drive the point home I drew from from a recent ADA editorial by Dr. Jack Dillenberg:

“Back in the early ‘70s, dental care was all about the solo private practice of dentistry and the idea of “group practice” was an outlier. However, by 1999 things had significantly changed. One in three dentists were working in some kind of group setting. By 2019, that percentage had increased to almost 50% of all dentists, and if we consider only dentists under the age of thirty-five, it increases to 75%. Clearly, this represents a dramatic and consequential shift… The trend is obvious – we can safely predict that dentists in solo practice will soon be analogous to those folks that coveted their horse and buggy as Henry Ford started rolling out his Model Ts.”

To sum, life is change, the pandemic sucks and keeps us on our toes, and your Association is on top of it all. I’m wishing all in my “dental family” a healthy, happy, and bright 2022!
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VIRGINIA DENTAL ASSOCIATION
About 30 years ago I joined a dental study club. The membership is diverse, with a core of general dentists, a cadre of specialists, and no more than one representative from each specialty. We meet nine times a year (not in the summer months) and each member is responsible for a program when it’s their turn. Members can invite a speaker, or give their own program if they choose.

Not long after I joined, a program on isolation gown fabrics was presented. In the early ’90s the HIV epidemic loomed, and fear gripped the nation (and our profession). One of our members had invited a DuPont textile engineer to speak, and with him he brought samples of clothing for us to don. In the manner of a true scientist, he recorded on a clipboard our reactions to the garments: too stiff, too hot, scratchy, with some approaching a Goldilocks standard of “just right”. It’s fair to say isolation gown nirvana was not achieved that evening.

The company chose the office of one of our members, Dr. Wayne Browder, as a site for beta testing of garments. For the next year Dr. Browder and his staff wore the gowns in clinical settings to determine their suitability in performing dental procedures. DuPont even featured the development and testing in the company magazine, giving credit to Dr. Browder and the study club for their role in creating garments that were safe and comfortable at the same time. One of the garments tested was made from Tyvek®, best known for its use in new construction, but the fabric proved too hot for everyday wear.

The definition of “isolation gown” is nebulous. They may also be called cover gowns, precaution gowns or protective gowns. Also, gowns that make no claim of protection fall into this category.¹

In general, they are worn over scrub suits or personal clothing while in a healthcare facility and must be removed upon leaving. Further compounding the confusion, there is no distinction between “non-surgical” and “surgical” isolation gowns, and the FDA and CDC do not accept this terminology.¹

What became of the garments tested on a Wednesday night thirty years ago? I don’t know what composite or formula proved to be the winner, but today disposable isolation gowns have captured 80% of the market.⁵ Our group wasn’t seeking a Nobel Prize, but instead a way to cut expenses and still meet the new standards that had been imposed. We didn’t know what was yet to come: Hepatitis C, SARS, MRSA, and most recently, in 2020, COVID-19. We dressed for success without realizing it.

Gowns can be grouped into two categories: disposable/single-use and reusable. Our study club program nearly 30 years ago sought to investigate the suddenly popular “disposable” garments, which seemed to be an answer to the OSHA laundry standard.² Reusable garments, as you might suspect, are cotton, cotton and polyester, or 100% polyester fabrics that are the basis for most scrubs. Disposable garments typically feature a layer of polyethylene laminated to an “SMS” (spunbonded-meltblown-spunbonded) fabric.⁴ Studies have failed to demonstrate the superiority of either in healthcare settings.³

Disposables, both then and now, seem to be cost-effective, eliminating the need for onsite laundry facilities, thereby reducing the outlay for real estate square footage. The ideal isolation gown would be impervious to microorganisms (including viruses), permeable to air and water vapor, allow freedom of movement, and be simple to don and doff.

What became of the garments tested on a Wednesday night thirty years ago? I don’t know what composite or formula proved to be the winner, but today disposable isolation gowns have captured 80% of the market.⁵ Our group wasn’t seeking a Nobel Prize, but instead a way to cut expenses and still meet the new standards that had been imposed. We didn’t know what was yet to come: Hepatitis C, SARS, MRSA, and most recently, in 2020, COVID-19. We dressed for success without realizing it.

Dentists’ wardrobe in the last 18 months has expanded to include face shields. Other than that, we dress the way we have always done for the last 25 years or so. There seems to be an unintended benefit of face shields: our magnifying loupes and safety glasses are easier to clean and maintain. Protecting a $2000 set of loupes with a $5 sheet of plastic makes sense. More than any other healthcare profession, dentistry has prepared for the future. My fellow dental editor, Dr. Kerry Carney, calls dentists “Masters of Splatter”.⁶ Aerosols and droplets are the vectors of this latest pandemic, but we’ve spent the last thirty preparing for this event.

References
2. Department of Labor, Occupational Safety and Health

>> CONTINUED ON PAGE 15
The Commonwealth recently allotted $1 million of the state’s American Rescue Plan Act (ARPA) funds to support the transformation of the public oral health system to be more equitable, patient-centered, and value-based. Each state received ARPA funds from the federal government to address COVID-related issues, but Virginia is the only state to allocate recovery dollars to oral health.

COVID and oral health are tied in several ways. Studies demonstrate a strong association between poor oral health and severe COVID disease. Communities across the Commonwealth have an immense backlog of dental patients waiting to see a dentist as a result of pandemic closures. We all have a better understanding of the inequities that result from our current health system. This $1 million is a true testament to Virginia’s understanding of the crucial role oral health plays in overall health and its dedication to investing in healthier communities in the long term.

Over the next three years, these ARPA funds will support the work of the Future of Public Oral Health (FPOH) Taskforce, a statewide group dedicated to improving the public oral health system in Virginia. The FPOH Taskforce is convened by Virginia Health Catalyst and co-chaired by Commissioner of Health Dr. Norm Oliver and Polly Raible of Delta Dental of Virginia Foundation. FPOH members, including representatives from the VDA, developed recommendations (https://vahealthcatalyst.org/wp-content/uploads/2021/08/Future-of-Public-Oral-Health-Taskforce-Recommendations.pdf) that outline goals and strategies in four key areas (Figure 1).

Each goal has an affiliated workgroup, where members have already begun to implement activities. The workgroups have made strides to increase the number of providers utilizing teledental services to reach patients and quantify the oral health workforce needs of the Commonwealth. The ARPA funds will enable pilot programs to implement, evaluate, and replicate the recommendations of the FPOH taskforce. Pilots will be conducted at community-based organizations like Federally Qualified Health Centers and free clinics.

**Interested in getting involved?**
The FPOH workgroups are developing timelines and workplans, with the involvement of community-based organizations, to support the pilot projects. Each workgroup welcomes new members and perspectives; join a workgroup by going to https://vahealthcatalyst.org/join-an-implementation-team/.

**About Virginia Health Catalyst:**
Virginia Health Catalyst ensures all Virginians have equitable access to comprehensive health care, including oral health. Catalyst sparks positive system-level change across four foundational pillars: public health, public awareness, policy, and clinical and community care. Learn more at: www.vahealthcatalyst.org.
TRUSTEE’S CORNER

DENTISTS HAVE MANY THINGS TO BE THANKFUL FOR

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

With 2021 wrapped up, dentists have a long thank you list. As evidenced by patients returning to practices, the dental profession is still held in high regard. Most practices are operating at over 90% of pre-Covid levels. Dentistry led the way in the safe use of PPE as well as maintaining stringent infection controls. There have been no reports of COVID-19 outbreaks linked to dental practices. Plus, dentists and their staff have some of the lowest percentages of COVID-19 cases among healthcare workers.

We are excited for our new executive director, Dr. Raymond Cohlmia. He brings experience from time spent as an ADA trustee as well as Dean of the University of Oklahoma dental school. His approach and style are relevant to the diversity of the ADA (there are four generations of dentists in his family) while also attracting new membership for the future.

Dr. Cesar Sabates has also taken his position as president. He has been a champion for diversity and inclusion within the ADA. In addition, Dr. George Shepley, president elect, is ready to take the reins in November 2022.

After countless Zoom meetings in our homes, we are thankful to have met in person for the initial ADA SmileCon in Las Vegas. It was an exciting conference with a lot of energy; plus, thanks to all the safety precautions in place, there were no incidents of a COVID cluster. Houston will be our host for 2022.

Resolutions were passed to address everything from the dental workforce shortage to reinstatement of the ADA third party concierge service. There was also agreement upon a comprehensive policy statement on teledentistry and action to make the new dentist member a voting member of the board of trustees. The House of Delegates was run very efficiently by Dr. Mark Donald. In what may be a first, we actually finished early after many items were passed on the consent calendar.

With great appreciation, we watch as advocacy remains a top priority for organized dentistry. Look no further than the removal of dentistry from Part B of Medicare. Dentistry also proposed a Part T, which would make dental care available to those seniors who need it the most. Many of us are glad that Artificial Intelligence has become a priority to the ADA, plus we are enjoying the overdue innovations brought to ADAConnect.

By now, we had hoped to be looking at this pandemic in the rearview mirror. However, we all remain grateful that dentistry has fared better than other healthcare professions. This is due in no small part to the tremendous leadership and tireless hard work of so many.

“We all remain grateful that dentistry has fared better than other healthcare professions. This is due in no small part to the tremendous leadership and tireless hard work of so many.”

We are grateful for 12 years of outstanding leadership by executive director, Dr. Kathleen O’Loughlin, who retired on November 15. She was able to both stabilize and revitalize an ADA that faced a state of disarray in 2010. Through her guidance, the ADA won numerous awards as a ‘best place to work’ in Chicago. And during COVID, her positive relationships with staff kept us going through the worst crisis the ADA has faced.
FIVE GENERATIONS OF SPEER FAMILY DENTISTS

Dr. Harold Glenn Speer, Jr.

Dr. G.V. Black is known as one of the founders of modern dentistry and has been called the “Father of Operative Dentistry.” In 1857, at the age of 21, Dr. Black began his career in dentistry by serving an apprenticeship under a dentist, Dr. J.C. Speer, in Mt. Sterling, Illinois. While I cannot prove a direct ancestral link to Dr. J.C. Speer, I can establish a link to five generations of Speer dentists in my family originating within a decade of the time that Dr. Black began his studies under Dr. J.C. Speer.

The first generation of my ancestral Speer dentists began with Dr. Spencer Hadley Speer (1842-1911), my great-great-grandfather, who served in the 37th Battalion - Virginia Cavalry Company F, Confederate States Army. He was discharged Sept. 27, 1864.

He returned to his family home on Big “A” Mountain near Honaker, in Russell County, Virginia. He married Mary Catherine Lockhart, and learned to practice dentistry under the guidance of his father-in-law, Dr. John Lockhart. Dr. Spencer and Mary Catherine had eight children, four sons and four daughters.

Somewhere in the early 1870’s, Dr. “Spence” Speer opened a dental practice in Honaker and Lebanon, Virginia. His brother Dr. James (Jim) Speer (1840-1927), a Civil War veteran (Captain V.A. Witcher’s Co. of Mounted Rifles, later Co. A. 34th Battalion Va. Confederate Cavalry), settled in Clintwood, Dickenson County, Virginia, and was recognized as the first licensed dentist to practice in that county. The passage of the Virginia Dental Act of 1886 established the Virginia Board of Dental Examiners and set forth the procedures necessary to become a licensed dentist in the state of Virginia. The first dental school in Virginia was created in 1893.

The second generation of Speer dentists included all four of Dr. Spencer Speer’s sons who followed the family tradition and became dentists, Dr. Arthur Dallas Speer (1868-1957), Dr. Patrick Speer (1877-1925), Dr. Thomas Speer (1883-1950), and Dr. Samuel Speer (1885-1964). My great-grandfather, Dr. Arthur Dallas Speer, acquired his knowledge of the dental profession by preceptorship. He attended the Lebanon Academy, which was equivalent to a high school education at that time. He interned with his father, Dr. “Spence,” until he acquired sufficient knowledge and confidence to establish his own practice. Dr. Patrick Speer established a successful practice in Washington, D.C., and owned Hickory Hill house in McLean – later owned by John and Robert Kennedy. Dr. Thomas Speer practiced dentistry in Wytheville, Virginia for many years. Dr. Samuel Speer practiced dentistry for many years in Southwest Virginia, and also studied law. Dr. Sam’s patients included some members of the notorious Hatfield-McCoy feuding families. Dr. Sam’s son, Dr. Clyde Speer (1914-1992) practiced dentistry in Wytheville, Virginia for 43 years. Dr. Clyde Speer had obtained his dental
degree from the University of Toronto, Canada in 1937 and was a decorated major with the U.S. Army Medical Corps of the 263rd Infantry during World War II.

Dr. Arthur Dallas Speer became an itinerant, or “traveling dentist.” He traveled by horse and buggy. He would visit families in Russell, Dickenson, and Buchanan counties. The families would provide him with room and board and treatment room. He would set up his practice in this home and remain as a guest until he completed the dental treatment for all the family members and some neighbors. He would perform the necessary oral surgery (extractions), construct dentures or “plates,” fabricate gold crowns, and provide the necessary medications or “drugs” to relieve pain and suffering.

Families would feed and take care of his horse and buggy during his stay with them. The time required would depend on how many family members lived at this home. The average stay would probably be a week to 10 days. He would accept room and board and care of his horse and buggy as part of his fee for professional service.

These pioneer families looked forward to his arrival. They were happy to provide care to their family members and neighbors. They were grateful for his service and would provide him with whatever was needed to keep him healthy and comfortable.

Continued on next page...
to Dr. Speer’s visit because he would bring the latest news of the area. He was a favorite with the children because he would reward them with various gifts for good behavior. He also became a pretty good storyteller in the evenings.

The men folk looked forward to his visit because he always kept a “high-bred” horse. Most farms had work or plow horses. A real “high-bred” thoroughbred saddle horse was admired and much desired. The buggy was always the latest model with rubber tires and convertible top, always in polished and clean condition. Many times, Dr. Speer would trade or swap horses with the head of the household.

Gold crowns became fashionable and were looked on as status symbol in many cases. Dr. Speer would fabricate gold crowns and construct dentures known as “upper and lower plates” for the locals. He carried a complete supply of dental materials and pharmaceuticals (drugs) in his fancy buggy.

In areas where the mountainous roads were not graded or properly maintained, Dr. Speer would store his buggy with one of the local farmers and travel on horseback. He carried his instruments (tools) and medications in his saddlebags. A “sound” or healthy, easy-riding saddle horse was an absolute necessity. The “doc” always carried two nickel-plated, pearl handled .38-caliber revolvers on his person for protection from “wild critters and wayfaring strangers.” He carried a lot of gold with him, and this placed him at high risk to roadside bandits and robbers. Highwaymen were a constant threat to lonely horseback riders in the mountains of Southwest Virginia and Eastern Kentucky.

Dr. Arthur Dallas Speer traveled to Martin County, Ky., and married Laura Ellen Dempsey, from a large Warfield, Ky. family. He settled down and practiced dentistry in Inez, the county seat of Martin County. He maintained a dental practice in Inez for 50 years. He retired and became a gentleman farmer. Four children were born to this union. Their third and youngest son, Harold Speer, my grandfather, graduated from Inez High School, and since there were only two graduates in the senior class, he was declared the class salutatorian.

