VIRGINIA DENTAL
Journal
VOLUME 94, NUMBER 2 • APRIL, MAY & JUNE 2017

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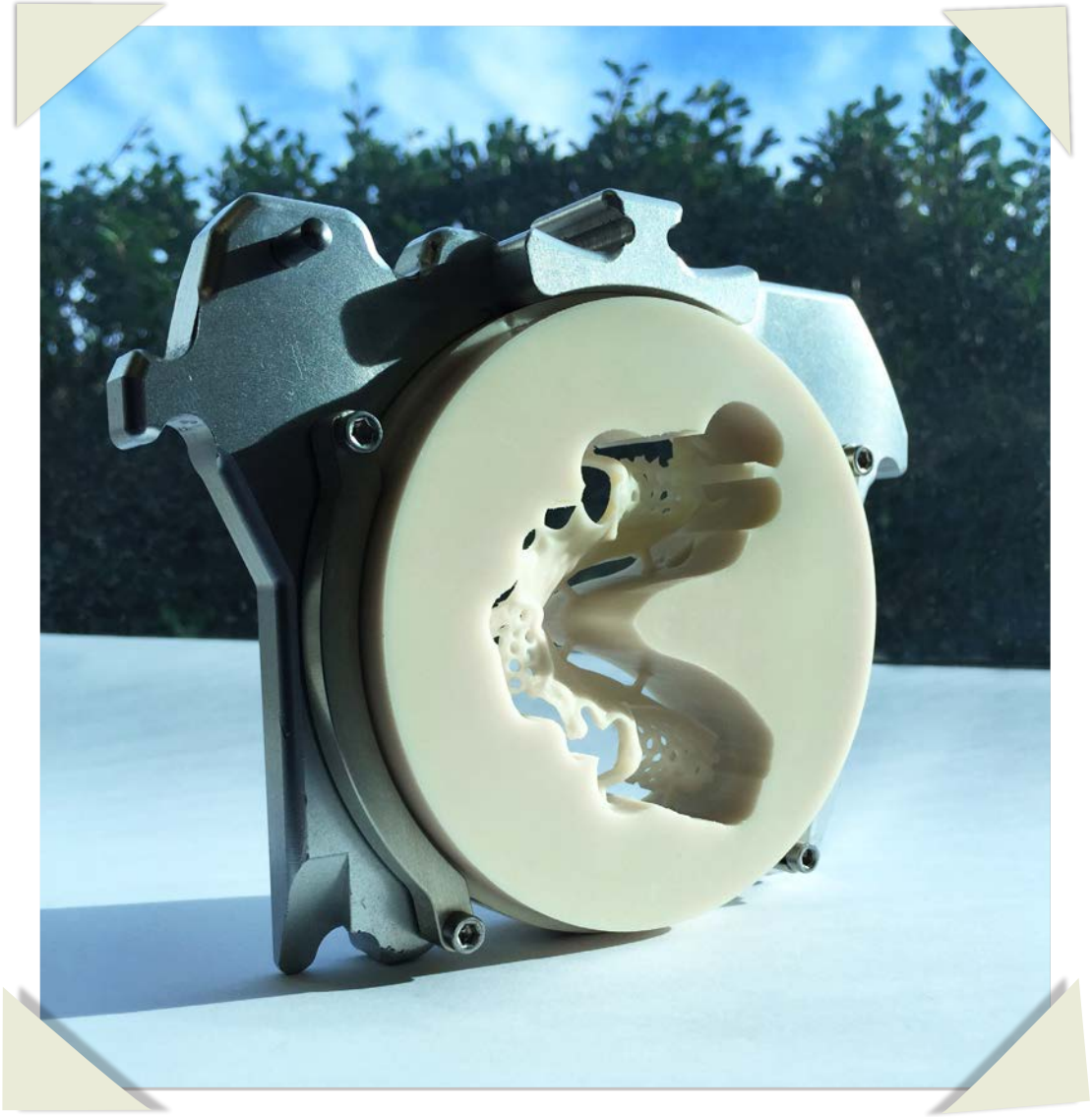

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Cover Photo Credit: Lee Miller

40 UNDER 40

A feature of the *Virginia Dental Journal*, "40 under 40" will introduce you to VDA members under forty years old in forty words or less.

DR. JULIE L. JACKSON

I completed six years of Oral and Maxillofacial surgical training in NYC and Washington DC. I attended Temple University Dental School in my hometown of Philadelphia. Currently, for three years I have been warmly welcomed by the Northern Virginia Community.

Virginia Dental ASSOCIATION

AADEJ American Association of Dental Editors & Journalists

VIRGINIA DENTAL JOURNAL

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

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PRESIDENT'S MESSAGE

Dr. Vince Dougherty

Spring is in the air, and with spring comes change.

I am excited to report that our Community Dental Health Coordinator (CDHC) Program in Virginia, spearheaded by former VDA President Dr. Mark Crabtree, is progressing very well. The CDHC program originated at the ADA level to address access to care. CDHCs serve as navigators in a community; they speak the local language and know all of the resources available for care. They are educators of dentistry, especially prevention, and they are aware of patient transportation needs. A CDHC pilot program on the Eastern Shore in 2015 proved extremely successful in decreasing no-shows and increasing patients in the chair. The current VDA-inspired educational program for the CDHC is now in full swing at Patrick Henry Community College (Martinsville) with five students in the inaugural class. The modules of classes they take include: Introduction to Dentistry, Prevention of Oral Cancer, Interviewing skills, Screening and Classifications, Prevention of Dental Caries, Payment of Dental Care, CPR certification, Radiography certification, Dental Health and Advocacy, Oral Health Communication, and Dental Health Law and Ethics. They also take nine clinical sessions, allowing them to practice the skills they are learning and developing. Their internships, which are the final phase, run from this April through October.

Our immediate Past President, Dr. Rick Taliaferro, is chairing the CDHC task force. If you know of any clinics or hospitals searching for a means to increase efficiency, communication, and education with their patients, please let him know. We would expect to see enough benefits from their employment that paying for their salary would be a nonevent. We want to be certain these students are successful in finding jobs that create win/win situations.

You may have seen the *NBC Nightly News* report on Monday, February 20th titled "The Debate to Legalize Dental Therapists." Any dentist who watched the broadcast is very much aware of the positive slant the program portrayed toward "mid-level" providers. Obviously, our concern is the quality and standard of care provided to our patients. Our members express this same sentiment, as their concern is for their patients' safety and quality of care. If you take a look at the VDA "Members Only" Facebook Page, you will notice every comment has concerns with quality of care for the patient.

Our **Value Corner** this month starts with advocacy. If the VDA never participated in advocacy, we would be working in a state where insurance companies would dictate fees for non-covered services. We would be living in a state where insurance reimbursement checks would be mailed to the patient and not to the non-participating dentist. We might also be working in a state where non-dentists (mid-level providers, dental therapists) would be performing fillings and extractions. Please contribute generously to VADPAC to help avoid any reduction in quality of dentistry to patients in Virginia. It's your profession and you must be a participant in the process. We simply can't do it without your participation!

Another value item this month is our classified ad section in the *Virginia Dental Journal* and on our website. This works so much better than "craigslist" or other venues because it is directed at your target audience – dentists, and best of all, it is free to all members. If you are buying or selling a practice, looking for an associate, trying to find a job, looking to buy or sell equipment, or looking to hire staff, please consider taking advantage of this valuable member benefit.

WELCOME NEW VDA FOUNDATION STAFF

SHARON MURPHY

Sharon Murphy has joined the Virginia Dental Association Foundation as Donated Dental Services (DDS) Program Assistant. She was most recently the Community Engagement Coordinator for OAR (Opportunity, Alliance, Re-entry) of Richmond.

Sharon has been involved with the community almost her entire life. While growing up in New Jersey, she was one of the youngest volunteers with the Head Start Program. She was 12, but she knew it was fun, and it helped kids.

While working on a Sociology degree, she raised four children, and graduated in 2004 from Augusta College. Sharon has called Richmond home for almost 25 years and loves every part of it. Through volunteer opportunities, she has been able to better

understand and appreciate our community's commonalities and areas for growth. After receiving her degree, she applied her knowledge of the community, its resources, and her energy to positions with HomeAgain, Big Brothers Big Sisters and OAR of Richmond in case management capacities. In addition to a love for helping others reach their goals, she likes to read, write, experiment with baking, and sit around the dinner table with all her kids and grandkids.

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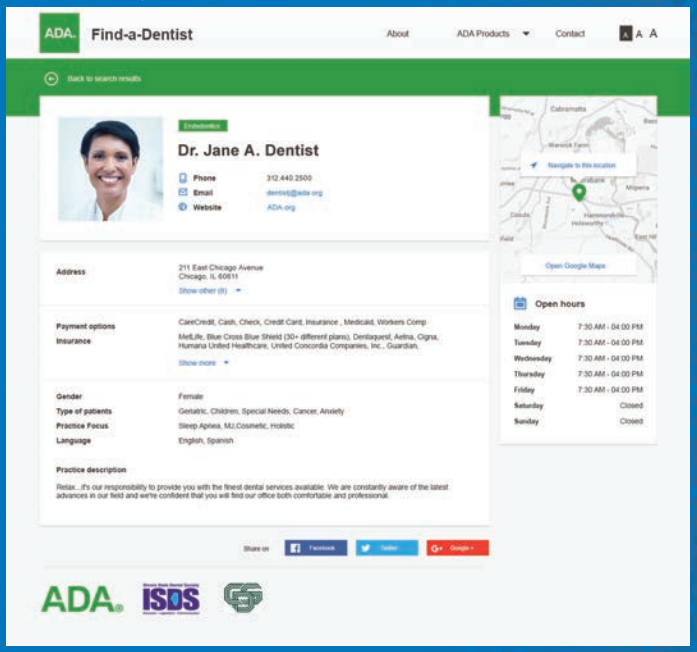

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In this 3-year campaign, we will be spending $6 million annually on search and digital advertising to direct consumers to make an appointment with an ADA dentist. As part of this campaign, we have enhanced the Find-a-Dentist tool to make it easier for patients to find you. Update your profile by visiting ADA.org/MyADA, and login using your user ID (member number) and password. If you're unsure of your user ID or password, call the ADA Member Service Center at 800. 621.8099.

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TRUSTEE'S CORNER

Dr. Kirk Norbo, ADA 16th District Trustee

As we move into 2017, I would like to bring you up to date with some of the latest data collected by the ADA Health Policy Institute concerning our profession and then touch on a few of the issues that have gained the most attention recently.

The Health Policy Institute is a division of the ADA that has done a very good job compiling information that will help educate and guide ADA members as they progress through their careers. Under the leadership of Marco Vujicic, Ph.D., chief economist and Vice President of the HPI, the future of our profession through 2035 has been thoroughly researched. Presently, there are 66 dental schools that are CODA approved and since 1997 we have seen a net gain of 12 new schools. For the first time since 1980, we have roughly 6,000 first year dental students enrolled in our schools. We expect to see 7,100 to 7,500 new dentists graduate each year in the foreseeable future. This will represent a net gain of 2,200 to 2,500 yearly as approximately 5,000 practitioners will retire. Based on these numbers, there should be no shortage of dentists moving forward.

On the demand side, dental spending peaked at $372 per capita in 2008 and has seen a slight uptick in 2015 to $366 indicating that we may be starting to see an improvement in our economy. During this time, children visits to the dentist have remained strong while the 19 – 64 year old group visits have slightly increased in the last year probably due to the ACA and Medicaid expansion. The 64 and older population has seen the highest number of visits since tracking of this data began in 1996 so overall there are reasons to be optimistic about the future of the utilization of dental services.

This leads right into the midlevel provider discussion. Based on the previous data, the dental workforce is well prepared to meet the oral health care needs of the public as the 21st century unfolds. Pew and Kellogg continue to finance the midlevel provider concept with little success. The North Dakota House of Representatives recently defeated a dental therapist bill that was introduced by the Pew foundation but the fight goes on as the ADA predicts 20 states will be faced with dental therapist legislation this year. Currently, dental therapists and DHATs are practicing in Alaska, Washington, Oregon and Minnesota. Maine and Vermont have recently passed legislation allowing dentists to hire dental therapists in their states. The reality is that this dental therapist provider has underperformed to this point. Not only are numbers of this group very small, but the delivery of care to underserved areas has yet to be proven to impact this population. As Jane Grover, DDS, MPH, and Director of the Council on Advocacy for Access and Prevention (CAAP) recently said on an *NBC Nightly News* interview, the ADA is "wary" of the dental therapist model. Dr. Grover's interview was in response to the recent effort aimed at bringing dental therapists to Massachusetts.

In response to this midlevel push, the ADA has formulated a plan to educate Community Dental Health Coordinators who will serve as conduits between patients in need of care and dentists. Since its inception 10 years ago, 14 states are now offering online CDHC courses and 6 states have schools offering, or planning to offer, a CDHC curriculum. According to Dr. Grover, "In the CDHC world, you may have a dental professional, such as a hygienist of assistant out in the community with a laptop or doing a presentation and linking patients to care externally. So there is a middle person. There is a facilitator. There is a case manager who assists with that linkage". This member of the dental workforce model makes the most sense in that we have a sufficient number of dentists and hygienists but have few people employed to help the underserved find dental homes. Going forward, as these CDHCs graduate and become employed, the data derived from their impact on access to care is likely to prove that the CDHCs are the missing link in our dental care delivery system.

Specialty recognition is another aspect of dentistry that has seen a lot of activity recently. A taskforce on "Specialty and Specialty Certifying Board Recognition" chaired by ADA Past President Dr. Chuck Norman has begun looking into issues pertaining to specialty recognition. At the present time the American Board of Dental Specialties (ABDS) is in competition with the ADA when it comes to specialty recognition. The ADA recognizes 9 specialties (endodontics, periodontics, orthodontics, pediatric dentistry, prosthodontics, oral surgery, public health dentistry, radiology and pathology) while the ABDS recognizes 4 (anesthesia, oral medicine, orofacial pain and implantology). I have heard rumblings that the American Academy of Cosmetic Dentistry is also seeking specialty recognition for cosmetic dentistry. Time will tell what the ADA task force comes up with, but a plan must be developed to maintain the ADA's reputation as being the "gold standard" with regard to specialty recognition.

Student debt continues to attract much attention as our new dentists graduate with escalating loan responsibilities. The good news is that the ADA has partnered with the Darien-Rowayton Bank in Darien, Connecticut to give ADA member dentists the opportunity to refinance loans at an exceptionally low rate with an additional .25% savings tied to active ADA membership status. As of January 2017, members have saved $4.4 million by taking advantage of this program. Over the lifetime of a loan amount of $250,000, an ADA member can expect to save about $35,000 on a 10 year fixed note by taking advantage of this DRB membership benefit.

At the ADA Dentist and Student Lobby Day held this spring in Washington D.C., HR 372, the Competitive Health Insurance Reform Act of 2017 is a main focus of ADA lobbying efforts. In 1945, the McCarran-Ferguson Act was passed and this HR 372 legislation would amend the laws to allow the FTC and Justice Department to enforce anti-trust laws against health insurance companies engaged in anticompetitive conduct. If the McCarran-Ferguson law is repealed, healthcare providers and insurance companies will finally operate on a level playing field. Our hope is that this legislation will finally pass through the Senate and become law.

These are some of the challenges facing our profession that may be keeping some of you up at night. I can assure you that the ADA is focused on collecting and synthesizing data that will help develop plans designed to help you succeed personally and professionally. Please feel free to call or email me with any of your concerns. I thank each of you for your commitment to our great profession and the ADA!

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MESSAGE FROM THE EDITOR

Dr. Richard F. Roadcap

"It's not a good sign if the crew's here and there's no plane." A middle-aged gent took a seat next to me at gate A-1. Sure enough, I looked and there was no aircraft at the end of the Jet Bridge. But within seconds an announcement said the plane was minutes from landing and passengers clutching boarding passes were queuing near the scanner. It was a direct flight to O'Hare, and he asked where I was headed. I told him I had a meeting in Chicago. He told me he was making connections to Denver, on an assignment for his employer.

It's impossible to spend time in airport terminals without exchanging airline horror stories with other passengers; everyone has one or more to tell. His revolved around four hours in a plane in San Antonio on a sweltering July day. I recalled spending nearly 24 hours in Philadelphia trying to make connections. I mentioned I'd spent some time in San Antonio, courtesy of the Army, and he asked me what I did for a living. I told him I was a dentist. Most often that revelation leads to a litany of dental woes suffered at the hands of other dentists, followed by a petition for further advice. But he said "So you were an Army dentist?" I pled guilty, fearing that his problems started at the hands of my colleagues in uniform.

Without hesitation, he named the doctor who had treated him as a young enlisted man and asked if I knew him. I said I hadn't met him. (When I served, there were over one thousand dentists in the Army Dental Corps.) My new-found friend related that, while stationed in Busan, South Korea (previously known as Pusan) the good doctor took an interest in his dental health and rehabilitation, and restored his front teeth with crowns and other cosmetic restorations. All this took place in the mid '70s. He went on to say that his new smile gave him, a self-conscious and insecure young adult, the confidence to pursue successful careers in the military and, after retiring from active duty, working for a large multinational corporation.

My first thought was "Well, we all restore smiles and help patients feel good about themselves." So far, it's a nice story. But he went on to say that he followed the good doctor's career path, from a successful private practice in New Jersey after leaving the Army, to retirement in an age-restricted community in another state. In the mid '90s, as his career as a military officer drew to a close, he wrote the doctor a letter telling him how his caring and professionalism empowered him to achieve success. The letter went unanswered. Nearing completion of his second career, he took it upon himself to locate his former Army dentist, and tell him firsthand how much his professional care had meant to him as a young adult, and how he credited the success he enjoyed in life with the increased self-esteem that resulted from his military dental care.

Knowing that his army doctor was no longer in practice, he first called the American Dental Association. His request for information met fierce resistance. The ADA told him, in no uncertain terms, that members' personal information could not be divulged. Anyone who's served in the military knows there are rules, and ways around the rules. My friend persisted, an admirable trait in any profession, and extracted from the staffer in Chicago the word "Florida" in a whisper.

Although his search was narrowed, Florida's a big state. Full disclosure: the gentleman in the next seat now works in IT. And, he knows a little about databases and search engines. Despite a few dead ends, he finally located his former dentist and placed a call to his residence. A woman answered. He asked to speak to the doctor, and she said "This is not a good time to talk."

He asked if she was the doctor's wife. She said "No, I'm his caregiver. He's in the late stages of ALS and can't speak on the phone." Persistence reared its head again. A short time later he called back and this time the doctor's wife answered. She said that although the doctor was unable to talk due to the ravages of disease, she'd put him on a speaker phone. The phone call continued and my (new) friend was able to convey, nearly forty years later, to the dying doctor how his professionalism as a army dentist gave a young recruit the confidence to face life and demand performance from himself and others.

Volumes have been written on dentists' benefit to patient self-esteem. But many of us don't comprehend that we have the power to change patients' lives for the better, not merely transforming their smiles, but giving them a measure of confidence they never before imagined. And few patients, as my friend did, would seek us out to convey this message. Whether we like it or not, we're role models, not just healthcare providers. The gray-haired middle aged gent in the next seat and I finished our conversation when the ticket agent announced Zone 2 was boarding. We never noticed the plane had arrived.

A DONATION YEARS IN THE MAKING

Dr. Sam Galstan, a member of Southside Dental Society and former member of the VDA Board of Directors, is shown handing Shannon Jacobs, VDA Communications Director a treasure trove old *Virginia Dental Journals*. Dating from 1929 to 1950, these were donated to the VDA by the partners of Southside Oral and Facial Surgery (Drs. Robert L. O'Neill, Robert J. O'Neill, and Paul W. Brinser). The volumes were archived and kept safe for a number of years by the founder of Southside Oral and Facial Surgery, Dr. Stephen Bissell, a VDA Past-President and former ADA Speaker of the House. This generous and heartwarming gift is especially significant, as the VDA lost its copies of previous journals in the 2010 fire when the VDA building burned down.

These journals are great to read, and to see that the VDA has always been interested in Membership and other areas. There are also some interesting VDA Standing Committees such as Study Clubs, Golf, and Gun Club! We should all be aware that the more things change, the more things stay the same...the VDA has always been about professional service and value to its members, as evidenced by the pages of these ancient tomes. Also of note, the VDA was called the Virginia State Dental Association during this time. These journals and others are archived in the VDA Central Office and are available for inspection.

RELIEF FROM DRY MOUTH:

A NOVEL APPROACH

Jeffrey W. Cash, D.D.S.

My interest in addressing dry mouth arose from helping manage head and neck cancer patients during my GPR. It was reinforced soon after by my own experience with chemotherapy when I was diagnosed and treated for testicular cancer. Through both of these times, I became frustrated with the limited methods available to me, as a dental practitioner, to assist them and myself.

