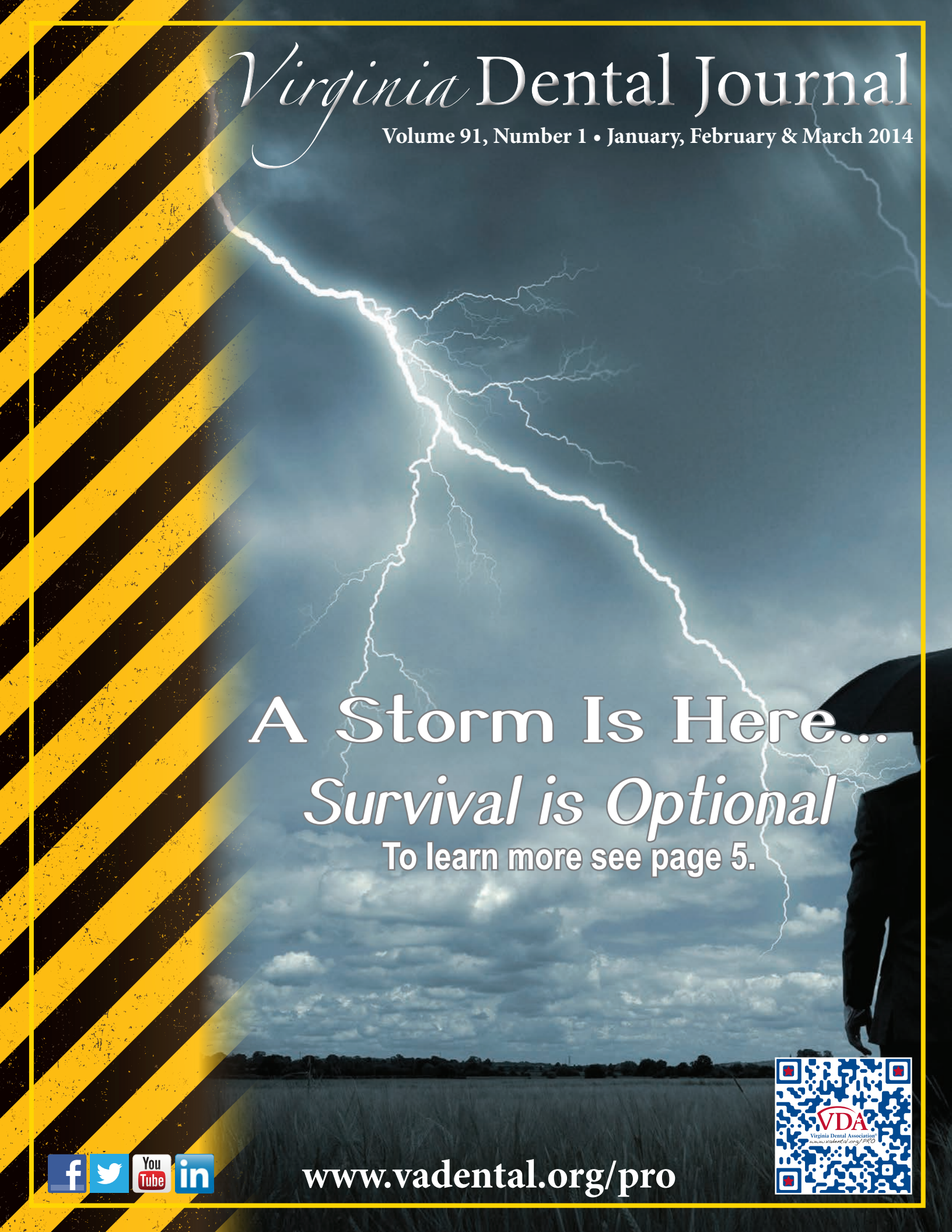
Virginia Dental Journal
Volume 91, Number 1 • January, February & March 2014



A Storm Is Here...

Survival is Optional

To learn more see page 5.

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Virginia Dental Journal

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Feature

VDA Virginia Dental Association

Virginia Dental Journal

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

Member Publication AADE American Association of Dental Editors

Volume 91, Number 1 • January, February & March 2014

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

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

Second class postage paid at Richmond, Virginia.

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

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

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

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On The Cover

Dr. Ted Sherwin, VDA President, gives resources for the changing climate of dentistry. See page 5 for details.

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A Message and Resources from your President...

A Storm is here...survival is optional!

I want to make that point because, as President, I am committed to your success during the turbulent times ahead. The VDA leadership and staff have created a Strategic Plan that assigns all our resources and actions in the next year to helping you be successful, and enriching your reputation as a member of the VDA, as well the reputation of the Association.

So what's going on? Why all the concern and planning?

To answer that, we dentists must look up from our life of details to what is happing on the horizon. A storm is here!

In the study of evolutionary biology there is a theory of "punctuated equilibrium" where in geologic time there are vast periods of *stasis,* with short periods of rapid and disruptive change. This seems similar to what is happening to us now (and as far as we can see into the future), but with technological, political, and socio-economic change instead of genetic change. How many of us recognize that the storm is here?

Take a look at the following. It was no coincidence that these three things happened independently within two months of each other!

This past September, as President-Elect, I addressed the VDA House of Delegates on change and stated, *"Adapting to these changes should no longer be just a conversation, but an act...an act of survival with direction. We are in a transition from a time of great past success to a place of disruptive change, filled with new uncertainties and hard challenges involving big risks*". Six weeks later, I am listening to the remarks of Dr. Kathy O'Loughlin at the ADA HOD discussing the storm of change that is upon the profession and how "*...committing to change, we can exert control and become the masters of our destiny rather than simply victims of the storm*". Then, two weeks later, on Nov 15, at VDA's strategic planning session, Dr. Terry Dickinson gave a thoroughly convincing argument that we are assured that epic and disruptive change is here, only survival is optional.

In case I am catching your attention, go to *A Storm is Coming; Survival is Optional* at https://vadental.org/pro/storm to learn more about the data that supports these ideas as well as the presentations cited above.

I believe, prior to the 2008 economic crash, our profession had been in a relative time of tranquility, where we made practice decisions based on a model based in past performance. Before we joined or purchased a practice we looked at performance history to help predict our future. Before we bought an expensive piece of equipment, we looked at data of the past to gain clarity of future advantages with our purchase. We were able to be successful with this model of decision making because we operated in an environment where technical/scientific changes we're abundant and socio-economic and political changes were relatively stable. I am here to tell you: that model is no longer going to work. Based on data from the last 5 years, we must take a hard look at the changes that are ahead of us, for those will drive our decisions in the new model.

As the VDA leadership has done, it is critical that you learn more about these changes, and begin the process of adapting to those changes in order to be successful in the future. Your survival may depend on it.

During this time of rapid change, membership in the ADA/VDA is more important than ever. We VDA leaders are committed to your success. I am troubled that those dentists who are outside of the Association, may not get the heads up. They may be swept away as victims of the storm. They won't have access to resources like the ADA Center for Professional Success as a new interactive web resource to help members succeed as both dental practitioners and small business owners. They won't get the advantages of the VDA's Public Relation campaign that builds members reputation and that of the Association. They won't benefit from the 44,000 hits by the public to our website where they find tabs on "Meet our VDA Members" and "Find a Dentist". They will miss other new benefits like our robust web based career opportunities resource (currently in development) where dentists can find/post jobs, buy and sell practices, and find team members looking for jobs..

Perhaps, and most importantly, non members will miss the opportunity to stand and work together to advocate for our future. The only safe harbor is one we create. One where we help each member be successful, protect your back so you can focus on your practice, enrich your reputation, as well as that of the Associations, and make it easy to join and stay a VDA member.

Change is neither good nor bad; it can feel scary and be disruptive. But there are also opportunities, and for those who prepare and adapt...we will be the masters of our own destiny.

Help for New Dentists is on the Way

Watch the VDA website and future issues of "Etch" to learn when the VDA will roll out an addition to the website that is aimed at helping new dentists. The Internal Image Task Force has solicited questions and will be posting answers from experts on the VDA website. We are looking to have it operational soon. Later in the year we will sponsor interactive webinars that will relate to the questions we receive.

Trustee's Corner

By: Dr. Julian H. "Hal" Fair, III, Trustee, ADA 16th District

It is hard to believe that my first year as your 16th District Trustee has already passed, and I wish to express my gratitude for allowing me to serve you in this capacity. I can tell you unequivocally that we have a great ADA Board of Trustees who is truly dedicated, very knowledgeable and always looking out for the best interest of our members and our profession. It is a very cohesive group and we don't always agree. During these moments, I reconsider the old adage that if ten people are in the room and all of them agree, nine of them are not needed. Again, thank you for the privilege and the challenge this position carries.

Thinking back over the year there were a myriad of topics we discussed that would all make for good articles on their own:

- Action for Dental Health
- Student Debt
- New education models
- ADA Library Transition
- Membership Growth
- The Tripartite Alignment and The Power of Three
- The Affordable Care Act and how it affects Dentistry

And we have discussed at every BOT meeting the Environmental Scan; Dentistry at a Crossroads; which in effect addresses all of the above issues in one way or another. If you have not had the privilege of hearing Dr. Marko Vujicic's presentation, I urge you to go to www.ada.org and view it. I know that it was presented to the VDA House of Delegates and most recently to a joint Leadership Planning Retreat in Charlotte, for leaders from North and South Carolina. The environmental scan was necessary to provide essential information for the formulation of the ADA's new Strategic Plan to be approved by the BOT this year and to begin in 2015. It will be called ***Members First 2020.***

Why do we need a new Strategic Plan? Our profession is in a period of transition; transformation is a better word. Health care delivery is changing due to the ACA and other external factors. The population is becoming more diverse. Consumer habits are changing such that they are relying more on technology and seeking a greater value for healthcare spending and considering less value on the doctor-patient relationship. Furthermore, new financial and delivery models are emerging and will reshape the future landscape of our profession.