The third generation of Speer dentists was established by my grandfather, Dr. Harold Speer, who began dental school at the University of Louisville, in Louisville, Ky., and later transferred to the second oldest dental school in the United States, the Ohio College of Dentistry in Cincinnati, where he earned a Doctor of Dental Surgery degree (D.D.S.) in 1922. Dr. Harold Speer married Elizabeth Caudill from Letcher County, Ky. They had four children: Harold Glenn, Keith Dempsey, Lois and Mildred. Dr. Harold practiced dentistry in several coal mining towns before settling in Grundy, Buchanan County, Va., where he practiced for 36 years. The fourth generation of Speer dentists began with Harold’s son, Dr. Keith Speer, who graduated from Grundy High School in 1944 and served two years in the U. S. Navy in World War II. He earned a B.S. degree from East Tennessee State University, Johnson City, in 1950 and earned a Doctor of Dental Surgery from the Medical College of Virginia, Richmond, in 1955. He practiced dentistry in Grundy, Va., from 1955 to 1996, and was elected and served two terms in the House of Delegates, Virginia General Assembly (1964-68). He retired in 1996 to a small “hobby” farm in Damascus, Va., near the famous Barter Theater in Abingdon, Virginia.

Dr. Keith Speer’s brother, Harold Glenn Speer, my father, was the rare exception to the Speer clan, since he strayed from the dental field. He served two years in the U.S. Army Air Corps as a gunner on a B-24, stationed in England during World War II. After the war, he obtained a B.A. degree from Centre College in Danville, Kentucky. He married Ruby Cox from Grundy, Virginia, and returned to the Air Force as a jet fighter pilot who logged over 4,000 jet hours and traveled in over 40 countries. After his Air Force career, he settled down in Knoxville, Tennessee with Ruby and raised two sons and three daughters. The fifth generation of Speer dentists would be ushered in by two of his children who entered the dental profession. Dr. Patricia Speer went to dental hygiene school at East Tennessee State University, earned her Doctor of Dental Surgery degree at the University of Tennessee, and later earned her periodontics degree from the Medical College of Virginia in Richmond. Dr. Patricia married another dentist, Dr. Rick Bass, and settled in
Norfolk, Virginia, where Dr. Patricia served one term as President of the Virginia Board of Dentistry (1992-1996) and also served as a member of the Southeast Regional Testing Agency.

Dr. Harold Glenn Speer, Jr. earned his B.A. at the University of Tennessee in Knoxville, and then earned his Doctor of Dental Surgery degree at the University of Tennessee in Memphis in 1981. Dr. Harold or “Buddy” married one of his dental school classmates, Dr. Grace Elizabeth (Hall) Speer, from Memphis. Drs. Grace and Buddy Speer began the practice of dentistry in Grundy, Virginia, but later moved to Tennessee where they practiced for 40 years. Along the way, they both earned a Juris Doctor degree at the University of Memphis Law School and are licensed to practice law in Tennessee, as well as before the United States Supreme Court. They have one son, two daughters, and three grandsons.

Dentistry has been in the blood of five generations of Speer dentists – two hundred and thirty years serving the people and dental profession of Southwest Virginian, Eastern Kentucky, and Tennessee.

- Dr. Spencer H. Speer .........................50 years
- Dr. Arthur Dallas Speer ......................50 years
- Dr. Harold Speer ............................. 50 years
- Dr. Keith Speer ............................... 40 years
- Dr. Harold G. Speer, Jr. ...................... 40 years

The following 12 Speer family members have practiced as dentists:

- Dr. James Speer, Dickenson County, VA
- Dr. Spencer H. Speer, Russell County, VA
- Dr. Patrick (Pat) Speer, Washington, D.C.
- Dr. Thomas (Tom) Speer, Tazewell, VA
- Dr. Arthur Dallas Speer, Martin County, KY
- Dr. Samuel H. Speer, Russell and Buchanan counties, VA
- Dr. Harold Speer, Grundy, VA
- Dr. Keith Dempsey Speer, Grundy, VA
- Dr. Harold “Buddy” Speer, Lakeland, TN
- Dr. Grace E. (Hall) Speer, Lakeland, TN
- Dr. Patricia Speer, Portsmouth, VA
- Dr. Clyde Speer, Wytheville, VA

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1. Box /folder, Virginia Dental Association records, Accession # 88/July/17, Special Collections and Archives, Tompkins-McCaw Library, Virginia Commonwealth University, Richmond, Va.
2. Id.
A 77-year-old male moved in with his girlfriend and started using her whitening toothpaste. Shortly after the move, he noticed the roof of his mouth felt funny. What do you think is causing this lesion?
Although hesitant, a 70-year-old male makes an appointment for a growing mass on his lip. He reports it has been present for some time but has grown rapidly in the past month. The lesion is firm to palpation. What is your suspected diagnosis?

A 39-year-old female presents to clinic with a chief concern of jaw swelling. A panoramic image was taken. What is your suspected diagnosis?
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1. The biopsy showed chronic mucositis with features suggestive of a contact allergy. Due to the temporal association of the lesion with a new toothpaste, this was the suspected culprit. After discontinuing the new whitening toothpaste, the lesion completely resolved. With oral lesions or discomfort, consider avoiding toothpaste with whitening, tartar control, large particle such as charcoal, sodium lauryl sulfate, and strong flavors (especially cinnamon).

2. The panoramic image shows a multilocular honeycomb radiolucency. The histopathology shows a tumor with ameloblastic islands giving us the diagnosis of ameloblastoma. Buccal and lingual cortical expansion is common for this odontogenic tumor.

3. This lesion demonstrates a roughened, irregular, and granular surface adjacent to leukoplakia, and yes, the biopsy confirmed the diagnosis of squamous cell carcinoma. Often patients are aware of a lip lesion for some time prior to seeking a diagnosis. Make sure to educate your patients on the importance of sun protection.

References:


Dental caries is among the most prevalent chronic diseases worldwide and the prevalence of dental caries varies among countries. Previous studies found that over 90 percent of dental caries occurred on permanent first molars (PFMs) among school-aged children, mainly affecting pit and fissures. The time of tooth eruption for PFMs of children is approximately six years of age, with a mean 15-month duration of eruption. The eruption process is more caries susceptible due to dental plaque accumulation. Therefore, PFMs should be protected from the very beginning of tooth emergence. Previous studies found that fluoride varnish could effectively prevent dental caries. However, the duration of these clinical trials was limited to less than 24 months. Some clinical trials reported that the patterns of change in the mean response throughout the longitudinal study is not simply linear. Intensive changes in the mean response often occur in a short period, while the long-term effect may be relatively minimal. The purpose of this study was to evaluate the caries-preventive effect of biannual application of fluoride varnish on permanent first molars in a 36-month study course, with a focus on the effect after 24 months.

This study was designed as a stratified cluster randomized controlled trial with classes as the unit of randomization. Classes stratified by district were followed for 36 months. Eligible participants were six- to seven-year-olds with no acute or chronic systemic disorders, no gingivitis or ulcers, no allergy history, and no participation in other trials during these 24 months. Those with hypoplastic defects, fluorosis, or pit and fissure sealed PFMs were excluded. The minimum sample size needed was calculated as 614 children per group. To account for the anticipated dropout rate during the study (estimated at 30 percent), approximately 800 children were aimed to be enrolled in each group. To further evaluate the effect of fluoride varnish on the prevention of dental caries in three county-level cities, respectively, approximately 4,800 children were aimed to be enrolled in total. With respect to interventions, oral health education was given to all children and their parents each year in the classrooms, including instruction on toothbrushing and dietary counseling. All children were encouraged to brush their teeth twice a day with fluoride toothpaste throughout the study. The oral hygiene instructions were repeatedly given every six months by providing the same toothbrush and fluoride toothpaste. Children who were allocated to the test group were scheduled for the application of fluoride varnish. Children in the control group would receive no other treatment.

The fluoride varnish was applied by two dentists and assistants at schools in each county-level city. Duraphat, a fluoride varnish containing five percent sodium fluoride (NaF; 2.26 percent fluoride) in an alcohol suspension of natural resins was used in this study. The children in the test group were scheduled for topical application of fluoride varnish at baseline and then every six months. A total of six applications were given during the 36-month study course. Every child was given 0.25 ml of fluoride varnish according to a standard card, corresponding to 5.65 mg of fluoride per application.

The examiners, assistants for data recording, and data analyst were blind to the allocation. Among the 5,397 total subjects, 5,005 and 4,596 children completed the 24-month and 36-month course, respectively. There were no group differences at baseline (P>0.05). The mean decayed and filled surfaces scores of the test group were significantly lower than those of the control group at the 36-month follow-up (P<0.05). The caries processing speed of PFMs increased from 24 months to 36 months; however, group differences were not significant (P>0.05). In conclusion, biannual application of fluoride varnish can effectively prevent dental caries of six- to seven-year-old children. Nevertheless, the use of fluoride varnish with additional treatments such as pit and fissure sealants should be considered for optimized benefit after 24 months.

Eke Chinelo, DDS; Resident, Pediatric Dentistry, VCU School of Dentistry
Dental caries in children remains to be a continued health problem in both developed and developing countries. Children that have cavities in the primary dentition often have cavities in the permanent dentition emphasizing the importance of plaque removal through brushing techniques. Much of the research dedicated to electric toothbrushes versus manual toothbrushes has been limited to adult populations with the oscillating-rotating toothbrush being the most effective type of electric toothbrush. There has been a lack of research dedicated to young children in using electric toothbrushes compared to using a manual toothbrush. Young children often have difficulty with brushing on their own due to their limited manual dexterity and their cooperation required to effectively remove plaque and maintain good oral hygiene. The goal of this study was to compare plaque reduction of an oscillating-rotating electric toothbrush versus a manual toothbrush in pediatric populations with primary and mixed dentitions.

This study was a randomized and crossover study. This study was conducted in children aged 3-9 years old and the subjects were divided into two groups. The first group consisted of children aged 3-6 years old and had parental brushing and the second group consisted of children aged 7-9 years old and brushed on their own. Within each cohort, children were randomly assigned to use either an Oral-B Kids oscillating-rotating electric brush or a Paro Junior soft manual toothbrush. Children were given a pre-brushing and post-brushing plaque examination through the Turesky Modified Quigley Hein Plaque Index (TMQHPI).

A total of 41 subjects completed the trial. The mean age in the 3-6 group was 4.4 years old and the mean age in the 7-9 years groups was 7.8 years old. In the primary dentition age group, the electric toothbrush had a 32.3% superior plaque removal benefit compared to the manual toothbrush. In the mixed dentition group, the electric toothbrush had a 51.9% superior plaque removal benefit. In both age groups, the electric toothbrush proved to be superior and more effective in removing plaque.

Removal of plaque through toothbrushing is one of the most important preventive strategies in reducing childhood caries. Children in the mixed dentition age group are responsible for brushing their own teeth, yet still lack the full manual dexterity as well as patience and responsibility to effectively clean their teeth. Many of the habits and routines established in childhood translate to adulthood. This study discussed a cohort study in adults that compared electric versus manual toothbrushing and suggested the advantages seen with electric toothbrushes has translated into less decayed, missing, and filled surfaces and reduced clinical attachment loss. Some of the limitations included in this study are that this was a single-brushing exercise, and it would be beneficial to do a longer clinical study. The study also mentioned conducting further research with subjects of different socioeconomic groups and different baseline plaque levels.

Overall, the oscillating-rotating electric toothbrush is more effective in reducing plaque levels compared to a manual toothbrush in children aged 3-6 years with both primary dentition whose parents brushed their teeth and in children aged 7-9 years with mixed dentition that brushed their own teeth.

Amanda Dickerson, DDS; Resident, Pediatric Dentistry, VCU School of Dentistry
This study aimed to explore the use of silver diamine fluoride by pediatric dentists and general dentists in the United States. In patients who are unable to have restorative treatment for different reasons, silver diamine fluoride is a nonsurgical option to arrest cavitated carious lesions. In 2016, silver diamine fluoride received a working CDT code (D1354). The most notable disadvantage of silver diamine fluoride is black staining. Data for this cohort study was obtained from a commercial dental claims warehouse in the United States between January 2016 and July 2019 and the claims with the code D1354 (silver diamine fluoride treatment) were collected. Other information that was collected from the claims were age of a patient, tooth treated, reimbursement data, and dental provider details. Average income levels were estimated by using the zip code of the dental practice. The chi-square test was utilized for statistical analysis.

This study consisted of 321,726 claims. The percentage of claims in each district were as follows: 16.7 percent from the Northeast, 14.6 percent from the Southeast, 18.1 percent from the Northcentral, 18.1 percent from the Southwest, and 33.8 percent from the West district. Primary posterior teeth were the most treated (53.4 percent), followed by permanent posterior teeth (33 percent), then primary anterior teeth (9.7 percent), and finally permanent anterior teeth (3.9 percent). In 2016, 9.8 percent of practicing pediatric dentists, 23 percent in 2017, 31.6 percent in 2018, and 30.1 percent in 2019 billed the D1354 code. In 2016, 0.9 percent of practicing general dentists, 2.6 percent in 2017, 5.2 percent in 2018, and 5.2 percent in 2019 billed the D1354 code. The p-value for the district location and provider specialty was significant (p < 0.001) which means that there are more pediatric dentists providing silver diamine fluoride in the Western district compared to the other district locations where more general dentists are providing this treatment. Pediatric dentists treat children ages 0 to age 18 compared to general dentists who treat primarily an adult patient (greater than 18 years of age) population (p< 0.001). Pediatric dentists treated more anterior and posterior teeth of children ages 0 to younger than 8 years old and more posterior teeth in children ages 8 to 18 years old compared to general dentists (p< 0.001). There were a higher number of claims in the $25,000-$74,999 income level and the greater than or equal to $75,000 income level (p<0.001).

This study demonstrates that there is an increase of silver diamine fluoride use throughout the years. The authors emphasized the need for further research to determine why the Western region had a higher use of silver diamine fluoride. It was interesting that incomes under $25,000 had less claims than the other income levels. This study only included private insurance claims, neither Medicaid nor any other claim types were included. A potential limitation of the study is that the code D1354 could be coded for another medicament (for example, a combination of silver nitrate and fluoride varnish). In conclusion, pediatric dentists were more likely to submit a claim compared to general dentists.

Jessica Eisenberg, DDS; Resident, Pediatric Dentistry, VCU School of Dentistry
Behavioral problems during dental care, especially during the first three years of life, are generally a result of emotions such as fear, anxiety, and past experiences and emotional characteristics of the child. The first three years of life are also known as the pre-cooperative period of life, in which behavior challenges are to be expected. The child does not understand how to follow instructions and express emotions in a physically and psychologically perturbing situation. Uncooperative behavior impedes with treatment, and this can lead to an increase in incidence and severity of dental problems. This is when a dentist needs to employ behavior management techniques (BMT). The use of BMT helps deliver quality dental care by reducing fear and anxiety and establishing trust and communication between the child and the dentist as well as the caregiver and dentist. Protective stabilization is a type of advanced behavior management technique. There is a lack of quality literature and scientific evidence regarding the risks and acceptability of the use of protective stabilization. That, coupled with the increase in awareness about children’s rights, makes dentists skeptical about dealing with this BMT in their practice. The aim of this study was to provide insight on the perception of mothers, psychologists, and pediatric dentists regarding protective stabilization. The goal was to understand the attitude of the dentist and the caregiver, the harm and distress caused to the child, and the participation of parents during the technique.