As the oral cavity is its own unique ecosystem, it relies heavily on a delicate balance of numerous factors. Any disruption in the ability of a person to maintain just one of these items can completely alter the environment and result in significant damage and discomfort. In academic studies and clinical experience, it is known that when an individual suffers from a condition that alters or damages salivary production, the teeth and supporting structures become susceptible to a host of pathology. Dental caries, Burning Mouth Syndrome, opportunistic infections, and gingival irritation are among a few of the many seen. The common denominator in these individuals is the reduction or lack of saliva. Most of the available treatments revolve around repetitive long term use of moisturizing mouthwashes, gels, and lozenges. While helpful, their duration of effect is insufficient to provide predictable long term relief. So, I have worked at developing a method that is a paradigm shift in the approach. Rather than treat the symptoms and address the resultant damage, I wanted to try replacing what was missing and attempt to prevent the resultant damage and discomfort. Over the last 15 years, I have worked independently at developing a patent pending system of delivery that allows individuals to replace the moisture lost to the mouth during waking and sleeping hours. While not a cure for xerostomia, beta testers suffering from radiation induced salivary gland damage, Sjögren's disease and scleroderma have reported a subjective improvement in their quality of life.

The system operates by using a small belt-worn, computer-controlled pumping device, approximately 1''x 3''x 5'', that is tied into a refillable reservoir. From the pump, a small microbore tube extends under a user's shirt to their ear. It then attaches to a clear plastic ear support and transitions to a microlumen tube about the size of a human hair. This inconspicuous tube then travels along the user's cheek or inferior border of the mandible to the commisure of the mouth. The tube then turns 180° and enters the oral cavity. Once placed, the pump system can be turned on to deliver the contents of the reservoir directly to the patient's mouth. The delivery of the fluid is done so that it mimics published salivary flow rates based on circadian rhythms. Additionally, users can increase or decrease the amount delivered based on their particular need at any given time.

I am hopeful that this system can become a new tool the dental and medical community can use to address patient needs. The tubing can be directed to any location in the oral cavity and kept there with the use of commonly prescribed oral appliances if needed. If clinical research reinforces a benefit, it offers us a mode of delivery for medications to ease oral discomfort, fight infection, or facilitate wound healing.

The composition of the hair-sized delivery tube offers an advantage in that it meets USP class VI criteria. Due to this, it can be implanted. I would like to see the evolution of this delivery modality become something that could be surgically placed. If trans-dermal implantation can provide a portal of delivery, the small pump design could be tied into it and make it even less noticeable. Advancements in nanotechnology have progressed to a point that this is an option that will soon be available to us.

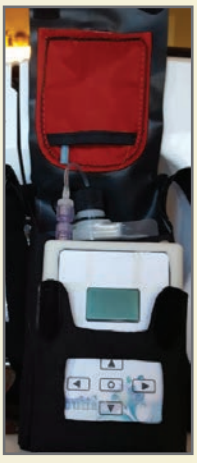
Until we come up with a bio-engineered salivary gland or discover a way to repair the damage to existing gland tissue in all people, our profession needs to use all methods available to us to treat and ease people's suffering. If I can at least help people return a sense of normalcy in their lives, then I have accomplished what I set out to do.

Editor's Note: Dr. Cash, a VDA Member dentist, practices in Richmond

Earbud with tubing

Prototype pump

Reservoir



Under the shoulder bag

User wearing device

LETTER TO THE EDITOR

VIRUSES, HYGIENISTS, AND YOU

Henry Botuck, DDS

Airborne viruses of concern in dental offices include rubella, mumps, measles, herpes simplex virus types 1and 2, varicella- zoster, Epstein-Barr virus, cytomegalovirus, human herpes virus 6, human papilloma viruses, adenovirus, coxsackie viruses, influenza A and B, human parvovirus B19, and respiratory synctial virus.

I am convinced that some of the above named viruses, and others not mentioned, have long-term affects on the human body that we are not aware of as yet. We know about some of the long-term affects of Zika, HPV, Hepatitis, Shingles, and Herpes. These are just off the top of my head. I know there are more. Some viruses are able to affect our genes, and some lay dormant in our bodies so that they affect our long-term health. Protection from them is both necessary and prudent.

It is clear to me from reviewing *numerous* studies, some dating back forty years, that practicing dentists and hygienists have ignored or minimized the potential risks associated with the aerosols given off by the air driven handpiece, the ultrasonic scaler, and the baking soda jet cleaner.

What about OSHA regulations and CDC recommendations, you may ask? Remember, it is "Bloodborne Pathogens" that seem to be their primary concern. Aside from long sleeved gowns and wearing of masks, they don't have much to say about "airborne pathogens". You are on your own on that score. *So, you have to use your own smarts*. Most dentists have an assistant who can suction using the High Volume Evacuator (HVE). Those who don't are foolish. For everyone's health's sake, *using the HVE to capture aerosols is a must*. Remember that these aerosols swirl around the room long after the patient has gone, and long after you have removed your mask.

I always wear an ASTM high-level mask or an N95. (An N95 requires a special fitting process.) No mask, even the N95, filters 100% of the air that passes through it. That is why the HVE is so important. It reduces the number of aerosols that remain and need to be filtered from the air you breathe.

Unlike some dentists and hygienists I have seen, I wear the mask so that there are no gaps around the periphery, tight to my face. To get it tight there has to be a metal insert at the bridge of the nose to adapt the upper portion of the mask to the face, and another under the chin so that it can be twisted to make the mask tighter. The air you breathe when wearing a mask takes the path of least resistance: the gap, if one is present. No matter the filtering efficiency of the mask itself, unless the air passes *through* it, obviously, it is not being filtered.

Speaking of masks, surgical masks capture bacteria and viruses within their layers, and on the inner and outer surfaces. Moving your mask around on your face spreads those microbes onto your face and neck like a washcloth. NEVER, never, move your mask down, or under your chin!

The HVE should always be used when utilizing the ultrasonic scaler. The saliva ejector is ineffective in catching the aerosols (100,000 per cubic foot, and 5-10 microns in size) that are produced by ultrasonic instruments. But, hygienists usually work alone and have difficulty manipulating the HVE and the instrument at the same time. Once, when I was volunteering at the Northern Virginia Dental Clinic, I remember a hygienist being offered an assistant. However, she wasn't willing to show the assistant how and where to place the HVE. "They (the assistants) just get in the way" is a very shortsighted attitude.

Those aerosols could affect the hygienist's health. Isn't it worth a little time on the hygienist's part to learn how to use an assistant? If dentists can work with an assistant to capture aerosols while using the high-speed handpiece, hygienists also should be able to learn to use an assistant to his/her advantage. But, of course, the office has to be progressive enough to provide one!

It has been shown that the aerosols that are produced by the ultrasonic scaler contain blood, bacteria, and viruses. What you can't see can hurt you. At one time there was a simple attachment to the ultrasonic scaler that could capture 90% of the aerosols produced so that the hygienist actually *could* work alone. However the schools, the hygienists and their dentist employers (shortsightedly) ignored it. After all, they couldn't see the aerosols produced that were below the 50 micron size, so they acted as if they weren't there. As a result, it is no longer being produced. (According to the manufacturer, it could be re-introduced if there were enough demand.)

There also was an attachment to the baking soda jet cleaner that would capture the baking soda. Baking soda can adversely affect the lungs of both the patient and the operator. But, due to the ricochet of the powder off of the teeth, the HVE is not very effective in capturing the powder. Again, the schools, the hygienists and dentists ignored it. And, again, this attachment is also no longer being produced.

I blame the hygiene schools for this. They have been too complacent in teaching hygienists both the need to protect themselves and how to protect themselves from these aerosols.

Personally, I wouldn't use an ultrasonic scaler or the high- speed handpiece unless I had an assistant to suction. And, since I no longer can get the attachment to capture the baking soda, I don't use *any* type of baking soda jet cleaner. I value my health and my patients' health too much.

40 UNDER 40

DR. IDA KONDORI

As a child, I was told that I "smile too much." I realized the impact a healthy smile can have on the quality of life. I thank my family and professors for the opportunity to work in a respectable profession.

LETTER TO THE EDITOR

ORAL SURGERY WITH PLASMA CELL LEUKEMIA

Dr. Marvin E. Pizer*

The dental professional can play a major role in the detection of life-threatening diseases as the disease may make its initial manifestation in oral and facial bones. The diagnosis of this fatal disease may have already been established and referred to you for significant dental treatment, such as multiple extractions and alveoloplasty.

Plasma cells are a type of white blood cell produced by the B lymphocytes. The normal plasma cells produce antibodies which destroy bacteria and viruses invading the body. In the production of these plasma cells some genetic mishap results with abnormal plasma cells in overwhelming numbers in the bone marrow, which destroy the red blood cells, some white blood cells, immature stem cells, and platelets. These abnormal plasma cells now produce useless antibody proteins increasing the viscosity of the blood. This is harmful to the kidneys. This disease, where the bone marrow is undergoing a severe pathologic change, results in osteolytic lesions in the bone, sometimes even a pathologic fracture. These malignant plasma cells destroying essential bone marrow cells produced in the bone marrow cause the patient severe pain from the osteolytic lesions. This is multiple myeloma. (2,3) With the anemia, loss of healthy white blood cells, and destroyed platelets, it is explainable why these patients are always tired, have recurrent infections and bleed easily. Blood chemistry reveals hypercalcemia resulting in the patient being thirsty, frequent urination, poor appetite, and constipation. (4,5,6)

With all of the above this patient's care should be managed by a hematologist-oncologist physician, who will use multiple chemotherapy agents to contain the multiple myeloma. Unfortunately some of the cases of multiple myeloma advance further, as the malignant plasma cells are not only in the bone marrow but extending to the peripheral blood. In the peripheral blood this "cancer" can invade the liver, spleen, kidneys, and brain. The peripheral blood will now reveal at least 20% of abnormal plasma cells among the normal white cells. This is now secondary plasma cell leukemia (PCL) (5,6). It would be gratifying if we could determine which multiple myeloma patients will advance to secondary PCL and prevent this advancement!

The dentist may be the first to diagnose multiple myeloma since in some patients the initial symptoms may be pain in the mandible and less often the maxilla. Radiography of the mandible will reveal the osteolytic lesion. They are most often seen near the angle of mandible and when biopsied reveal the disease – multiple myeloma. However if the dentist sees multiple radiolucent lesions in the mandible or maxilla it would be appropriate to investigate for other bony lesions. (1)

Primary PCL has its origin similar to the plasma cell disease, multiple myeloma. The markers of primary PCL are different than multiple myeloma. Patients with primary PCL do not have or never have had multiple myeloma. Primary PCL is a very progressive disease and resembles acute leukemia, with bony lesions and multiple organ involvement. (4) Again the initial bone lesions may be in the mandible or maxilla, or both, and patients seek dental care. (1)

Treatment for primary PCL consists of control of existing infection, anemia, and bleeding, with whole blood transfusions, antibiotics, pain medication, plus multiple chemotherapy agents. In the healthier patients autologous stem cell transplantation (5,6,7) will be considered which has resulted in 2-3 years of survival compared to the average patient's survival time of 18-20 months.

Intra-orally there is petechia, ecchymosis, and hyperplastic gingiva frequently with pain and gingival bleeding. Do not rush to biopsy the hyperplasia of the gingiva, for fear of more bleeding and infection than expected.

My experience with primary PCL was a patient with this disease, referred by a competent dentist. I saw in consultation the patient who was a pleasant 69 year-old, thin, and anxious white female. In the interim between the dentist's referral to us, she had a consult with a well-known periodontist, who agreed that she needed full mouth extractions (after examination and dental radiographs). She had no osteolytic lesions of the facial bones. The patient's chief complaints were "mouth pain" and "bleeding gums". (Fig. 1,2,3,4) I agreed with the dental diagnosis. She offered me the name of her medical oncologist and described, as best she could, her medications. In her presence, I spoke with her oncologist who informed me of her condition, as well as complications to expect. She was in a remission, which is the best time for any necessary surgery. Much to my delight the medical oncologist and dentist were staff members in the local hospital we all preferred. The patient was advised to see her dentist to prepare for her full maxillary and mandibular acrylic splints to be inserted after removal of teeth (Fig. 5) and alveoloplasty (in the hospital operating room), with hyperplastic gingiva excised for pathologic study.

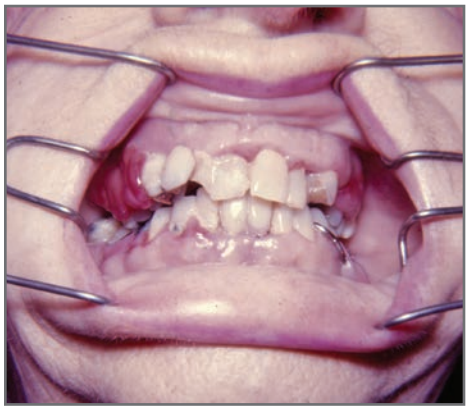
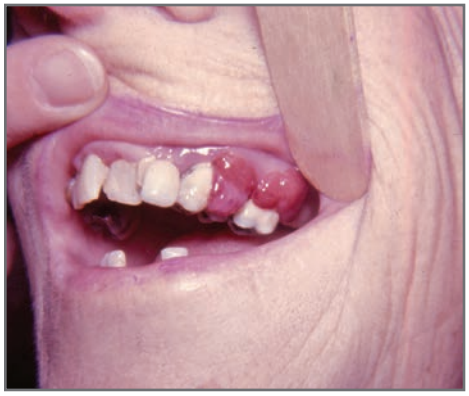


Figure 1



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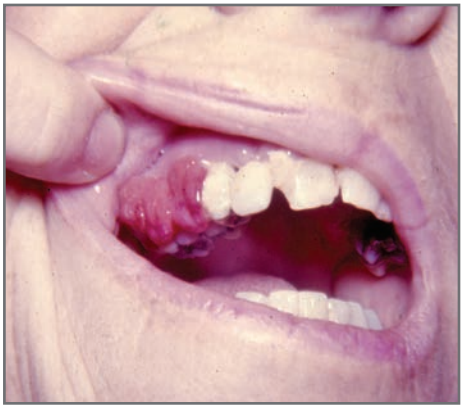

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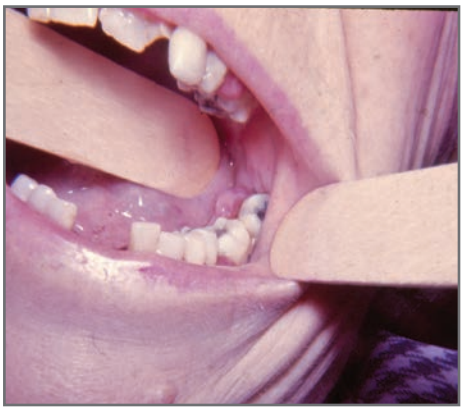
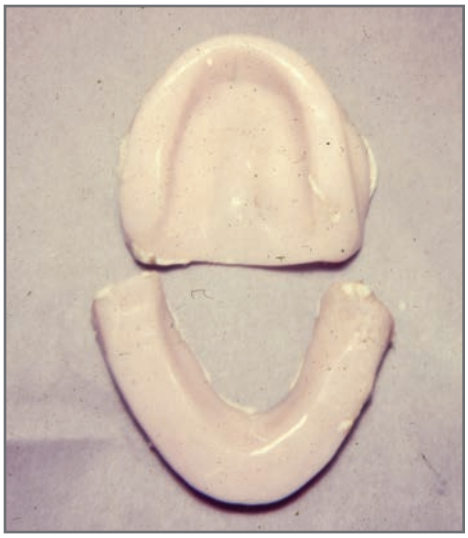


Figure 4



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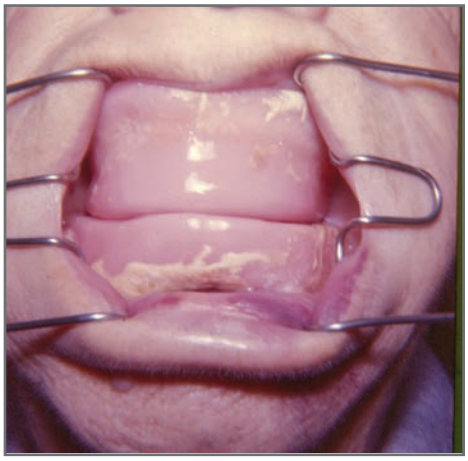

Figure 6

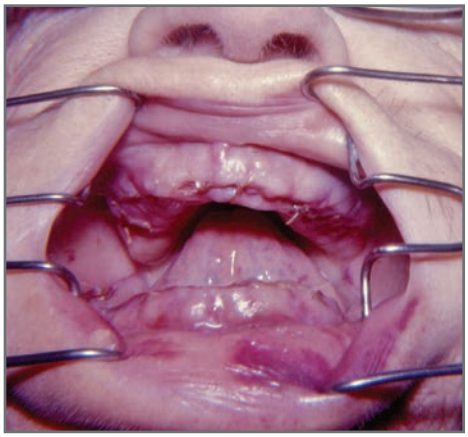

Figure 7

The patient was admitted to our local hospital two days before surgery. The medical oncologist did the history and physical examination and ordered extensive blood chemistry, before beginning the whole blood IV transfusion, which he knew would be necessary.

The patient entered the operating room and under general anesthesia multiple extractions and alveoloplasty were performed with the family dentist assisting me. There was no excessive bleeding and the splints fit well. (Fig. 6) An IV with whole blood was in effect the entire operation. More postoperative blood studies were performed, and the patient left the hospital the second postoperative day. She had minimal blood loss, minimal facial edema, and surprising only moderate pain. She returned to our office in five days. The splints were removed and cleansed and the surgical healing was good. The patient was told to wear splints until full dentures were completed.

The patient was seen again in 10 days. She had healed surprisingly well. Her family dentist was seeing her in preparation for full maxillary and mandibular dentures. The oncologist had the patient on two new chemotherapy agents and I do not know whether stem cell transplantation was being considered by the oncologist. This patient was seen again in our office, three weeks post-operatively (Fig.7) The maxillary and mandibular ridges healed nicely, but there were areas near the mucobuccal sulcus that were erythematous. There were sites of hyperplasia, which when removed surgically and examined by the pathologist were all reported as plasma cell leukemia.

I saw her dentist at a meeting and I was informed that our patient was approximately one year post-surgical and that she had gained weight, had good color, and was pleased with her dentures.

How pleased I was to be part of a health profession that relieved pain and provided cosmetic dental care to a person with a malignant disease.

*Emeritus Staff – Alexandria Hospital, Alexandria, Virginia
Formerly – Clinical Professor of Oral and Maxillofacial Surgery, Virginia Commonwealth University, Richmond

REFERENCES

1. Stafne, E.C. *Oral Roentgenographic Diagnosis*; W.B. Saunders, 1958

2. Laskin, D.M. *Clinicians Handbook of Oral and Maxillofacial Surgery*; Quintessence Publishing Co., 2010

3. Lam, D. and Laskin, D.M. *Oral and Maxillofacial Surgery Review: A Study Guide*; Quintessence Publishing Co., 2015

4. Wikimedia Foundation, Inc. *Plasma Cell Leukemia* (category – lymphatic leukemia/ rare cancers) 2016

5. VAMS – Myeloma Institute; *What is Plasma Cell Leukemia?* (501) 686-8230, 2016

6. AACR (American Association for Cancer Research) *Plasma Cell Neoplasms (Including Multiple Myeloma*); Philadelphia, 2015

7. Mukherjee, S. T*he Emperor of All Maladies*; Scribner, New York, 2010

SLIDES

Figure 1. Initial appearance of gingival, teeth and occlusion

Figure 2. Note hypertrophy and vascular gingival, right maxilla

Figure 3. Vascular hypertrophy, left maxilla]

Figure 4. Gingival hypertrophy, posterior right maxilla

Figure 5. Acrylic splints

Figure 6. Acrylic splints inserted immediately after surgery

Figure 7. Appearance of ridge at 3 weeks postoperative. Some vascularity in mucosa, but no hyperplasia

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FIDUCIARY DUTY RULE

Bobby Moyer, ACG (Actuarial Consulting Group)

On April 6, 2016, the Department of Labor (DOL) proposed its Fiduciary Duty Rule. Since that time there has been quite a lot of buzz surrounding this rule, its importance, and its implications. Just last month, President Trump issued a memorandum to the DOL to conduct "economic and legal analysis" with the goal of determining the impact of this rule prior to its effective date...

What is fiduciary duty and why is it so significant?

Prior to this rule, registered representatives from broker dealers and insurance agents only had to meet a standard of suitability when making investment recommendations. Simply put, an advisor's advice must be "suitable" for their client's needs at that particular time, but not necessarily in their best interest. Under the new rule, a client's best interest must now come first.

This fiduciary obligation raises the bar for many investment professionals when it comes to the Investment recommendations they provide.