Many of the issues that will be affecting all of us, the ADA cannot change and has little control over. We have to concentrate on the issues we can impact and help our members navigate through the others. This is what the new Members First 2020 Strategic Plan will do.

The plan will be built around a mission statement, a vision statement and a statement of core values. It will have goals, objectives, strategies, and tactics that will be used to implement the plan. The mission statement that has been developed is Helping All Members Succeed. It will be used to as the primary filter for all major ADA decisions. It focuses on our members because it is through our members that we will advance the health of the public. Without the success of our members, the ADA cannot exist!

Another dynamic of the Strategic Plan will be to articulate a set of core values for the ADA. This is not to say we have not had unwritten core values; but, I often heard people in leadership position refer to our core values and never show me the list. We've had a written set of core beliefs, but that is different. One's beliefs can change because of new evidence-based knowledge, your values don't change, they are constant. Our beliefs are formed around our value system. Core values are not created; they already exist and can have a real impact on an organization's decisions and actions. Through the extensive work of ADA staff workgroups, the Strategic Planning Committee and the BOT, several core values have been identified:

- Commitment to Members: Must be member focused and provide customer service
- Integrity: Ethics, Professionalism, Honesty, and Transparency
- Excellence: Quality, Accountability, Creativity and High Educational Standards for Graduates
- Commitment to the Improvement of Oral Health
- Science/ Evidence- Based: Insure that we have an Evidence Based profession in our practice, education and decision making

The goals of the Strategic Plan are statements of desired outcomes. They will continue throughout the five years of the plan. These goals should help our members navigate the future:

- Membership: the ADA will increase membership
- Finance: The ADA will maintain financial sustainability and stability
- Organizational Capacity: The ADA will have sufficient organizational capacity necessary to meet member needs

There will also be specific objectives for the 2020 Plan. As of now there are six objectives:

- ADA member market share will equal at least 70% of active licensed dentists
- ADA will achieve a 10% increase in the assessment of member value from membership
- Increase the public's positive perception of ADA members
- Unrestricted liquid reserves will equal no less than 50% of annual operating expenses
- Non-dues revenue will be at least 65% of total revenue
- The roles and responsibilities of each element of the tripartite will be clearly defined and agreed upon

The objective will be met through specific strategies that are in the process of being developed and will continue into 2014. In December 2013, the BOT, council chairs and co-chairs, and ADA senior staff and council directors will meet in a day-long strategy session to develop strategies under the Members First 2020 plan.

As you can see, a tremendous amount of effort has gone into and will continue to go into the Strategic Plan. Our hope is that when it has been fully developed and presented, all of the Tripartite will embrace the plan and we will use it to strengthen our Association. It will serve as a template, so to speak, for our Constituents to use to develop/fine tune their own plans.

If you were in New Orleans, and heard the addresses of Dr. Faiella, Dr. Norman and Dr. O'Loughlin, the common theme was ***Building Membership Value through Strengthening and Alignment of the Tripartite.*** The new Members First 2020 Strategic Plan should provide a great avenue paving the pathway toward that goal.

MESSAGE FROM THE EDITOR

Dr. Richard F. Roadcap

Malcolm Gladwell, in his book *Outliers,* tells the story of a Korean Air Lines crew attempting to land on Guam in bad weather. Fixated on a navigation device located not at the airport, but on a mountainside, the fatigued captain and submissive crew can't comprehend the sudden drop in altitude, and the airliner slams into the mountain. Rescuers arrived to find 228 of the 254 passengers dead.[1]

Hardly a week goes by without another dental correspondent bemoaning the profession's score in the 2012 Gallup survey of honesty and ethics.[2] The writers' lament: only 62% of those surveyed gave dentists a "very high" or "high" rating. What's worse, they say, our scores were lower than nurses, physicians, and pharmacists. Some interpret the results to mean that more than a third of the population says we can't be trusted.

Let's look at the findings. First, 2012 ties 2006 for the highest rating achieved in the survey (which rates the dental profession about every three years). Dentists ranked fifth among the 22 professions surveyed. The poll's analysis: "The honesty ratings of all medical professions are at the highest levels in Gallup's history, albeit by slim margins." That's hardly an indictment of the profession. Also, the 2012 score is five percentage points higher than the previous survey in 2009. At least by this measure, we're moving in the right direction. If the respondents who replied "average" (33%) are excluded, only 4% gave dentists "low" or "very low" scores for honesty and ethics.

What about the professions that achieved higher scores than dentistry? Nurses, for example, have been ranked first in 13 of the 14 surveys conducted, finishing second only once, to firefighters, who scored a 90% rating in the aftermath of 9/11. Pharmacists finish ahead of dentists in most years, due in large measure to fewer respondents rating them as "average".[3] Much like dentists, only 3%-4% of druggists are rated "low" or "very low". We may have to accept that we'll never achieve the level of trust placed in registered nurses, who demonstrate care and concern for patients when they're most vulnerable and in compromised health.

It would seem that the solution to the editorialists' angst would be to launch a charm offensive to convince the public that dentists are really better than those other healthcare workers. I once worked in a military clinic where our commander told us that soldiers, in a quality-of-life survey, rated the library as the number one benefit on post, and the dental clinic as number two. He asked how the dental clinic could become "Number One". Without hesitation, another officer stood up and said we should file complaints about the library. A wag may suggest that dentists undertake a coordinated effort to gripe about the nursing staff at the local hospital. We could better their score once or twice, before our ruse is discovered.

No, our problem is not that the public sees us behaving in an unethical manner, but that dentists hold each other in low esteem. Our fears are well-founded. Insurance fraud, blatant misrepresentation of professional credentials, abuse of prescription-writing privileges, and patient abandonment are just some of the behaviors that make us cringe in conversation with laypersons. Nearly every dental publication, including the *Journal*, includes a feature on ethics as a regular column. The subject of ethics has been moved from the back of the stove to the front burner. But ethics is discussed, not out of sense of obligation, but also as the topic of many casual conversations among dentists, where tales of misdeeds abound. So, do we have an ethics problem in dentistry? Almost all of my dentist friends believe we do.

I bear no argument with the Gallup findings. Much like the US Department of Labor's index of unemployment, they're consistent in their methodology, but not even the most jaded politician contends that the jobless figures are a true measure of people seeking work. The poll also serves as a barometer, which by definition measures fluctuations. We can expect our stock to rise and fall in the years ahead, in part due to changing public perceptions. But if we remain fixated on the poll's measure of "high" and "very high" scores for honesty and ethics, we'll overlook our plummeting respect for each other. Until we can truly say we hold our colleagues in high esteem, we can't expect the public to view us more favorably.

Oh, by the way: journalists (I count myself a member of the fraternity) scored a rating of 23% in the same 2012 poll. At least we ranked higher than members of Congress, who received a 10% rating. But, wait…91% of Congressional incumbents were re-elected[4] in the elections held just weeks before the Gallup findings were announced. I guess voters' distrust ends at the polling booth.

1 Malcolm Gladwell, *Outliers: The Story of Success* (New York: Little, Brown and Company, 2008).

2 http://www.reuters.com/article/2012/12/11/idUS191700+11-Dec-2012+PRN20121211

3 http://www.gallup.com/poll/1654/Honesty-Ethics-Professions.aspx#2

4 http://www.huffingtonpost.com/todd-phillips/congress-election-results_b_2114947.html

The Ill-Fitting Denture Talks

Marvin E. Pizer, DDS, MS, MA; FICD, FACOMS (hon.)

A 57 year-old female, a telephone operator, was completely content with her maxillary complete denture until about two years ago, when discomfort appeared in the right tuberosity. She felt the need to visit her dentist, with her complaint of discomfort in the right posterior maxilla. The dentist checked her occlusion and palpated the posterior edentulous area at the site of the patient's discomfort. He did note some undercuts in the region of concern and relieved them on the denture.

Two weeks later the patient returned to her dentist complaining that discomfort was now pain, especially when wearing her denture. The dentist relined the maxillary denture with a "soft material" and advised the patient to not wear the denture at night if pain persisted.

The patient did wear the denture at night in spite of the continued pain. When arising one morning, she noted a sizeable amount of blood on her pillow. She became acutely anxious and immediately called her family physician. He made an examination introrally and referred her to our office as an emergency.

On inspection there was an obvious break in the mucosa overlying the right tuberosity. Palpation of this ridge revealed a very porous underlying bone with patient noting extreme pain. A few periapical films revealed no significant pathology. In the tuberosiyt region there was definite edema and enlargement. (Figure A)

The patient was admitted to the hospital where a complete history and physical were performed. Extensive lab work and radiology studies revealed no evidence of pathology. If felt it pertinent to surgically explore this region and, under general anesthesia in the OR, a mucoperiosteal flap was reflected on the buccal aspect of the ridge. There was significant destruction of the buccal cortex with loose bone-like spicules intermingled with soft tissue. There was excessive bleeding which was controlled with gauze pressure and Surgicel®. The wound was closed with sutures, after curetting the defect. All of the removed tissue was sent to pathology for a diagnosis by our general pathologists. A final diagnosis was: low-grade mucoepidermoid carcinoma. For my comfort, I sent the slides to four different oral pathologists, who confirmed this diagnosis.