The participants of this study included first-time mothers of children up to the age of 3 years (n=5), psychologists with at least 10 years of experience (n=7), and pediatric dentists with at least 10 years of experience (n=4) who watched a 3-minute video with scenes of dental care for children up to the age of 3 that involved the use of protective stabilization techniques. The children in the videos exhibited different degrees of resistance to care. Procedures such as exam, prophylaxis, fluoride varnish, application, and restorations were done with the arms and legs of the child being held by a family member and the head being restrained by the assistant or a staff member. All children in the video cried, some stopped at the end while some didn’t. At the end of the videos, participants were interviewed and the interview was supervised by a researcher with a PhD in psychology. The questions were adapted to the different groups of participants, guided by a tested, structured questionnaire. Key points that were addressed were: 1) Participant perception, 2) Feelings when watching the videos, 3) Participant perception about the harm and distress caused to the child, and 4) Perception about the participation of parents during the technique. These interviews were conducted one-on-one and lasted on average for 40 minutes.

The answers from the interviews were analyzed using a thematic approach in three stages: pre-analysis, data analysis, and interpretation of findings. For consistency of data, analysis was performed by the two authors of the study individually. Additionally, ‘register units’ were used for each group to determine words that repeated most during the interview for each group. The results of this study demonstrated that caregivers understand and accept the importance of utilization of protective stabilization during dental treatment. Dentists recognized that even though this is a stress-inducing procedure for everyone involved, it is a key tool in urgent situations for resolving pain. Psychologists reported not being aware of the use of protective stabilization by dentists but understood the importance and effectiveness of this technique in certain situations. Additionally, mothers reported anxiousness and concern regarding the possible long-term psychological trauma to the child after using protective stabilization. But literature has suggested that long-term trauma secondary to dental treatment is associated with repetitive events that involve physical abuse. Interestingly, according to the psychologists, the participation of a family member makes this approach much more humanized. Parents and caregivers feel much more comfortable being in the room with their child during the dental procedure. The acceptability of protective stabilization creates a trust and bond between the dentist and the caregiver. Desensitization techniques and knowledge of the procedure before the dental appointment play a big role in contributing to the success of the appointment. Protective stabilization is an excellent technique when there is a need for an urgent diagnosis or treatment for a child with a physical and/or mental disability, who is incapable of being cooperative due to lack of maturity. But it should, by no means, be used for disciplining the child or as a means of convenience for the dentist. Active participation of the caregiver also enhanced the success of the treatment. Thus, the pediatric dentist should use protective stabilization techniques with caution and only when applicable. When possible, behavior management should be utilized before using protective stabilization. In conclusion, all participants recognized the importance of protective stabilization while admitting the emotional distress it can cause. The formation of a bond of trust between the dentist and the caregiver were pivotal in the success of the technique.

Swara Fadnis, DMD; Resident, Pediatric Dentistry, VCU School of Dentistry
A tooth is considered non-vital when decay or trauma has caused irreversible damage to the tooth’s nerve causing inflammation, necrosis, and possibly abscess. Non-vital pulp therapy is used as a treatment modality in pediatric dentistry to prevent early loss of primary teeth and subsequent premature space loss. Currently there are two possible non-vital pulp therapies supported by the AAPD for treatment of primary teeth: (1) conventional pulpectomy (2) lesion sterilization tissue repair or LSTR. Pulpectomy is a root canal procedure for primary teeth in which the necrotic pulp is completely removed from the canals of the tooth, therefore eliminating the source of infection. The canals are then filled with a medicament ultimately sealing the access of the canals with a biocompatible material. Zinc oxide eugenol, iodoform, and calcium hydroxide are common components in brand name root canal materials used in pulpectomies. On the other hand, lesion sterilization tissue repair (LSTR) is a process in which an antibiotic mixture is placed in the pulp chamber, over the pulp canal orifices. It is intended to disinfect the root canals usually without any instrumentation of the actual canals like in a pulpectomy procedure. 3-Mix is an example of a commonly used antibiotic mixture using the combination of 3 antibiotics namely metronidazole, minocycline, and ciprofloxacin. Considering the staining associated with tetracycline derivatives, minocycline has been replaced with clindamycin.

The purpose of this article was to assess overall clinical and radiographic success of these non-vital pulp therapies for primary teeth and to evaluate elements of these therapies that may have affected the outcomes of treatment. Authors working closely with the American Academy of Pediatric Dentistry (AAPD) conducted a systematic review of all dental literature published up to January 2020 on primary teeth that received non-vital pulp therapies. In total, 114 articles were included in the final review. Overall success was defined as only those teeth that showed both clinical and radiographic success simultaneously in time frames starting at six months. Failures were also considered both clinically and radiographically. Treatment was considered a failure if there was (1) no resolution of pre-operative radiolucency (2) the tooth in question exfoliated less than 6 months after treatment (3) if a tooth failed in any time frame from the beginning, it concluded as a failure in all future time frames (4) if a child dropped out during any time frame.

Pulpectomy was found to be better in teeth without preoperative root resorption vs. with preoperative root resorption. (89% vs. 47% in a 12 month follow up and 88% vs. 59% in a 24 month follow up and 84-90% vs. 59-69% in a 24-60 month follow up). The material of choice being Endoflas (brand name) and zinc oxide eugenol (90% success) compared to Vitapex and Metapex (brand names for iodoform based materials) (71% or less). Pulpectomy was also better in teeth without preoperative root resorption vs. LSTR in teeth without preoperative root resorption (92% vs. 65% in a 12 month follow up). LSTR, however, performed better in teeth with preoperative root resorption vs. pulpectomy in teeth with preoperative root resorption (76% vs. 47% in a 12 month follow up). LSTR 3-Mix without tetracycline performed better vs. with tetracycline (76% vs. 56%) making this its material of choice when available. LSTR success was also higher when the canals were filed and/or broached before the antibiotic paste was placed.

Although LSTR was supported as a treatment modality, it did come with certain precautions. It was found that long term LSTR treatment could result in permanent tooth damage due to the high concentration of the antibiotic. Application of this combination antibiotic temporarily reduces the bacterial load, minimizing the progression of inflammatory root resorption, however, once the antimicrobial effect is reduced from natural wear over time, recolonization occurs, osteoclast/macrophiage activity resumes, and failures are seen at an accelerated rate. The authors of this study recommend using LSTR if maintenance in the developing arch is needed for function and/or space for 12 months followed by close monitoring with regular radiographs every 12 months.

Jessica Gonzalez, DMD; Resident, Pediatric Dentistry, VCU School of Dentistry
ARTICAINE INFILTRATION VERSUS LIDOCAINE INFERIOR ALVEOLAR NERVE BLOCK FOR ANESTHETIZING PRIMARY MANDIBULAR MOLARS: A RANDOMIZED, CONTROLLED, DOUBLE-BLIND PILOT STUDY

As dentists, delivering local anesthesia effectively and as painlessly as possible is one of the most critical aspects. A well-anesthetized patient will hopefully be less anxious, will have a more positive visit, thereby allowing for trust-building and improving the overall doctor-patient relationship. As important as this is for a patient of any age, this initial step when treating a pediatric dental patient can shape the entire visit for them. There are many things that should be considered by the provider in addition to the technicality of delivering local anesthesia with a pediatric patient. This includes knowledge of available local anesthesia (LA) agents and an understanding of their mechanism of action and safe dosing regimens.

The two main agents used for local anesthesia in pediatric dental offices are 2% lidocaine with 1:100K epinephrine and 4% articaine with 1:100K epinephrine. It is of utmost importance to calculate and know the limit of local anesthetic agents that can be safely given to prevent the risk of toxicity. Lidocaine, introduced in 1948, has long been regarded as the standard agent used in dentistry for local anesthesia. Articaine is a newer amide agent that, due to its chemical properties, allows it to more readily diffuse into the hard and soft tissues. This, combined with the fact that children’s cortical bone is less dense when compared to adult cortical bone, allows articaine infiltration to be considered as an alternative to inferior alveolar nerve block (IANB), traditionally performed using lidocaine, in patients that are four years of age or older.

Zhang et al. at the University of Illinois Chicago (UIC) conducted a randomized controlled, double-blind pilot study to compare the effectiveness of articaine infiltration to lidocaine IANB when doing restorative treatment of primary mandibular molars (PMM). In this study, thirty children between the ages of 4-10 years were randomly allocated to receive restorative treatment of PMM with either lidocaine IANB or articaine infiltration as LA agent. A single pediatric dentist delivered the local anesthetic in all patients of both groups. The specific restorative treatment was carried out by UIC’s pediatric dental residents blinded to the type of anesthetic which had been used. The pediatric dental residents also served as examiners, and they assessed the subjects’ reactions during treatment using the Modified Behavioral Pain Scale (MBPS). Dental assistants, who were also blinded to the type of LA agent used, assessed the patients’ reaction using MBPS during LA delivery. No advanced behavior management methods (nitrous oxide/oxygen analgesia, oral sedation) were used. The subjects’ blood pressure and heart rate were also measured throughout the visit. Finally, the patients themselves ranked their own experience using the Wong-Baker FACES Pain Rating Scale (WBS).

Fifteen subjects were included in each of the two study groups. MBPS during administration of LA showed less crying on the articaine infiltration group. The pulse of subjects during injection also was significantly less during infiltration with articaine compared to an IANB using lidocaine. No statistically significant differences were found in MBPS during treatment and blood pressure measurements between the two groups. Considering the outcomes measured in this study (MBPS, WBS, physiologic vital signs), the articaine infiltration was as effective as lidocaine IANB for restorative treatment of PMM in pediatric patients. Pain scores were slightly increased in the lidocaine group, but without statistical significance. A larger trial is required to determine if articaine infiltration can in fact be considered a good alternative to lidocaine IANB for restorative treatment of PMM. This study contributes to the growing evidence in the literature that supports articaine infiltration as a useful tool when treating pediatric dental patients safely and effectively in situations when lidocaine IANB would have otherwise been recommended.

Jessica McAuliffe, DMD; Resident, Pediatric Dentistry, VCU School of Dentistry
DENTAL FACULTY SHORTAGE: CALL FOR ACTION!

Dr. Mary T. Pettiette, Dr. Awab Abdulmajeed, Dr. Carol Caudill, Dr. Rodney McDaniel, Dr. Caroline K. Carrico, Dr. Tegwyn H. Brickhouse

Faculty Shortage in Dental Education

There has long been awareness that a faculty crisis is coming, and we are now there. The August 2017 Journal of Dental Education report, "Dental Schools Vacant Budgeted Faculty Positions," revealed several reasons that faculty vacancies persist, including competitiveness of salaries, candidates not meeting position requirements, new positions open due to new schools or expansions of class size, and faculty separations (retired, left for private practice, left for position at another school) (Figure 1). The report’s authors state, “Overall, among full-time faculty members, retirement was a far larger problem for vacancies than competition with the private sector in 2015-16. These retirement rates suggest a need for an infusion of younger faculty members to replenish schools after the retirement of aging faculty members.” Another factor is the increase in the number of dental schools in the United States: in 2006, there were 56 dental schools and as of 2020, there are 68. Faculty salaries on the other hand have to be competitive with compensations from private practice and nearby dental schools. It is worth mentioning that VCU competes in dental faculty recruitment with West Virginia University, Maryland University, Howard University, University of North Carolina at Chapel Hill, East Carolina University and a new dental school opening in 2022 at High Point University. The state of Virginia in conjunction with VCU should put all kinds of effort in retaining and recruiting dental faculty to remain competitive.

While 2015-16 data show that over 40% of full-time faculty are over 60 years old, data from the 2017 ADEA Survey of Dental School Seniors show that, upon graduation, only 0.4% of dental school seniors planned to enter academia at a dental school, even though 58% expressed an interest in teaching at some point in their careers (Figure 2). Faculty diversity shows changing trends with women currently outnumbering men in the cohort under 40 years of age. While racial and ethnic diversity among the faculty has improved, there is still much that can be done to address persistent inequities. These statistics reflect the need to promote interest in faculty positions among predoctoral, dental, and dental hygiene students as well as advanced dental education residents and fellows. All trainees must be made aware of the benefits of academic dentistry and the specific initiatives that will help them explore careers in dental education. Data indicate that the time to address the future shortage of dental educators is now.2

VCU School of Dentistry Faculty

Historically, the VCU School of Dentistry has averaged 95 full-time faculty members per year. Currently, there are 87 full-time faculty members: 29 of the 87 are ≥ 60 years old and a total of 31% are now at retirement age. VCU School of Dentistry last experienced a significant bolus of faculty retirements in the early 2000’s. As previously stated, a traditional pathway of faculty recruitment has been the hiring of retired military dentists as faculty in VCU School of Dentistry. Changes to the military dental programs have all but closed the military to faculty pipeline. Most military branches have eliminated their dental component. Of the few military dentists remaining, many are not staying until retirement but are going...
into private practice. The robust civilian dental economic environment stresses the ability of the military to retain dental providers when military pay is significantly less at the early stages of a dental officer's career. The number of dentists in the military has decreased along with a decrease in the time that they serve. This reduces the number of retired military dentists who could potentially serve as faculty members in dental schools.\(^3\)

To be a competitive dental school, we need faculty of merit. To have faculty of merit, we need to be competitive with other dental schools. A key to competitiveness is attracting, developing, and retaining dental faculty. One pathway to accomplish this goal is to offer a potential new hire a faculty license. This pathway is particularly important for foreign-trained dentists who have completed a graduate specialty program. However, the Commonwealth of Virginia grants a faculty license only if the specialty program completed by the foreign-trained dentist is recognized by...
the Commission on Dental Accreditation. Some advanced training programs fall under the category of General Dentistry and, although these programs are two to three years in length and contain a clinical component, they are not recognized as specialties by the Commission on Dental Accreditation. Examples of advanced training programs that are not ADA recognized specialties include Operative Dentistry, Material Science, Digital Dentistry, Esthetic Dentistry, Dental Sleep Medicine, and Implantology. A major limitation of the faculty license pathway in Virginia is obvious: these licenses are not granted if the Council of Dental Accreditation does not recognize the advanced training program specialty and yet many of the foreign-trained dentists have completed one of these rigorous programs.

Unlike Virginia, many other states have accommodations to grant a faculty license based on rigorous credentialing, a peer review process, and the approval of the Dean of the respective dental school. These states are implementing the CODA Standard 3-1, Faculty and Staff, which states, “The faculty member responsible for the specific discipline must be qualified through appropriate knowledge and experience in the discipline as determined by the credentialing of the individual faculty as defined by the program/institution”. At present, Virginia does not have a similar pathway, but if it were to adopt one, then the granting of a faculty license would occur only with the approval of the School of Dentistry’s Credentialing Committee and the Dean, followed by the approval of the Virginia Board of Dentistry. It is worth mentioning that in this scenario, the faculty license would not allow an individual to count his or her dental faculty time toward obtaining a full dental license through Virginia’s license by credentials process; nor would it allow the person holding the license to practice dentistry outside of the VCU School of Dentistry. A faculty license would solely be tied to employment with the School of Dentistry. If accepted, this modification would allow the VCU School of Dentistry to recruit new, foreign-trained, highly competent faculty who would be valuable colleagues in our teaching mission; it would likewise assist us in attracting new faculty as we compete for them against several other dental school like North Carolina, Florida, Massachusetts, Ohio, and New York. As the only dental school in the Commonwealth, it is our mission to provide the citizens of Virginia with highly trained dentists. To do so, we need to explore the best ways to recruit, develop, and retain dental faculty.