To many, this seems like semantics. After all, under both standards the advisor is required to make a reasonable effort to understand a client's unique situation (time horizon, liquidity needs, financial circumstances, risk tolerance, tax status, etc.) and to make sure that the investment recommendation is appropriate given those factors. But the rule clearly defines the difference between advisors and brokers that work with retirement plans and it is important to fully understand this difference. What you may not know is that Registered Investment Advisors (RIAs) like ACG have always been required to adhere to the fiduciary standard. As a fiduciary, a Registered Investment Advisor (RIA) has a legal obligation to make investment recommendations that are in your (the client's) best interest. Our company has done this since the inception of our advisory services in 1990, because putting clients' interests first seemed like the best business model. That notion has proven to be true.

Consider an advisor recommending a share class of mutual fund to a client. If the advisor recommends a commission-based share class that charges nearly six percent up front, even though a lower, level-fee class is available, that advisor is not putting the client's interests above profits. The advisor, therefore, is not meeting a fiduciary standard.

The fiduciary standard applies to more than just using the most cost effective share class, though. The DOL has explicitly listed other types of recommendations that must meet a fiduciary standard.

One of these recommendations relates to rolling over a 401(k) into an IRA. Sometimes such rollovers result in a higher expense to the client than if he had kept the account in his 401(k) plan. For this reason, advisors will need to begin documenting their justification for making such a recommendation.

Employees roll over their 401(k) accounts for a number of reasons—a wish to disassociate from the company, a desire for more investment options, and of course, the desire to work with an advisor that they know and trust. The DOL made it clear that it does not disapprove of rollovers per se; it simply wants investors to be informed and better protected from some advisors who target these rollovers without any real plan to add value.

A similar recommendation that falls under the fiduciary rule is the recommendation to a client or prospective client who owns a self-directed brokerage account to sign up for a fee-based service. If the advisor is adding value then it's appropriate, but the justification needs to be documented.

If it sounds like the overarching objective of the rule is to prevent clients from paying excessive fees, that's because it is. The DOL estimates that fees resulting from conflicts of interest cost Americans an average of $17 billion every year. It is very important to note that the DOL is not sending the message that the lowest available fee is always the most appropriate option. It has made this clear during the rollout of this rule.

In addition to knowing how this new rule will protect investors, it's important to know the rule's limitations. The biggest misconception that investors will likely have is that this rule covers any and all recommendations that an advisor makes to them.

In fact, the rule only applies to retirement assets, like 401(k) accounts and IRAs. This is because the DOL does not have jurisdiction over non-retirement investment accounts. The impact of this distinction is that advisors (except RIAs, which are fiduciaries regardless of the type of account) will still be allowed to recommend investments with excessive fees if they are providing advice to a client for their non-retirement, taxable assets, which may not be in the client's best interest.

Another limitation of the rule is the way it will be enforced. Don't expect the DOL, SEC, IRS, or any other agency for that matter, to go out and search for the bad apples that are making bad recommendations. It will be up to the client to identify when a malpractice has been committed and bring suit against the advisor.

For this reason, it is imperative that investors remain vigilant and stay informed about the recommendations that they are receiving. The DOL has equipped you, the investor, to hold your advisor accountable; however, they are not going to do it for you.

The investment industry is complicated, and a good advisor is one who helps clients navigate that complexity. Unfortunately, there are many advisors out there who exploit client confusion in order to pad their wallets. You, the consumer, have the responsibility to ask your advisor the right questions to ensure your advisor is working in your best interest.

ACG commends the DOL for taking this step to improve the quality of advice given to investors no matter who their advisor is. Ideally, this will result in an increased level of trust between advisor and client; that will be good news for the industry and, obviously, the investor.

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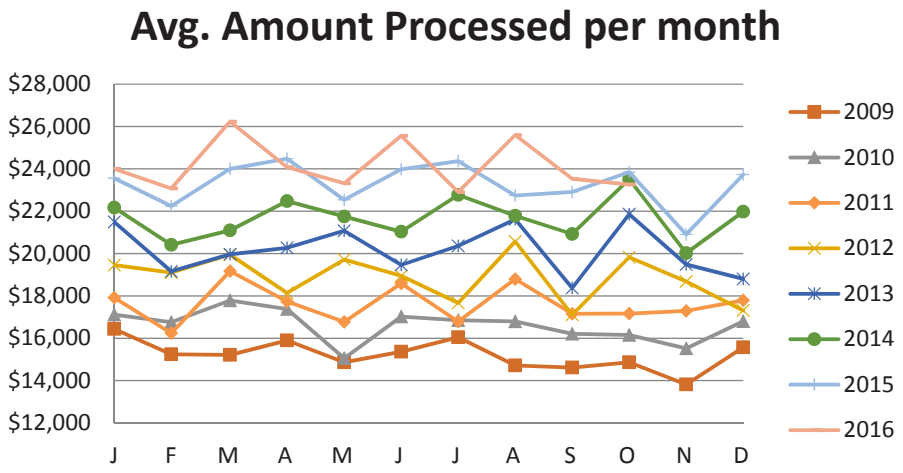
CHANGING PAYMENT METHODS AFFECT YOUR BOTTOM LINE

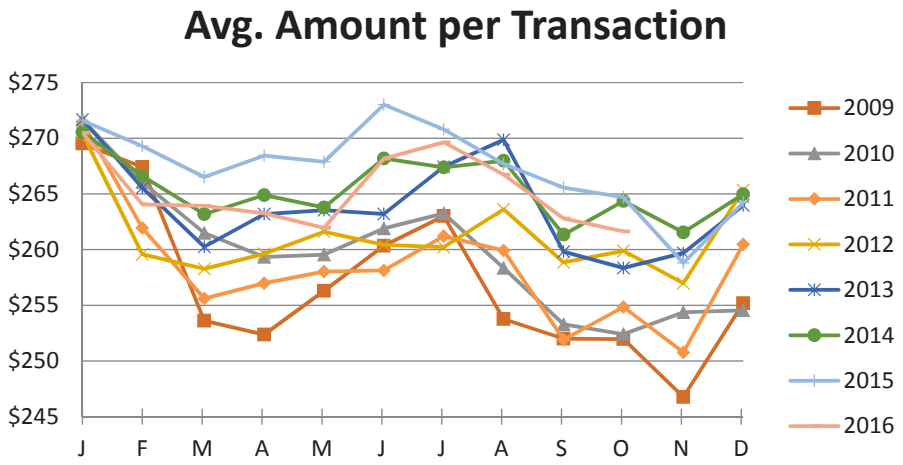
Jennifer Nieto, Best Card

2009 was one of the worst years for the economy in recent memory; the economy declined by 2.4% and, worse, the average dental office was hit by a 3.68% decline in the credit card processing volume from the previous year.1 Per a 2014 ADA study,2 the dental industry has yet to fully recuperate in the years since the Great Recession as well as the rest of the U.S. economy. When adjusted for inflation, the net income of the average dental practitioner through 2013 had fallen by almost $9,542 since 2009. This is a decrease of 5.01% from 2009 to 2013. There are many speculated reasons for this decline, including less demand for dental services combined with more practitioners entering the field. However, the sluggish pace of recovery is very real to VDA members.

Best Card, the VDA Services endorsed credit card processor, has compiled years' worth of financial data for dental offices nationwide which indicate that, while national dentistry growth after 2009 has been problematic, the percentage of payments paid using credit cards has risen sharply. The first graph compares the average dollar amount processed monthly in practices from 2009 to 2016; the second graph shows the average dollar amount per transaction; the final graph compares the average number of credit card transactions processed per month.

In 2009 the average dental practice processed $15,221 per month in credit card sales compared to $24,156 in 2016. **This represents a growth of 58.7% in the average credit card volume for practices between 2009 and 2016.** The lack of growth in the dental industry indicates that this growth is due to more patients paying for treatment using credit cards. There are many potential reasons for this, from evolving patient choice in payment methods to changes in the coverage and availability of patient insurance. However, the trend is clear. The average transaction amount for dental offices increased by a small amount compared to the overall growth of card volumes. In 2009, in the depths of the Great Recession, the average transaction for a dentist was $256.85. In 2016, the average transaction was $265.27. **This represents an increase of 3.27% in the average transaction amount over 7 years of data.** While statistically significant, this has not affected the growth of monthly volumes nearly as much as the average number of transactions per month.



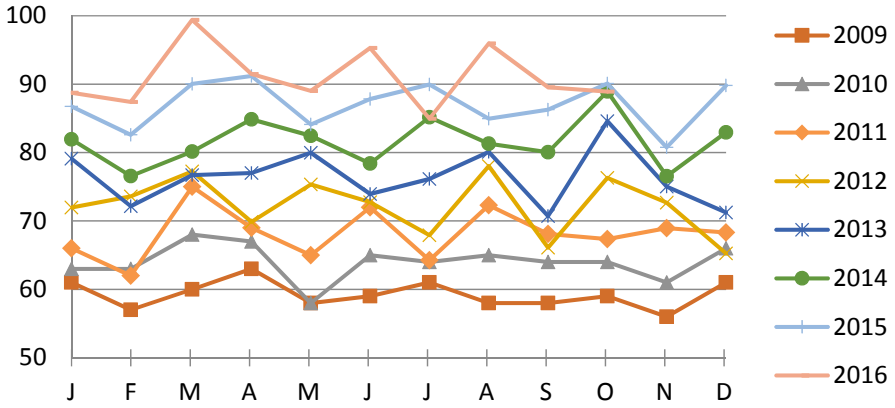


The single largest factor that has led to the increase in credit card processing volumes has been the average number of transactions per month. In 2009 the average dental practice ran 59 credit card transactions per month. In 2016, the average dentist ran 91 credit card transactions per month. **This is an increase of 53.7% in the average monthly credit card transactions processed, which is a staggering increase over a seven year period.** Needless to say – when a sector of your business grows by more than 50%, you need to take a very close look to ensure that these changes don't negatively impact your bottom line!

Best Card offers the following tips to make sure that, no matter who your credit card processor is, you can make sure that you are receiving the best value possible in this growing part of your business.

- Check your effective rate! The effective rate can be calculated by dividing the total amount you paid to your processor (all rates AND all fees) by the total dollars ran in credit card charges. For reference, Best Card's average practice nationwide pays an effective rate of 2.14%.
- Credit card processors have the ability to raise rates from what is on your signed contract as long as they give you advanced notice, which can be in fine print on your monthly

Average # of Transactions



statement. Many processors will use this to raise the rates on your cards as often as every couple of months, so make sure to check your effective rate regularly.

- Many processors attach an expensive Early Termination Fee to their contracts as well as expensive long-term leases for credit card processing equipment. This means that they can raise rates at will because they can make it too expensive to leave, so we always recommend asking for the Early Termination Fee unambiguously in writing. Furthermore, a lease will generally cost you four to twenty times more than the value of the equipment if you were to buy it outright.
- To lower your effective rate, try to take as many debit cards as possible and, if insurance carriers will cooperate, try to take insurance payments via check or ACH instead of credit cards (we often see these card rates run at highest costs). The Durbin Amendment to the Dodd-Frank Act of 2011 lowered the cost of debit cards for all credit card processors. Your processor should offer significantly lower rates on debit cards than credit cards, even without entering a PIN number; if they don't offer lower debit rates, you need to contact them to make sure you aren't overpaying. With much lower debit cost, even a simple step like getting your staff to ask patients if they have a debit card they would like to pay with can lead to significant monthly savings. Furthermore, any card accepted in person (swiped or dipped using the chip) not only runs at a lower cost, it also gives you a much stronger position in case of a chargeback issued by the patient; if possible, always try to accept payment at the time of treatment. If a payment is later keyed-in due to the card or patient not being present, always put in the address, zip code and 3-digit security code on the back of the card to ensure the lowest possible rates and strongest possible chargeback position on keyed cards.

A quick review of your current service can save you thousands of dollars per year in this fast-growing sector of your business!

Jennifer Nieto is the President of RJ Card Processing d/b/a Best Card, the endorsed credit card processor of VDA Services as well as 25+ dental associations. The average dental office switching to Best Card saves $1,860 per year (27%) over prior processor and they offer card systems for any office type, including automated posting of payments into several popular dental practice management softwares. All VDA members are welcome to call Best Card at 877-739-3952 and take advantage of the VDSC endorsement savings on rates and card processing equipment. To have them do a cost comparison and show you the savings they can offer your practice, you can send a recent monthly credit card statement to them at (fax) 866-717-7247 or (email) CompareRates@BestCardTeam.com.

References

1. Jennifer Nieto. "How is the Economy Affecting your Dental Practice" TDA.org. Q1 Journal 2010.

2. Bradley Munson, BA & Marko Vujicic Ph.D. "Dentist Earnings Not Recovering with Economic Growth" ADA.org. Health Policy Institute Brief. December, 2014.

A LIFE OF DISTINCTION

A FOOTPRINT TO BE FOLLOWED BY YOUNG AND OLD IN OUR PROFESSION

Dr. James R. Schroeder and Dr. Sheri Ball

Dr. Mike McMunn played many roles over his 70 years. A few of these were son, brother, husband, father, dentist, teacher, friend and encourager to all. Every year he spoke to the dental students' orientation class. He asked the first-year dental class, "What is your purpose for life?"

He would answer his own question. To be a dentist, to get rich, to be famous or have a family? He would follow with a resounding conviction, "You are each a child of God and are on this earth to love and serve the people in your lives! As a dentist, father, husband or friend your purpose is to love and serve people in your life." It was a surprising message for the students that captured their hearts as they were about to launch a journey of a lifetime. His goal was to influence students to set their "compass for a lifetime of significance and never-ending passion."

Mike was truly a man of passion, energy, and meaningful purpose. His personal compass was set and it rarely ever went off course in the storms of life! Dr. Sheri Ball, his associate, reflects, "I had the honor to be a part of his practice for almost 18 years. He truly is one of the greatest men I have ever had the pleasure of knowing and working with." If you wrote down all the accolades Dr. McMunn received, you could fill a journal, and though he worked hard for them they are not what he would want to be remembered for.

Mike always told the story about going to a church and seeing a statue of Jesus. The statue was missing His hands. Mike said he asked the priest what horrible vandals did this to this beautiful statue. The priest said, "No one, this statue of Jesus has no hands because we as servants are Jesus' hands." Mike lived his life as the hands of Jesus, always serving others.

As I traveled with Mike around the country to attend different courses it became evident where Mike's continuous resource for refueling was located! Without fail, Mike would have a daily devotion reading, prayer and a trip to the local church for mass! At 70 he maintained an energy for life that brought electricity to the room.

At work, he served his patients. Not only their dental needs, he also fulfilled any needs they had - physical, emotional, and spiritual. They were part of his family, some for as long as 39 years. He was a matchmaker and a cheerleader; he mourned with them and celebrated with them. His dedication to dentistry did not stop there. He inspired many to pursue the field he loved. He invited anyone who wanted to learn to come into his office and share his knowledge. He led his office team EVERY morning in a prayer and made each member feel important and loved. Everyone knew him as the "singing dentist", never wanting silence in the office, only laughing and singing. Sharing with each person that he met the love he had for them. He felt that for every person who crossed his path, no matter where, God had a reason. He always said, "If you don't like someone, then you need to get to know them better."

His family was always in his thoughts. He kept them close all day long by sharing his family with every patient. He shared with them the pride he had for each one: Kris (his wife of 47 years), his children, and grandchildren.

He loved helping at MOM projects and the Crossover Clinic as well as the close contact he had with faculty and students at the VCU Dental School. He would come back to the office and share all the experiences he had there.

We asked, "What would Mike choose as his legacy?" It was clear that there was a common thread woven throughout his tapestry of life! Whether his profession, patients, church community, or family, his capacity to love and serve was inexhaustible. His dream would be for everyone he touched to weave into their tapestry of life to love and serve as we have been so loved by God. Although Dr. Michael O. McMunn left this earth February 2017 his love will continue to multiply and touch lives. We have included "Mikeisms" for your inspiration and memory.

Mikeisms and favorite verses:

"To know God, to love God, and to serve God"

"Good begets good"

"Treat others as you would like to be treated"

"Love more, eat less"

"Nothing like a cup of hot chocolate to warm your soul"

"I'll have unsweetened ice tea with lots of lemons"

"God never gives you more than you can handle"

(from Dad McMunn) "If you don't like someone, get to know them better."

Dr. Michael O. McMunn
1947 - 2017

"We are spiritual beings having an earthly experience, not earthly beings having a spiritual experience."

Eye has not seen, nor ear has not heard what God has ready for those whom love Him. (1 Corinthians 2:9)

"Life is like a box of chocolates, you never know what you are going to get." Forrest Gump

"You can't soar with the eagles if you stay on the ground pecking with the chickens."

Every good and perfect gift is from above (James 1:17)

"God only created a few perfect heads, the rest he covered with hair."

"We can't all do great things, only small things with great love" - Mother/Saint Theresa of Calcutta.

"Evangelize everyone, if necessary use words." - Saint Francis of Assisi

AEGD ABSTRACT:

TAKAHASHI T, GONDA T, MIZUNO Y, ET AL. INFLUENCE OF PALATAL COVERAGE AND IMPLANT DISTRIBUTION ON IMPLANT STRAIN IN MAXILLARY IMPLANT OVERDENTURES. INT J ORAL MAXILLOFAC IMPLANT. 2016; 31(3):E43-48.

Problem: When deciding on a prosthetic design for a maxillary overdenture, there are several factors that must be considered. The use of palatal coverage and number of implants used for maxillary overdentures are important design elements that can affect the amount of stress and strain placed on the individual implants. Without established guidelines for designing a maxillary overdenture, it is important to understand how design elements such as palatal coverage and the number/distribution of implants can affect the overall success and effectiveness of the prosthesis.

Purpose: The study evaluated the effects of palatal coverage and implant number and distribution for a maxillary overdenture in terms of implant strain/stress using a unilateral force on an in-vitro model.

Materials and Methods: The authors of the study chose to use an in-vitro model to measure the strain of the implants (4.0 mm diameter x 10 mm length, Nobel Biocare). An edentulous maxillary model was fabricated with stimulated mucosa and six implants. The six implants were placed bilaterally in the positions of the lateral incisors, first premolar and first molar. Four strain gauges were attached to the four surfaces of the implant and were connected to sensor interfaces. Maxillary implant overdentures and mandibular complete denture were fabricated to fit the edentulous models. Denture teeth were arranged in bilateral balanced occlusion. Two maxillary implant overdentures were fabricated, with and without palatal coverage. Healing abutments (regular platform, 3 mm height, Nobel Biocare) were placed on implants and both experimental maxillary overdentures were relined to fit the abutments and edentulous models. Seven types of support conditions in terms of implant number (two-, four-, and six-implant arrangements) and distribution being combinations of two anterior, two premolar and two molar implants were evaluated for both experimental maxillary overdentures. Each support condition was repeated five times for measurements. The experimental maxillary overdentures and mandibular denture were placed on models on an articulator. A vertical load of 98 N was applied to the mandibular complete denture through the articulator. Using the strain gauges, implant strain was recorded for a total of 10 seconds at 50-ms intervals. Bending strain in the mesiodistal and palatobuccal directions were calculated and compared using one-way analysis of variance.

Results: The most palatolabial strain was demonstrated in anterior implants under the denture with palatal coverage with no significant difference from the anterior implants under the denture without palatal coverage. All anterior implants demonstrated similar positive mesiodistal and palatolabial strains in all configured distributions with both experimental dentures. In both directions, the strain is significantly higher in a two-anterior implant-supported prosthesis. Premolar implants under the maxillary overdenture with palatal coverage in all configured distributions exhibited positive palatobuccal strain except for with no significant difference between distributions except for denture supported by two premolar implants. There was a significant difference in mesiodistal strain between two premolar implants supported and premolar implants in six implant supported maxillary overdenture with palatal coverage. Palatobuccal implant strain of premolar implants under maxillary overdenture without palatal coverage was positive in all configured distributions with significantly higher strain in two-premolar supported overdenture. Mesiodistal implant strain of premolar implants under maxillary overdenture without palatal coverage was significantly higher in two-premolar supported overdentures. All molar implants demonstrated similar positive mesiodistal and palatolabial strains in all configured distributions with maxillary overdenture with palatal coverage. Two molar implant supported maxillary overdenture with palatal coverage had a significantly higher palatolabial strain on implants. Molar implants under maxillary overdenture without palatal coverage exhibited positive mesiodistal implant strain in all configured distributions. Mesiodistal implant strain in two molar implant supported maxillary overdenture without palatal coverage was significantly higher than all other configured distribution involving molar implants.

Conclusions: Though there is similar implant strain distribution between dentures with palatal coverage and palateless dentures, the data shows slightly higher strain in palateless dentures especially for implants in the premolar area. Anterior implant supported overdentures or overdentures supported with anterior and premolar implants are not recommended due to the amount of stress/strain placed on the implants regardless of palatal coverage. Four implants distributed in the premolar and molar region or six implants used to support overdentures had little difference in terms of implant stress/strain.