With confidence in this diagnosis, I informed the patient of her having a malignancy in the region of concern. Surprisingly, she accepted this news without any evidence of anxiety or even great concern. She then informed me that an oral surgeon whom she saw 20 years ago informed her that she had a "serious disease", which was in this same location.

All efforts by our office to find which surgeon, which city, which hospital, which procedure, etc., were to no avail. (After doing multiple history taking this information finally unfolds!)

After consulting the team, and the recent history of the 20-year interval of a "serious disease" in the right tuberosity region, I decided to "watch and wait". This is also based on the fact that this patient is alert, cooperative, and intends to live in the vicinity for many more years. The patient was seen every three months for clinical and radiographic examination.

On a return visit, two years and eight months since the exploratory surgery, I noted a significant finding in the periapical and occlusal films. Clinically, the patient was comfortable and the ridge and overlying soft tissue had not changed. In the film there was a loss of trabeculae and demineralization of bone extending to the maxillary sinus and beyond the borders of the previous exploratory procedure. There also appeared to be particles of calcification throughout this area of suspicious pathology. (Figure B) The patient was again hospitalized and brought to surgery. A frozen section revealed the same diagnosis of mucoepidermoid carcinoma. This time I felt a good marginal resection was indicated and this was accomplished. The maxillary sinus membrane was excised and a good view of the maxillary sinus was obtained – it was clean. (Figure C) The specimen was sent to general pathology and a final diagnosis was an "infiltrating mucoepidermoid carcinoma".

After healing, a new denture was fabricated, and it still had good retention. This patient was followed for 23 years postoperatively. (Figure D) The first five years she was evaluated clinically and with radiographs every three months; the next five years every four months. After ten (10) years with no evidence of recurrence she was seen twice a year. After 23 years of no complications, I retired from practice and referred her to a young, excellent oral and maxillofacial surgeon whom I asked to phone me if there were any changes. So far, no calls – it's been close to 40 years!

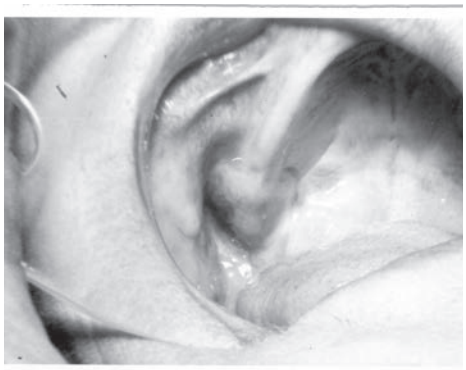

Figure A

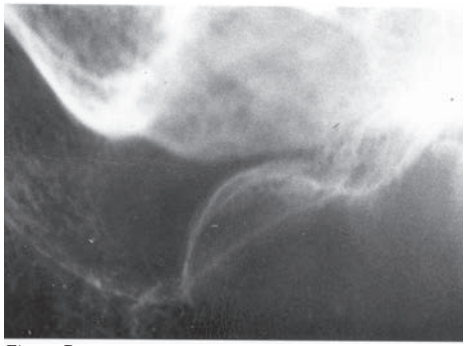

Figure B

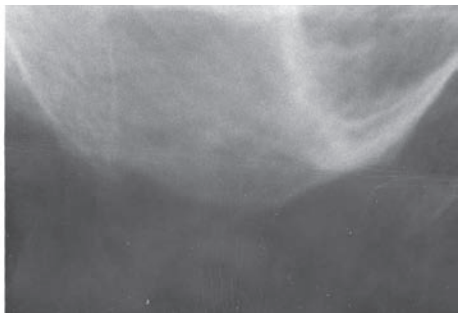

Figure C

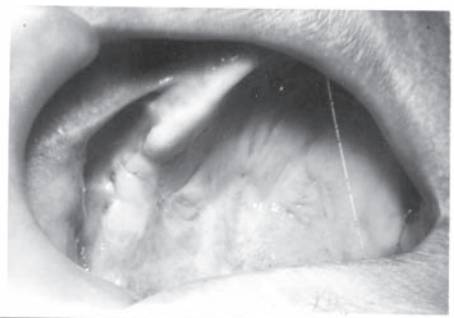

Figure D

LETTERS TO THE EDITOR

Dear Dr. Roadcap,

This letter is regarding the picture of you at the Mission of Mercy in the October-December 2013 issue of the Virginia Dental Journal. I hope that you take care of that growth on your neck.(My attempt at humor) For many reasons, masks belong either in the box, fully on the face, or in the trash. There should not be any intermediate stops on the neck. I see this all too often, and it is a bad habit. It seems like a nit-picky statement, but it does impact on infection control. An important leader like you needs to set a positive, rather than a negative example to the membership.

Sincerely,
Dr. Henry Botuck

Dear Dr. Roadcap,

I read Dr. Mitchell Bukzin's letter in the most recent issue of the VDA Journal with considerable interest. After 20 years of carping and complaining (some would use a different word) pretty much by myself about this problem in the NVDS Newsletter only to watch it get progressively worse, it's nice to know that there are still some people in the VDA who recognize our need to do something about it. I suspect that organized dentistry at all three levels is already aware of this situation but they have failed to adequately address it. They have dismissed the problem of overtreatment by attributing it to a few "bad apples" out there without knowing how much of it is going on or how many of these so-called "apples" there really are. Furthermore, they have allowed outside entrepreneurial practice management types to promote their ideas of arbitrary goals or of turning the entire dental team into a sales force for marketing ("we want everyone to be on the same page") without questioning how these concepts might be affecting the profession as a whole. And finally, they have neglected to notice that the public has unfortunately caught on to our thinly veiled sales pitches masquerading as professional judgments and I suspect that this is another of the factors responsible for the lack of growth in dental incomes: People no longer believe us or trust us to put their health care first.

You can set any number of goals for your practice but only one of them can be your first priority: It can either be the dental health and well-being of your patients or it can be the financial health and well-being of your practice, but it can't be both at the same time. You have to choose which of them is more important to you, and if it were an easy choice to make I wouldn't need to write this letter; to re-phrase it slightly: "Which page are you on?"

R. K. Rosenberg, D.D.S.
McLean, VA

The VDA and VADPAC – Turning ADVOCACY into ACTION!

By: Dr. Sam Galstan, VDA Board of Directors

We need you to contribute to VADPAC. If you haven't been living under a rock for the past few years then you know that dentistry is under assault from all directions. The government, insurance companies, the economy, the activist foundations and others are all trying to control the way that dentistry operates. How can I, as a single dentist affect this onslaught of outside intervention and ensure that dentistry continues to be the best that it can be for dentists and our patients, and that as dentists we control our own destiny? The answer is VADPAC! VADPAC already has a well established, well known, well respected and highly effective presence in Virginia. VADPAC is known for getting things done, and will continue to get things done. Through VADPAC, we are able to multiply our effectiveness as individuals many times over.

In Maine, the Maine Dental Association was recently able to defeat legislation allowing midlevel providers to practice dentistry within the state. This legislation was heavily backed by several out of state activist foundations that greatly outnumbered and outspent the MDA. These interests that are trying to control dentistry are very well funded and organized, and they closely watch each of these battles. They are not going away, and will continue to come at dentistry from every angle, so we need to be prepared. If we are not prepared, or if we falter, they will come to rule us. The success in Maine was accomplished through grassroots political advocacy utilizing existing relationships and credibility that resulted in action that was the best outcome for dentistry and patients. Results like this require a pre-existing political infrastructure. We should know this since we have been through several battles in Virginia that required everything that the VDA could deliver. The VDA and VADPAC have a well established network through the VDA, our lobbyists, and our committee that becomes aware of legislation and regulations that have potential to impact dentistry. We react quickly to this, helping to ensure that there are no surprises and no unexpected unfavorable outcomes. Dentistry has been a great profession for dentists in Virginia, and we need to make sure that this continues in the future. Recent political accomplishments in Virginia that greatly affect all dentists in Virginia have included:

- Assignment of benefits
- Improvement of Medicaid to become a nationwide success story
- Definition of dentistry
- Non-covered services
- Elimination of the red flag rules (by the ADA)
- Numerous legislative and regulatory changes

Some of these successes took years to accomplish, others were the results of several intense months. Whatever the length of time, for this advocacy to be effective we need to continue to make contributions so that we ensure that we have continued access. It is also imperative that we have member dentists who have good relationships with their legislators and have open lines of communications with them. Access to these decision makers, policy makers and government officials is critical. They trust the VDA and our work, and trust the opinions and advice that we give them. As our lobbyist Chuck Duvall says: "Nothing tastes as good as home cooking!" meaning all politics starts locally. VADPAC helps with this through our political contributions, which ensures that we maintain access with the necessary individuals. The second important part is that local dentists maintain strong contacts with their local elected officials. Politics is not a static game, but is totally fluid and evolving. Virginia's House of Delegates and State Senate have nearly a third new members, and we need to continue to reach out and work with them and establish successful working relationships, and to nurture our existing relationships, so our work is never done! Politics is expensive. House members run for election every two years, and Senate members run every four years, so they are always campaigning, and always fund raising. These Delegates and Senators know who has a strong track record and who has helped them in the past, and who is credible. This is where the VDA and VADPAC step in, as well as the personal relationships with individual local dentists. The VDA is known throughout the state and the nation as doing what is best for all Virginians, through our MOM, DDS and GKAS programs, so continue to publicize, invite and inform your local elected officials about these events. Don't just call them when we need something, reach out and let them know about all of the VDA's good work and events. It is a no-brainer for a politician to support the VDA giving free dental care to those who have no access to care. Don't be humble, take some pictures and invite your politicians. I promise you it is a win-win situation.