Opportunities

Dental education should produce an adequate number of dental practitioners as well as a sufficient number of dental educators. Dental institutions should have effective programs and action plans to prepare, recruit, and retain faculty. Dental students should be encouraged to participate in such programs to explore their interest in dental education and academic careers. Only 0.5 – 1.3 % of graduating seniors indicated plans to pursue an academic career for the period of 1980 to 2004. Rupp et al. reported a 3% of seniors considering a career in dental academia. The ADEA Academic Dental Careers Fellowship Program (ADEA ADCFP) was introduced in 2006 as a program that aims to involve students in teaching by pairing them with faculty members. Enrolled students are mentored by their faculty to participate in teaching by giving a lecture, run a group discussion, and demonstrate techniques. In addition, students are required to conduct interviews with faculty members to gain their perspectives about an academic career. Such programs and similar other programs should be reinforced and strongly promoted to gain popularity. This will in turn help advocate academic careers to dental students. The success of these programs is yet to be proven. It is imperative that issues of faculty compensation which are influenced by state budgets and tuition rates, remain at the forefront of discussion. However, continued efforts should be made toward these career programs which need to be continuously evaluated and innovated to ensure their success.
Conclusion

We can no longer sustain our faculty ranks solely through military retirees and US graduates. We must broaden our faculty applicant pool. The crisis of the shortage of faculty is upon us. We would love to hear your input on the issues of dental faculty shortages. Please email: denpubhealth@vcu.edu

References


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**Practice Limitation**

Did you know a general dentist who limits his practice to a dental specialty or describes his practice by types of treatment shall state in conjunction with his name that he is a general dentist providing certain services (e.g., orthodontic services)?

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

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**Patient Record**

Did you know every patient record shall include a health history taken at the initial appointment that is updated (i) when analgesia, sedation, or anesthesia is to be administered; (ii) when medically indicated; and (iii) at least annually?

18VAC60-21-90 (B) (2) of the Regulations Governing the Practice of Dentistry.

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**Treatment of Acute Pain with Opioids**

Did you know that the initiation of opioid treatment for all patients with acute pain shall include the following?

18VAC60-21-103 (A) (1, 2, 3, 4) of the Regulations Governing the Practice of Dentistry.

1. A prescription for an opioid shall be a short-acting opioid in the lowest effective dose for the fewest number of days, not to exceed seven days as determined by the manufacturer’s directions for use, unless extenuating circumstances are clearly documented in the patient record.

2. The dentist shall carefully consider and document in the patient record the reasons to exceed 50 MME per day.

3. Prior to exceeding 120 MME per day, the dentist shall refer the patient to or consult with a pain management specialist and document in the patient record the reasonable justification for such dosage.

4. Naloxone shall be prescribed for any patient when there is any risk factor of prior overdose, substance abuse, or doses in excess of 120 MME per day and shall be considered when concomitant use of benzodiazepine is present.

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**License Renewal**

Did you know the license or permit of any person who does not return the completed renewal form and fees by the deadline shall automatically expire and become invalid, and his practice of dentistry shall be illegal? With the exception of practice with a current, restricted volunteer license as provided in § 54.1-2712.1 of the Code practicing in Virginia with an expired license or permit may subject the licensee to disciplinary action by the board.

18VAC60-21-240 (A) of the Regulations Governing the Practice of Dentistry.
Not content to be just dentists, VDA members have shown time and time again that they are able to intertwine dentistry with their various other interests. The term “Renaissance man” or a person with many talents or areas of knowledge, comes to mind. Some say the different aspects of their lives make them better dentists.

Nathan Houchins is no exception.

However, Dr. Nathan Houchins is completely autonomous of Scott Storm, the professional wrestler. I had the pleasure of getting to know both recently.

**DR. NATHAN HOUCHINS, DENTIST**

Growing up in Wytheville, Nathan is no stranger to hard work and the sense of community from living in a rural area. As a teenager, Nathan worked with his father in construction. One day while hauling shingles up a ladder to their destination on a sweltering roof he came to the realization that construction as a career just wasn’t for him.

In high school he was asked to write a paper on what he wanted to do when he grew up. The paper was easy to write since he had been inspired during his most recent dental check-up with his family dentist, Dr. Richard Copenhaver. During his appointment he noticed some images of tooth anatomy hanging on Dr. Copenhaver’s operatory wall. This particular visit turned out to be the catalyst that launched him into a career in dentistry.

Immediately after high school, Nathan enrolled in the Wytheville Community College dental assisting program. Later he would transfer to Virginia Tech to pursue a pre-dental degree in biology. In 2007 Nathan graduated from the Virginia Commonwealth University (VCU) School of Dentistry as a general dentist.

His love for dentistry and community came together when he got involved in the VDA Foundation’s Mission of Mercy (MOM) project as a student volunteer. He went on to participate in over 30 MOM projects. “I must credit my most valuable mentors growing up in the dental profession, the late Dr. Carol Brooks of VCU, Dr. Terry Dickinson, former Executive Director of the VDA, and Robbie Schureman of Henry Schein.”

Nathan married his high school sweetheart, Stacy when he was 18 and they ended up attending the same school for dental assisting. Stacy later became Dr. Houchins’s office manager until their son Creighton was born. These days, Dr. Houchins divides his time between his dental practice, training his alter ego Scott Storm, and being a husband and father.

Through the grapevine, some of Dr. Houchins’s patients have heard about Scott Storm, but for the most part, he keeps it under wraps. When a patient does recognize him as Scott Storm, it’s always a pleasant surprise.

“Patients are accustomed to seeing the scrubs and mask, so when they learn of Scott Storm, it’s a complete 180 in their perception. I had a patient come up to me after a show in Bristol, Tennessee – I am in full wrestling attire and taking some pics, and this sweet lady comes up and opens her mouth and shows me her gums right in front of everyone. I recognized her and thought it was so cute. She actually booed me during the match until she realized it was me. I gave her a hard time for it, and by the way, she will be needing a denture adjustment”.

**SCOTT STORM, PROFESSIONAL WRESTLER**

Meeting Scott Storm was a real treat! During our interview Scott made some things very clear…

“Let me tell you something, Shannon. I don’t need no championship belt, I don’t need the prize money, I don’t need the social media.

Let me tell you what I need.

When I step into that ring and I am face-to-face with my opponent, I got exactly what I need.

I see the fear in their eyes!

That’s all I need!

You want to know why, because whoever they put in front of me is going to have a big PROBLEM!”

>> CONTINUED ON PAGE 30
L-R: Dr. Nathan Houchins and a beloved patient.

L-R: Robbie Schureman, Creighton Houchins, Dr. Nathan Houchins

Scott Storm with Creighton and Stacy Houchins

Scott Storm and the guy dealing with "a big PROBLEM"
The moniker Scott Storm is a combination of Dr. Houchins’s middle name, Scott, and Storm, the name of the dog he had for many years. He couples that with silver hair, lightning bolts, a snazzy vest and a much more deep and intimidating voice.

Voilà!

Scott Storm is born.

Well, it’s not that easy.

Nathan was a wrestler in both high school and college but never thought he was big enough or had enough charisma to become a professional wrestler. At the age of 39, he found himself sitting on his couch after a long day at his dental practice. As four-year-olds do, his son Creighton wanted him to play with Legos, but Nathan just didn’t have the energy.

“I was becoming lazy and someone I didn’t want to be.” Nathan recalls.

This was a turning point for Nathan and that’s when he told himself it was now or never to fulfill his life-long dream of becoming a professional wrestler. He was going to get off the couch, get into shape and reach for that childhood dream. He also saw this as a great opportunity to inspire Creighton to follow his dreams.

Going from the couch to the ring is a big step. Nathan knew he needed to adopt a new routine and would need some professional instruction to make that transition.

Nathan had gained a huge amount of confidence from his years in dentistry as a trusted member of the community. So, with that newfound confidence, he signed up at the local wrestling school.

Now his routine is very different. He makes time to train Scott Storm two days a week and then attended Boogie’s Wrestling Camp on Sunday. The school is run by WWE Hall of Famer, the Boogie Woogie Man, Jimmy Valiant in Shawsville. Scott Storm is the oldest student currently at the school, but he certainly isn’t deterred by this, he’s just as enthusiastic as the next student.

When beginning training at Boogie’s Wrestling Camp, your first lesson is called “The Bump”. This is the art of learning how to safely fall to your back while protecting your head and neck. Before you can move on to any other element of wrestling you must learn to “Bump” correctly. This is the point in which many students drop out and never advance to more complex moves.

You might be thinking that professional wrestling is all theatrical and doesn’t pose any real threat of injury. You’d be wrong. While the wrestlers are working together to put on a show, the slams and power moves are real. It takes a couple of months for your body to acclimate to getting slammed over and over. In the case of Scott Storm, contact only makes him come back with more intensity and fires him up to retaliate.

Scott remembers attending his first class in gym shorts and a t-shirt. Later he would accessorize his outfit with knee, ankle and wrist braces to help protect him from common injuries. Even with the added protection, Scott has suffered several injuries including a hamstring sprain, a bruised sternum, and wrist injuries.

Wrestling has become a family affair with his wife, Stacy, and son Creighton rooting for him in the audience. Creighton dresses up for matches and even jokingly says he has two daddies.

“I always tell Creighton before an event not to tell anyone that Scott Storm is really his daddy, but he whispers to folks around him. It’s his big secret”.

Now at age 42 Nathan and Scott have graduated wrestling school, maintained an undefeated record and have transitioned to a permanent instructor. He knows his body can’t withstand the constant beatings of a professional wrestler forever, but he has a natural ability as a teacher and wants to help educate and mentor the future wrestlers in his community.

Scott Storm currently travels the independent wrestling circuit. He has performed at shows in Tennessee, North Carolina, and just recently (due to COVID delays) Virginia. Scott plans on staying local and keeping everything simple.

“I have followed wrestling most of my life, but what I have learned over the past couple of years is eye opening”. This experience has made me feel so young again and full of motivation to get better in wrestling and life.

Managing Editor’s Note:
Follow Scott Storm on Facebook: https://www.facebook.com/Scott-Storm-112583156942912/
Two new members have joined the Board of Dentistry: Dr. Alf Hendricksen from Lynchburg, and Dr. Sidra Butt, Midlothian. Sandra Reen, Executive Director, has a new executive assistant attending the BOD meetings, Ms. Sally Ragsdale.

A written public comment was handed in by Trey Lawrence, the General Counsel of the American Association of Orthodontics regarding tele-dentistry concerns.

In person, Dr. Alex Vaughn and Dr. Michael Pagano, both dentists with VA Total Sleep, presented their willingness to assist with their expertise and offered their services to the BOD. At a later point during the meeting the BOD discussed the establishment of an advisory team or “work group” to get a better understanding and clarify the role of the dentist regarding sleep apnea and procedures. This Work Group should make it easier for the BOD to make an educated decision for rules and regulations concerning the treatment of obstructive sleep apnea.

Dr. Maria Brutten, a foreign-trained dentist, kindly asked the BOD to consider the possibility of combining two testing score cards from different testing agencies to be able to gain licensure. At a later point during the meeting the BOD discussed this topic and the consensus was not to pursue this change because the Board of Dentistry does not see as its duty to decide if a student has passed the tests. It was determined that the testing agencies are responsible for establishing whether a student has passed the dental boards. The BOD will leave the rules “as is” and not combine score cards of different testing agencies for licensure in Virginia.

Dr. David E. Brown, Director of the Department of Health Professions, gave some general comments while reminding Board members that their role on this Board is to protect the public, not the profession, and he clarified the difference from the purpose of professional organizations.

“The BOD discussed the establishment of a ‘work group’ to get a better understanding and clarify the role of the dentist regarding sleep apnea and procedures.”

He reported that new security contractors are working in the BOD building and will be updating the audio-video systems in 2022. This should make it easier for possible future online meetings.

Dr. Nathaniel Bryant reported that Virginia is doing well compared with other States for its vaccination rate status – Virginia is placed 10th in the Nation. Unfortunately, the COVID numbers are increasing again. The Omicron variant appears to be more transmissible but seems to produce milder cases. Currently the mortality and hospitalization rates are stable.

The report on the Annual Meeting of the Council of Interstate Testing Agencies (CITA) in September in Florida was announced. The new CompeDont teeth will be used in the exams. Candidates will have two chances to diagnose caries from a radiograph. If the candidate fails both diagnosis attempts, the candidate cannot take that portion of the exam at that time. Changes were made to align manikin and live patient exams. Verbiage was edited for clarity.

Ms. Elaine Yeatts mentioned the Chart of Regulatory Actions as of November 16, 2021, which indicated how long since regulations governing the practice of dentistry were submitted to the Governor’s office. The longest delay of document review is currently 793 days. Other documents submitted in the past have had review periods between 11 and 730 days.

Guidance documents 60-27 on Sedation Permits and the revision on the guidance document 60-7 on Delegation to a Dental assistant were unanimously voted all in favor. In addition, Ms. Yeatts talked about the establishment of a written policy for holding Board meetings of the BOD with electronic participation by some of its members and the public. The motion carried with one voting against it.

The policy on recovery of disciplinary costs was discussed. Even though the BOD has healthy financial funds they decided not to reduce the disciplinary costs this year and defer a decision on this matter for another 2 years. Currently the policy includes maximum fees for the assessment for a dentist $ 5,000, for the assessment for a dental hygienist is $ 1,200. In addition to the assessment fees an inspection fee of $350.00 will be charged.

In the disciplinary report from January-October 2021: 392 cases were received, 339 cases were closed with no violation, 61 cases closed with violation and 400
total cases were closed. The majority of cases were patient care related, in which the diagnosis/treatment was improper, delayed, or unsatisfactory. Some also included failure to diagnosis/treat and other diagnosis/treatment issues.

Mr. James Rutkowski, Assistant Attorney General, had been asked to report an individual to the BOD for prescribing antibiotics without holding a valid DEA license. Mr. Rutkowski stated the rule: a valid DEA license is not necessary to write a prescription for antibiotics.

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.
Dental practices across the country continue to experience staffing issues. At the beginning of the fall season, 32% of dental practice owners were still actively recruiting for dental hygienists, and 39% were looking to fill dental assistant roles. Many practices shift staff members to take on added responsibilities in hopes of staying on top of business. Fortunately, technology is rapidly advancing to reduce staff time and resources required in some of the most labor-intensive areas of your business operations, such as insurance.

No doubt, working with insurance takes up a big chunk of your practice resources, making it the perfect area for an efficiency evaluation. You may not immediately think the words “insurance” and “efficiency” can ever go together, but emerging technologies are opening options that did not exist even a few years ago. The gains can include not only more efficient processes and productivity, but stabilized staff workload and improved practice morale as well.

Insurance Verification Processes and Productivity
It’s common for staff to spend at least 20 hours a week verifying insurance and eligibility, typically on the phone. When claims are denied, those errors often have to be corrected at the time of the patient visit or handed off to the billing team. However, automated verifications completed in advance of the patient visit can dramatically reduce the hours spent on the process and delays in patient treatment plans.

Specialized software can connect to thousands of payer systems to run automated checks for each individual patient. Catching claim errors ahead of appointments reduces denials, accelerates the process, and helps prevent errors from manual data entry. Your front desk staff and your patients can be provided with accurate, real-time information. With a decrease in billing errors, payment delays or non-payment situations, your staff is empowered to be proactive in the workflow, not reactive, and your patients will be more likely to schedule their next treatment.