HARJYOT BHULLAR, D.D.S.; Resident, Advanced Education in General Dentistry, Virginia Commonwealth University

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DR. BRITTANY CASTEEN

Dr. Brittany Casteen graduated from the VCU School of Dentistry in 2015. Now, she and her husband, Robbie, are back in their hometown! She loves serving the community of Portsmouth and providing an array of services to her patients through general dentistry.

AEGD ABSTRACT:

MENDOZA-AZPUR G, LAU M, VALDIVIA E, ET AL. ASSESSMENT OF MARGINAL PERI-IMPLANT BONE-LEVEL SHORT-LENGTH IMPLANTS COMPARED WITH STANDARD IMPLANTS SUPPORTING SINGLE CROWNS IN A CONTROLLED CLINICAL TRIAL: 12-MONTH FOLLOW UP. INT J PERIO RESTOR DENT 2016;36(6):791-795.

AIM: This clinical trial compared the marginal bone level alterations of short and standard length implants supporting single crowns, through radiographic and clinical parameters.

Materials/Methods: Eighty-two systemically healthy participants, 42 men and 40 women, aged 30 to 60 years were included in the study. All patients were partially edentulous with balanced occlusion. All subjects were healthy, nonsmokers, had good oral hygiene, inactive periodontitis, and no bone metabolism influencing drugs.

At the start of the study model casts, CBCT, and dental radiography, including a periapical analysis of initial bone measurements, and periapical bone loss were obtained for each participant. The following were taken at 6 and 12 months: full mouth probing depths (PD) measured at six sites around implants, clinical attachment levels (CAL), recession, and presence or absence of bleeding on probing using a UNC-15 periodontal probe.

Patients were divided into two groups. One group received short implants measuring 5.5 or 7mm. The other group received standard implants measuring 10 or 12mm based on their individual needs. The implant protocol included patients rinsing with 0.12% Chlorhexidine for 1 minute and receiving Augmentin prior to local anesthesia. A surgical guide was used for proper placement of all implants. Sandblasted implants were used in this study, which may contribute to better osseous integration. The implant placement and prosthetic procedures were identical for both groups. Both short and standard implants received single unit crowns that were place in occlusion.

Patients were seen for post-operative recalls at 1, 2, and 3 weeks. At 6 and 12 months radiographs were taken as well as full mouth PD measured at six sites around implants, CAL, recession, and presence or absence of bleeding on probing using a UNC-15 periodontal probe were recorded by 2 Periodontists.

Statistical analysis was performed using SPSS statistical software (IBM). The researchers assumed that there would be a mean marginal bone loss of 1.0 + 0.5mm, with a maximum marginal bone loss of 1.5mm from the first implant thread. Marginal radiographic bone loss of 0.5mm was considered a statistically significant difference between study groups.

Results: Short and standard implants were compared in 3 categories clinically and radiographically from the time of crown placement, then at 6 and 12 months after loading. The three categories included crestal bone loss, marginal bone loss, and gingival recession. There was no statistically significant difference in marginal bone levels between the two groups. Minimal differences were observed in the amount of crestal bone loss after 12 months of loading, with greater bone loss seen around the short implant. However the bone loss did not exceed 0.53mm. Greater gingival recession was found around standard implants after 12 months of loading compared to the short implant group.

Conclusion: This study demonstrated that short implants, between 5.5 and 7mm in length, had similar peri-implant bone loss when compared to standard length implants restored with single crowns after one year of loading. In conclusion, this study exhibited that short implants may be a viable treatment option to restore partially edentulous areas.

DR. AMANDA D. MAGID; Resident, Advanced Education in General Dentistry, Virginia Commonwealth University

AEGD ABSTRACT:

MO A, HJORTSJO C, OLSEN-BERGEM H, JOKSTAD A. MAXILLARY 3- IMPLANT REMOVABLE PROSTHESES WITHOUT PALATAL COVERAGE ON LOCATOR ABUTMENTS - A CASE SERIES. CLIN ORAL IMPLANT RES. 2016; 27(10): 1193-1199.

Problem: Patients with a completely edentulous maxilla who seek an implant-retained prosthesis have several options available including fixed and removable prostheses. The literature is abundant with a fixed solution retained by four and more implants or a removable solution supported by two or more splinted or free-standing implants. However, there is no definitive consensus on the standard of care for the completely edentulous maxilla. Moreover, current reviews on the topic of maxillary removable prosthesis supported by two implants compared to four implants refer to data from primary studies where the implants were fitted mostly with ball attachment systems.

Purpose: To present clinical outcomes of patients with an edentulous maxilla treated with a removable prosthesis without palatal coverage retained by locator abutments on three titanium implants.

Materials and Methods:

- Patients who had been treated with a maxillary removable prosthesis (with no palatal coverage retained by three titanium implants) were asked to participate in this clinical study.
- Each participant had one implant placed in the central incisor region and the other two implants bilaterally in an equilateral distance from the central implant.
- All prostheses were reinforced with a metal alloy framework made from cobalt-chromium.
- The prefabricated acrylic teeth were set up to establish bilateral balanced occlusion without anterior contacts.
- Twenty-one out of the twenty-three participants consented to participate in the study. All patients received a free hygiene session with clinical and radiological examination. The implants and prosthesis were examined for adverse biological or technical problems.
- Patient satisfaction and quality of life outcomes were also collected using a self-reported Denture Satisfaction Scale.
- Radiographs were analyzed by an independent examiner.
- Statistical analyses were limited to descriptive statistics based on clinical, radiographic and questionnaire outcomes.

Results:
Of the 36 implants, none showed mobility or tenderness upon percussion. Only one presented with suppuration. Bleeding on probing (BOP) was noted on 53% of the implants and 47 % had minor BOP. Marginal bone loss around the implants measured on the radiographs was between 0 to 5.3 mm with a mean of 0.4 mm. The incidence of adverse biological and technical problems was close to absent. The rates of replacement and changes to retentiveness of male attachments varied. The patient satisfaction scores (judged by the OHIP-20) and denture satisfaction scores were good.

Conclusion: This retrospective case study had a small participant cohort to establish standard of care in treating fully edentulous maxilla with a removable prosthesis retained by three implants. Nevertheless, this study had positive results and further controlled studies should assess the prospect of placing three implants to retain a removable prosthesis without palatal coverage in an edentulous maxilla.

DR. MANJOT KAUR; Resident, Advanced Education in General Dentistry, Virginia Commonwealth University.

AEGD ABSTRACT:

METZ M, DURSKI M, CHOU J, CRIM G, HARRIS B, AND LIN W-S. MICROLEAKAGE OF LITHIUM DISILICATE CROWN MARGINS FINISHED ON DIRECT RESTORATIVE MATERIALS. OPER DENT. 2016; 41(5): 552-562

Problem: There are occasions when it may be indicated to place crown margins on direct restorative materials. For instance, if biologic width needs to be preserved in an esthetic area. When these situations arise, microleakage at the margin is a concern.

Purpose: This study compared microleakage associated with lithium disilicate crowns on margins prepared on the following direct restorative materials: Tetric EvoCeram (nano-hybrid resin composite), Tetric Evoceram Bulk, Fuji II LC (resin-modified glass ionomer), and Tetric Evoflow (flowable resin composite).

Materials/Methods: The authors collected eighty recently extracted maxillary incisors. Inclusion criteria required specimens that were free of dental caries, and also free of existing restorations (direct or indirect). Each specimen was randomly assigned to one of four groups, differentiated by the type of restorative material that would be used: (1) Nano-hybrid resin composite, (2) nano-hybrid bulk fill resin composite, (3) flowable resin composite, and (4) resin-modified glass ionomer (RMGI). In each of those four groups, ten specimens were prepared for a class III restoration, and ten for a class V restoration. The specimens were then restored using the material indicated by their grouping. In addition, positive controls were established using ten random specimens from the side opposite of the restoration, to allow for finishing margins on enamel. All eighty specimens were prepared to receive a pressed lithium disilicate crown (IPS e.max). All of the margins were prepared with a 90 degree shoulder, 2 millimeters above the cemento-enamel junction, with 2 millimeter axial reduction. The lithium disilicate crowns were delivered with a self-etching dual-cure resin adhesive luting system. Crown margins were light cured and polished. Subsequently, all eighty specimens were subjected to uniaxial compressive cylic loading for 10,000 cycles. Then specimens were exposed to a red 0.5% basic fuchsin dye tracer, and then sectioned to measure the depth and area of the dye penetration. Statistical analysis included analysis of variance and Tukey's post hoc analysis.

Results:

- Dye Penetration on Restorative Treatment Side vs Positive Control Side: For both class III and class V restorations, all four types of restorative materials showed statistically significantly higher dye penetration (both depth and area) than the positive controls (margins finished on enamel).
- Dye Penetration Comparison Between the Restorative Materials: For both class III and class V restorations, the flowable resin composite treatment group showed statistically significant significantly higher dye penetration (both depth and area) than the nano-hybrid resin composite, nano-hybrid bulk resin composite, and the RMGI treatment groups. There was no statistically significant difference in dye penetration (both depth and area) between the nano-hybrid resin composite, nano-hybrid bulk resin composite, and the RMGI treatment groups.

Conclusions: The flowable resin composite material demonstrated higher dye penetration at crown margins than the nanofilled resin composites and RMGI. This result suggests that the interaction of flowable resin composite with resin cement may worsen interfacial degradation. Consequently, caution should be exercised when considering finishing a lithium disilicate crown margin on flowable resin composite material. If a clinical situation calls for finishing a lithium disilicate crown margin on a direct restorative material, nanofilled resin composites and resin-modified glass ionomers appear to result in less microleakage.

DR. SCOTT R. BOTTOMS; Resident, Advanced Education in General Dentistry, Virginia Commonwealth University

AEGD ABSTRACT:

RAJAMBIGAI A, KUMAR A, SABARINATHAN, RAJA R. COMPARISON OF STRESS DISTRIBUTION IN A MAXILLARY CENTRAL INCISOR RESTORED WITH TWO PREFABRICATED POST SYSTEMS WITH AND WITHOUT FERRULE USING FINITE ELEMENT METHOD. J CLIN DIAG RES. 2016;10(9):ZC52-ZC55.

Problem: Posts are utilized to increase the strength of the tooth whenever there is insufficient coronal tooth structure. Today in dentistry, more dentists utilize prefabricated posts due to decreased lab fees and better time efficiency. However, post placement can result in stresses on the tooth that may result in root fracture.

Purpose: Both titanium posts and glass fiber reinforced composite posts produce different stress distribution patterns on the tooth. These distribution patterns are also influenced by the presence or absence of a ferrule of coronal dentin. The purpose of the study is to compare the stress distribution in a maxillary central incisor utilizing titanium and glass fiber posts both with and without a ferrule using three dimensional finite element analyses. It is important to study these stress patterns as it determines the most suitable post system to provide the foundation for the final restoration.

Materials/Methods: In this study an endodontically treated maxillary central incisor was designed three dimensionally using PRO Engineer software (Parametric Technology Corporation, USA) using two different post materials and with some models containing a ferrule. The models were categorized into Post-1 (Endodontically treated maxillary central incisor with a ferrule of coronal dentin and restored with parallel sided prefabricated titanium post and composite resin core), Post-2 (Endodontically treated maxillary central incisor restored with parallel sided prefabricated titanium post and composite resin core without a ferrule of coronal dentin), Post-3 (Endodontically treated maxillary central incisor with a ferrule of coronal dentin and restored with parallel sided prefabricated glass fiber reinforced composite post and composite resin core) and Post-4 (Endodontically treated maxillary central incisor restored with parallel sided prefabricated glass fiber reinforced composite post and composite resin core without a ferrule of coronal dentin).A three dimensional finite model of a maxillary central incisor was created with its internal morphology and anatomy according to literature data and incorporated material properties using Young's modulus and Poisson's ratio. Finite element analysis was used to study the stress distribution around the post since it is non-invasive, done in-vitro, and provides results without variation. All posts had a diameter of 1.4mm, length of 12mm, and 4mm of gutta percha at the apex. All teeth were restored with composite cores and porcelain crowns.

Results:

- Stress distribution was calculated with:
  - A load of 100N at approximately 2mm from incisal edge on the palatal surface.
  - At 45degrees down the long axis of the tooth.
  - At the post-cement-dentin interface which is the most common location of failure.
- Mpa Values: P1 5.9751Mpa/P2 7.817Mpa/ P3 1.0245 Mpa/ P4 1.9497
- The lowest stress value was obtained by glass fiber post with a ferule (P3).
- The highest stress value was obtained by titanium post without a ferrule (P2).

Conclusions: Glass fiber posts produce less stress concentration than prefabricated titanium posts. Titanium posts elicit more stress levels at the post-cement-dentin interface. Incorporating a ferrule can increase the fracture resistance of the tooth. Overall, this study illustrated it is preferable to use a glass fiber post when a prefabricated post is indicated as well as incorporating a ferrule of coronal dentin.

DR. ADAM POLINSKY; Resident, Advanced Education in General Dentistry, Virginia Commonwealth University

MCCARRAN-FERGUSON UPDATE

ADA®

HOUSE OVERWHELMINGLY VOTES IN FAVOR OF REPEALING MCCARRAN-FERGUSON ANTITRUST EXEMPTION FOR HEALTH INSURANCE COMPANIES.

The ADA News (3/22, Garvin) reports that on Wednesday the House of Representatives voted 416-7 in favor of repealing the McCarran-Ferguson antitrust exemption for health insurance companies by passing H.R. 372, the Competitive Health Insurance Reform Act of 2017. The article notes that the ADA strongly supported H.R. 372, having advocated for more than 20 years for the repeal of the 1945 McCarran-Ferguson Act antitrust exemption for the insurance industry. "Today, a bipartisan majority in the House joined me in taking a historic step to begin rebuilding America's health care market," said Rep. Paul Gosar (R-AZ), a dentist and ADA member who introduced the legislation on Jan. 10. "As a dentist for over 25 years, I know first-hand that restoring the application of federal antitrust laws to the business of health insurance is the key to unlocking greater competition in the marketplace." ADA President Dr. Gary Roberts said, "I have long appreciated Paul Gosar for his steadfast commitment to patient advocacy, and I thank him for his work on reforming the McCarran-Ferguson Act. Further, I want to thank every one of the 416 members of Congress who voted for H.R. 372 today."

To keep track of all the Association's insurance reform activities, visit ADA.org/McF.

UPDATE ON THE BOARD OF DENTISTRY

Karen S. McAndrew DMD, MS

Having attended the Virginia Board of Dentistry meeting, held March 10, 2017, in Richmond, I encourage the dental community to acquaint themselves with the important topics pertaining to the practice of dentistry in the Commonwealth of Virginia.

The opioid crisis in Virginia and subsequent regulations were at the forefront of their discussions. All practitioners should review these regulations and keep abreast of this changing landscape and regulations on the local, state, and federal levels. Dr. John Alexander, a member of the Board, led the Advisory Panel on Opioids and the group drafted regulations pertaining to opioid prescribing as well as continuing education requirements on this topic. Dental professionals should be aware of these requirements in order to maintain licensure and keeping the public safe while prescribing these medications for their patients. There is an upcoming Continuing Education requirement that dentists will need to obtain to maintain licensure that outlines the specifics on the administration, monitoring and disposal of opioids. Several bills were presented involving the electronic prescriptions mandate in 2020 and substance abuse centers having access to naloxone.

Additional regulations on the CE credits acknowledged for volunteer hours as well as requirements for nitrous oxide administration became effective on February 10, 2017. The ADA Guidelines for the administration of moderate sedation regulations are still in process and the regulations requiring capnography for monitoring anesthesia or sedation are at the Governor's office and should be signed soon.

An update was presented on the American Association of Dental Boards and Dr. Alexander was pleased to report that Virginia is current in respect to the rest of the country. This has been a great resource for gauging Virginia on a national level.

Much discussion on the current DA II regulations for expanded function dental assistants was held. This program has been underutilized and the committee is determining ways to increase interest and licensure. The committee is looking for suggestions from the committee members and the dental community for upcoming discussions at the next meeting. It was debated as to who should be allowed to credential the applicants and under what guidance should the requirements take place.

Several petitions for rulemaking involving clarification of monitoring anesthesia vital signs and recognition of the American Board of Dental Specialties have been referred for further discussion by the Regulatory-Legislative Committee and Regulatory-Legislative Committee respectively.

Actions taken were affirmation of the BOD position on requiring live patient exams. The Board voted and reaffirmed this position while the use of a Cavitron® device was referred to Committee. The Board agreed to continue addressing CDC guidelines as they have in past and a link to these guidelines will be posted on the website. The board is considering the use of CE tracking services utilized by other states. It would consider utilizing a service that tracks licensee CE credits electronically and eventually could help with auditing as well. Keep posted on this use of technology for monitoring CE requirements.

All members of the dental community are encouraged to review the Board of Dentistry rules and regulations at http://www.dhp.virginia.gov/dentistry/ in order to keep up-to-date with the latest information. Attending the Board for Dentistry meetings has provided a keen appreciation for the hard work needed to keep dentistry current and compliant while maintaining the safety of the public. The increased exposure to these meetings has made me realize that we really are all on the same page. Governing dentistry is complicated, intricate, and extensive, as is the practice dentistry. At first glance it might be thought that the regulations and governance are meant to encumber clinical practice. In reality, they create a comprehensive regulation that sets the groundwork for safe clinical practice. While we are inundated with new techniques, technology and methods of practice, dental leadership is trying to determine new ways to disseminate the information presented by the BOD. Dentistry is one of the most respected professions and rules and regulations are necessary to maintain the respect of the profession while modifications are always necessary within the ever-changing dynamics. Be prepared to ask yourself, "how can I become knowledgeable of the regulations and how can I best comply?" We are all working toward the same goal and your dental leadership is here to help.

Editor's Note: This column serves as information only, for the benefit of our readers. All licensees are advised to read and comprehend Virginia Board of Dentistry Policies and Regulations.

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DR. LLOYD F. MOSS, III "JEPPY"

Dr. Moss III practices with his father, Dr. Moss Jr. in Fredericksburg, Va. They enjoy a family style, comprehensive and preventive dental practice treating all ages. Dr. Moss lives downtown with his beautiful wife, Catherine and their rescue dog, Link.

COMMUNITY DENTAL HEALTH COORDINATOR

ADA'S ANSWER TO ACCESS TO DENTAL CARE

Dr. Richard Taliaferro

The Community Dental Health Coordinator (CDHC) was developed by the ADA as a response to a perceived lack of access to dental care. Dr. Mark Crabtree from Martinsville was very active in the development of the first CDHC education program in Virginia at Patrick Henry Community College in Martinsville. A CDHC is similar to a Community Health Worker. CDHCs generally live in the community and help patients navigate the dental health care system to receive needed treatment. They are trained to educate residents, including children and adults, about the need for regular dental care and guide them to facilities that can treat them. CDHCs can triage potential patients, so that dental facilities can effectively and efficiently treat them. Dr. Crabtree was instrumental in Patrick Henry Community College implementing a program to educate CDHCs. The program is an 18 month program that allows students to enroll online from anywhere in Virginia. They have to spend one weekend every month in Martinsville completing practicums. The last six months of their program is spent working in various entities such as Federally Qualified Health Centers, and other safety net clinics as a student CDHC. Upon completion of the program they will be hired by localities, safety net clinics, large hospital groups, or large dental practices to perform their duties. CDHCs can be particularly helpful to clinics that treat Medicaid patients and the elderly. A two-week pilot study was done during the summer of 2015 on the Eastern Shore, where a CDHC came from another state and worked the area for two weeks and showed great results, with less no-shows and more appointments for a Federally Qualified Health Center located there. Several other pilot studies have been done around the nation at areas ranging from Native American Reservations, nursing homes, and clinics in impoverished urban areas. All of the studies have shown excellent results.

The reader may be wondering, what does this have to do with me? CDHCs are important to all of us. Several large healthcare foundations, such as Pew and Kellogg, who do not completely understand the complexities of the dental health care system, are working very hard to have Dental Therapists treat patients in several states. A Dental Therapist is a person who may have only two years of training, and will be allowed to treat patients independently. Obviously, organized dentistry is concerned. We wonder how someone with 25% of our training can do the same work as us at the same level of competence and safety. Dental Therapists currently operate in Minnesota, Oregon, Washington, and Alaska. It was hoped that they would locate in remote areas, when in actuality they are locating near urban areas. We believe the CDHC is a better solution to the access to dental care problem. The CDHCs will be the ones in rural and impoverished areas guiding patients to safety net clinics and possibly to dental school clinics, or other clinics who work on patients with government assistance.