This outside interference in our profession will only continue to increase in the future, which raises the importance of dentistry's response. You can give at your present rate, or move up to the next higher giving level. I know that many of you might think that you already give enough, but just think what dentistry will look like if we are conquered and controlled by non-dentists? I don't want to be a part of that profession, so let's stand up and fight. United we stand, divided we fall! Let's stand together with VADPAC and protect our great profession, SO STEP UP AND CONTRIBUTE To VADPAC. The future is now!

2014 General Assembly Session Preview

By: Chuck Duvall and Tripp Perrin

Dr. Terry Dickinson, Laura Givens and members of the VDA lobbying team continued a tradition on November 11th when they met with students at the VCU School of Dentistry. For the past several years, the VDA and the dental school have partnered for an annual lunch and briefing about Virginia politics, the political process as it plays out in the General Assembly and VADPAC's role in preserving the profession's independence. A principal objective of these briefings has been to impress upon future dentists the necessity of their personal political action in order to protect their patients' interests and insure that dentists, not insurance companies or others, control the future of their profession.

The Political Climate around the Commonwealth

Political action should also be on the minds of all of our Journal subscribers as well: As you read this edition of the Journal, the 2014 General Assembly will be in full swing. This year's session began on January 8th and is scheduled to adjourn March 8th after November election results that were much closer than anyone, including Republicans, thought they would be. Democrat Terry McAuliffe squeaked out a 2.5% win over Republican Attorney General Ken Cuccinelli in what will go down as the most expensive and divisive Governor's race in the Commonwealth's history.

In our opinion, the other big winner of election night was Speaker Bill Howell and the Republican Caucus in the House of Delegates – the caucus lost a net of only 1 seat. This is remarkable given the money spent against them and the changing demographics. The Republicans still have a veto proof 67-33 headcount. The Speaker has his work cut out for him with nearly 1/3 of the body with 2 years or less experience and 5 vacant committee chairs, including that of the all-powerful Appropriations Committee. With two sitting state Senators winning statewide office, control of that body at this writing is still up in the air; ultimately to be determined by a number of factors, including the outcome of special elections and various timing issues related to when these elections are held, etc.

Given his narrow margin of victory, Governor-elect McAuliffe seems to have gotten the message that he must govern with a spirit of bipartisanship and a willingness to compromise with Republicans. His transition team and possible nominees to Cabinet posts have among them many prominent Republicans. The beginning days of the General Assembly should be telling in terms of how long the effort at bipartisanship lasts inside McAuliffe's own party. Democrats are expecting the fruits of victory, both in politics and policy, while the Speaker and his caucus are angry with Democrats whose contributions fueled several very negative campaigns against House Republicans thought to be vulnerable this year. McAuliffe will need to rely heavily on his strong relationship with the business community while trying to heal those wounds and deliver on his promise of economic development and even more aggressive pro-business policies than those of the departing Bob McDonnell.

Outlook for 2014 in the Halls of the Capitol

Medicaid Deferred Compensation. As a result of a proposal coming from the Access to Care Task Force, the VDA is introducing legislation that will allow dentists taking Medicaid payments to defer their current compensation into the state's retirement system for withdrawal upon their retirement.

Virginia Department of Health Dental Services. We will continue to react to the legislation that converts the Health Department's dental services program into a preventative care model as opposed to a treatment model. We will be working to ensure that dental funds are not used for other purposes within the Department and instead fully deployed to help patients who most need the care.

Medicaid Expansion

As it did in 2013, Medicaid expansion will take up a great deal of the oxygen at this year's session. Virginia has not agreed to Medicaid expansion pending reforms of the current system. At this writing, our goal will be to monitor reform efforts to make certain that the Commonwealth's dental Medicaid program (which is working very effectively) is not disturbed.

Governor-elect McAuliffe, meanwhile, has vowed to veto any budget that does not include Medicaid expansion. For their part, House Republicans are firmly against such a notion. McAuliffe has been pressing the state's business community to pressure conservatives using the argument that expanding Medicaid is good business so long as there are reforms. Crafting a compromise for Medicaid expansion will be a difficult order, and the issue has the potential to be explosive and divisive during the entire session. Again, the VDA's goal must be to ensure that Virginia's Smiles for Children's program remains intact and a model for much of the country.

Other

It is also possible that legislation may be introduced to expand Medicaid payments to pregnant women. Additionally, we will watch any legislation that might emerge from a recently completed Joint Commission on Healthcare study on Untreated Dental Disease. The VDA suggested changes to a policy option developed by Commission staff involved with the study. Our readers interested in more information about this study can visit the VDA's website at https://vadental.org/pro/jchc-report.

Virginia Dental Political Action Committee (VADPAC) Final Contributions for 2013

Component	% of Members Contributing to Date	2013 VADPAC Goal	Amount Contributed to Date	Per Capita Contribution	% of Goal Achieved
1 (Tidewater)	35%	$45,500	**$41,198**	$270	90.5%
2 (Peninsula)	**40%**	**$26,500**	**$31,677**	**$279**	**119.5%**
3 (Southside)	**50%**	**$13,000**	**$15,316**	**$230**	**117.8%**
4 (Richmond)	**40%**	**$66,000**	**$75,130**	**$271**	**113.8%**
5 (Piedmont)	35%	$31,000	**$23,057**	$242	74.3%
6 (Southwest VA)	**45%**	**$25,250**	**$28,702**	**$277**	**113.6%**
7 (Shenandoah Valley)	**35%**	**$30,000**	**$30,721**	**$277**	**102.4%**
8 (Northern VA)	35%	$135,000	**$130,764**	$291	96.8%
Other Contributions			**$500**		
TOTAL	**40%**	**$372,250**	**$377,065**	**$267**	**101.3%**

Total Contributions: $377,065

2013 Goal: $372,250

SURPASSED THE GOAL by $4,815

Thank you to all 2013 Contributors! VADPAC continues to be one of the top performing state PACs in Virginia. This is very impressive and we hope to continue this trend in 2014. That will only be possible if all of you continue to contribute and encourage your colleagues to contribute. We challenge all of you to increase your level of giving in 2014 so that we can reach an even higher goal.

Campaign funding is an essential ingredient in achieving political success for your patients and for the profession of dentistry. If you haven't already contributed for the 2014 year, please make your contribution today! You can contribute when paying your VDA dues or pay online at http://www.vadental.org/pro/vadpac. If you have questions regarding VADPAC, please contact Laura Givens at givens@vadental.org or 804-523-2185.

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2014 NCDS ANNUAL SESSION

MAY 15-18, 2014
MYRTLE BEACH, SOUTH CAROLINA


Informative Talks


Who's Behind those Foster Grants?


Fellowship with Friends

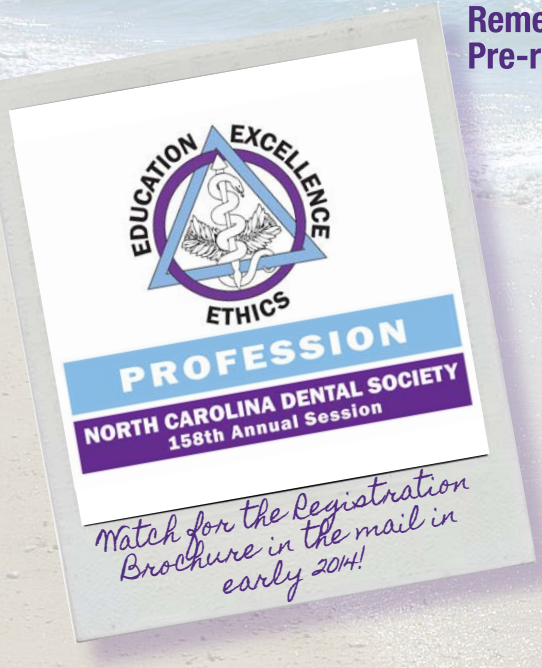

Show a little leg...


Shag the Night Away


Friday Beach Party with The Wallers


Family Fun at the Beach


Embassy Suites @ Night



Watch for the Registration Brochure in the mail in early 2014!

Remember CPR is available every day of the meeting.
Pre-registration is required due to limited number of participants.

Scan Here for the Latest Updates

Thursday, May 15:
Dr. Harald Heymann
Dr. Marc Gottlieb
Dr. David Ahearn (Friday also!)
Dr. Angela Broome
Dr. John Ludlow
Dr. Don Tyndall
David Meinz
Karen Gregory (Friday also!)
Bank of America Practice Solutions special program

Friday, May 16:
Dr. Kenneth Hargreaves
Dr. Jeff Okeson
Steven J. Anderson
Kelli Swanson-Jaecks (Saturday also with her spouse!)
Dr. Suzette Stines

Saturday, May 17:
Dr. George Bambara
Dr. Edward Pavlik
Dr. Randy Huffines
Cain Watters & Associates


Social Events available as well as Clinical Sessions!


Floating on the Lazy River


Myrtle Beach!

Other Special Events of Interest:
- Awards Luncheon—Thursday
- Opening Reception for Exhibit Hall on Thursday
- Friday Beach Party featuring the Wallers!
- New kids' event for ages 5– 12: Einsteinz Lab, Saturday afternoon
- By popular demand—the Wine Reception returns on Saturday afternoon
- House of Delegates—we need your help.
- Devotional Program—Sunday before you travel
- AND MUCH MORE!