Stabilized Staff Workload
The next area that closely aligns with verifications is your understanding of what the patient’s plan covers and what benefits they have remaining. This is another area where it pays to reimagine the process. Patient-specific benefits and coverage can be delivered in a customized report for every patient on the schedule, day-of, one day or one week in advance of the appointment. Both your staff and the patient will have a clear picture of what is covered and what is owed, at the actual time of the appointment.

The insurance process is just one example of how process evaluation considering technology can help you thrive in the current environment. Technology can also now provide a big-picture overview of the areas where you are losing money, losing patients, or losing time to other tasks done in more traditional ways. There are ways to identify a patient’s revenue potential quickly and easily by revealing outstanding balances, uncompleted treatment plans or unscheduled recalls. With only a few adjustments to established methods, staff time and productivity and patient follow through can often be substantially improved. Many practices are surprised at how easy it can be now.

Improved Practice Morale
Your staff creates the first and last impressions for your patients. They deliver hard news about insurance and are responsible for patient follow ups. Direct stress on your staff can often be experienced by your patients in a number of ways.
Resolutions range from inaccessibility to heightened emotion. The more you can relieve stress by empowering your staff with rapid and accurate information, the better they can serve your patients, and the more likely that both will want to stick around.

Fortunately, during this time of unprecedented work environments, we also have the option of technological breakthroughs that weren’t previously available. Often, the way something has always been done is not the way it should be done. Whether you’re looking at employee retention, patient treatment plan completion or straight profitability, recent technologies can empower you to deliver enhanced outcomes that are genuinely and pleasantly surprising.

Editor’s Note: iCoreConnect is a VDA Services Endorsed Partner. iCoreVerify, by iCoreConnect, is automated, real-time insurance checks software. VDA members receive a 45% discount and unlimited benefit checks on iCoreVerify. Book a demo at land.icoreconnect.com/VA12 or call 888-810-7706.

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Managing your digital presence is more important than ever. Typically, consumers rely on online resources more than word-of-mouth referrals. That’s why it’s essential you incorporate your website and social media platforms into your patient experience.

Below are some simple ways you can clean up your web presence in 2022.

**Make important website updates**
Review your website and refresh outdated sections, such as COVID-19 protocols your office is utilizing. Now is a great time to make sure you’re listing the current insurance plans your practice accepts as well.

Every practice’s website should have an “About Us” page. Whether your team has been with you for years or if you have new team members, spend time updating staff photos and biographies. Add flare to the write-ups by including hobbies and interests, like favorite television shows or foods.

Upload recent high-quality photos of your office, both interior and exterior, to your website (and social media accounts). This helps patients get a sense of your brand and familiarizes them ahead of their first visit. In addition, ensure parking information and any other pertinent information is easily accessible for new patients.

Consider what patients might want to know about the services you offer. Include or update a “Frequently Asked Questions” section to help answer common questions patients typically ask of office staff.

**Update Google listings for ‘near me’ searches**
Have you ever typed, “delivery near me” or “restaurants near me” into your smartphone? “Near me” searches are rapidly increasing according to Google’s Consumer Insights group. Expect this trend to also impact medical and dental services.

Dental practices should claim their Google My Business profile, a free digital marketing tool. It’s essential your physical address is updated to help users find your practice in “near me” and general searches.

You also can update important COVID-19 health and safety information you want to communicate to patients in your Google My Business Profile.

**Install a SEO plugin**
Not a SEO (Search Engine Optimization) expert? There’s a plugin for that. SEO is a powerful tool to help businesses show up in search engine results. But understanding and implementing SEO best practices can be overwhelming for the average person.

If your website uses Wordpress, you can install a SEO plugin like Yoast ([www.yoast.com](http://www.yoast.com)) that will help you easily optimize content. The company offers free and annual memberships.

**Review your reviews**
A recent Harvard Business Review study found that replying to customer reviews results in better ratings. That’s important: Marketing software company BrightLocal reveals 85% of consumers trust online reviews as much as personal recommendations.

Take the time to audit reviews on Google, Facebook and Yelp to ensure you’ve responded. Also, create a system where you’re actively reviewing and responding to patient reviews. This should be done daily and doesn’t need to be a time-consuming process.

**Include patient testimonials**
If you haven’t updated patient testimonials, make the time to collect anecdotes from current patients. Make sure quotes reflect the important COVID-19 policies offices are implementing to keep staff and patients safe. Testimonials can provide a clear idea of what people can expect when they visit your practice and demonstrate longtime patient loyalty while maintaining an honest perspective.

**Use Facebook Wi-Fi to increase engagement**
Does your office offer free Wi-Fi? You can increase the Likes on your Facebook Page by activating Facebook Wi-Fi. The free service connects to compatible routers and allows patients to access the office’s Wi-Fi using their Facebook account. When people utilize the Wi-Fi, they have the option to share that they’re at their appointment with Facebook friends, helping more people discover your practice.

Setup takes less than 20 minutes and can be done at [www.facebook.com/facebook-wifi](http://www.facebook.com/facebook-wifi).

Today, attracting new patients and achieving high patient retention comes from more than providing excellent care. If you’ve known that your practice’s online presence could use some sprucing up but have been putting it on the back burner, now is the time to make this a priority. If your website is hard to navigate, or has incorrect information, you may be losing prospective patients. Make sure your website is updated and that it allows for patient ease and convenience so you can focus on their experience in the dental chair.

**Editor’s Note:** Michaela Mishoe is an account coordinator at The Hodges Partnership, a strategic communications firm in Richmond.
Practices Opportunities

Roanoke  Practice collects $580K per year and is a mix of FFS and PPO. The interior of the space is perfectly designed for an efficient operation. Located in 3,000 sq/ft with 5 ops. Well trained, longtime staff. Digital and paperless.

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.

Roanoke Region  Very profitable FFS/PPO practice for sale 30 minutes from Roanoke. Collects over $950K per year. 4 ops in a 2500 square/foot free standing building. Paperless with digital x-ray and digital PAN.

Hampton Roads  The very spacious office has 8 treatment rooms in 5000 sq/ft. This practice consistently generates over $900K/year with a mix of PPO and FFS patients.

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.

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.

Northern Neck  In the heart of a charming river town! 100% FFS practice collects over $1M with very strong cashflow. Established over 40 years ago. 2,000+ active patients. 4 equipped treatment rooms with a 5th plumbed and ready for expansion.

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

Charlottesville  Collecting $850K per year with very strong cashflow. Prime location with great visibility to nearby shops and restaurants. 6 nicely equipped ops with a new CBCT, Cerec scanners and mill.
DENTAL DETECTIVE SERIES

WORD SEARCH

Dr. Zaneta Hamlin

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

NOMENCLATURE
RESOLUTIONS
XEROSTOMIA
TOURNAMENT
ARLINGTON
HYGIENIST
LOYBYIST
OMICRON
INSPIRE
BOOSTER

ANTIBIOTICS
BIOFEEDBACK
SMARTMOUTH
SNOWFLAKE
LICENSENG
LISTING
ALIGNER
RENEWAL
RESTON

PROSTHETICS
RETROSPECT
BLACKSBURG
BORDELEAU
GAUTHIER
FLORIDA
ABINGDON
SESSION
BERMAN

WASSERHOUND
WAVELENGTH
TRES LECHES
SQUID GAME
BRISTOL
EDUCATE
CONNECT
ACRYLIC
DEAN
CEO

>> ANSWERS ON PAGE 40
Is the 4% rule useful?
The 4% rule has been a piece of longstanding conventional wisdom for retirees. Put simply, it refers to the guideline that one can safely withdraw 4% of their portfolio’s balance as of their retirement date, adjusted each year for inflation, without running out of money before they die. The rule was developed in the early '90s and has been a decent “back of the envelope” calculation that retirees can use to understand their possibilities in retirement.

Many retirees, or soon to be retirees, may have felt like they received a pay cut in November, when a paper published by Morningstar (an influential financial research firm) generated plenty of headlines. The gist of Morningstar’s publication was that, due to the historically high valuations of stocks and historically low yields paid by bonds offered in today’s market environment, the 4% rule should be revised down to the 3.3% rule. In other words, if you planned on retiring on January 1st with a $1,000,000 retirement nest egg, you should only expect to draw $33,000 from it per year, adjusted for inflation. This, combined with social security retirement income and any other income sources specific to each retiree, will constitute the funding for one’s retirement.

This news is understandably disappointing. Today’s stock and bond markets are indeed more challenging than they were 30, 20, even just 10 years ago, and general rules of thumb like the 4% rule should be revised over time to reflect lower return expectations. Having said that, retirees should not be too quick to despair. The good news is that there are sophisticated planning tools and investment options that can help retirees get the most out of their nest egg.

Every Retirement is Different
While the 4% rule (which is what we’ll call it here for clarity, although Morningstar might call it the 3.3% rule now) has been helpful as a quick calculation, it is an incredibly blunt tool when considering all the different variables one can face in retirement. Retirement age, life expectancy, social security withdrawal age, investment risk tolerance, inheritance considerations, one off goals like a child’s wedding or a second home, moving to a state with a different tax regime, and legacy goals—these are some of, but nowhere near all the variable factors that can make your retirement different than your neighbor’s. Why should both of you use the static 4% rule?

In addition to its one-size-fits all approach, the 4% rule has some underlying assumptions that could mean it’s too conservative for some retirees. For example, the rule has no flexibility to account for the fact that a retiree could reduce spending in years of low or negative market returns. Instead, it assumes 4% is drawn from the portfolio in strong bull markets as well as difficult bear markets. Additionally, while the rule assumes the portfolio will be rebalanced annually, it does not account for the ability of a savvy investor or their financial advisor to opportunistically rebalance in extreme market environments—for example, to buy stocks after a big sell-off. 

Retirees should also be aware that the rule provides for a 90% success rate. Some retirees may want more or less certainty in their long-term planning, and many retirees should be able to reevaluate and adjust course if needed or desired as their retirement goes on.

Fortunately, technology has evolved to cater to the specific wants and needs of every retiree. Planning software programs enable financial advisors and their clients to be as detailed as desired with respect to spending amounts, investment strategy, social security timing and more. This is not to say that these tools remove all uncertainty. After all, for most retirees this is still an exercise in forecasting over a period of decades. But by revisiting the plan each year and evaluating progress, retirees can be confident that they are optimizing their retirement spending as much as possible. This approach is referred to as goals-based financial planning. Rather than multiplying your portfolio by 4% and calling it a day, figure out what your goals are in retirement and work with an advisor to see what’s possible.

“The good news is that there are sophisticated planning tools and investment options that can help retirees get the most out of their nest egg.”

Goals-based financial planning is the solution to the one-size-fits-all 4% rule, but Morningstar’s admonition about the difficult market environment is worth heeding. It is an unfortunate reality that investors should probably expect lower returns from stocks and bonds going forward than what they’ve experienced in recent decades. The good news is that...
investors have access to assets outside of traditional stocks and bonds in ways that enable them to seek other sources of return. This is particularly important during retirement when retirees are relying on their portfolio for distributions.

Don’t Limit Yourself to Stocks and Bonds

Both the original 4% rule and the paper recently published by Morningstar that dropped it to 3.3% only considered traditional stocks and bonds in their analyses. On the one hand, this is understandable, as most investors will be more familiar with stocks and bonds than any other type of investment. However, because of the current challenges within the stock and bond market, investors should consider allocating a part of their portfolio outside of these two traditional asset categories in order to further diversify their portfolio.

One place to start is a category of investments called hedged equity. Hedged equity investments come in many forms, but the unifying feature of them is that they seek to provide investors with exposure to the stock market without the same level of volatility that traditional stock investing has historically involved. Some hedged equity strategies achieve this by combining the ownership of traditional stocks with corresponding option contracts that mitigate losses in the event of a market decline, in exchange for sacrificing some of the upside during good times. Other forms of hedged equity will use instruments like convertible bonds and shorting strategies in order to reduce traditional market risk. Hedged equity enables investors to reduce their portfolio’s risk without putting more money into bonds. This is particularly useful in a rising interest rate environment, where bonds will struggle.

Another concept about which investors should be aware is that of interval funds. Unlike traditional mutual funds, which can be bought and sold daily, interval funds have more limited liquidity, typically only allowing investors to sell shares on a quarterly basis. In return for this more limited liquidity, investors get access to types of investments that weren’t historically available to everyone. These include private real estate, infrastructure, timberland, and agriculture, among other things. These less traditional asset classes have the opportunity to provide investors with a novel source of return that lacks correlation to traditional stocks and bonds.

Investors should always do their best to stay up to date on the various options available for use in their portfolio, but this is especially important in an environment like today’s in which the two most common options—stocks and bonds—are facing such headwinds.

Don’t Settle in your Retirement

Four percent, 3.3 percent, so what? Retirees shouldn’t adhere too zealously to any generalized rate of withdrawal for all of the reasons stated above. After building this nest egg for decades, retirees owe it to themselves to apply a more nuanced approach to their retirement planning by letting their goals drive the discussion. They should also recognize that with more investment options available now than ever before, today’s difficult environment for stocks and bonds doesn’t necessarily mean that they need to lower their aspirations in retirement. Admittedly, proper cash flow planning and investment design are more complicated than adhering to the 4% rule and dropping your portfolio in a 50%/50% mix of stocks and bonds. Retirees who want more out of their golden years should work with a financial advisor who can help them chart the best course forward for their unique goals.
MANY MEDICAID-ENROLLED WOMEN IN VIRGINIA WEREN’T AWARE OF DENTAL PREGNANCY BENEFITS

John Wallace; Communications Director, VCU School of Dentistry

Reprinted with permission from VCU School of Dentistry

Even though Virginia enacted comprehensive dental care coverage for pregnant women enrolled in Medicaid in March 2015, a significant portion of this population remained unaware of the benefit more than three years later according to a study by researchers at Virginia Commonwealth University School of Dentistry.

Recently published in the Journal of Women’s Health, a survey of reproductive-age women at VCU Health, an urban academic medical center in Richmond, found that Medicaid-enrolled women were half as likely to visit the dentist in the past year as women with private insurance. Despite the availability of Medicaid Pregnancy Dental coverage, one in three reproductive-aged women enrolled in Medicaid were unaware of the benefit.

The study concluded prior to the expansion of comprehensive dental coverage for all Medicaid-enrolled adults in Virginia in July 2021.

“Our findings showed significant gaps existed in oral health knowledge among reproductive-age women by health insurance status. In addition, a significant portion of Medicaid-enrolled women were unaware of dental care benefits during pregnancy even after three years of policy implementation,” said Shillpa Naavaal, B.D.S., M.S., M.P.H., assistant professor in the Department of Dental Public Health and Policy at VCU School of Dentistry and lead author on the study. “This is the first time awareness of Medicaid policy has been assessed in this population.”

The researchers found that awareness of Medicaid dental benefits did not differ by pregnancy status. Medicaid-enrolled and uninsured women experienced barriers to oral health care during pregnancy at much higher rates compared to women with private insurance. Inability to find a dentist that would treat pregnant women or take Medicaid insurance was 15-20 percent among Medicaid-enrolled women compared to less than 1 percent among women with private insurance.

In addition, almost 40 percent of Medicaid-enrolled women did not know that pregnancy is a period of higher risk for oral health problems. One-fifth were unaware of the linkages between oral health and general health, and one-fourth had safety concerns about receiving dental care during pregnancy. Dental coverage awareness was found to be positively associated with respondents’ oral health knowledge score and health information source.

Prior research by Dr. Naavaal estimated that Medicaid Pregnancy Dental benefits would impact about 45,000 women. However, between 2015-2017 only 10,395 women utilized the benefits.