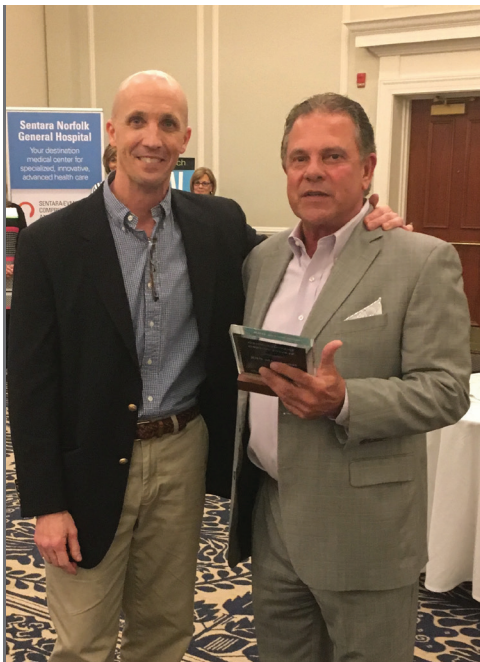
Many dentists volunteer at safety net clinics around the state, and probably can see the need for a CDHC in their area, especially for clinics that are attempting to be self-supporting. It is important that we make the local authorities aware of the CDHC and their potential for improving dental care. There is a VDA Task Force working on publicizing the CDHC state wide to local and state level stakeholders.

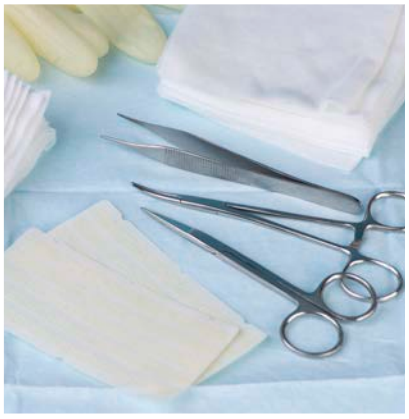
We all need to do our part to ensure that CDHCs are integrated into the dental health care delivery system. We can do this through education, publicity and lobbying of decision makers, shareholders and stakeholders. The American Dental Association has been advocating for better patient care since 1859. Dentists know dentistry best, we are the best trained and know what really works, so let us get involved and leverage this real world experience and history into decreasing barriers to accessing dental care through the usage of CDHCs. We need everyone's help in order for this to become a reality! Listen to us, rather than consultants who have never treated a dental patient.

DR. N. RAY LEE RECEIVES VSOMS DISTINGUISHED SERVICE AWARD

Dr. N. Ray Lee was awarded as the 2017 recipient of the Virginia Society of Oral & Maxillofacial Surgeons (VSOMS) Distinguished Service Award on February 25th. VSOMS member and friend, Dr. Brian McAndrew, presented him with the award on behalf of VSOMS during the Society's 2017 Annual Meeting reception at the Williamsburg Lodge. The Distinguished Service award is the highest tribute to a VSOMS member. Dr. Lee has served the VSOMS, AAOMS and the VDA in numerous capacities throughout his long career as an oral and maxillofacial surgeon in Virginia. Most importantly, he has contributed decades of care to thousands of patients. When accepting the award, Dr. Lee expressed how fortunate he felt to be part of such a rewarding and fulfilling profession.

Pictured from Left to right: Dr. Brian McAndrew and Dr. N. Ray Lee





MEMBER SAVINGS

new for 2017

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GIVE KIDS A SMILE 2017

Julie Ericksen, Give Kids a Smile Program Manager/DDS Program Manager

Many Give Kids a Smile! projects occurred on Friday, February 5th this year with others happening at different times of the year. All projects focus on the goal of starting dental health early for enhancing lifelong dental well-being. I had the pleasure of visiting five sites and seeing many happy faces! Dental health can be fun! Each project has its own flavor representing the personality of the organization or practice that holds the event. What would your GKAS event look like? If you wish to hold an event next year, I can help connect you with ideas and resources. Feel free to contact me at ericksen@vadental.org.

2017 projects:

- Valley Pediatric Dentistry, Middletown
- Pentagon Tri-Service Dental Clinic, Arlington
- Northern Virginia Dental Society, Springfield
- TDAS, Virginia Beach
- Smile Wonders, Reston
- Healthy Smiles Dental Center, Portsmouth
- Germanna Community College, Fredericksburg
- Falls Church Pediatric Dental Center, Falls Church
- Gainesville Pediatric Dentistry, Gainesville
- Virginia Commonwealth University, Richmond
- Pediatric Dentistry of Burke, Burke
- Richard Bates DDS, Colonial Heights
- Fauquier Free Clinic, Bealeton
- Richmond Dental Society, Richmond
- Thomas Nelson Community College, Williamsburg
- Morrison Dental Group, Williamsburg
- Virginia Beach Tech Ed Center DA Program, Virginia Beach
- US Air Force 633d Dental Squadron, Langley AFB
- Cynthia M Southern, DDS, Pulaski
- Lynchburg City Schools / Lynchburg Dental Society, Lynchburg
- Alexandria Children's Dentistry, Alexandria
- Chesterfield County (VA) GKAS!, Chester
- Capital Area Health Network (2 locations), Richmond
- Northern Virginia Dental Society, Annandale
- Dr. Richard L. Byrd and Associates

Orthodontics and Pediatric Dentistry, Richmond
- Adventure Dental of Richmond, Richmond
- Let's Smile, Springfield
- Red Apple Pediatric Dental Team, Stafford

FOR HOBBS & ASSOCIATES, GIVING BACK IS A FAMILY TRADITION

Tara Quinn, VDA Foundation Executive Director

Tara Quinn, William Hobbs (R)

BJ Hobbs is President of Hobbs & Associates, Inc., a family-owned operation founded in Virginia Beach, that provides heating, ventilation, and air conditioning (HVAC) products and engineering services to commercial and industrial contractors from Richmond, to Nashville, Tenn. In 2016, Hobbs & Associates became a corporate sponsor of the Virginia Dental Association Foundation (VDAF). He recently chatted with Tara Quinn, Executive Director of the VDAF, about his experience volunteering at the VDAF's Mission of Mercy (MOM) project in Wise and service to the community.

Tell me what inspired you to support and get involved with the VDAF.
My Cousin (Rob Walker) approached me about supporting the MOM events, in part because there are MOM events where our family hails from (Wise County), and the other side of my family hails from Grundy (where another MOM event is held). Upon hearing this, my son William decided he wanted to volunteer for the Virginia Beach MOM event, where my parents live. After the event, William was so moved by the need for dental care he saw, and so impressed with the level of treatment provided, that we decided to support monetarily, and to both volunteer for the Wise MOM event.

What has surprised you most about working with VDAF at the MOM project in Wise?
The level of pain and suffering from thousands of people who cannot afford dental care, and to see what it meant to them to receive the dental care they needed. One young lady was getting married a few weeks after the event, and she broke down in tears because she will be able to smile without embarrassment in her own wedding photos. Many people will now be able to eat solid food because they received necessary dental care. I was also surprised and impressed by the commitment of the dental health professionals who were there, the level of care and specialty procedures that were done on location, and the number of volunteers that allowed for thousands of people to receive needed care in just two days.

What do you wish other people knew about the VDAF?
I wish everyone in the state to know what I have learned. The VDAF musters the talent and commitment of professional dental providers to provide care for thousands of people who are in desperate need of dental care they cannot afford, and that VDAF provides more of these events and treats more people in need than in any other state in America. I met families who came from all over, New York, Pennsylvania, and even a family with four beautiful daughters from Ohio who had never seen a dentist. I see in the VDAF a desire to reach as many people as possible. The number of professional volunteers I saw are willing and able to do more, and the only limiting factor is the available funding.

How did volunteering at Wise make you feel?
It humbled me to see what I have taken for granted in my life, and it engendered in me a firm desire to support the VDAF and volunteer for more MOM events in the future.

Tell me about some of the people you've met while volunteering for the VDAF?
I have already mentioned some of the patients I saw, but I also got to meet several of the dental hygienists, surgeons, dentists, x-ray technicians, nurses, dental students, denture technicians, EMTs, and general volunteers who were there to help others - all giving of themselves without the desire to receive recognition or remuneration.

Tell us more about Hobbs & Associates.
We are a manufacturer's representative firm, providing Heating and Air Conditioning products for commercial construction. Interestingly, we also sell air distribution systems for procedural and operating rooms. For more information, you can visit our website at hobbsassociates.com

What would you tell someone who is thinking about donating, volunteering, etc. for the VDAF?
I would say that any money contributed or hours volunteered goes directly to the benefit of a population that needs care they would not otherwise get. We do not stop and consider that our ability to talk, to smile, to feel comfortable in group settings because of our smile, all depends on our oral health. Our basic health depends on our ability to eat, not to mention the extreme pain that can be caused by untreated dental problems. With this in mind, I would encourage anyone who can help to do so.

What do you enjoy doing when you aren't working or volunteering?
I am a voracious reader, and enjoy cooking. I have been blessed with three children - William (age 15), Olivia (age 14), and Mariam (age 13). My wife (Michelle) and I both enjoy, and are sometimes very tired :) with all the events in their lives.

ABOUT THE VIRGINIA DENTAL ASSOCIATION FOUNDATION (VDAF)
Founded in 1996 as the charitable and outreach arm of the VDA, the VDAF is a 501(c)3 nonprofit organization whose mission is to provide access to dental care for underserved and underinsured Virginians. The organization provides funding for and coordination of the Mission of Mercy Program.

MOM—"A very special example of people caring for one another."

Letter from the VDA Foundation President

"What makes MOM so special?" I've been asked that question many times since I began volunteering at the VDAF's Mission of Mercy (MOM) Projects 15 years ago. Anyone who has worked at a MOM Project certainly has a number of thoughtful and very personal responses to that question: providing care to persons in need; restoring someone's smile; improving patients' oral and general health; increasing a patient's employability by helping them smile again; and helping to build someone's confidence and self-esteem. All of those resonate with me and surely are among the reasons I think MOM is such an amazing and even life-changing program. But, for me, at the very core of MOM is its *simplicity*. I know that may sound a bit strange; allow me to explain.

If I close my eyes and really think about that question "what makes MOM so special?" My answer…every time… is that MOM is simply people helping others in need. That's it. There's no expectation of receiving anything in return, no payment, no barter, no quid pro quo. MOM is volunteers caring for their fellow man and wanting to make someone's life better. It's that simple.

And, MOM continues its special mission throughout Virginia because of thousands of volunteer dentists, hygienists, assistants, nurses, dental equipment and lab technicians, funders, and so many others who have been there to care for over 62,200 MOM patients. In total, 25,000 volunteers have worked at 91 projects over the past 16 years to provide free dental care valued at $41.2 million. What a remarkable accomplishment! Our patients come to MOM *needing* dental care….our volunteers come *wanting* to help.

On behalf of the many patients you have helped, the VDAF Board of Directors, along with our outstanding staff, want to express our deepest and most sincere appreciation to everyone who volunteered at a MOM Project and/or provided financial support. Your efforts and commitment to our cause truly are inspirational. As is often said, while the care we provide at MOM is free to our patients… it is not free for the VDAF to operate MOM. We rely on your continued generosity to make sure we can meet the overwhelming dental needs of Virginia's underserved. We are so thankful for every MOM volunteer and every dollar that is donated in support of our program. We pledge continued dedication to our mission and look forward to your ongoing support.

And, so, whatever your answer is to the question of "what makes MOM so special?" we remain committed to keeping MOM just that…a very special example of people caring for one another. Thank you.

Patrick Finnerty
President, VDAF Board of Directors

2016 MOM Project Report

Total # Patients Treated (2000-2016):
62,279

Total Value of Donated Care:
$41.2 Million

Total # Projects: 91

Total # Volunteers: 25,000+

2016 Completed Projects

Northern Virginia (March 2016)
885 Patients treated $637,394 Donated Treatment

Virginia Beach (April 2016)
503 Patients treated $463,453 Donated Treatment

Special Olympics (June 2016)
136 Patients treated $32,667 Donated Treatment

Wise MOM (July 2016)
1,232 Patients treated $1,313,789 Donated Txt

Grundy MOM (October 2016)
404 Patients treated $404,023

Homeless Connect MOM (November 2016)
66 Patients treated $24,001 Donated Treatment

www.vdaf.org

Partners

Virginia Dental Association
VCU School of Dentistry
VDH Virginia Department of Health — Protecting You and Your Environment — www.vdh.virginia.gov
DentaQuest
Henry Schein Dental
Virginia Health Care Foundation
Richmond International Raceway CARES
Benchmark Dentures
Cranemasters
Benco Dental — We deliver success smile after smile.
United Concordia Dental — Protecting More Than Just Your Smile™
Virginia Oral & Facial Surgery
Sentara
Kool Smiles — General Dentistry for Kids
VDA Services
Health Wagon
OBICI Healthcare Foundation
adha Virginia — Virginia Dental Hygienists Association
Delta Dental
Virginia Dental Assistants Association
Dominion — Virginia Statewide AHEC Program
Anthem BlueCross BlueShield — Anthem Blue Cross and Blue Shield Foundation
DEXIS
GENDEX
Pfizer Pharmaceuticals

"We are so thankful for every MOM volunteer and every dollar donated in support of this program." Thank you!!

All packed!! VCU dental and dental hygiene students take a moment to smile for the camera at the Wise County Fairgrounds before the long trip back to Richmond. A huge "thank you" to Barry Isringhausen and Cranemasters who gave the MOM trucks a beautiful new makeover!!

2017 Projects

Northern Virginia (March 10-11, 2017)
Northern VA Community College, Springfield

Peninsula MOM ***NEW SITE***
(March 25, 2017) York High School, Yorktown

Special Olympics (June 10, 2017)
University of Richmond

Wise MOM (July 21-23, 2017)
Wise County Fairgrounds

Grundy MOM (October 7-8, 2017)
Riverview Elementary and Middle School

Homeless Connect (November 2017 TBD)
Greater Richmond Convention Center

To volunteer: Register online at

www.vdaf.org

Donations: www.vdaf.org

Created in 2000 by Dr. Terry Dickinson, executive director of the Virginia Dental Association, the Mission of Mercy (MOM) program operates mobile clinics in strategic locations throughout the state, particularly rural areas. MOM projects provide preventative, restorative, and surgical dental treatments for more than 4,000 low-income people each year, thanks to the contributions of time and talent from 3,000 volunteer dentists, other dental professionals and community members. Since 2000, some 62,000 adults and children have benefited from over $41 million in donated dental care.

Oral health is an integral part of the overall health and well-being of every person. Unfortunately, according to statistics reported by the Virginia Health Care Foundation:

- 3.8 million Virginians-roughly 47% of our state's population-have dental insurance.
- Residents of 69 communities across the Commonwealth have no dental safety net provider.
- Of the existing safety net clinics, many operate on a part-time basis and have a demand for dental services that far exceeds their capacity.

With nowhere to turn, thousands of people across Virginia experience pain, difficulty eating, embarrassment, and serious health complications resulting from oral disease, simply because they lack the resources to get comprehensive dental care and preventative services. That's why MOM exists—to provide access to free, quality dental care for underserved Virginians.

THANK YOU MOM VOLUNTEERS!!!

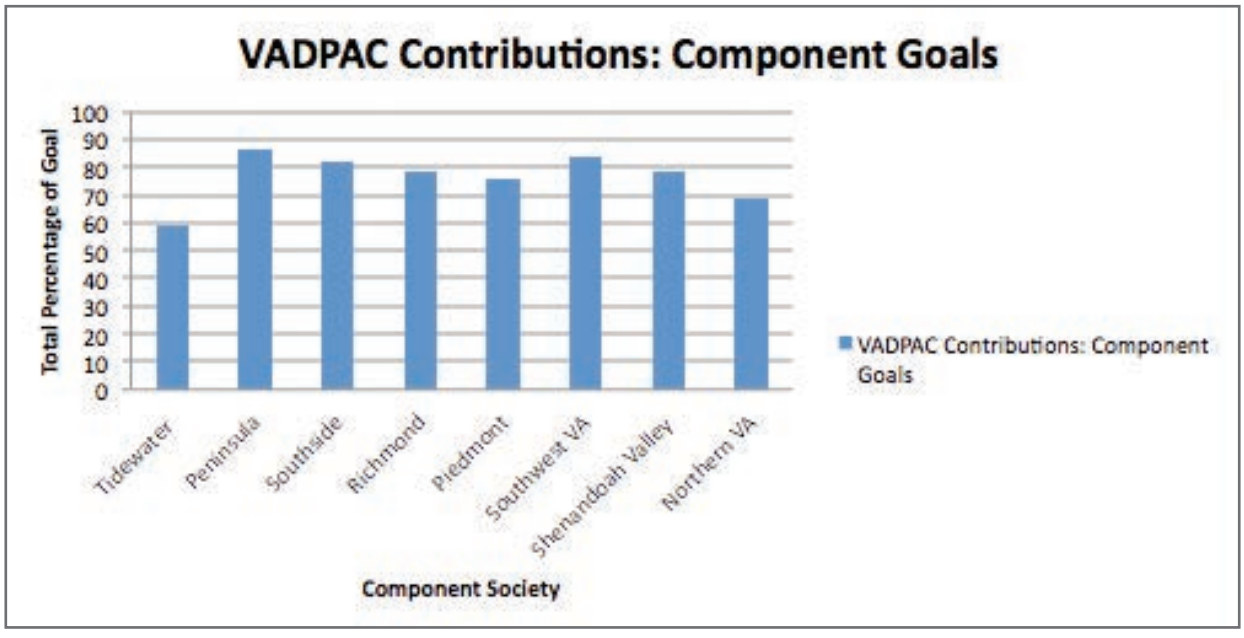
VIRGINIA DENTAL POLITICAL ACTION COMMITTEE - UPDATE

When you give to VADPAC, you are raising the voice of dentistry and protecting the profession for future generations.
This is a particularly important year for VADPAC since 2017 is an election year in Virginia and candidates will be seeking out VADPAC for assistance with political campaigns. This provides a tremendous opportunity to get involved in the political process.

How can VDA members help in these efforts? Simple! Contribute to VADPAC. The incredible generosity of VDA members has played a large part in VADPAC's success through the years and we must remain more vigilant now than ever in protecting patients and our profession from outside forces that want to disrupt the dentist-patient relationship. Having said that, we need your generous support today- don't delay! As stated in the 2017 General Assembly Report, we had a very positive and productive Session on the policy front and we must now turn out attention fully on budgeting VADPAC dollars for the November elections. If you have not already contributed to VADPAC for 2017 or, if you would like to increase your contribution, contact Laura Givens at givens@vadental.org or 804-523-2185.

Component	% of 2017 Members Contributing to Date	2017 VADPAC Goal	Amount Contributed to Date	Per Capita Contribution	% of Goal Achieved
1 (Tidewater)	31%	$45,500	$26,805	$322	59%
2 (Peninsula)	40%	$27,500	$23,780	$360	86%
3 (Southside)	44%	$14,000	$11,455	$337	82%
4 (Richmond)	34%	$67,750	$53,160	$345	78%
5 (Piedmont)	38%	$30,000	$22,910	$290	76%
6 (Southwest VA)	56%	$25,250	$21,200	$331	84%
7 (Shenandoah Valley)	36%	$30,000	$23,537	$314	78%
8 (Northern VA)	30%	$135,000	$92,775	$333	69%
TOTAL	**40%**	**$375,000**	**$275,622**	**$329**	**73%**

Total Contributions: $275,622
2017 Goal: $375,000
Must Raise $99,378 to Reach Goal



VDA DAY ON THE HILL: SHARING POSITIVE RESULTS WITH VIRGINIA LAWMAKERS

Laura Givens

On Friday, January 20, 2017, over 100 VDA member dentists and VCU dental students gathered in our beautiful capital city of Richmond – one of the best turnouts in recent memory. It was a dreary, rainy morning, however; the weather did not affect the energy amongst our group. This important annual event began with an early morning breakfast at the downtown Omni. We were fortunate to have a special guest speaker, Senator Emmett Hanger, co-chairman of the Senate Finance Committee, who took time out of his busy schedule to be there and shared an update on the important issues facing the legislature, including closing a nearly $1.5B hole in budget.

Senator Hanger's remarks were followed by a briefing from our VDA lobbyists, Chuck Duvall and Tripp Perrin, who discussed several legislative proposals that were keeping them busy on our behalf this session (see 2017 General Assembly Wrap Up). Everyone then headed to the General Assembly Building to visit with their legislators and thank them for their dedication to the Commonwealth and to ensure they understand fully our membership serves on the front lines of getting proper oral health care to all Virginians. It was emphasized that no other group puts their money where their mouth is in terms of finding creative ways to ensure that the safety net grows stronger and wider.

Working in collaboration with the legislature, the VDA has been given more effective tools to ensure practice independence and, at the same time, increased the quality of patient care. All legislators were given a pamphlet during these visits with information on the success of recent legislative action along with the many programs that the VDA Foundation has established (Missions of Mercy Projects, Donated Dental Services and Give Kids a Smile). We also shared information on this year's rendition of the remote supervision bill for dental hygienists (HB1474-see summary in 2017 General Assembly Wrap Up), which the VDA developed in partnership the Virginia Dental Hygienists Association.