For Hotel Reservations:

1. Call the Embassy Suites at Kingston Plantation, 800-876-0010 and use code "NCD" to receive the group discounted rate.

2. OTHER ACCOMMODATIONS (Mention NCDS Block for special rates): Hilton North Myrtle Beach, next to Kingston Plantation, 843-449-5000

VDA Fundraisers

Delegate Terry Kilgore in Abingdon

Dr. Todd Pillion hosted a fundraising event in honor of Delegate Terry Kilgore at his home in Abingdon on September 5. Delegate Kilgore represents the 1st District in the House of Delegates, providing outstanding constituent services for the citizens in Norton and the counties of Lee, Scott and Wise. He is chairman of the House Commerce & Labor Committee, which helps shape many of the laws affecting the insurance and utility industries.

Senator Ryan McDougle in Hanover

The VDA hosted a fundraising event on September 11 in honor of Senator Ryan McDougle at the historic Hanover Tavern in Hanover. McDougle, who represents the 4th Senate District, serves as a key member of the Senate Finance Committee (including its Health & Human Resources subcommittee) and is the Republican Caucus Chair. In fact, prior to the 2013 General Assembly adjourning in late February, he was a critical voice in ensuring that money was available to continue the Virginia Department of Health's public dentistry program. VDA members from his district and around the Richmond area attended the event to show their support for Senator McDougle.

Senator Tommy Norment in Williamsburg

On September 12, Dr. N. Ray Lee hosted a VDA fundraising event at his Williamsburg home in honor of Senator Tommy Norment. Senator Norment is the Republican Senate Floor Leader and represents the 3rd Senate District. As a key member of the Senate Finance Committee, Senator Norment has always had the best interests of dentistry and our patients in mind while helping to craft the Commonwealth's biennial budget. VDA members and friends were able to thank Senator Norment for his good work once again during this event.

Delegate Steve Landes in Staunton

Dr. Sandra Catchings and Dr. H. "Brad" Bradford, II hosted Delegate Steve Landes and a group of VDA member dentists and guests at their home in Staunton for a fundraiser on September 26. Delegate Landes represents the 25th House District and serves as a budget conferee as part of his duties as a member of the powerful Appropriations Committee. The fundraiser gave VDA members an opportunity to show their appreciation for Delegate Landes' hard work on behalf of dentistry, our patients and the citizens of his district.

Delegate Tim Hugo in Centreville

VDA members and guests gathered to show support for Delegate Tim Hugo on October 9. The fundraiser was hosted by VADPAC chairman, Dr. Bruce Hutchison and his wife Nancy, at their home in Centreville. Delegate Hugo represents the 40th House District and serves on the House Finance Committee and is House Republican Caucus Chair. He is a strong supporter of dentistry and the VDA was delighted to express its appreciation during this event.

The VDA would like to thank all members and their guests for participating in the many fundraisers that were held in 2013. Following is a list to acknowledge the members who made contributions and/or attended at least one of the 2013 VADPAC Challenge fundraisers. We appreciate your support!

Thank You To Our 2013 VADPAC Fundraiser Attendees.

Your Support Makes A Difference!

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Dr. Tyson Anderson
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Transforming the Uncomfortable Zone into the Miracle Zone

By: Dr. James Schroeder

I used to identify certain challenges as the Uncomfortable Zones, until several years ago when I was launched fully into this zone in my personal and professional life. After a failed back surgery confined me to a total body cast that prohibited movement for nearly six months, I was confronted with many challenging decisions. I had not planned on retiring from my group dental practice of over 30 years, but when my only other choice was to risk paralysis from attempting such a physically demanding job, I had to leave that comfort zone that I knew so well.

After the advice of my family, medical professionals and with much prayer, I chose to enter what I now refer to as the Miracle Zone.

Not all Miracle Zones have such demanding and life changing circumstances; however, for all of us, it is an area that moves us out of our standard, comfortable area of operation into great unknowns that require growth. During my period of recovery I immersed myself in reading many inspirational books reaffirming the tremendous resiliency and capacity of the human spirit to recover from disappointment and tragedy. I also examined what I might pursue that might build on the tremendous meaningful purpose I enjoyed in my dental practice. I now recognize that although the comfort zone is worshipped and becomes the target or goal, it limits our development and ability to discover new horizons. It required a new set of glasses that looked forward to opportunities rather than looking at life through the rear view mirror.

Transitioning into a new chapter of life for me was forced by a physical condition, but that difficulty opened up a whole new chapter and growth in teaching, life coaching and leadership development in healthcare, education and non-profit fields. As I encounter many offices, I hear far too often" I don't know if I can do this for another 10 years." The skill set and decision making process required for a dental practice has grown in complexity in the past 10 years yet our own understanding of these dynamic changes has often not kept pace.

As the health care industry including our dental profession faces many changes, now is not the time to focus on being comfortable as the major criteria for making a decision to change. Rarely can you bring an organization to consider change unless they are experiencing some turbulence. Our failure to address or even recognize turbulence in our business because it is uncomfortable can have a serious impact on our growth and ability to remain on the competitive edge with a vibrant practice.

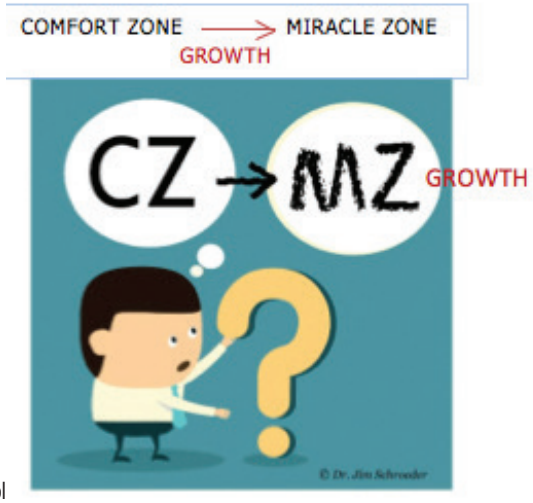
As I look forward to 2014, I appreciate the tremendous amount of growth that has occurred due to being thrust into the Miracle Zone. My current life of consulting in the medical, dental, and educational fields while teaching at the dental school has provided greater opportunity to impact others and guide them into their own Miracle Zones. As I instruct students in certain clinical procedures, they often use the phrase, "I am uncomfortable doing that, Dr. Schroeder." Further instruction and guidance allows the student to conquer that skill, and soon it's incorporated into their comfort zone. At this point, growth has occurred. Regardless of our age and stage of our career, developing a process that illuminates a challenge and reveals the tools and expertise required to make an informed decision is critical. Without this skill set we often remain stuck with the thought "I am not comfortable making a decision to move forward".

Recently, I coached a high school principal that faced a conflict with a group of parents. He was uncomfortable stepping into what he saw as their arena "chaos" in order to address a challenging issue. Our natural tendency is often to avoid such issues and hope they will go away. In this circumstance, the principal chose to do the opposite; he looked at the circumstance with a different set of glasses – the perspective of the parents – and he entered the arena of "chaos" with vulnerability and transparency to collaborate toward a common solution, as opposed to acting in a defensive manner. The conflict could not have been resolved otherwise, and now, not only can he and the parents move forward, but he has added a new means of problem solving to his comfort zone, which he will use again for greater leadership in his role.

As we move forward in our dental practices in 2014, we will face many challenges that come with ownership. In order to overcome them, we must be willing to step into the" Miracle Zone" and put on a different set of glasses in order to discover new knowledge and insights that your comfort zone does not offer.

What are some specific Miracle Zones that can impact performance and satisfaction in your office? Perhaps developing a new skill set such as Invisalign®, sleep apnea, placement of implants, bone grafting, periodontal therapies, and the incorporation of new technologies.

You may be facing the need to develop the infrastructure of your practice and your leadership



management in order to support growth and greater profit. It might be time to enlist a new associate or have an existing one depart. Your practice might not have created a new vision or growth plan in years, and you've realized it's time to do so. While these changes often create turbulence and this leap might be something you would rather avoid, the other side may reap the tremendous satisfaction, growth, and profitability that you have been looking for and unable to find in your current state of operation. Please know any steps into the miracle zone have a ripple effect on those around you and may be met with resistance. Develop a process to navigate this journey.

Stepping into the Miracle Zone is easier for some than others. But it often has associated risks and costs they must be weighed with the potential benefits and satisfaction that come with growth. This is a good time of year to ask the questions: What do I want different in my practice? Where do I want it to be in December 2014? What are the skills and expertise that I need to seek to move forward in the changing profession around me? Am I willing to have these honest conversations and gather the necessary information to make an objective decision based on facts and not simply my feelings from living in the comfortable zone?"

Enjoy the amazing growth that comes with stepping into the Miracle Zone!

Which Brokerage Firm is Truly Looking Out for YOUR Interests When Selling Your Practice?

Dual-Representation Brokerage Firms?

Dental Supply Companies Who Also Act As Brokers?

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Is it a dual-rep brokerage firm? ***NO*** You cannot serve two masters. Dual-rep firms charge buyers hefty fees, and as a result, their strategies usually negatively affect the final selling price and/or terms the owners agree to when selling. In addition, if a buyer has to choose between two similar practices- where one requires a substantial fee to a dual-rep firm, and the other does not- which practice and brokerage firm will they choose?

Is it the equipment/supply companies who are also brokering practices? ***NO*** In most cases, the owner is selling and retiring. The supply companies want to please the buyer in order to gain or retain their business post-closing. Whatever the terms, their priority is to get the deal done in order to pick up the buyer as a new client, at whatever cost to the seller.

Is it your accounting firm that also owns a practice brokerage company? ***NO*** This could be the biggest conflict of interest that exists. Sellers look to their accountants for advice asking, "Is the price or tax structure acceptable?" Will the accountant advise their client against a "bad" deal if a large commission is on the line to their firm, or to a brokerage company they are partners with or are profiting from?