“Now that Medicaid has been expanded in Virginia to include comprehensive dental coverage, work is needed to educate recipients in order to improve oral health knowledge and increase dental benefit utilization,” said Dr. Naavaal. “The information from this study can help program administrators, clinicians and oral health stakeholders identify groups for focused outreach and inform programs designed to educate recipients and connect community resources.”

Dr. Naavaal collaborated on this study with Caroline K. Carrico, Ph.D., biostatistician and associate professor in the Department of Dental Public Health and Policy at VCU School of Dentistry; Tiffany L. Williams, D.D.S., M.S.D., director of student recruitment and interim director of the Pediatric Dental Residency Program at VCU School of Dentistry; Tegwyn H. Brickhouse, D.D.S., Ph.D., chair of the Department of Dental Public Health and Policy and professor at VCU School of Dentistry; and Sarah E. Raskin, M.P.H., Ph.D., assistant professor at the VCU L. Douglas Wilder School of Government and Public Affairs. All researchers except Dr. Carrico are affiliated with the Oral Health in Childhood and Adolescence Core at the Institute for Inclusion, Inquiry and Innovation (iCubed) at VCU.

This study was funded in part by the Virginia Department of Health (VDH) contract received by S.N. and T.H.B. under the VDH Perinatal and Infant Oral Health Quality Improvement grant by the Health Resources and Services Administration (HRSA).
YOUR SUPPORT MEANS MORE NOW THAN EVER!

Laura Givens

The 2022 Virginia General Assembly begins their session this month and the VDA is asking legislators to support a budget amendment that would increase Medicaid dental reimbursement rates.

How can we maintain influence in Richmond? ALL DENTISTS must participate in the process! VDA members must make sure that dentistry’s voice is heard and ensure that the interests of your patients are foremost in the General Assembly’s eyes. If you haven’t already contributed to the VDA PAC for the 2022 year, please make your contribution today! You can contribute when paying your VDA dues through the VDA website at https://www.vadental.org/renew or separately at vadental.org/vda-pac. You’ll notice that we have new levels of giving. Contact Laura Givens at 804-523-2185 or givens@vadental.org for more information on how to become more involved in VDA PAC efforts. YOU can make a difference by effectively advocating for your profession!

We would like to thank all 2021 VDA PAC contributors for your generosity! Below are our highest level contributors. Please visit vadental.org/vda-pac to find a list of all contributors.

Apollonia Club Members ($1,060 or higher contributions)
Dr. Harshit Aggarwal
Dr. Steven Barbieri
Dr. Caitlin Batchelor
Dr. Scott Berman
Dr. Sanjay Bhagchandani
Dr. William Bigelow
Dr. Hugo Bonilla
Dr. Dana Chamberlain
Dr. Peter Cocolis
Dr. Mark Crabtree
Dr. William Dougherty
Dr. Sayward Duggan
Dr. Timothy Finkler
Dr. Samuel Galstan
Dr. Mandana Gh. Zolghadar
Dr. Marlon Goad
Dr. Brooke Goodwin
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Dr. Ralph Howell
Dr. Dani Howell
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Dr. George Jacobs
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Dr. Michael Miller
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Dr. French Moore
Dr. Madelyn Morris

VIRGINIA 2021 ELECTIONS RESULT IN MAJOR SHIFT

Charles Duvall and Tripp Perrin, VDA Lobbyists

The political landscape in Virginia shook on November 2, 2021 as Republicans won the races for Governor, Lieutenant Governor and Attorney General for the first time since 2009 ending eight years of Democratic control of the Executive Branch. Republicans also took back control of the House of Delegates by picking up seven seats: three in Hampton Roads, two in Central Virginia, one in Roanoke, and one in the Northern Virginia suburbs. Delegate Todd Gilbert (R-Shenandoah) is expected to become the next Speaker of the House when the House convenes in mid-January. Then Virginia Senate did not have elections this year and remains narrowly in Democratic hands 21-19. 2022 is a “long session” and is scheduled for 60 days where the legislature will consider among many other things a state spending plan for the next two years and how to allocate/spend/refund the largest revenue surplus in the history of the Commonwealth.

Nearly 3.3 million Virginians cast a ballot for Governor, which is approximately 700,000 more than the previous record. For more details on the election results and current legislators, we recommend visiting www.vpap.org.
# 2021 FINAL CONTRIBUTIONS REPORT

<table>
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<th>Component</th>
<th>% of 2021 Members Contributing to Date</th>
<th>2021 VDA PAC Goal</th>
<th>Amount Contributed to Date</th>
<th>Per Capita Contribution</th>
<th>% of Goal Achieved</th>
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<td><strong>TOTAL</strong></td>
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<td><strong>$260,340</strong></td>
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**TOTAL CONTRIBUTIONS: $260,340**  **SHORT OF GOAL:**  **$144,660**

**2021 GOAL: $375,000**
Assignment of Benefits
In a heated contest with big insurance companies, the General Assembly agreed with dentists and granted dentists and oral surgeons the right to have their patients assign their benefits. Dentists and oral surgeons also are allowed to balance bill.

Non-Covered Services
The General Assembly agreed with dentists and oral surgeons, almost unanimously in both House and Senate, and the legislation, proposed by the VDA, was approved to restrict insurance companies from mandating fees for procedures for which they are not paying.

Silent PPO
We asked legislators to support fairness and transparency in dental contracts and avoid surprises for patients. They agreed unanimously to require transparency when insurance companies lease networks.

Definition of Dentistry
Our friends in the medical community wanted to dictate how dentists and oral surgeons practice their profession. Dentists rallied around the new definition of dentistry, and the legislature agreed. A new definition of dentistry that more accurately reflects current-day practices is now the law of the Commonwealth.

Non-Covered Services De Minimis Clause
This legislation closed the loophole on the original 2010 non-covered services law by inserting what is often called a “de minimis clause,” which says that reimbursement must be reasonable and not nominal.

Teledentistry
The VDA recognized that there was no teledentistry statute in Virginia and that it was in the interest of patient protection to take the lead on defining this practice. After much anticipated pushback from DIY dentistry companies, the General Assembly agreed with the dental community. The outcome was no doubt due to the VDA leadership’s outstanding work and the grassroots efforts of VDA members. This legislation was a critical step in fostering innovation and patient protection as technology evolves across the profession.
Before coming to the VDA, my background was in government and lobbying. In government affairs, the trust that comes from good relationships can be as important as having good ideas and a plan to put those ideas into practice. In Virginia, we have elections for state or federal office every year, and while we have some long-tenured public servants who have been in office for 20 or more years, we also have annual churn, with new legislators bringing new priorities and philosophies, varying backgrounds and undetermined strengths and weaknesses to the job.

In the 2021 elections, Republicans swept the statewide offices for the first time since 2009 and took control of the House of Delegates. And we can expect more change coming soon, as the proposed redistricting plan puts half of our state senators and delegates in new districts alongside a fellow incumbent.

Which is to say, relationships built over time by the VDA and our member dentists are important, but we’re going to be introducing ourselves to a lot of new faces over the next few years who may not yet be aware of the trusted reputation that the association and our members have earned over the past 150 years.

That work has already begun. If you haven’t already, I encourage you to go to our action center at www.vadental.org and send a message to your current legislators. I also invite you to watch the video Governor-elect Glenn Youngkin recorded for our members during his campaign.

We are inviting all 140 members of the General Assembly and our new statewide office holders to join us for our legislative reception and lobby day in Richmond January 20 & 21. This will be the VDA’s first large in-person event since the start of the pandemic and we are looking forward to a busy and productive event, along with plenty of time to reconnect with fellow members.

Our focus heading into this session is securing funding for the lagging reimbursement rates in Virginia’s dental Medicaid program. Every year, and particularly over the last two years, the cost of providing dental care goes up and since 2005, reimbursement rates for Virginia’s dental Medicaid benefit have remained flat. Without a change, fewer and fewer dentists will be able to participate, leaving Virginians with less access to essential dental care.

The VDA has been consistently advocating for an increase, even as Virginia expanded eligibility with an adult benefit but left the rates unchanged. Whether you currently participate in the program or not, securing an overdue increase in the Medicaid reimbursement rates will be good for the profession and good for patients in the Medicaid program.

And just as we must constantly re-earn the trust of legislators so that they understand the importance of oral healthcare in the legislature, we as an association must be finding new ways to connect with and re-earn the support of dentists in all stages of their careers.

Looking ahead to 2022, we’re going to be providing more hours of high quality virtual and in-person CE than ever before in the VDA’s history, while adding to our growing library of on-demand CE. We are adding new perks and exclusive discounts that address member needs around cyber security, building a strong dental team, and more. We are rebranding and refocusing the VDA’s annual meeting to make sure it’s providing maximum value for all attendees. And we will be prioritizing workforce solutions, working with the new administration in Richmond to address gaps and providing members more resources to find the right team members so that you can focus on providing quality care to your patients.

It’s a new day for dentistry in Virginia. I’m excited about the future for our profession, for our association and for improving oral healthcare in our Commonwealth; but it takes all of us to do our part.

Watch Governor-elect
Glenn Youngkin’s message here.

https://youtu.be/0ME8yK8oBEM
How about those 2021 elections? It has been said that “as goes Virginia- so goes the US elections.” Is that true? Who knows? The 2021 elections were interesting, made some people happy and some people upset. So where are elections going? Will we ever trust another election? Have we all become so cynical that actual results don’t matter to us? Will we ever return to accepting elections as they happen, whether we like the results or not? Will half of the population continue to say, “not my President, Governor, Congressman, etc”? Part of the responsibility of voting in elections is accepting the results.

When voters elect someone to office, that person becomes everyone’s choice. That’s the foundation of voting. Once an election concludes and the results are confirmed that person becomes the elected person that is representing both supporters and non-supporters. Too many times the winning “team” is looking for political payback and doesn’t spend any time trying to bring those non-supporters to the table to govern from the middle.

We can, and should, always have our different opinions and thoughts, but once the election is over, it’s over. It’s decided for all. Choosing to not accept the results of an election leads to anarchy and tribalism. Is that where we want to go? I recently listened to a speech by Ronald Reagan from 1965. In it he makes a statement, “The idea that government is beholden to the people, that it has no other power except from the sovereign people is still the newest and the most unique idea in all the long history of man’s relation to man.” It struck me as such an obvious truth, but one that is hardly noticed in today’s society. So many look to the government for the answer instead of being the answer themselves. We have all slipped into accepting more and more that the government knows best. WE have allowed ourselves to be led down the path of believing and accepting less and less control of our own lives.

VDA members over the past 10 years have given less and less to the VDA PAC. Why? Are we accepting that whatever government wants to give us is what we will take? Are we giving up our desire to govern ourselves and make our futures for ourselves? The legislators in Richmond and in Washington make all the rules that we must live and practice by. THEY choose who you can have as your patient, what you can charge, where you can practice, and so on. Do we want to have some say in all those decisions? I hope so.

“The PAC is an absolute, necessary and effective part of organized dentistry that allows us the opportunity to make certain our issues are front and center and garner the attention they need.”

Our VDA PAC raises money to help elect legislators who will listen to our story and who are likely to help us with our issues when we ask. We cannot expect a legislator that interacts with a dentist twice a year for their checkups to understand the complex issues that will dictate the future of dentistry. The PAC is an absolute, necessary and effective part of organized dentistry that allows us the opportunity to make certain our issues are front and center and garner the attention they need.

Simply put, without a Strong, Well-Funded PAC, our voice will not be heard.

Will you choose to let government make every decision for you and your practice with no input from organized dentistry as to what is best? Or will you support the PAC and ensure we have a voice and a fighting chance to influence our own future path? I hope you choose wisely for your future and the future of dentistry in Virginia.

As you renew your ADA/VDA dues for 2022, please be sure to give to the PAC, and ensure we continue to have a voice.
The 2022 General Assembly Session began on January 12th. There are many new faces in the legislature, which means many new relationships are to be made. What is on the VDA’s agenda this year? We are asking legislators to address the underfunded dental Medicaid benefit in the budget to allow the program to attract more providers to participate and provide essential dental care for Virginians who are in need of this essential care.

Since 2005, prices for dental services overall have increased 60% while the reimbursement rate for Virginia’s Smiles for Children program has remained flat, resulting in fewer participating dental providers and more barriers to access to care. Without action, we’ll see Virginia dentists continue to struggle to treat Medicaid patients and see more patients with acute oral health pain in hospitals and other settings that are ill-equipped to address the root cause of their issue.

You can make an impact! Contact your legislators today and ask that they support budget language that would increase reimbursement rates for Dental Medicaid. Visit the VDA action center at https://p2a.co/2fSmXYU for updates on this initiative and assistance in contacting your legislators with this important information.

Questions? Contact Laura Givens at givens@vadental.org or 804-523-2185.

We look forward to seeing and hearing from you as we work together towards a positive result through the 60-day General Assembly session. Thank you for being a part of this important effort!
WELCOME NEW MEMBERS
THROUGH DECEMBER 1, 2021

Tidewater
DENTAL ASSOCIATION

Dr. Kathy Delva – Virginia Beach – New York University College of Dentistry 2014
Dr. Jenna Fewins – Chesapeake – University of Detroit Mercy School of Dentistry 2014
Dr. Nadia Garcia – Virginia Beach – University of Illinois at Chicago College of Dentistry 2021
Dr. Renaye Hamilton – Chesapeake – Indiana University School of Dentistry 2021
Dr. Jasleen Kundlas – Virginia Beach – Temple University School of Dentistry 2021
Dr. Joshua Leibowitz – Virginia Beach – Harvard University School of Dental Medicine 2017
Dr. Michael Newman – Virginia Beach – University of Florida College of Dentistry 2012
Dr. Trang Pham – Suffolk – Temple University School of Dentistry 2021

Southside
DENTAL SOCIETY

Dr. Eric Staeben – Chase City – University of Michigan School of Dentistry 2000
Dr. Angi Zheng – Chester – Meharry Medical College School of Dentistry 2020

Richmond
DENTAL SOCIETY

Dr. Talal Beidas – Richmond – University of Texas School of Dentistry in Houston 2021
Dr. Randolph Birsch – Richmond – University of Pennsylvania School of Dental Medicine 2010
Dr. Paula Coates – Richmond – Meharry Medical College School of Dentistry 2000
Dr. James Degrauci – Richmond – University of the Pacific Arthur A Dugoni School of Dentistry 2018
Dr. Jacob Fant – Richmond – University of Florida College of Dentistry 2021
Dr. Colton Fischer – Richmond – University of Michigan School of Dentistry 2019
Dr. Amirreza Ghassemi – Richmond – Saint Louis University Health Science Center 2018
Dr. Adrian Gonzalez – Richmond – Temple University The Maurice H. Kornberg School of Dentistry 2021
Dr. Jessica Gonzalez – Richmond – Nova Southeastern University College of Dental Medicine 2021
Dr. Rena Hamzey – Goochland – Temple University The Maurice H. Kornberg School of Dentistry 2021

Peninsula
DENTAL SOCIETY

Dr. Alexis Pino – Yorktown – Midwestern University College of Dental Medicine – Illinois 2021