We would like to thank all the member dentists and dental students who attended this important event! Your participation helps immensely in making a positive difference for your profession and patients. We welcome and encourage all members to join us at next year's Day on the Hill, scheduled for Friday, January 19, 2018.

2017 – GENERAL ASSEMBLY WRAP UP

Tripp Perrin and Chuck Duvall, VDA Lobbyists

- VDA requested bill (HB1474-Orrock) to ensure last year's bill on remote supervision captured all agreed upon venues for remote supervision and addressed how patients with periodontal disease would be treated. PASSED UNANIMOUSLY – awaiting Governor's signature.
- Legislation stemming from the NC Board of Dentistry/FTC case (HB 1566-Webert) as originally drafted would have among other concerning things, given the head of the Department of Health Professions (DHP) nearly veto power over any regulation. The bill has been AMENDED HEAVILY to not give DHP that power.
- We worked closely with Delegate (Dr.) Todd Pillion, who is a VDA member, on legislation (HB2167) that is an effort to address the tragic opioid abuse epidemic in Southwest Virginia and other parts of the state. Among other things, this bill directs the Board of Dentistry to adopt regulations for the prescribing of opioids. PASSED & SIGNED BY THE GOVERNOR.
- HB 2225 (Head) was aimed at making sure, especially as more and more consumers are opting for high deductible plans, that hospitals and other healthcare practitioners, are not misclassifying bad debt as charity care. After explaining to the patron and a few others that VDA members are small business owners and that this policy would put an incredible and unnecessary burden on oral and maxillofacial surgeons, the bill was AMENDED HEAVILY to effectively apply to those entities that have a COPN (Certificate of Public Need).
- State Budget – it is also important to note that despite a budget shortfall north of $1B, reimbursement for the Smiles for Children program and the MOM program were SPARED ANY CUTS.

ETHICS AND OUR PARTNERS IN PATIENT CARE

Thomas J. DeMayo, DDS

Individual dentists are expected to adhere to a strict code of ethics, as put forth by the ADA's Principles of Ethics and Code of Professional Conduct, and if a patient has a concern about a dentist's ethics or conduct, they can contact the VDA, or the State Board of Dentistry, for appropriate investigation and action.

We are not alone when it comes to caring for or the ultimate cost to our patient for treatment. We are in a partnership with the dental insurance industry, and the dental supply industry. Both industries have mission statements that appear to have the goal of putting the client first. The insurance industry professionals have a written Code of Ethics and Conduct and two of the big three dental suppliers have individualized Codes of Ethics within their employment manuals. If a provider or patient has concerns with the insurance industry, that cannot be resolved at the company level, complaints can be made to the Virginia Insurance Commissioner at the State Corporation Commission, Bureau of Insurance. However, the insurance commissioner rarely acts upon a single, first time, complaint. If a provider has an unresolved issue with a dental supply company, he or she can file a complaint with the local Better Business Bureau, the State Attorney General, or can even contact the FTC. Certainly a personal attorney can always be contacted; if there is a significant issue affecting a number of providers a class action suit can also be considered.

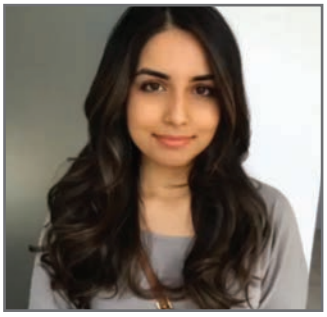
In my opinion there are serious ethical concerns with the dental insurance industry in general, and also with the "big three" dental supply companies. Insurance carriers have diagnosed from afar without examining a patient, a practice that is not only impossible, but illegal. There is often a disconnect between a carrier and provider (preferred or not) when it comes to patient care. At times it seems that a company's goal is not to benefit the health of their clients, but to minimize compensation to providers that rendered patient care in good faith. Companies often use delay tactics in reimbursement for services rendered: they often bundle codes (stating that each is integral for the completion of a procedure), some have been guilty of underpaying for a procedure by just a few dollars (this is unethical but markedly improves carrier profit over time). Companies often advise or force the change of a properly submitted code to one that provides less reimbursement. Some insurers have attempted to dictate a fee for a non-covered benefit (this practice is blatantly illegal in our state). One of the nation's largest dental insurers is actually classified as a non-profit organization for tax purposes, but yet its CEO and executives are paid three times more than the commensurate executives of the next highest salary paying non-profit corporation. Unfortunately, this free flow of money seems to be blocked as it trickles to the provider for his or her proper compensation. There has been a threat of merger between certain insurance carriers and this is something that would not benefit provider or patient.

When it comes to the big three supply sompanies, ethical concerns abound. These companies have been accused in multiple states and by the FTC of illegal and anticompetitive practices, and at this time there, are multiple anti-trust lawsuits pending against them. These three companies control 80 – 90% of the dental supply market, and have been accused of acting alone and in concert with each other to eliminate competition in the marketplace. These big three have been accused of price fixing and of engaging and threatening to boycott groups that become involved with smaller start up suppliers. Instead of competing against each other, the big three have allegedly conducted a coordinated effort to produce artificially high prices.
The price of the most expensive air compressor at a "big box" hardware store is far less than the average dental air compressor. In my opinion, this is an indication that we may be overpaying for our supplies, equipment and repair services which ultimately affects the fees that we charge the patient.

In conclusion, I still believe that both the dental insurance industry and the dental supply industry are a great benefit and value to the provider and ultimately the dental care and health of the patient. Insurance gives access to care to some that may otherwise not seek it, and a dental supplier provides one stop shopping ease for the provider. However, it is also my opinion that there are ethical concerns that must be addressed by both industries. We as a profession must be vigilant and advocate for ourselves and the patient when a breach of ethics becomes suspect.

Editor's Note: The views and opinions expressed in this article are those of the author and do not necessarily reflect the official position of the *Virginia Dental Journal*/Virginia Dental Association.

40 UNDER 40



DR. SAIRA AHMAD

After graduating from VCU in 2015, Dr. Saira Ahmad moved back to McLean. She joined her mother's 23-year-old practice as a General Dentist where she continues to grow personally and professionally. In her free time, Dr. Ahmad enjoys travel.

Catching Memories

SEPTEMBER 14-17, 2017 THE OMNI HOMESTEAD RESORT • HOT SPRINGS, VA

THE Virginia MEETING®
A Program of the Virginia Dental Association

OMNI® RESORTS
the homestead

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Standard Room Rate: $195 *(plus tax and resort fees).* *Reservations must be made on or before August 14, 2017 to receive the room block rate.

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Parking: $10 plus tax per vehicle per night (applies to self-parking and valet)

To reserve your room:

Option 1: By Phone 1-888-444-OMNI

Option 2: Online Visit https://www.omnihotels.com/hotels/homestead-virginia/meetings/virginia-dental-association

#VirginiaMeeting

Virginia Meeting Schedule

Please refer to the full brochure included in the mailed packet for more information.

THE Virginia MEETING®
A Program of the Virginia Dental Association

Wednesday, September 13, 2017

Course Title/Topic	Speaker/Event Host	Time	Cost	Credits
Registration	VDA	3:00pm-8:00pm	$0	0
Thursday, September 14, 2017				
Registration	VDA	7:00am-5:00pm	$0	0
Welcome Table Open	VDA	7:00am-5:00pm	$0	0
Pierre Fauchard Breakfast	Pierre Fauchard Members	6:30am-7:30am	$45	0
Solving Ten Major Challenges in Dentistry – 2017 (includes a boxed lunch)	Dr. Gordon Christensen	7:30am-3:00pm	$45	7
Exhibit Booth Set-Up	Vendors	10:00am-2:30pm	$0	0
Endodontic Diagnostics and Treatment Planning: Anesthesia, Access, Isolation	Dr. John Olmsted	12:30pm-3:30pm	$0	3
Exhibit Hall Open	VDA & Vendors	3:00pm-5:00pm	$0	0
Exhibit Hall Opening Reception	VDA	3:00pm-5:00pm	$0	0
Fourth Annual Ping Pong Tournament	VDA	4:30pm-8:30pm	$20	0
Apollonia and Governor's Club Reception *(Invitation Only)*	VADPAC	6:00pm-7:00pm	$0	0
ACD Dinner *(Invitation Only)*	American College of Dentists	6:30pm-10:00pm	$0	0
Friday, September 15, 2017				
Registration	VDA	7:00am-5:00pm	$0	0
Welcome Table Open	VDA	7:00am-5:00pm	$0	0
AGD Breakfast	Academy of General Dentistry	7:00am-8:00am	$0	0
House of Delegates Registration	VDA House of Delegates	7:15am-8:00am	$0	0
Business Meeting/House of Delegates Opening Session	VDA House of Delegates	8:00am-10:45am	$0	0
Use Online Rating Sites to Promote Your Practice	Mrs. Emily Shane	9:00am-11:00am	$0	2
Exhibit Hall Open	VDA	10:00am-5:00pm	$0	0
Stay Out of Jail: Avoid Coding Errors and Excel in Insurance Administration	Dr. Charles Blair	9:00am-12:00pm	$0	3
Update on Biochemical Irrigation, Rotary/Reciprocation Instrument & Warm Vertical Obturation	Dr. John Olmsted	9:00am-12:00pm	$0	3
From Risk to Results: Periodontal Instrumentation for the Advanced Practitioner	Mrs. Theresa Johnson	8:00am-11:00am	$0	3
Online Marketing 101: Selecting Strategies, Building a Plan and Measuring Success	Mrs. Cheryl Pederzoli	8:00am-11:00am	$0	3
Come in and Catch it, the Review that Sticks	Dr. John Svirsky	9:00am-12:00pm	$0	3
Reference Committee Hearing	VDA	11:00am-1:00pm	$0	0
Boxed Lunch Pick-Up	VDA	11:30am-1:30pm	$37	0
VDA Fellows Lunch	VDA Fellows	12:00pm-2:00pm	$35	0
Cutting Edge Endo: Negative Apical Pressure Irrigation, Rotary/Reciprocation Instrumentation...	Dr. John Olmsted	1:00pm-4:00pm	$75	3
Financing Multiple Dental Offices	Mr. Contrucci & Mr. Abdullah	1:00pm-4:00pm	$0	3
Unveiling the Mystery of Caries Management: What's the Secret?	Mrs. Theresa Johnson	1:00pm-4:00pm	$0	3
The HPV Vaccine & Other New Approaches for Fighting Oral Cancers	Dr. Iain Morgan	1:00pm-4:00pm	$0	3
Luxurious Travel Demystified – How to Turn Your Practice into Free Travel	Dr. DeGinder/Mr. Sarega	1:00pm-4:00pm	$0	3
Use Online Rating Sites to Promote Your Practice	Mrs. Emily Shane	1:00pm-3:00pm	$0	2
Exhibit Hall Closing Reception	VDA	3:00pm-5:00pm	$0	0
16th District (Delegation of the ADA) Meeting	VDA	4:30pm-5:30pm	$0	0
VDA New Dentist and Dental Student Reception	New Dentist Committee	5:00pm-6:00pm	$0	0
VDA President's Party – Catching Memories	VDA	7:00pm-10:00pm	$65/$30	0
Saturday, September 16, 2017				
Registration	VDA	7:00am-2:00pm	$0	0
Welcome Table Open	VDA	7:00am-2:00pm	$0	0
ICD Breakfast	ICD	7:30am-8:30am	$25	0
Tips and Tricks (and Warnings) for Online Marketing Success	Mrs. Cheryl Pederzoli	8:00am-11:00am	$0	3
VDA Election - Voting Station Open	VDA	8:00am-10:00pm	$0	0
Use Online Rating Sites to Promote Your Practice	Mrs. Emily Shane	9:00am-11:00am	$0	2
The Future of Dentistry	Dr. Charles Blair	9:00am-12:00pm	$0	3
Restoration of the Endodontically Treated Tooth, & Postoperative Care with Appropriate Antibiotics...	Dr. John Olmsted	9:00am-12:00pm	$0	3
Can I Upgrade with my Miles? Understanding the World of Travel Loyalty Programs	Dr. DeGinder/Mr. Sarega	9:00am-12:00pm	$0	3
Addiction and Opioid Epidemic: Current Concepts and the Role of the Dentists	Dr. Omar Abubaker	1:00pm-4:00pm	$0	3
Conquering Adhesion Dentistry and the Direct Posterior Composite Esthetic Restoration	Dr. Alan Atlas	9:00am-12:00pm	$0	3
It's More than Physical and Other Love Stories	Dr. John Svirsky	9:00am-12:00pm	$0	3
VDAA Board Meeting	Virginia Dental Assistants Assoc.	9:00am-1:00pm	$0	0
OSHA and HIPAA – What's New and What Do I Have To Do?	Ms. Leslie Canham	9:00am-12:00pm	$0	3
Boxed Lunch Pick-up	VDA	11:30am-1:30pm	$37	0
Travel "Secrets" Unleashed for Hassle Free Travel	Dr. DeGinder/Mr. Sarega	1:00pm-4:00pm	$0	3
Enhancing the Esthetics and Function of High Strength All-Ceramic and CAD/CAM Restorations	Dr. Alan Atlas	1:00pm-4:00pm	$0	3
OSHA and HIPAA – What's New and What Do I Have To Do?	Ms. Leslie Canham	1:00pm-4:00pm	$0	3
Annual VDA Golf Tournament	VDA	1:00pm start time	$175	0
VDAF Roaring Twenties Speakeasy	VDAF	7:00pm-10:00pm	$75	0
Sunday, September 17, 2017				
Past Presidents' Breakfast	VDA	7:00am-8:00am	$0	0
House of Delegates Registration	VDA House of Delegates	7:15am-8:00am	$0	0
Annual Business Meeting	VDA House of Delegates	8:00am-9:15am	$0	0
House of Delegates Meeting	VDA House of Delegates	9:30am-11:30am	$0	0
VDA Board of Directors Meeting	VDA	11:45am-2:00pm	$0	0

REGISTER ONLINE: WWW.VADENTAL.ORG/EVENTS/VIRGINIA-MEETING

MEET THE CANDIDATES

2017-2018 LEADERSHIP CANDIDATES

President Elect

DR. SAMUEL GALSTAN - CANDIDATE FOR OFFICE OF PRESIDENT ELECT

I love dentistry and the VDA and I would like to help the VDA become your voice and advocate in dentistry, to help make your dental lives easier, better and more successful. I have had the good fortune to have served the VDA in many capacities over the years, and have the interest, the desire, the work ethic, and the broad-based background and experience to be the best person for this office at this time. The VDA is facing many challenges, and is undergoing transition, and will need to adapt in order to maintain our relevancy. The VDA has the experience, expertise, knowledge and relationships necessary to be effective and a great value for all our member dentists, through all our individuality and different points of view, but we need strong leadership for this to continue to evolve and grow. I will be able to help with this leadership to ensure the VDA's continued vitality, but we must remember that the VDA is composed of each of our individual members and we need to be sensitive to everyone's needs while doing the greater good for the group. We are much stronger if we are united, and are better able to take on the challenges that dentistry, regulations, insurance, and the marketplace have and will continue to send our way. I have the advantage of being married to and practicing with another general dentist, Dr. C. Sharone Ward, whom I met the first day of dental school at VCU/MCV. She is brilliant and provides me with excellent insight, advice and guidance. I also am fortunate to have a very capable and supportive office team who will be able to help me in this journey.

I graduated from U.VA, then VCU/MCV School of Dentistry, and completed a GPR in General Dentistry at East Carolina University / Pitt County Hospital. I also have earned a Master of Public Health with a Dental Emphasis from A.T. Still University, am a Master in the AGD, and received the Lifelong Learning and Service Recognition Award from the AGD. I served as a Director on the VDA Board for eight years, am presently a Delegate to the ADA, and have hosted five political fundraisers for VADPAC, and have been the lead dentist at five MOM projects. I have worked with the VDA in many different areas and positions, including two committee chairmanships, serving on multiple task forces, VADPAC, MOM, GKAS and DDS, as I have done with Southside Dental Society, my home component. I am an active member in the Metropolitan Academy of Dentistry Study Club, the Nottoway Study Club, the Chester Rotary Club, the Chester Business Association and am a lay reader in my church. I am a Fellow in the VDA and in the ICD, and am honored and appreciative that you have elected me to many positions in the past and have allowed for me to serve you. I am here to serve you and the VDA, and I respectfully ask for your vote.

MEET THE CANDIDATES

2017-2018 LEADERSHIP CANDIDATES

Secretary Treasurer

DR. TED SHERWIN - CANDIDATE FOR OFFICE OF SECERETARY/TREASURER

I am excited to place myself for your consideration for VDA Treasurer.

I know that those who attended last year's VDA's House of Delegates heard the discussion surrounding the financial challenges that lie ahead. While we are currently strong financially we can see the writing on the wall, we like most membership organizations face a rocky road ahead. If you decide to re-elect me as Treasurer, I cannot promise you easy solutions, but instead, a steady hand, and a long term goal of building the financial sustainability that allows the VDA to successfully carry out its Strategic Plan.

I believe my experience as past Treasurer and President of the VDA along with 5 years of service on the ADAs Budget and Finance Committee will be helpful in working with the House and VDA leadership as we determine our best way to move forward.

I ask for your support for VDA Treasurer.

MEET THE CANDIDATES

2017-2018 LEADERSHIP CANDIDATES

ADA Delegate

DR. BRUCE HUTCHISON - CANDIDATE FOR OFFICE OF ADA DELEGATE

I am seeking an additional term as ADA Delegate for several reasons. I have served the Virginia delegation since 1997. I feel comfortable on the floor of the House of Delegates. I have always been prepared and proactive on behalf of the dentists of Virginia. As Chair of ADPAC this past year, I have had the opportunity to expand on the contacts I know around the country and feel that I have the ability to be influential- again, on behalf of the dentists of Virginia. I have gathered significant knowledge on how advocacy works in the ADA and for us that will be valuable in the next several years. I have appreciated the privilege of representing you in the past and ask for your vote so that I might continue that service to you. As always, I am willing to listen to your concerns and carry them forward to the best of my abilities.

DR. FRANK IUORNO - CANDIDATE FOR OFFICE OF ADA DELEGATE

It is with enthusiasm that I seek election for position of ADA Delegate as a natural step forward in my organized dentistry career. Having been an Alternate Delegate for the past three years, I feel I have enough experience to move forward as a Delegate. Most recently I have been appointed to the Council on Communications for the ADA and consider my involvement to be valuable for not only for the ADA, but specifically our district. I continually strive to be a voice for younger members at the national level. I hope to proudly represent the VDA as a Delegate to the ADA in the years to come.

DR. RODNEY KLIMA - CANDIDATE FOR OFFICE OF ADA DELEGATE

It's a privilege to serve the members of the VDA on the delegation to the ADA. These are turbulent times for dentistry. In order to survive the storm, we need to stabilize and grow our membership share of all dentists. Our Association offers important benefits which we need to continue to promote, starting at the dental student level. We continue to deal with the outside forces, non-dentists, so called experts who purport to know what is best for our patients and how best to deliver dental care.

As practicing dentists, we need to remain the captains of the ship of dentistry. We need to be proactive at all levels, including legislative first and foremost, regulatory, public health, and evidence based scientific affairs. I've always been focused on the public affairs part of dentistry and the delivery of quality dental care. I appreciate you allowing me to serve and represent you.

DR. RICK TALIAFERRO - CANDIDATE FOR OFFICE OF ADA DELEGATE

I am seeking your support for my candidacy for ADA Delegate. I have served as an ADA Alternate Delegate for three years and will serve again this fall in Atlanta. I feel that I am prepared to serve as your ADA Delegate. There are many issues that ADA delegates have to consider. Some of the issues are very important, with the results that could severely hamper our members. It is important that delegates take their positions seriously and work to be as best informed as they can. I know that the delegations from our state and district are prepared and well informed to cast an intelligent vote. I am familiar with the process and have spent the necessary time to prepare for 16th District and national meetings in order to represent Virginia appropriately. I promise to do the same as a delegate. I thank you in advance for your support.

MEET THE CANDIDATES

2017-2018 LEADERSHIP CANDIDATES

ADA Alternate Delegate

DR. PAUL OLENYN - CANDIDATE FOR OFFICE OF ADA ALTERNATE DELEGATE

I am seeking your support for my candidacy for ADA Alternate Delegate. I have served as an ADA Alternate Delegate for three years and will serve again this fall in Atlanta. I feel that I am prepared to serve as your ADA Delegate. There are many issues that ADA delegates have to consider. Some of the issues are very important, with the results that could severely hamper our members. It is important that delegates take their positions seriously and work to be as best informed as they can. I know that the delegations from our state and district are prepared and well informed to cast an intelligent vote. I am familiar with the process and have spent the necessary time to prepare for 16th District and national meetings in order to represent Virginia appropriately. I promise to do the same as a delegate. I thank you in advance for your support.