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PathologyPuzzler

with Dr. John Svirsky

A 61 year old white male presented to his local dentist for lesions of his mouth, localized to the palate, of one day duration (figures 1-3). The patient's past medical history was uneventful and not related to his present oral condition. He is a 40 pack year smoker and continues to smoke. The lesions were painful, interfered with eating and sleeping and were located only on the maxilla. He had never had anything like this before. Which of the following should be included in your differential diagnosis?

- Aphthous ulceration
- Benign mucous membrane pemphigoid (BMMP)
- Contact stomatitis
- Erythema multiforme (EM)
- Lichen planus (LP)
- Primary herpes
- Squamous cell carcinoma

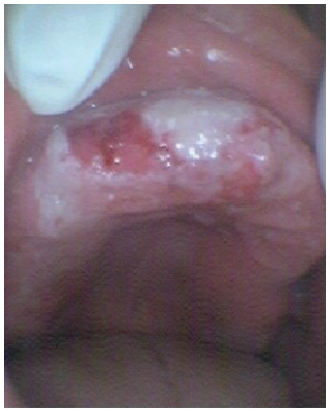


Figure 1

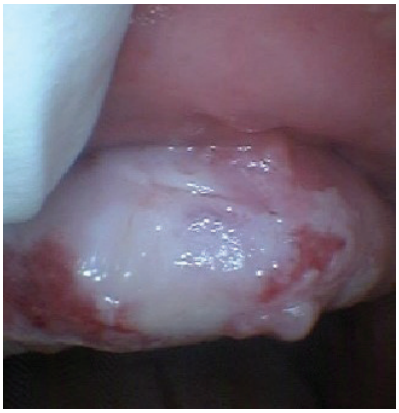


Figure 2

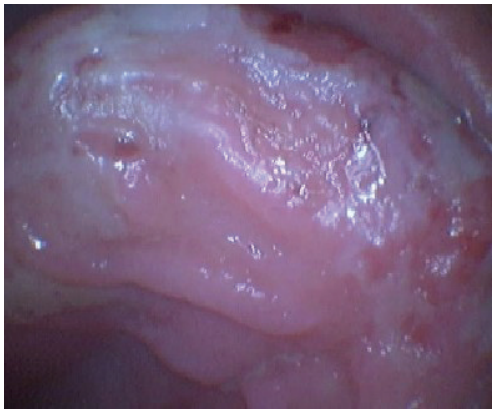


Figure 3

Continued on page 22

PathologyPuzzler

with Dr. John Svirsky

Continued from page 21

Based on the clinical appearance and explosive onset (1 day duration), I would include contact stomatitis and erythema multiforme as the most likely candidates. EM might have occurred previously with an outbreak of oral ulcerative lesions and "targetoid" or bull's-eye" skin lesions. The lesions probably would not be localized to the palate and skin lesions are typically present.

Aphthous stomatitis would have the clinical presentation of small (up to 1 cm) ulcerations with a red halo surrounding the ulceration. The lesion would be not be found on tissue bound down to periosteum and not present as confluent lesions of the palate. Additionally aphthous stomatitis has a recurrent history and the patient has no history of previous lesions.

Benign mucous membrane pemphigoid (BMMP) would occur in this age group, more commonly in women. The lesions usually exhibit a positive Nikolsky sign (rubbing or blowing air on affected tissue causes it to separate). The lesions of BMMP typically have only moderate sensitivity and the patients will mention bleeding from the lesions. The one thing that can be found in BMMP is large areas of ulceration when the bullae break which could show the appearance of these lesions. BMMP does not usually show up quickly like in this case.

Lichen planus occurs in this age group but the appearance and location are not consistent with the disease. The lesions typically are lacy with areas of ulceration if painful. The more common locations of LP are the buccal mucosa, tongue and gingiva. Lichen planus is more common in women.

Primary herpes could occur on the palate but would present following a fever and illness prior to other oral lesions. The lesions would normally affect the gingiva (in this case the patient was edentulous). Additionally the lesions would be clusters of small vesicles and not a confluent mass. The age of the patient also makes this unlikely although "diseases do not always read textbooks". Recurrent herpes lesion could appear on the palate but would be clusters of vesicles/erosions and not multiple confluent areas.

Squamous cell carcinoma (SCCa) does not come up quickly or hurt until late in the disease process. Also a SCCa of this size would be irregular, elevated and show a red granular appearance and not be multifocal.

Well, I did withhold some essential information. This patient was seen by a dental office's hygiene department who cleaned his maxillary denture with Premier Cleaning Solution. The patient reported a bitter taste when the denture was returned and a burning sensation when driving home. He presented the next day (figures 1-3) and was given Lidex gel to be placed on the lesions. He was seen two weeks later with complete resolution of the disease (figure 4). In the interim he reported lots of tissue sloughing under the denture. This was a contact stomatitis from the sulfamic acid in the cleaning solution.

This case was submitted by Dr. Laura Tolusso Garden, who is a general dentist in practice in Midlothian, Virginia.

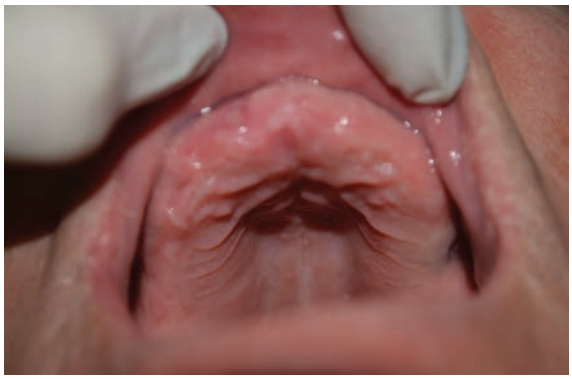


Figure 4

A Comprehensive Treatment Evaluation Protocol Utilizing a Customized PowerPoint Template for Esthetic Planning

James B. Wooddell, DDS & Joseph C. Passaro, DDS

Treatment planning comprehensive dentistry is a challenge for many dentists. The process is often mired in multiple consultations and opinions that often result in no clear idea of what the treatment path should be, and often without any clear concept of the final outcome. An even greater obstacle can be learning the communication skills necessary to efficiently and effectively relate the comprehensive treatment needs of the patient in such a manner which is clear, easy to understand and results in increased patient acceptance.

It is imperative that the dentist have a treatment planning system in place that consistently enables him to make a complete assessment and diagnosis for the patient, develop a vision of what the completed treatment should look like and be able to communicate these findings clearly to both the patient and other members of the treatment team. To this end, **STEP**™ - **Systematic Treatment Evaluation Protocol** - has been developed and used routinely in our practice for the last 10 years. **STEP**™ is a system by which the dentist follows a definitive sequence to completely assess the patient's dental health, upon which a comprehensive diagnosis is made. An esthetic "idea" of desired treatment outcomes is created by analyzing dentofacial photographs using a customized PowerPoint template. Treatment modalities and options are determined from this analysis. These options are then presented to the patient in a customized PowerPoint presentation that is logical and easy to understand. Patients therefore can clearly visualize their treatment choices with greater understanding, and as a result are more likely to accept the comprehensive plan that best fits their needs.

STEP™ consists of 5 distinct sequential "STEPS" that build upon each other which allows for an efficient and predictable process to assess, diagnose, analyze, communicate and implement the comprehensive dental needs for any patient (Fig. 1).

STEP 1- Assess - is the thorough assessment of the patient that gathers all necessary personal information, medical and dental history and study of their current physical condition associated with the case. This would include complete evaluation of the biologic, structural, functional and esthetic components of the patient's complete dental health. All necessary imaging, charting, properly mounted study casts on a semi-adjustable articulator and digital photographs for successful study of the case would be acquired (Fig. 2).

STEP 2 - Diagnose - ensures that a comprehensive diagnosis is made **(STEP 2.1)** and risk assessment **(STEP 2.2)** is determined for each of the four diag-