Dr. Sara Kube – Richmond – University of Louisville School of Dentistry 2021
Dr. Melinda Lee – Charlottesville – Medical University of South Carolina James B Edwards College of Dental Medicine 2017
Dr. Catherine Ramundo – Richmond – Virginia Commonwealth University School of Dentistry 2021
Dr. Roxana Rodriguez – Richmond – Virginia Commonwealth University School of Dentistry 2021
Dr. Anthony Schaapman – Richmond – Virginia Commonwealth University School of Dentistry 2021
Dr. Nekki Soltanian – Glen Allen – Nova Southeastern University College of Dental Medicine 2021
Dr. Rafael Siqueira – Richmond – University of Michigan School of Dentistry 2021
Dr. Joe Vaughn – Richmond – University of Alabama School of Dentistry at UAB 2015
Dr. Hunter Watson – Richmond – Southern Illinois University School of Dental Medicine 2021
Dr. Jing Ye – Richmond – University of Pennsylvania School of Dental Medicine 2018
MEMBERSHIP

Dr. Briana Ruszkiewicz – Roanoke – Case Western Reserve University School of Dental Medicine 2021

Dr. Conner Sherwood – Danville – Virginia Commonwealth University School of Dentistry 2017

Dr. Keith Wilken – Roanoke – University of Missouri-Kansas City School of Dentistry 1994

Dr. Haneen Al Kadily – Falls Church – University of Pennsylvania School of Dental Medicine 2021

Dr. Alexander Back – Fairfax – Boston University Goldman School of Dentistry 2021

Dr. Shahir Bano – Woodbridge – University of Illinois at Chicago College of Dentistry 2021

Dr. Behrouz Beheshtin – Herndon – Howard University College of Dentistry 2018

Dr. Vincent Boyle – Herndon – University of Pennsylvania School of Dental Medicine 2018

Dr. Oana Ciocaba – Fairfax – University of California at Los Angeles School of Dentistry 2021

Dr. Sonia Dilolli – Reston – Baylor College of Dentistry 2008

Dr. Chandrika Suthri Dokku – Reston – NY Montefiore Medical Center – Dental Department 2019

Dr. Matthew Dudek – Arlington – Temple University The Maurice H. Kornberg School of Dentistry 2019

Dr. Nour Gowharji – Alexandria – Tufts University School of Dental Medicine 2006

Dr. Erin Hurley – Alexandria – State University of New York at Buffalo School of Dental Medicine 2015

Dr. Yurim Jang – Spotsylvania – Herman Ostrow School of Dentistry of USC 2018

Dr. Jieon Kim – Arlington – New York University College of Dentistry 2015

Dr. Samantha Kozakowski – Alexandria – LECOM College of Dental Medicine 2018

Dr. Eric Lee – Arlington – University of the Pacific Arthur A. Dugoni School of Dentistry 2018

Dr. Wonhee Lee – Fairfax – Columbia University College of Dental Medicine 2014

Dr. Hira Majid – Manassas – Temple University School of Dentistry 2021

Dr. Robyna Mamoor – Chantilly – Stony Brook University School of Dental Medicine

Dr. Nazly Narany – Fairfax – Temple University The Maurice H. Kornberg School of Dentistry 2021

Dr. Vincent Nguyen-Cao – Fairfax – University of Pennsylvania School of Dental Medicine 2017

Dr. Jason Nikkhah – Leesburg – University of Louisville School of Dentistry 2014

Dr. Yamuna Subramanian – Alexandria – University of Maryland School of Dentistry 2021

Dr. Vani Takiar – Loudoun – University of Pennsylvania School of Dental Medicine 2013

Dr. Thamer Wisam – Fairfax – Columbia University College of Dental Medicine 2021

Dr. Shan-Huey Yu – Fairfax – University of Michigan School of Dentistry 2018

Dr. Maan Zuaitar – Loudoun – New York University College of Dentistry 2014

Dr. Roger Campbell – Christiansburg – University of Kentucky College of Dentistry 1993
REMEMBERING DR. CHARLIE CUTTINO

Dr. Andrew “Bud” Zimmer

On June 26, 2021, our Association lost one of our most distinguished dentists. Many would say that Charlie Cuttino was simply the best because he served the rest of us in every possible way: as a fine President, four years as Treasurer, several years as Parliamentarian and many years on the Constitution and Bylaws Committee. A consummate master of policy and procedure, Charlie had the foresight as our President to initiate discussions about diversity and association inclusiveness—years before it became a national conversation.

Charlie was instrumental in negotiating and developing a landmark revised Definition of Dentistry that was adopted by the Virginia General Assembly as well as the ADA. A board-certified oral and maxillofacial surgeon, Charlie embraced the Mission of Mercy from their origin in July of 2000 by bringing a carload of his own instruments, autoclave, and his staff members to deliver voluminous oral surgery services. He said that the Missions were “the neatest thing the Association has ever done” and continued to serve the Mission of Mercy for more than twenty years. Charlie truly wanted to “Make a Difference”!

He was a leader of Leaders, sharing his vast insights and knowledge with so many of us—he made all of us better for having known him. That gift of leadership will be greatly missed.

A true “pin guy”, Charlie originated, helped design and produce a collection of lapel pins for the VDA that were envied by other state associations. Charlie understood that these pins fostered community and fellowship and were also fun to wear. He loved to collect pins at the ADA Annual Session from around the country and you must remember the “pin vests” that a number of us wore with several hundred lapel pins!

So, let’s keep Charlie in our hearts and minds and remember that he was a true friend to so many of us as well as to the VDA and our profession. He was one of a kind and has gone to a better place.

Editor’s Note: Dr. Zimmer is a Past-President of the VDA.

IN MEMORY OF:

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<th>Name</th>
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<td>McLean</td>
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<td>Richmond</td>
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<td>Virginia Beach</td>
<td>7/14/19</td>
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7275 - Associate Dentist
Northern Virginia
An established patient centered dental practice is seeking for a general dentist to join our team. PT and/or FT. Good staff support, flexible hours, some Saturdays. Candidates must have excellent communication and clinical skills, desire to deliver high quality dental care to our patients. Private practice experience preferred. Please forward your resume for consideration.
Contact: Iris 703-663-8859
bestdentist4you@gmail.com

7282 - General Dentist
Fredericksburg
VASmiles is seeking a General Dentist to join our multi-specialty practice on a full-time or part-time basis in our Fredericksburg Location. Our family practice is a very successful practice with a loyal patient base, large capacity for new patients and dedicated clinical and business support teams. We are well-established multi-specialty, non HMO practices in Fredericksburg, Stafford, Manassas & Woodbridge. Generous benefits package, including 401K and medical. This is a fantastic opportunity to join a successful team
Contact: Brenda Moody 540-710-6000
vasmiles22407@gmail.com

7283 - Dentist
Williamsburg
Full time or Part time position in Williamsburg. Upscale practice with emphasis on cosmetic dentistry. Guaranteed daily compensation plus bonuses.
Contact: Mary 804-843-3233
dentalemployment2021@yahoo.com

7287 - Associate Opportunity!
Rocky Mount
Come Partner with us in Paradise!
Located 20 Minutes south of the Roanoke Metro area, enjoy a plethora of in and outdoor activities. Boat, fish, swim, live at Smith Mountain Lake, Kayak, bike, hike on one of many green and blueways. Catch your favorite music star performing at the Harvester Performance Center. Unlimited income possibilities, possible buy-out owner retiring. Enjoy our many perks, YMCA, major medical, and more. Ultramodern facility offering on site residence apartment. Eaglesoft 21, Windows 10 all ops. 4 +1 treatment rooms, toys etc. New grads welcome!
Crooked Road Family Dentistry, crookedroaddental.com
Contact: Jim 540-721-5250
jkcornick@yahoo.com

7288 - Associate Dentist
Full Time/Part Time
Virginia Beach
Established dental practice looking to hire a full-time/part-time associate general dentist who will be committed to our highest quality of patient care. We are a state-of -the-art dental facility with emphasis in cosmetic dentistry, implants, Invisalign and in 3D Technology. Great opportunity to earn high compensation and grow with the practice. Must have current VA license. Must have a current DEA. Must have a minimum of 3 years experience. All candidates who are interested in this great opportunity please e-mail your CV for consideration. All information will be kept confidential. We look forward to speaking with you!
Contact: Shabana Zahir 757-353-7637
drshabana@gmail.com

7302 - Dentist
Virginia Beach
Dental Associate position available. Full time. Beautiful office. Email resume or CV to the below email:
Contact: Anthony L. Martin
GDC1908@gmail.com

7305 - Part Time Dentist - Wonderful Opportunity
Midlothian
HUGE Opportunity for a new dentist to learn the ropes of a successful dental practice! Are you eager to learn? Have aspirations of owning your own practice one day? Learn from one of the best! We are looking for a dentist to work 2 days a week in a fantastic practice with an outstanding team. We want to talk to you now. We offer an incredible work environment, continuing education opportunities, and competitive salary. Please send resume and cover letter. We look forward to meeting you.
Contact: Dr. Randazzo 804-987-2900
dr_randazzo@jrdentistry.com

7315 - General Dentist
Yorktown
Excellent opportunity to join our growing and successful private general dental practice, Hamouri Cosmetic & Family Dentistry. We provide excellent dentistry with care and compassion to our patients. If you would like to be a part of a talented team, we would like to hear from you. We are flexible on the days and number of days desired. Our practice has grown tremendously and there are great possibilities to grow with us. We look forward to hearing from you!
Contact: Robin Morrison 727-251-6527
officemanager@hamouridental.com

7333 - General Dentist
Henrico
A well-established state-of-the-art 20+year young family dentistry is seeking a full-time/ part-time general dentist. The practice is located in the west end of Richmond and serves all groups and ages addressing all aspects of general dentistry including implants & Invisalign. Quality patient care is our #1 priority. Aspiring dentists should be passionate & motivated with a pleasant chair-side mannerism. Experience in a private practice setting is a big plus. Compensation is commensurate with experience.
Excellent benefits!

**Contact:** Harini Reddy 804-564-2098
budda.reddy@yahoo.com

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**7334 - Dentist Full or Part Time**
**Forest (Lynchburg)**

Looking for full time and part time dentists. We are happy to hire associates, or if you prefer, ownership opportunity is available. We are an extremely busy, rapidly growing practice seeing more than 200 new patients per month. Brand new state of the art office with 10 operatories and room to add 6 more at a moment’s notice. Work as much or as little as you like. Signing bonus. Clearly defined compensation of 35% of collections without nickel and dimering over supplies and lab bills. We believe a rising tide floats all boats. Please give us a chance to show you how great Lynchburg is as a place to live. It would be our honor to show you around our practice and our city!

**Website:** www.crossroadsfamilydentistryva.com

**Contact:** Dr. Hatch or Dr. Peery
434-841-1704 hatchclan@hotmail.com

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**7335 - Dentist**
**Hopewell/Chester/Colonial Heights**

Looking for Full Time or Part Time dentist for our office. Established private and rapidly growing practice with 7 offices located in the Richmond area. Large number of new and current patients waiting to meet you! We would love the opportunity to show you around our office and introduce you to our awesome staff. Candidates should be motivated & passionate with excellent chairside mannerism, experience working with all ages and proficient in regular checkups & complex dental procedures. Experience is preferred but we would be pleased to offer the position to a new dentist wanting to collaborate with an experienced dentist to further their career. Daily guarantee of $800 plus bonuses. Bilingual (Spanish) is a plus.

**Contact:** Denise 804-843-7145
dentalemployment2021@yahoo.com

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**7337 – Dentist**
**Hampton**

Busy office is actively looking for a full-time/part-time dental associate that provides excellent general dentistry. This candidate must be a friendly, outgoing and motivated with at least 2 years of experience, a team player and ready to work! Looking for a potential for partnership and possibility for ownership. Established patient base. Be busy right away. Great earning potential!

**Contact:** Regina 757-838-5999
familydentistry11@yahoo.com

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**7341 – Associate**
**Winchester**

Fee for Service 8000+sqf 17 chair office, fully digital, in-house lab looking for full-time associate. Averaging 97 new patients a month. One of our dentists is relocating. Our current associate is happy to talk with about how much he has loved working here. We moved into our new building 2021, have all the toys/gadgets. Multiple digital scanners, CBCT, multiple lab grade mills, photo studio, 3D printers. Smiles Of Virginia Family Dental Center has served the community since 1931. Easy access to Dulles Airport/DC while still having a view of the Blue Ridge Mountains/ wineries, and ample outdoor activities. Guaranteed $650 a day or 33% collections, and 35% collections when you hit $600,000 401k, health insurance, malpractice, CE allowance, relocation help.

**Contact:** Dr. Niels Oestervemb
540-450-2100
dniels@smilesofvirginia.com

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**7353 - Dentist/Partnership Opportunity**
**Martinsville**

Join a growing and respected practice with excellent benefits and incentives. Partnership opportunity. New building. Profit sharing retirement, 401(k), health insurance, $650 per diem. % Commission on production. Plenty of patient flow. Practice quality comprehensive caring dentistry; our team of hard-working dentists and dental professionals are passionate about patient care.

**Contact:** Dr. Chris Payne 434-548-5105
cpayne1954@me.com

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**7355 - Associate to Traditional Private Practice**
**Hampton Roads**

Atlantic Dental Care has multiple opportunities for general dentists. We are a unique group 100% owned by our dentists, preserving the private practice of dentistry. Our 130 dentists have a shared vision of delivering quality care in the communities we serve through our 80 locally owned offices. We are a group practice for dentists by dentists. Tired of working for someone else? Come join us and begin your pathway to ownership of your own practice. Benefits include 401k, health insurance, and HSA. Recent graduate? ADC is designed to provide you with the clinical and business mentoring to ensure your success. Meet us at https://youtu.be/D1LBEvGglu8 and http://www.atlanticdentalcare.net/. Confidentiality Assured.

**Contact:** Marina 757-455-5554
atlanticdentalcare@cox.net

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**7357 - Full Time or Part Time Dentist**
**Kiln Creek, Yorktown**

A well-established, state-of-the-art 30+year family dentistry is seeking a full-time or part-time general dentist. The practice serves all groups and ages addressing all aspects of general dentistry. Quality patient care is our top priority. We only accept a handful of private insurance and self-pay patients. You can visit our website for more information at www.levydentalgroup.com. Competitive compensation, malpractice coverage, health insurance, and 401K benefits!

**Contact:** Platong Argyropoulos 609-325-6205 platonargyropoulos@gmail.com

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**7360 - Seeking Dentist in FQHC**
**Roanoke**

New Horizons Healthcare is seeking a fulltime dentist. Candidate must be team-oriented, with excellent communication skills who can interact with patients, and staff from diverse backgrounds. Experience working with disadvantaged or high-risk patients. Ability to manage time and resources; ability to prioritize patient needs and utilize resources to affect optimal patient outcomes and remove barriers. DDS or DMD degree
required. Minimum of three years clinical experience and knowledge of public health principles and practices preferred. Competitive salary/benefits package including health insurance, life insurance, and 403B plan. Malpractice is fully covered. PTO, CME, licensure, and professional membership benefits. Loan repayment options available.

Contact: Denise 804-843-7154
dentalemployment2021@yahoo.com

7367 - Dentist
Mechanicsville
Established private and rapidly growing practice with 7 offices located in the Richmond area. Large number of new and current patients waiting to meet you! We would love the opportunity to show you around our office and introduce you to our awesome staff. Candidates should be motivated & passionate with excellent chair side mannerism, experience working with all ages and proficient in regular checkups & complex dental procedures. Experience is preferred but we would be pleased to offer the position to a new dentist wanting to collaborate with an experienced dentist to further their career. Daily guarantee of $800 plus bonuses.