DR. DANIELLE RYAN - CANDIDATE FOR OFFICE OF ADA ALTERNATE DELEGATE

As a young dentist, I realize that it is crucial to look out for the future of our beloved profession. My hope is that my generation of dentists are able to enjoy a long and thriving career, like so many before us. With the numerous challenges that lay ahead, I understand that the only way to protect what we, as a profession have worked so hard to establish, is to stay involved with organized dentistry and proactively address these challenges.

Having served in previously served as ADA Alternate Delegate, and VDA leadership roles such as Component President and Delegate, I feel that I am a qualified candidate to continue in the position of ADA Alternate Delegate. I will do my very best to be a good representative of the younger dentists in the organization and bring a fresh perspective to the position. Thank you for your support!

DR. CYNTHIA SOUTHERN - CANDIDATE FOR OFFICE OF ADA ALTERNATE DELEGATE

I would like to serve again as an ADA alternate delegate. I have served as alternate delegate for 3 years. I have learned through my experience with the association that hard work pays off. I have been involved with my component and state association since 2000. I am very committed to our profession and would like the opportunity to continue to serve at the next level. My work at the VDA level has provided the experience that is needed to serve as an ADA delegate. It is with great pleasure that I am seeking the position of Alternate Delegate to the ADA.

DR. STEPHANIE VLAHOS - CANDIDATE FOR OFFICE OF ADA ALTERNATE DELEGATE

As a new dentist, who also serves on the VDA New Dentist committee, I hope to bring a fresh perspective to the VDA delegation. As a dental practice owner, I know the challenges we as small business owners face. I also hope to use my past leadership experiences within ASDA to form relationships with the ASDA delegation to understand the needs of dental students. As an alternate delegate, I will work on behalf of the Virginia Dental Association to set policy that is best for the dental profession and the patients we serve. By working together we can improve upon the future of dentistry. With my past leadership experiences and knowledge of organized dentistry, I am up to the task of serving as VDA alternate delegate. I respectfully ask for your support and I look forward to representing the VDA to the best of my ability.

EDIC RISK MANAGEMENT | WITHIN YOUR CONTROL

Growing Misuse of Prescription Drugs — One Thing You Can Do To Help

Debra K. Udey | EDIC Risk Manager
dudey@edic.com

In September 2014, Dr. Nora Volkow, the director of the National Institute on Drug Abuse, reported that opioid prescriptions had increased threefold over the past two decades. "More deaths now occur as a result of overdosing on prescription opioids than from all other drug overdoses combined, including heroin and cocaine," Volkow said.

Today, the media (print, television, and internet) is awash in stories about the growing incidence of the misuse — and overdoses — of prescription pain relievers. Researchers now recognize that narcotic pain relievers (e.g., Vicodin, oxycodone, etc.) are pathway drugs leading to heroin use. That disturbing pattern makes the number of prescriptions written even more important. The occurrence of substance abuse and overdoses, particularly heroin, is also on the rise.

Why does this matter to you? Dentists frequently prescribe narcotic pain relievers. A recent conversation with a total stranger at a train station illustrated the problem. When my conversation partner learned I worked for a professional liability company insuring dentists, she immediately asked why dentists prescribed so many pain pills for a simple procedure. After such a procedure, her dentist gave her a prescription for narcotic pain relievers — 60 pills. She said her pain lasted two days and she took three pills. She now has 57 left.

How are extra pain pills relevant? It can begin simply enough: A teenager, looking for a kick, raids the family medicine cabinet. Enjoying the "high" from the medication she finds, she takes more. The situation can reach the point where she no longer takes the pills for a high, but rather, to prevent the withdrawal from them. She is addicted.

Addicts, having used up the medications at home, start buying pills to feed their addiction. But they are pricey. That's where heroin comes in. Heroin, the chemical cousin of prescription opiate pills, is cheaper than the pills. According to a recent *Washington Post* article ("Cheap Fix: Heroin's Resurgence,"- July 26, 2015), single pills bought on the street can cost as much as $50 or $60. A single dose bag of heroin can be had for as little as $10.

The point of this information is not to lay the addiction problem at the feet of dentists. Dentists do not prescribe opiates on a whim: They prescribe them to treat the pain associated with procedures they perform. In days past, the issue of under-treating pain was at the fore, and health care providers are sensitive to the proper treatment of pain. They prescribe opiates appropriately in the vast majority of cases.

Given the growing misuse of prescription drugs, it makes sense to reconsider prescribing practices. Long standing prescribing patterns that were learned in school, or have been used for convenience, should be examined. Simply prescribing a larger number of pills to prevent patients from calling in the evening or on weekends for more is no longer reasonable.

Most patients have some amount of pain that subsides shortly after a procedure and they only need a small number of pain relievers. Some patients will have more pain, and it is not always possible to tell which patient will require more than a small amount of pain relief. Yes, it is inconvenient for patients to have to come in to the office to get a prescription for more pain medications. But given current trends, prescribing a larger number of pills to cover that small number of patient's pales in comparison to the potential for addiction.

The discussion of opiate use should also include patients who seek these medications. Efforts are being made to stem the tide of patients trying to obtain prescriptions from multiple doctors for the same medication. The efforts have been led by the Food and Drug administration (FDA) reclassifying hydrocodone to a Schedule II controlled substance. Though the government has tried to enact legislation to mandate continuing education requirements for prescribers of Schedule II medications, none of the legislative bills have been enacted. However, several states have enacted such legislation.

Given that dentists prescribe a good number of opioids, it might be the time to take a hard look at prescribing practices. You can reduce the number of medications that could lead to misuse, and possibly addiction. You have the power to help curb this problem — it's in your prescription pad. ■

NEW DENTIST CONFERENCE

THE PLACE TO BE...

Dr. Sayward Duggan

The New Dentist Conference began with a bang on Friday afternoon, the last weekend in February at the picturesque Boar's Head Inn in Charlottesville. The conference started with an introduction by VDA president, Dr. Vince Dougherty and followed with an interactive seminar on leadership development by Dr. Jim Schroeder. Dr. Schroeder provided insight into team development, practice management, and problem solving. On Friday evening, a Networking reception followed by a "Tailgate" themed dinner provided fun conversation, delicious food, and many games of cornhole.

Saturday offered another full day of continuing education with father-and-son pair—Drs. Baxter and Tyler Perkinson. Dr. Tyler Perkinson discussed the latest in restorative concepts as well as a modernized version/update on dental materials. Dr. Baxter Perkinson shared his vast knowledge and experience with dental implants over the past 40 years in the afternoon session. It was apparent that the passion for dentistry, as well as expertise, runs in the Perkinson family!

On Saturday evening, a chartered bus drove our group to Three Notch'd Brewery and then proceeded to take us to the Downtown Mall for dinner. Throughout the weekend, we were also able to meet with our exhibitors and sponsors and gather information on new products and services.

A warm thank you from the New Dentist Committee to all of the attendees, sponsors, exhibitors, and speakers for making this meeting a success, and I know that I am already marking my calendar for this wonderful event next year!

Editor's Note: Dr. Duggan, a VDA member, practices periodontics in Yorktown.

VMI HOSTS STATEWIDE SCIENCE FAIR

VDA MEMBERS SERVE AS JUDGES FOR ANNUAL EVENT

Dr. William Burston

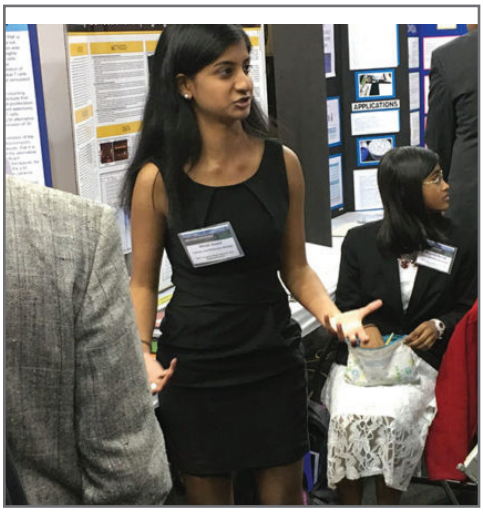
The Virginia State Science and Engineering Fair, held March 25 at Virginia Military Institute in Lexington, was another great success. The Malbon prize, plaque and $1500 went to Shruti Anant, who is a senior at Thomas Jefferson High School for Science and Technology (Alexandria), and also is performing research at NIH. Meanwhile, 13 other students were given Honorable Mentions, for a total of 10 projects, receiving a certificate and a $100 stipend. This year there were six judges representing the Virginia Dental Association. They considered more than 170 projects in 17categories, presented by students from many different regions of the state. Doctors Mitchell Buzkin, William Burston, Clay Devening, Avi Gibberman, Jared Kleine, and Marcel Lambrechts gave freely of their time to evaluate the science and engineering projects of 250 students deemed to represent the best from regional science fairs. The dental profession in Virginia should be proud that the VDA is one of the major sponsors each year. They are truly appreciated for providing a significant number of awards.

Honorable Mention Recipients

BELOW ARE LISTED THE HONORABLE MENTION RECIPIENTS AS WELL AS THE MALBON PRIZE WINNER:

Student	Project Title
Ellen Wood	Determining the Effect of Connexin-43 mutations on Intercellular Communication
Dayana Jeizan	The Effect of Enzyme Inhibitors on High Blood Sugars in Diabetics
Mriganka Mandal	Necrosis of Lung Adenocarcinoma by Targeting a Gamete Specific Protein
Logan Apple	Sight: A Mobile Gesture Recognition and Analysis Tool. Phase II
Emily He and Lydia You	Implantable Micro Bubble Pump for Drug Delivery and Biomedical Use
Hannah Steele	The Development of an Efficient Radiation Shielding Fabric
Sky Zoom	A Novel Sustainable Technique Using Magnetism to Clean Up Oil Spills
Jackson Riffee	Using Fractal Dimension to Differentiate Between Dysplastic and Healthy Cells
Kavya Kopparapu, Neeyanth Kopparapu and Justin Zhang	Mobile Diagnosis of Diabetic Retinopathy Using Deep Learning
Sindhu Ranga	Interrupting Bacterial Conversations: Increasing Microbial Fuel Cell Conductivity
MALBON PRIZE WINNER	
Shruti Anant	Identification of an Inhibitor of the T-cell p-38 Alternative Pathway

Shruti Anant receives Malbon Prize



Malbon Prize winner presents project

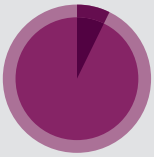
HPI Health Policy Institute

ADA American Dental Association®

How Big are Dental Service Organizations?

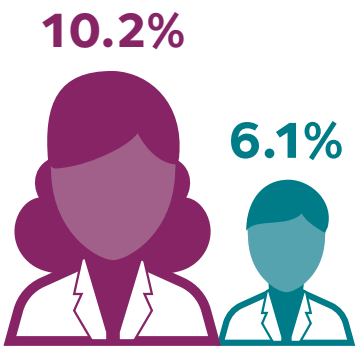
BY STATE

AK	0.0%
DE	0.0%
MT	0.0%
ND	0.0%
SD	0.0%
WY	0.0%
WV	1.0%
ID	1.3%
NE	1.6%
RI	1.8%
HI	1.9%
NY	2.2%
NJ	2.6%
IL	3.2%
VT	3.4%
UT	3.5%
NC	3.8%
ME	3.9%
KS	4.1%
CT	4.1%
LA	4.3%
WA	4.3%
IA	4.8%
MS	5.0%
AL	5.3%
PA	5.4%
KY	5.4%
MO	5.8%
DC	5.9%
NM	6.3%
TN	6.5%
CA	6.6%
VA	6.9%
MA	6.9%
MD	7.5%
MI	7.8%
MN	8.2%
NH	8.2%
CO	8.3%
OH	8.4%
OK	8.5%
AR	8.9%
SC	9.4%
WI	9.7%
FL	11.3%
OR	12.0%
NV	12.1%
GA	12.7%
IN	14.7%
TX	15.0%
AZ	17.5%

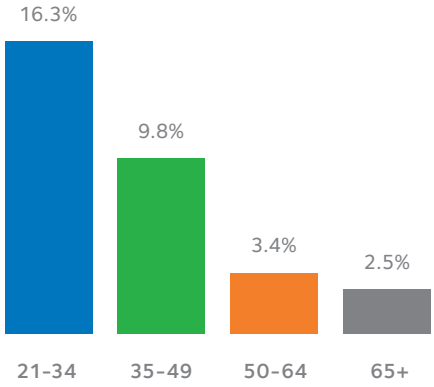


7.4% OF U.S. DENTISTS are affiliated with dental service organizations (DSOs)

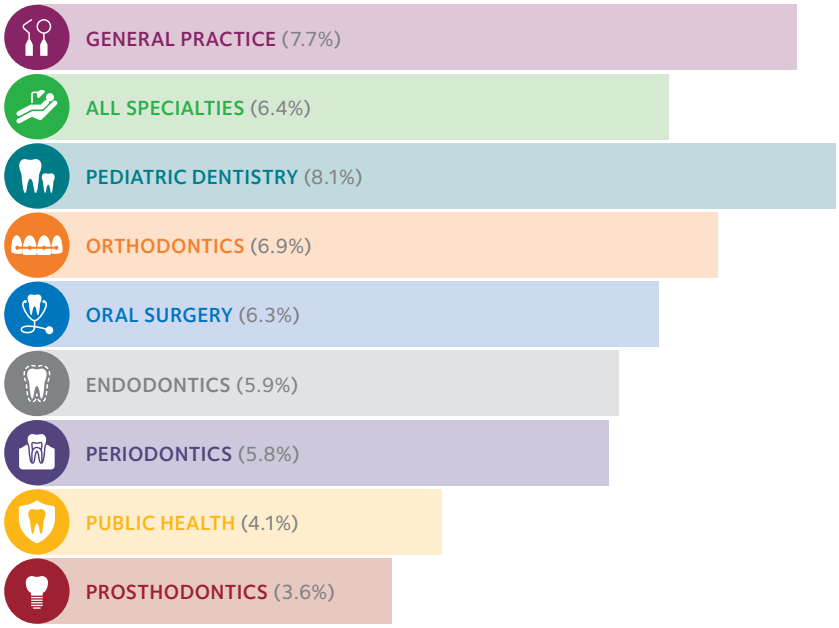
BY GENDER



BY AGE



BY SPECIALTY



Source: HPI analysis of the ADA masterfile and the Association of Dental Support Organizations (ADSO) membership list. Based on data from November 2015. **Notes:** Dentists are considered to be affiliated with a dental service organization if at least one location they practice in is a member of the ADSO or part of American Dental Partners, Western Dental Services Inc. or Kool Smiles. For full methodology, contact hpi@ada.org.

For more information, visit **ADA.org/HPI** or contact the Health Policy Institute at **hpi@ada.org.**

Learm more by taking the webinar:
HTTPS://GOO.GL/TCKQKD

Call today for a
FREE PRACTICE APPRAISAL
($5,000 value)

Practices for Sale

Alexandria Growth Potential!

This office is in a professional/retail setting in a high traffic area of Alexandria. The facility is up-to-date with 4 treatment rooms and digital X-rays. Some procedures are referred out, giving great growth potential.
Opportunity ID: VA-4685

Desirable Fredericksburg!

This is a great opportunity for a general practice in the Fredericksburg area. This practice is grossing $1M and has exceptional growth ability. The office has 6 treatment rooms and digital X-rays.
Opportunity ID: VA-4684

Fairfax General Practice!

This general practice is an excellent opportunity to grow in a great area of Fairfax. The office is in a well-maintained business park and is equipped with digital X-ray and Dentrix Software. This opportunity would be a great merger possibility or a satellite office opportunity.
Opportunity ID: VA-4662

Premier Martinsville Area Practice!

This high-quality facility has 4 equipped treatment rooms in 1,500 sq. ft and is seller-owned. The practice is producing $570K in collections. The real estate is available for purchase. This opportunity is close to the Roanoke and Greensboro areas. Opportunity ID: VA-4442

Didn't find what you were looking for? Go to our website or call to request information on other available practice opportunities!

AFTCO
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Since 1968

We are pleased to annnounce...

Joongseo Kim, D.D.S.

has acquired the practice of

Jinhyo H. Lee, D.D.S.

Alexandria, Virginia

Carl W. McCrady, D.D.S.

has acquired the practice of

Allen D. Schultz, D.D.S.

Quinton, Virginia

We are pleased to have represented all parties in these transitions.

WELCOME NEW MEMBERS

Karen Clendenen, VDA Membership and Meeting Coordinator

TIDEWATER DENTAL ASSOCIATION

Maria Amador – Virginia Beach – University Nac de Nicargua 2008

Kristin Arita – Virginia Beach – University of Michigan 2015

Dearl Duncan – Virginia Beach – Emory University School of Medicine 1980

Patrick Fitzgerald – Chesapeake – University of Florida 2016

Bruce Haggerty – Chesapeake – Baylor College of Dentistry 2013

Priyanka Kataria – Chesapeake – University of California 2011

Adam Poole – Virginia Beach – West Virginia University 2008

Shehzad Sajid – Virginia Beach – New York University 2014

Nachiket Saoji – Chesapeake – University of California 2011

Nathan Shapiro – Virginia Beach – University of Pennsylvania 2013

Valerie Suarez Santos – Norfolk, NY-Montefior Medical Center 2014

PENINSULA DENTAL ASSOCIATION

Jorge Del Cuadro – Newport News – University of Puerto Rico School of Dentistry 2015

Alexandra Katsantoni – Newport News – University of Medicine & Dentistry of New Jersey 2016

SOUTHSIDE DENTAL SOCIETY

Michael Reimer – Colonial Heights – Virginia Commonwealth University 2012

RICHMOND DENTAL SOCIETY

Davina Bailey – Richmond – Howard University 2011

Erica Brecher – Richmond – Tufts University 2013

Naveen Chennupati – Richmond – Columbia University 2011

Paul Da Cunha – Richmond – Tufts University 2005

Carlo DeLeon – Henrico – Virginia Commonwealth University 2015

Julia Durham – Midlothian – Virginia Commonwealth University 2013

Medrina Gilliam – Richmond – Howard University 1985

Mauricio Herrera – Richmond – University of Puerto Rico School of Dentistry 2011

Rhina Marquez – Richmond – University of Puerto Rico School of Dentistry 2011

Jill Nowadly – Richmond – Virginia Commonwealth University 2014

Renita Randolph – Richmond – Virginia Commonwealth University 1991

John Reynolds – Richmond – Virginia Commonwealth University 2012

Mark Schachman – Richmond – New York University College of Dentistry 1994

Stephen Schroeder – Richmond – Virginia Commonwealth University 2012

PIEDMONT DENTAL SOCIETY

Abdel Darensburg – Danville – Howard University 2006

James Hartigan, Jr. – Rocky Mount – Virginia Commonwealth University 1981

Banafsheh Hosseinian – Roanoke – University of California/Los Angeles 2011

Jessica Owens – Danville – University of Pennsylvania 2009

Zachary Swanner – Roanoke – East Carolina University School of Dental Medicine 2016

SOUTHWEST VA DENTAL SOCIETY

Muzamil Gufran – Christiansburg - University at Buffalo, The State University of NY 2014

Joshua Kucharski – Roanoke – University of Pittsburgh School of Dental Medicine 2011

James Vangilder – Blacksburg – Indiana University 1996

SHENANDOAH VALLEY DENTAL ASSOCIATION

Brent Dryden – Buena Vista – University of Maryland 1997

Nicholas Hill – Charlottesville – West Virginia University 2007

Stacey Malcomson – Rockingham – Tufts University 2011

Ben Ross – Crozet – Tufts University 2002

NORTHERN VA DENTAL SOCIETY

Zuwena Abraham – Falls Church – University of California 2009

Zahraa Alsalihi – Fairfax – New York University 2015

Alesia Apana – Alexandria – University of Florida 2011

Adedolapo Ayediran – Fairfax – Meharry Medical College 2014

Baharak Bahrami – Vienna – Howard University 2008

Olumide Bolarinwa – Fairfax – Boston University 2016

Natalia Chalmers – Ashburn – Bulgaria-Medical University - Sofia 1999

Guadalupe Fay – Fairfax – University of Pennsylvania 2002

Anna Harvey – Dumfries – University of Alabama 2014

Sundas Idrees – Fairfax – Virginia Commonwealth University 2014

Eiman Khalili-Araghi – Sterling – New York University 2011

Minh-An La-Pham – Arlington – University of Southern California 2014

Bao-Quyen Le – Burke – Tufts University 2007

Thiago Matias – Falls Church – Virginia Commonwealth University 2010

Hisham Merdad – Alexandria – University of Medicine & Dentistry of NJ Dental School 2012