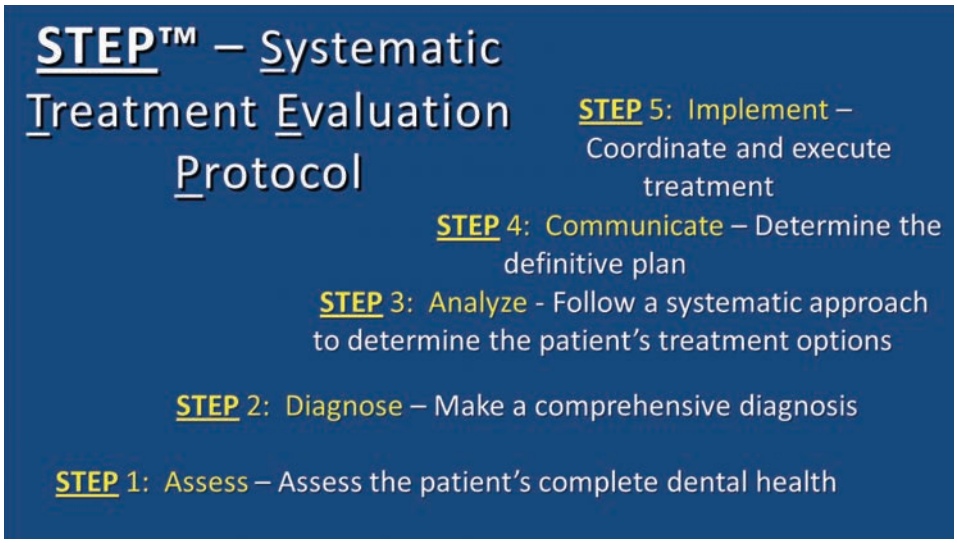
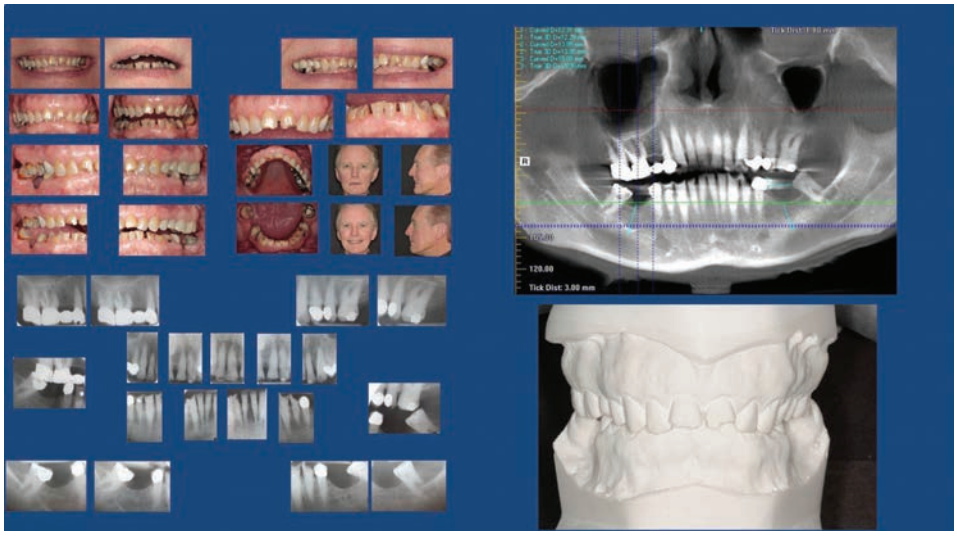


Figure 1



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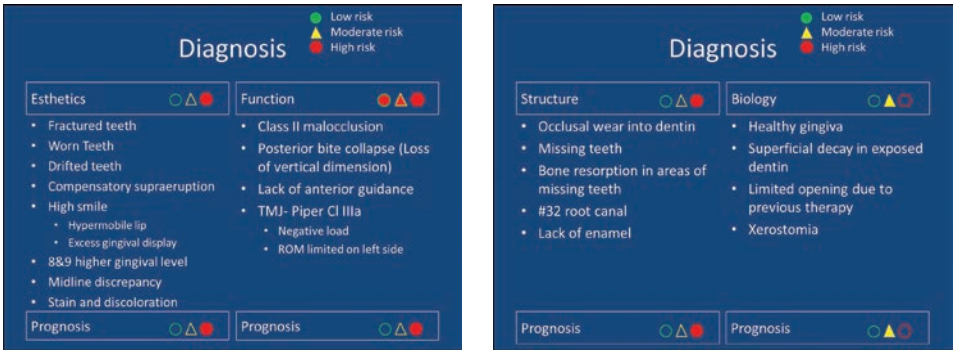


Figure 3

nostic categories- Esthetics, Function, Structure and Biology. Each patient must be allowed to know all the issues affecting their oral health. They must also be made fully aware of the degree of risk each issue poses to their oral and overall health (Fig 3).

STEP 3 - Analyze -utilizes the diagnostic information gathered in STEP 2 to identify the current conditions and compare them to the ideal condition for that patient. There are three distinct subsets that are followed sequentially:

STEP 3.1- Esthetics is the first subset, and is perhaps the most unique, enlightening and useful aspects of **STEP.** This is where the appearance of the facial and dental traits of the patient are analyzed to create a two-dimensional digital **I**dealized **D**entofacial **E**sthetic **A**nalysis (IDEA™). The **IDEA** is developed by inserting the photographs that were taken in **STEP 1** into a PowerPoint presentation (Fig. 4).

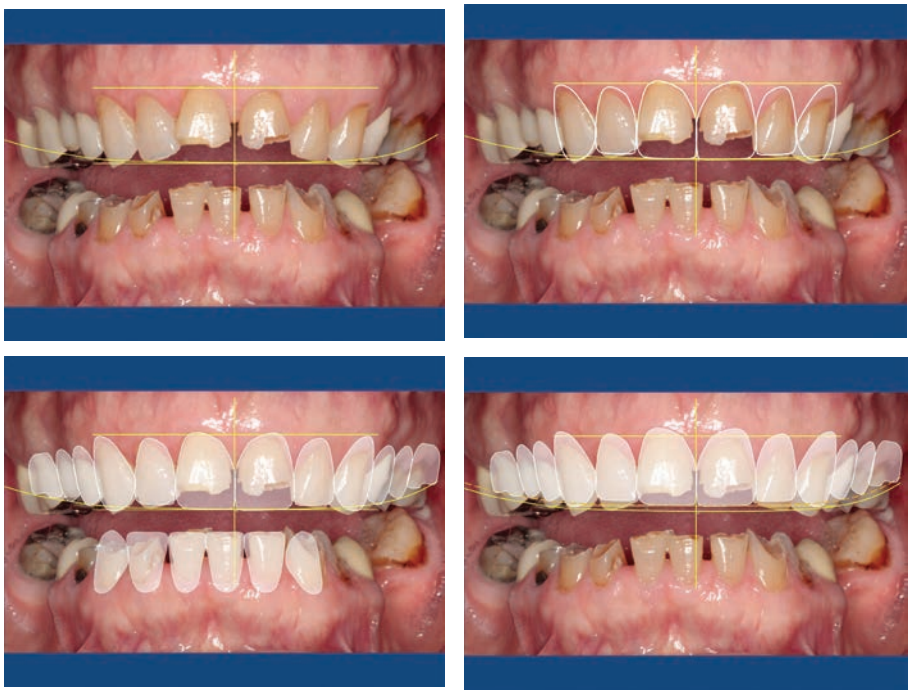


Figure 4

STEP 3.2 - Function then converts the two-dimensional digital IDEA – the "blueprint" - into three dimensions - the diagnostic wax-up - by applying occlusal principles to the case (Fig. 5). Using the **IDEA** as a guideline, the dentist can then study how to alter the models, which are mounted on a semi-adjustable articulator, into an acceptable occlusion that fits within the desired aesthetic contours determined by the digital **IDEA**. This is where the anticipated 'form' of the teeth now blends with their anticipated 'function'.

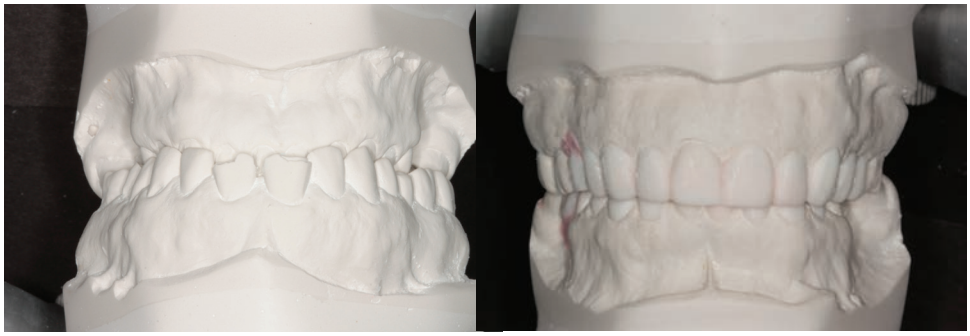
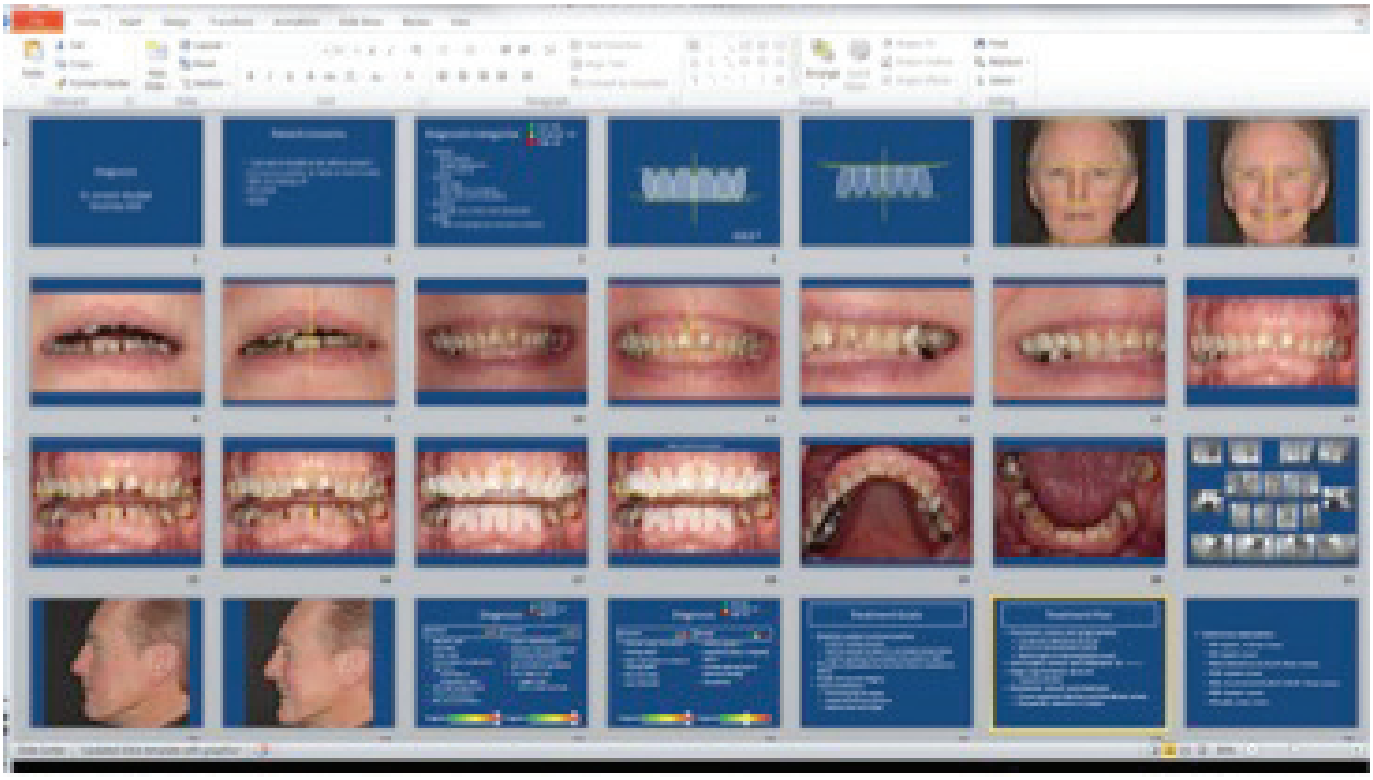