Contact: Denise 804-843-7145
dentalemployment2021@yahoo.com

7368 - Dentist
West Point
Our small community offers Victorian homes on tree lined streets with an excellent school system. We have an established private and rapidly growing practice. Large number of new and current patients waiting to meet you! We would love the opportunity to show you around our office and introduce you to our awesome staff. Candidates should be motivated & passionate with excellent chair side mannerism, experience working with all ages and proficient in regular checkups & complex dental procedures. Experience is preferred but we would be pleased to offer the position to a new dentist wanting to collaborate with an experienced dentist to further their career. Salary, bonuses, and benefits package.

Contact: Denise 804-843-7154
dentalemployment2021@yahoo.com

371 - Seeking Association Dentist
Alexandria
Seeking part time associate dentist to join our growing practice. Potential for full time opportunity. We can offer competitive pay, flexible working hours, production bonuses, and various benefits.

Contact: Brittany 304-839-3867
tdbrittanye@gmail.com

3712 - Williamsburg Dentist
Williamsburg
Once in a lifetime opportunity. Active general dentistry practice. 1800 sq. ft. dental office. Five treatment rooms - expandable (plumbed) to eight if needed. Opportunity to purchase 6800 sq. ft. building for rental income in addition to practice. Owner will finance over years with proper financials. Seller will transition to new dentist over a limited period of time. No onerous buyout agreement of patients, just take over practice and enter into rental agreement with owner dentist. High quality practice with no aggressive treatment of patients. Send Resume/CV to Dr. Don Cherry at 2225 South Henry Street, Williamsburg, VA 23185

Contact: Dr. Don Cherry 757-253-2500
cherries@cox.net

3717 - Very Profitable General Dental Practice for Sale
Roanoke Region
This is very busy and profitable general dental practice that is located 30 minutes from Roanoke. This FFS/PPO based practice collecting close to $1M annually with low overhead and very strong hygiene program (9 hygiene days a week). 2500 sq free standing building is also available for sale. This will be a tremendous opportunity for a dentist who would like to have ownership of a very profitable dental practice that has been successful for a long time. Seller will provide great support for a buyer to have a very smooth transition.

Contact: Young Park 540-492-0893
yparkdds@hotmail.com

3728 - Orthodontic Practice for Sale
Vienna
A small orthodontic practice for sale in the highly desirable area of Tysons Corner. Four dental operatories, fully furnished, Itero Element scanner, digital Pan/Ceph. Lease can be renegotiated for daily rate or multiyear rate. Lease is separate from equipment and patient’s package. Seller motivated for quick transition.

Contact: Denise N 571-263-2822
trangn@yahoo.com

3730 - Practice for Sale
Giles County
We are planning to retire and our general practice and office building in Pearisburg are for sale. We have 3 operatories and our family has served this area for 62 years. We are 30 minutes from Virginia Tech and we border WV. We have a large patient pool and the opportunities to expand are great as the number of dentists in this area has decreased over the years. Office upgrades will be necessary to meet the dental approaches and techniques being taught today. With 37 miles of the New River, over 64,000 acres of National Forest, the Cascades Waterfalls, Mountain Lake Wilderness and Lodge, and the Appalachian Trail passing through Trail-town Pearisburg, Giles County truly is “Virginia’s Mountain Playground”.

Contact: Paul 540-921-3323
pinewoodva@gmail.com

3735 - Private Practice Ownership
Hampton Roads
Atlantic Dental Care has multiple purchase opportunities for general dentists. ADC is a group practice 100% owned by its dentists. Our 130 dentists have a shared vision of delivering quality care in the communities we serve through 80 locally owned offices. We are a group practice for dentists by dentists. Tired of working for someone else? Come join us and begin your pathway to ownership as we preserve traditional private practice. Benefits include 401k, health insurance, 125 plan, and HSA. A recent graduate or student? ADC has opportunities for outright purchase as well as mentorships. Meet the dentists of ADC at https://youtu.be/D1LBEvGglu8 and
interested in exploring transition options, the current doctor is therefore interested in exploring transition options including buy out or affiliation. The practice supports multiple doctors/associates – and it’s only open four days per week! With 65 new patients per month, the practice is certainly thriving. 8 operatories. Collections of $1.5 million & SDE of $330,000.

https://professionaltransition.com/properties-list/norfolk-va-general-dental-practice-for-sale/

Contact: Kaile Vierstra 719-694-8320
kaile@professionaltransition.com

7364 - General Dental Practice for Sale
Norfolk

New to the market is a well-established general dental practice. The current doctor has practiced in the community for over thirty years. They are therefore, interested in exploring transition options. This includes both selling to another dentist as well as affiliation. The practice supports multiple dentists/associates and sees an average of 55 new patients per month. With 65 new patients per month, the practice is certainly thriving. The practice supports multiple dentists/associates – and it’s only open four days per week! With 65 new patients per month, the practice is certainly thriving. 8 operatories. Collections of $1.6 million & EBITDA of $245,000. 40 new patients per month.

Contact: Sam Schoenecker
719-694-8320
sam@professionaltransition.com

7365 - Pediatric Dental Practice for Sale
Chesapeake

From its historic beginnings, the Hampton Roads region has grown into a diverse, dynamic, and exciting area with more than 1.8 million residents and counting. Nested in the heart of the area, is a pediatric dental practice for sale! The current doctor has practiced in the community for over a decade and is therefore interested in exploring transition options. This includes both selling to another dentist as well as affiliation. The practice supports multiple dentists/associates and sees an average of 55 new patients per month! 4 operatories. Collections of $1.6 million & SDE of $505,000. Prime location in a large freestanding building.


Contact: Kaile Vierstra 719-694-8320
kaile@professionaltransition.com

7372 - General Practice for Sale
Washington DC

Busy general dental practice in the heart of downtown! The current doctor is interested in exploring transition options, most notably affiliating with a group for continued growth. The practice supports the owner/doctor as well as multiple specialty associates. The practice is located in an office building with high pedestrian traffic and great visibility. 9 operatories. Collections of $1.6 million & EBITDA of $245,000. 40 new patients per month.

Contact: Sam Schoenecker
719-694-8320
sam@professionaltransition.com

7284 - Dental Hygienist
Hopewell

Immediate opening available for full time or part time registered dental hygienist. Compensation based on experience.

Contact: Denise 804-843-4150
dentalemployment2021@yahoo.com

7316 - Dental Receptionist/Insurance Coordinator
Yorktown

Excellent opportunity to join our private general dental practice. We provide excellent dentistry with care and compassion to our patients. If you would like to be a part of a talented team and have the experience and qualifications required, we would like to hear from you.

EXPERIENCE AND QUALIFICATIONS:
-Solutions oriented, forward thinking self-starter
-Attention to detail with excellent organizational skills
-Excellent phone and communication skills
-Excellent customer service
-Excellent computer skills

DUTIES AND RESPONSIBILITIES:
-Insurance Coordinator
-Participate in team meetings/daily huddles
-Answer telephone, engage and schedule patients as needed
-Assist with treatment plan presentation and follow up
-Work with team to attain practice goals

Contact: Robin Morrison 727-251-6527
officemanager@hamouridental.com

7320 - Registered Dental Hygienist Needed ASAP
Stafford

We are looking for an outstanding Dental Hygienist to provide exceptional care to our patients. We offer superior quality treatment to our patients, and we need a Dental Hygienist who will carry this philosophy into their position with us. MUST: 1+ years’ experience as a Dental Hygienist Active VA License as a Dental Hygienist CPR Certification Experience with DENTRIX dental software Experience with oral cameras Experience with digital X-rays Experience with diagnosing periodontal disease Experience giving local anesthesia is a plus. Bilingual Preferred (English-Spanish) Positive Attitude Please send us a resume and include a brief cover letter about yourself. Compensation will be based upon experience. We look forward to hearing from you. Please Call Us Directly.

Contact: Norma 703-587-1293
normagdds@gmail.com

7327 - PT Dental Hygienist
Henrico

Seeking a part-time hygienist for a family dental practice near Willow Lawn. Hours include Tues/Friday or Wed/Friday to start. Top qualities we are seeking include making patients feel comfortable and at ease, proficient at scaling/root planing, enjoys working with other staff, confidence in recommending treatment to patient if beneficial, and able to pitch-in on tasks when needed (i.e., clean own room if assistant is unavailable). Office team strives to work together and watch out for each other and are dedicated to providing our patients with a stress-free positive experience. If you share our philosophy, please complete the following online application for further details: https://www.lbdtransitions.com/staff-profile-form.html

Contact: Theresa
theresa@lbdtransitions.com
Part or Full-Time Dental Hygienist
Herndon

Looking for a part or full-time experienced dental hygienist to join our team. Monday – Thursday 9:00 am – 5:00 pm and one Friday a month. Preferred knowledge in Dentrix software. Salary is negotiable per experience. Fax your resume to: 571.210.4410

Dental Hygienist
Hopewell/Chester/Colonial Heights

Our office is seeking an experienced part time or full time dental hygienist to join our established but growing practice. Candidates must have a positive attitude, be a team player, friendly, confident, reliable and provide exceptional care to our patients. Experience with applying sealants & fluorides, assessing oral health conditions, and utilizing appropriate cleaning techniques are a must. Competitive salary, flexible schedule plus bonuses!

Contact: Denise 804-843-7145
dentalcenterswp@yahoo.com

Dental Assistant
Hampton

Join our fabulous and growing team ASAP. DENTAL EXPERIENCE REQUIRED. Duties include but are not limited to; assisting the dentists and hygienists, taking x-rays, going over the patient’s medical history, answering phones, scheduling appointments, computer experience, attention to detail, multi-tasking, insurance coordination and customer service. Full time and Part time hours available. Compensation depends on experience.

Contact: Regina 757-838-5999
familydentistry11@yahoo.com

Dental Hygienist
West End Teeth

Glen Allen

We are seeking a Dental Hygienist with great interpersonal and clinical skills. We are small, single-doctor general dentist practice. Four-day work week (one 1/2-day Friday per month). Part time and full-time option available. HEPA UV-C air purifiers, Hospital Grade HyperHEPA filtration technology and UV lights have been installed in air returns to aid in killing viruses- including COVID-19. These units have been placed in treatment rooms and throughout the office.

Contact: Kelly 804-364-7122
kelly@westendteeth.com

Dental Hygienist (Full Time/Part Time)
Virginia Beach

We are looking for a Registered Dental Hygienist to become a clinical partner who is a team player and has a passion for helping patients. At the office we use the latest dental technology such as iTero, Dentrix software and more. For your protection the office is well stocked on PPE, N95, Level 3 surgical masks and face shields. New graduates are welcome to apply as well as those with experience. Must be licensed to work in Virginia.

Contact: Pam 757-932-5299
hrdentaljobs1@gmail.com

Full Time Front Desk/ Receptionist
Virginia Beach

We are seeking a Front Desk/ Receptionist for a full time position for our dental practice. This position requires 1-2 years dental experience and the ability to work well in an insurance-based office. General Duties and Responsibilities are as follows: answering phones, scheduling appointments, presenting treatment plans and financials, insurance processing and other general front desk duties. Excellent compensation and immediate opening. Please forward a full resume for consideration.

Contact: Pam 757-932-5299
hrdentaljobs1@gmail.com

Dental Hygienist
Lexington

We are looking to welcome a dental hygienist to our team at the Rockbridge Area Health Center. This newly built facility provides a comfortable and modern work environment with stunning views from the operatories. We offer competitive pay and generous benefits. Be a part of our team to help educate patients and promote good oral health. Send cover letter, references, and resume to hr@rockahc.org. EOE

Contact: Stu 540-464-8700
sfargiano@rockahc.org

Part Time/Fill in Hygienist Needed
Chatham

One or two days a week. Great staff and Dentrix operating system. New grads or experienced hygienist welcome. Willing to pay fill-in hourly rates. Also looking for a hygienist to fill in for a maternity leave February through April. Please contact Dr. Paul Miller at the below. Office hours are Monday-Thursday 7:30am to 5:30pm

Contact: 434-420-3905
pwmillerdds@gmail.com

Dental Hygienist
Charlottesville

We are looking for a great Dental Hygienist to join our practice. One doctor, 26 years in practice, with an incredible support team. We are fee-for-service, and patient focused. We see patients 4 days per week (Wednesdays off), for a total of about 30 hours per week. Please reply with a resume and cover letter.

Contact: Sabrina Lamb 434-974-9294
cvilledds@gmail.com
### Products

**7293 - Radiology Reporting Service**  
**Virginia**  
Need help interpreting Panoramic or CBCT images? Use our HIPAA-compliant image server at [www.ToothPicConsults.com](http://www.ToothPicConsults.com) to share images with an Oral and Maxillofacial Radiologist. Receive a radiology report in less than three business days that will contain all the pertinent findings. The most common radiology referrals are for implant treatment planning, endodontic evaluation, third molar evaluations, impacted teeth, pathology, infection/osteomyelitis, trauma, and TMJ evaluations.

### Office Space: Sale/Lease

**7215 - Dental/Orthodontic Office Condominium for Sale**  
**Manassas**  
Beautifully built out 1,700 sq. ft. office. Excellent, centralized location with easy access to Rt. 66. Turnkey operation for primary or satellite office. New equipment including state of the art 3D digital Pan/Ceph unit. Currently set up for orthodontic practice with five chairs and plumbed for two additional. Office could be transitioned to treat patients for a general practitioner or specialist of any type with some minor modifications. All furniture, equipment, and supplies are negotiable for sale, as well as the real estate. This is a great opportunity for a quick practice start!  
**Contact:** toothuniverse@gmail.com

**7339 - Practice in Hampton, VA**  
**Hampton**  
Giving away a 40 year old practice. Old but with functional equipment. Turnkey operation. This busy, functional dental office has active patients, and equipment. Office is a rental and landlord is easily contacted if current space would be wanted for practice. Email or call for details.  
**Contact:** Steven Becker 757-838-7879  
becker25va@yahoo.com

**7345 - Office Space Lease**  
**Arlington**  
Office Space for lease with possible ownership. 1560 sq ft John Marshall Bldg. Office is IT compatible. 3-OPS. Existing equipment available. Multiple Dent/Med practitioners in the building.  
**Contact:** Travis Patterson 703-201-6125  
drttp24@aol.com

**7336 - Turnkey 5 Operatory Practice for Lease/Sale**  
**Leesburg**  
Fully equipped Dental Practice- RENT - $7,500. State of the art facility with conference room, lunch room, doctor’s office, 2 bathrooms and so much more. Perfect for any dentist! Option to buy is available as well. Please email us with any questions.  
**Contact:** Saly Arbab 571-510-3034  
Smilesofloudoun@gmail.com
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acgworldwide.com/vda | 800-231-6409

ADA Visa Credit Card from U.S. Bank
adavisa.com/36991 | 888-327-2265 ext 1399

Bank of America Practice Solutions
bankofamerica.com | 800-497-6067

Best Card
BestCardTeam.com | 877-739-3952

CareCredit
carecredit.com/dental | 866-246-9227

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

DRNA
drna.com/vda | 800-360-1001 ext. 2

iCoreConnect
iCoreConnect.com/vda | 888-810-7706

Professional Protector Plan (PPP)
protectorplan.com | 800-683-6353

ProSites
prosites.com/vda | 888-932-3644

RK Tongue, Co., Inc.
rktongue.com | 800-683-6353

Solmetex
solmetex.com | 800-216-5505

The Dentists Supply Company
tdsc.com/virginia | 888-253-1223

TSI
tisco.com/virginia-dental | 703-556-3424

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