Kristoffer Norbo – Leesburg – Virginia Commonwealth University 2014

Sophie Oswald – Warrenton – Virginia Commonwealth University 2009

Amparo Pinzon – Alexandria –-Meharry Medical College School of Dentistry 2016

Keith Polizois – Arlington – University of Florida 2014

JoAnna Pufnock – Fairfax – New York State University at Buffalo 2015

Afsaneh Rangiani – Woodbridge – University of Connecticut School of Dental Medicine 2016

Babak Razmazma – Reston – University of California 2006

Josephine Salumbides – Alexandria – Virginia Commonwealth University 2013

Saira Sheikh – Ashburn – Virginia Commonwealth University 2006

Rishi Suresh – Chantilly – CT-St. Mary's Hospital Dental Health Center 2016

Saeed Tofigh – University of Maryland 2009

Prashant Verma – Centreville – Loma Linda University School of Dentistry 2009

VDA - ACTIONS IN BRIEF

JANUARY 19-21, 2017

1. Approved: A $1,000.00 sponsorship for the VCU Student/Faculty Golf Tournament. ($500 will come from the Marketing Fund and $500 from the Board's Discretionary Fund.)
2. Approved: The appointment of David C. Sarrett to ADA Alternate Delegate position (2018-2019).
3. Approved: The appointment of Rodney J. Klima to serve the last year of Kirk Norbo's ADA Delegate term (2017).
4. Approved: The appointment of Brian C. Thompson to serve Rodney Klima's vacated Alternate Delegate full term (2017-2018)
5. Approved: The Blueprint for Success 2016-2017 Strategic Plan.
6. Approved: The Council on Sessions will investigate venues for the 2019 VA Meeting and report back to the Board.
7. Approved: The following VDA Policy change:
   Committees and Councils #5.3 (Page 7)
   3. ~~The secretary of each committee will be elected by the committee~~ members ~~or Appointed by the chair. The secretary will assume the duties of the vice-chair in case of the absence or incapacity of the vice-chair.~~
   Delete the above and replace with:
   3. If the committee chair is absent, the vice-chair will assume his/her duties. If the committee has no vice-chair; the committee members will elect a chair pro tempore. (VDA staff do the committee minutes and the committees do not elect a secretary.)
8. Approved: A resolution to editorially remove Policy #22 Definition of Dental Hygiene and Dental Hygienists-2008 (page 22). (This definition is no longer congruent with the Board of Dentistry.
   ~~22. The VDA adopted the following Definition of Dental Hygiene and Dental Hygienists (Approved by Virginia Dental Hygienists' Association Executive Board on 8-18-08)~~
   ~~§54.1-2700. Definitions.~~
   ~~As used in this chapter, unless the context requires a different meaning.~~
   ~~'Board' means the Board of Dentistry~~
   ~~'Dental hygiene' means that portion of dentistry that includes patient assessment and the rendering of educational, preventive, and therapeutic dental services.~~
   ~~Dental hygiene shall include the duties specified in regulations of the Board and not otherwise restricted to the practice of dentistry.~~
   ~~'Dental hygienist' means a person who has graduated from a dental hygiene program in an institution of higher education accredited by the Commission on Dental Accreditation of the American Dental Association and who is licensed to practice dental hygiene. A licensed dental hygienist performs dental hygiene and duties as specified in regulations by the Board not otherwise restricted to the~~ practice of dentistry.
   ~~-2008~~
9. Approved: A resolution to give each VDA 16th District Delegation member an additional $1,000.00 in 2019 (one year) to help defray the additional cost of attend the ADA meeting held in Hawaii.

IN MEMORY OF:

NAME	CITY	DATE OF DEATH	AGE
Dr. Raymond A. Flanders	Williamsburg	January 15, 2016	88
Dr. Norman W. Littleton	Henrico	December 28, 2016	92
Dr. C. Marshall Mahanes	Virginia Beach	December 8, 2016	93
Dr. William G. Martin	Roanoke	April 24, 2016	92
Dr. William B. Massey	Richmond	November 24, 2016	93
Dr. Michael O. McMunn	Richmond	February 2, 2017	70
Dr. George J. Orr	Marion	September 24, 2016	94
Dr. E. James Reitano	Virginia Beach	March 7, 2017	58

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Health care professionals may suffer from an impairing physical, mental health or substance abuse issue. In fact, it is estimated that 10 to 15 percent of health care professionals will misuse drugs or alcohol at some point during their careers.[1]

The Virginia Health Practitioners' Monitoring Program (HPMP) is here to help. We refer health care practitioners for appropriate treatment and continuously monitor treatment progress with the goals of restoring the practitioner to good health and assisting them with return to safe and productive clinical practice.

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Virginia HPMP Health Practitioners' Monitoring Program

[1]*Baldisseri, M.R. (2007). Impaired healthcare professional. Critical Care Medicine, 35 (2)), Suppl, S106-S116.*

VDA CLASSIFIEDS

JOBS - DENTIST

5464 - Full Time Associate Dentist – Stafford/Fredericksburg, VA
Our highly successful two-office practice in the Fredericksburg/Stafford area is seeking a full-time associate. Our Fredericksburg location has been open since 2011 (1.8 million per year in production); our Stafford office opened June 2015, already produces over 600k per year, and is growing rapidly. We are a true general dental practice with a large enthusiastic patient base that is consistently expanding. We perform a wide range of services from Cosmetic Dentistry to TMJ, Sleep Apnea, Orthodontics, Implants, Oral & Moderate Sedation, and everything in between. We have a highly trained, effective, and motivated staff, as well as a full service dental lab on site with a technician with over 35 years' experience. Great opportunity for an associate dentist in a family owned private practice, with opportunity for learning and growth. The ideal candidate will have all necessary education and licensure to practice dentistry in VA. Two or more years' experience is preferred; however, recent/upcoming graduates with the right qualifications will be considered. Excellent earning opportunities, including a guaranteed daily rate with significant bonus potential based on production. Apply today by submitting your resume via email to VADENTALAPPLICANT@GMAIL.COM.

5477 - Lexington, VA - Immediate Opening
A full service, family an cosmetic dental practice with growth opportunity and an outstanding dental team. Patient centered, fee-for-service practice seeking a full-time dentist for an exceptional opportunity in a lovely, small college town. For a reply, please reply in confidence with your objectives and CV to pam@lifetransitions.com

5487 – Full Time Associate Dentist
Looking for a General Dentist for our State of the Art growing practice located in Fredericksburg, VA and new Stafford location. The position is available full time and for immediate placement. We have a great team, good office environment and a lot of happy satisfied patients. Our office accepts PPO plans only. We offer Good compensation and tremendous earning potential as per industry standards, based on experience. Ideal candidate should have at least 2 years experience or graduated as advance standing student or have done GP residency and open to helping with immigration process if needed for suitable suitable candidates. If you would like to become a part of our wonderful practice please forward your resume for consideration.
Dr. Nagalatha Gollapalli, fburgdental@gmail.com

5488 – Seeking Associate Dentist for a Successful Single-Office Private Practice
Looking for highly motivated associate with excellent people skills for a large and progressive practice located in Chesapeake, VA. This is a great practice and is conveniently located in a well populated and easily accessible area. This office has a well-earned reputation for providing high quality care. Creature comforts to include:Paperless charts & Digital X-rays, State of the Art Equipment, Well trained and supportive staff. Benefits to include: Competitive compensation with Health Insurance, Simple IRA, Paid Vacation, Future buy-in potential Excellent opportunity and environment for a young dentist to be mentored by a close knit group of dentists with over 65 years combined experience.Contact: Rhonda Malaby at Phone (757)609-2982 or Kelly Dishongh at (757)609-2986 Fax (757) 312-0295 Email: dretheridge@dretheridge.com

5491 - Seeking a FT General Dentist in Alexandria
Established PPO and fee for service practice in Alexandria is seeking a full time general dentist to perform all aspects of general dentistry including endo, perio, and preferably implants. Great office environment and wonderful staff. Office is fully digital and high tech. Great compensation. Minimum 2 years of experience.
Dr. Shiva Kermanshi, 703-861-6797, skermanshi@yahoo.com

5497 - Busy general dentistry practice seeks Dentist
Morrison Dental Group is seeking a general dentist for our busy practice. Our practice believes in putting the patient first, and providing excellent customer service. We treat patients of all ages, and all of our offices utilize top of the line technology, supplies, and equipment. Whether you are an experienced dentist or recently completed your education, we would like to speak with you! Visit our website www.MorrisonDentalGroup.com to learn more about us.
Allison Morrison – 757-719-2237 - amorrison@morrisondentalgroup.com

5498 - Seeking Associate in Smithfield
Seeking an associate dentist in Smithfield, VA (15 mins from Newport News). We are a busy family and cosmetic dentist office located in the historic area of Smithfield. Modern dental office with a large patient base ready to expand. Enjoy the benefits of working in a close-knit small town and still be close to the larger city conveniences. We are searching for someone who has excellent chair-side manners, communication skills, diagnostic ability and treatment presentation skills. Needs to be proficient in general and cosmetic dentistry. Apply today and join a great team. We are ready to fill this position today with the right person! Please send resume to miltoncook@smithfield-dds.com.

5504 - Operatories to Share
Two Fully equipped operatories available in Fairfax, VA near the Mosaic District. Ideal for a Part-time Specialist and/or Practitioner who is looking for a satellite location. For Specialists, we will have referral patients for your practice. Please contact us for details.
703-560-6301, info@fairfaxdentalgroup.com

5508 – Associate Dentist Position-Leesburg
Our office in Leesburg, VA is looking for an experience dentist to share our patient load. Our mission is to do exceptional dentistry using state of the art technology that helps us manage our patient's comfort, time, and health as we would manage it for our own families. Our practice needs an experienced dentist that understands customer service, is timely, friendly and always has the patients' best interest at heart. We look to create lifelong trusting relationships with all of our patients. If you value the same things and are looking for a suburb of DC that still has a hometown feel located in Loudoun County Virginia to work from, please apply. There is a specific niche in my practice for someone who performs perio surgery, IV sedation, endo, and any type of oral surgery or tooth movement. I do very little if any removable prostho and no full mouth rehab. We currently have 8 operatories, with plans to expand to 10. This is a perfect opportunity for someone with experience and who is interested in endodontics and oral surgery. I am looking for someone who wants to establish a long term relationship with the practice and our patients. Please email your resume and contact information to melody@leesburgdentist.com, if you would like to discuss this opportunity further.

5510 – Full Time Dentist
Seeking a full time dentist in Chatham, VA (20miles north of Danville, VA and 40 minutes south of Lynchburg, VA). All digital, 8 operatory, established, growing practice. Great staff and positive work environment. Open Monday through Thursday 7:30am-5:30pm (no weekends or holidays). Very competitive base salary (daily minimum $750) with collections bonuses, PAID TIME OFF, and opportunity for future partnership. Established patient base, dentist will step into a full schedule. Please send resume to pwmillerdds@gmail.com

5516 - Associate dentist Arlington VA
Seeking an associate dentist in Arlington, VA (Crystal City). We are a busy family and cosmetic dentist office located in Arlington, close to DC. Modern dental office with a large patient base. We are searching

for someone who has excellent chair-side manners, communication skills, diagnostic ability and treatment presentation skills. Minimum 2 years of experience in Endo including molar RCT, Implants placing and restoring, extractions , ortho, invisalign and other minor dental surgeries.Needs to be proficient in general and cosmetic dentistry. Apply today and join a great team. Must be available on Saturdays. We are ready to fill this position today with the right person! Please send resume to dentalarlington@gmail.com.

5519 - Associate Dentist Position
Associate general dentist position available for established family dental practice in Chester Virginia. Modern, high tech office delivering a wide spectrum of care to our patients for over thirty years. Excellent growth potential for the right candidate.
Dr. Tony Agapis | 804-748-0101 | dragapis@gmail.com

5530 – Williamsburg – Endodontist
ENDODONTIST OPPORTUNITY State of the art, high tech, high touch large multispecialty general practice seeks endodontist to treat our patients in our office one day per week. Our current practitioner is moving out of state. Microscope and trained staff available to you. Contact us with your CV and cover letter at opportunities@newtowndentalarts.net New Town Dental Arts 757-259-0741

5535 – Mobile Practice Dentist
Premier Mobile Dentistry of Va, LLC is seeking a Virginia-licensed DDS or DMD to travel with a Premier mobile dental clinic and provide routine dental care to non-ambulatory residents of long-term care facilities. The mobile clinic will be based out of Christiansburg, but the successful candidate must be willing to travel throughout the Southwest part of Virginia as required. Premier is looking to staff a mobile clinic 5-days per week and will consider full- or part-time applicants. The successful candidate will have a current Virginia license, valid malpractice insurance, and a dedication to ensuring the highest quality of care to patients. EOE. To apply, contact Amie Rabel @ amiefalcon@gmail.com or 225-324-5945.

5536 – Periodontist Wanted
Fee for service, multi-specialty practice seeks a periodontist to join its team one day per week in the Northern Shenandoah Valley area. If you are interested in knowing more, please apply and our owner / dentist will contact you.
Kristi, 540-869-8480, workfordentist25@gmail.com

5539 - Associate Dentist
We are an established doctor-owned, general practice in Arlington, Virginia seeking a General Dentist for an associate position for three days each week. Our Practice has been in business since 2004 and the current office was built-out in 2014 in an attractive and spacious location on a major thoroughfare. The office is paperless with digital xrays, private treatment rooms with computers and chair-side monitors. The Practice caters to an ethnically diverse population with a large concentration of Latino patients so a Spanish-speaking dentist would be preferred. Candidate should have at least five years of experience with strong background in prosthodontics, simple extractions and be able to perform endodontics. We are looking for an outgoing dentist with interest in forming a long-term relationship.
Elidia C. Fidel, DDS, 703-575-9899, louis@fideldentalgroup.com

5543 - Associate Dentist - Virginia Beach
Full-time Associate position available in Virginia Beach for a general & cosmetic dental office. Well-established practice with well-trained, experienced staff of dedicated employees located near Red Mill Commons/Strawbridge/Oceana area of the Beach. Competitive salary and benefits offered with buy-in opportunity. Please send CV to dlj@cox.net.

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5511 – Digital Panorex Machine
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OFFICE SPACE FOR SALE/ LEASE

5494 – Office Space For Sale
Fredericksburg/Spotsylvania. Dental/Specialty office for sale 2400 SQ. Ft. In Medical Complex Great for Oral Surgeon, Orthodontist, Pediatric dentist
Dr. John Coker, 540-847-5259, jhcoker@verizon.net

5518 – Medical office space for sale: $190,000
With 1097 Square feet of space. Currently operational dental suite in medical building near hospital and opposite elevators with 2 Operatory Rooms, Lab, Hygiene Area, Darkroom, Business, Reception and Private Office. Equipped w/ hand instruments, x-ray machines, nitrous oxide, equipped lab w/ sterilizing area, scenic view, plenty of parking. Condo fee includes all utilities. 2616 SHERWOOD HALL LN #405, ALEXANDRIA, VA 22306. Contact: Steve Townley smtownley@aol.com 703-799-3800 View Video on youtube.com

5544 - Dental office for sale in Arlington
Great dental office next to Rosslyn metro. 7 ops fully equipped with Dexis and Dentrix Also digital pano. Office and equipment are 5 years old. Moved into this location because outgrew previous one. Doctor wants to sell due to downsizing. Office collects about 60k a month. PPO insurance and fee for service. Asking 350 for a quick sale
Dr. Tarek Mogharbel, 703-338-0447, tarekmdds@yahoo.com

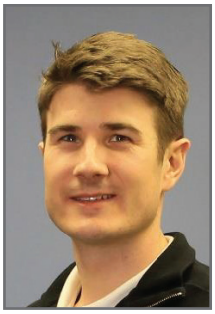
JOBS - DENTAL STAFF

5534 – Dental Hygienist
We are currently looking for a full-time Registered Dental Hygienist in the Waynesboro area. Please send your resume to brad@swisher-dentistry.com to be contacted. Very Modern office with a great staff! Thank you

5540 - Full Time Dental Assistant with a minimum of 3+ years of dental assisting experience, needed for fast paced Chester Dental office. Candidate must be X-ray certified and hold a current CPR certification. Excellant opportunity for the right candidate to become part of a great team. Sheila, 804-717-5100, sredman@dbsmiles.com

PRACTICE TRANSITIONS

5493 – Successful Northern VA Practice for Sale
Retiring dentist with general practice grossing 1.27 M offers practice for sale in Fairfax. Great location. 8 operatories (great for multi-doctor use) Cone Beam XG3D, Two CEREC Blue cams with milling units, Implant surgery suite, endodontic suite. Top rated practice. Seller will stay on up to 6 months for transition. Price negotiable Dr. Bill 703-727-3001, implantdocva@gmail.com



MANAGEMENT ENCOUNTERS OF THE HUMAN KIND

David Voth, Associate Editor; Class of 2018, VCU School of Dentistry

We hear it over and over again from private practice dentists. “If I only had to worry about the dentistry my practice would be so easy.” One of the most difficult skills to master is the management of other people. This issue resonates in all varieties of work, but in a care setting where emotions and egos run rampant, the effective management of others becomes a full time task. As dentists, we are not only thinking about our team but also the management of our patients’ emotions. The myriad of issues we have to think about on a daily basis is already complex enough without having to worry about the argument going on between two team members, the lab sending us a bridge that was processed incorrectly, the anxious patient in our chair and the front desk person sounding less professional on the phone than we think is appropriate. Ultimately, it all falls on our shoulders. Our practices reflect who we are as business owners and clinicians. Whether we end up as associates or as practice owners, I would be confident in saying we all want professional, modern offices with efficient treatment models.

Managing a dental team is something we are woefully unprepared for as we leave dental school. We graduate from our rigorous four-year education with no tools in our toolbox for managing people. As our clinical skills improve our proficiency at managing patients also improves but the majority of dental school graduates have no people anagement experience. The good news is, it’s okay. We can all learn these skills over time.

Many of us will go into practices where the team is already present and calibrated to some type of daily routine. This can be good and bad. It is sometimes better to start with a clean slate then to try and remodel an unsatisfactory design. However as newly licensed dentists released on the world, we may embrace the current team design until we get more comfortable in a private practice setting. One very important thing to remember about people management is that no one can read minds. It is our job to be respectful and direct about conveying our wants and needs to our team. We have to create people to represent us as clinicians. Take a moment to think about how many impressions are made before the patient is seated in the chair. Typically, the first impression comes with how this new patient was referred to your office. Whether they saw a piece of marketing material or a friend told them about you, they already have an expectation in their mind about your practice. As caregivers and business owners we are required to do all the things an ethical and competent clinician would do while running a profitable company. Our teams must understand this and be behind our goals. As we help build our team members, consider how you will differentiate yourself as a practice. When a patient calls 99% of the dental offices in the US they hear, “Dr. So and So’s office, how may we help you?” Start viewing everything as a potential area to set your practice apart from the competition. Train your team to answer the phone and say, “It’s an outstanding day at So and So Dental, and we can help you.” To get the best performance, make your practice a fun place to be for the patients and the team.

To start the process of building your team, consider drawing a flow chart of how you would like the day to run from a team member’s perspective. This exercise should be separate from the patient schedule. Would you like to start each day with a morning huddle where you go over the appointments for the day and share a motivational quote to jumpstart the good energy before the first patient is seated? Begin thinking of ways to make your practice an enjoyable and easy place to be for your team. Have coffee, cold drinks and some healthy food available in case their mornings are hectic and between getting the kids off to school and saying goodbye to their spouse, they forgot to take care of themselves. Be conscious that we often spend more time with our team than we do with our own families so the group needs to be cohesive. By making our office a place our team wants to be, we are priming our team to perform well for us and our patients.

Trust is a huge component of a team environment. While every team member is crucial for the operation of the office, we all have lives outside of work and it is important to respect the needs of the team. When your assistant asks for a morning off three months in advance to go to his or her medical appointment, you say yes and schedule accordingly. The wrong thing to do is make the person feel bad about how much slower the schedule will run and how much stress this will cause the group. With all this being said, we have to assemble and adjust our team as needed. Sometimes people are not the right fit for a particular practice or a particular role within a practice and that’s okay. They may be a perfect fit for another practice, so if a position change needs to be made, be encouraging, write a letter of recommendation and help the team member with their transition. Always strive to delight your team members in every aspect of your practice. Take care of your team and you can absolutely bet they will take care of you and your patients.

It is always appropriate to think about managing your practice, whether you are a 30-year veteran or a third-year dental student. Even as associates we will be able to create a team environment within our bubble of the practice. The best thing we can do for ourselves as team leaders is to be thoughtful about making the office an enjoyable place, differentiating yourself in as many areas as you can and creating people to represent you as a clinician. So start considering your first moves as a team leader and find out how rewarding it can be to have a profitable practice with happy patients and a loyal, adoring team.

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