Figure 5

STEP 4 - Communicate utilizes the same PowerPoint on which the IDEA was formulated to create



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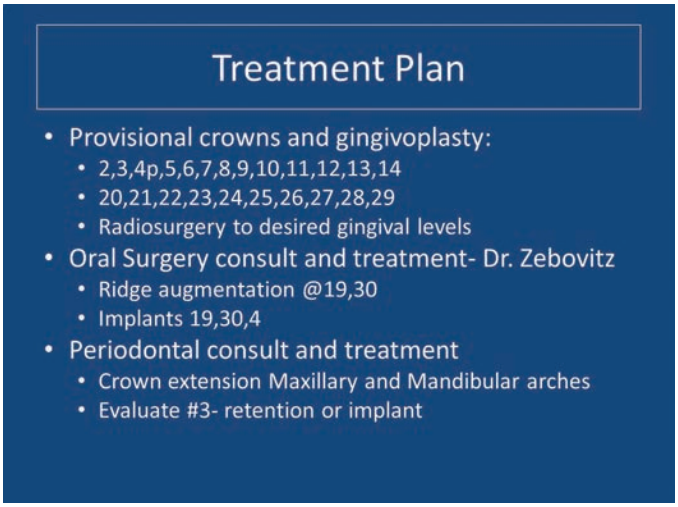


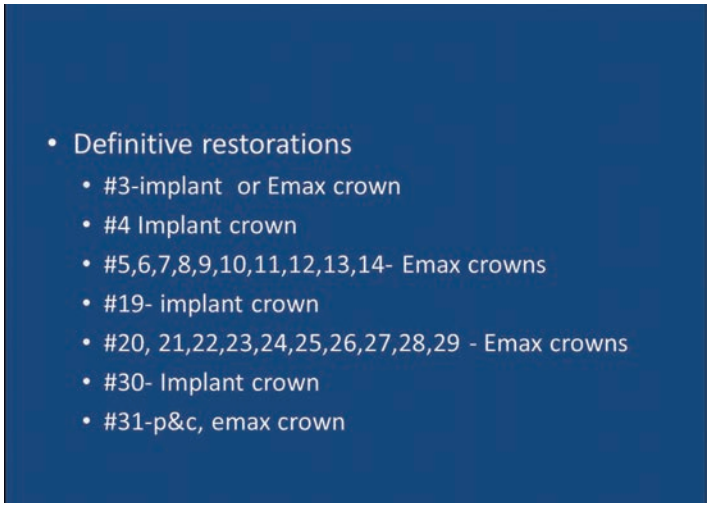


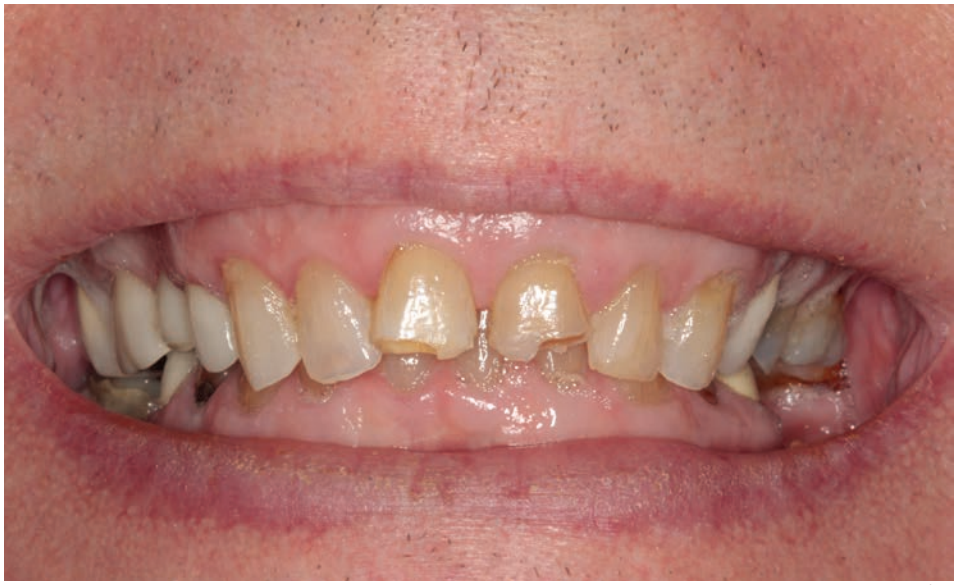
Figure 7

a powerful communication tool that presents the patient's problems and solutions in a logical and easy to understand VISUAL presentation. Many dentists try to communicate recommended dental treatment orally or having the patient hold a hand mirror to try to have the patient see the problem and use terminology patients do not understand. As a result, patients are often confused and therefore do not accept treatment (Fig. 6).

STEP 5 - Implementation deals with the sequencing and execution of the treatment plan. The restorative dentist assembles the treatment team of specialists, laboratory technicians and staff members and shares the treatment plan that has been agreed upon with the patient. The **IDEA** PowerPoint is utilized as a communication tool so that all members of the interdisciplinary team clearly understand the treatment goals and together have a collaborative responsibility for the case. Together the team identifies the treatment sequence and understands their position in the sequence. As the team leader, the restorative dentist monitors the progress of treatment (Fig. 7).

In conclusion, utilizing the **STEP** sequence is an efficient and logical approach to diagnosis and treatment planning that quickly enables the dentist to thoroughly understand the particular diagnostic issues of the patient and, using the digital **IDEA** template, formulate the treatment options available to the patient. The PowerPoint presentation allows the esthetic, functional, structural and biologic issues of the patient to be logically laid out in a visual format that is easy for the patient to understand. As a result, the patient more readily understands and owns their own dental problems and is more readily open to the proposed treatment alternatives and increased case acceptance.

Editor's Note: This article was included as a complement to the authors' course presented at the 2013 Virginia Meeting, and has appeared in other publications. Reprinted with permission.



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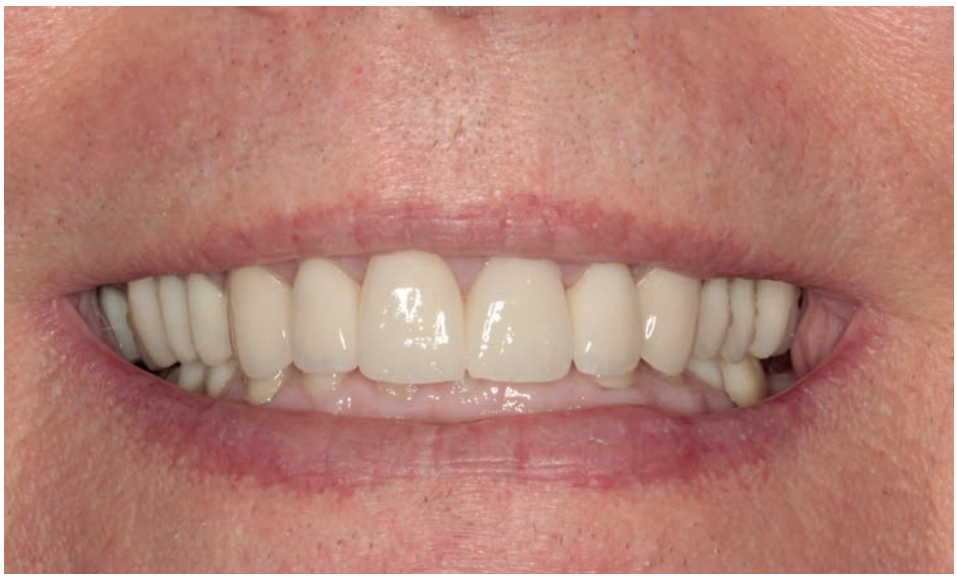

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The Ethics of Infection Control

Tonya A. Parris-Wilkins, DDS, FAAHD
Joseph D. Wilkins, DPT, MSHA

At least once every year, the news media reports on an infection control case that is a perfect storm infused with one of the following elements: a provider willfully unfamiliar with infection control, a systemic sterilization failure absent of checks and balances, and/or a staff whose complacency supersedes morality. While the above statement may sound harsh, imagine the devastation experienced by patients when they are informed that the provider, practice or hospital system that they trusted may have exposed them to a potentially deadly disease.

This year's hallmark case chronicled Dr. Wayne Harrington, an oral surgeon with 35 years of experience and the operator of two practices in the state of Oklahoma. The State Dental Board of Oklahoma launched an investigation against Dr. Harrington after a patient tested positive for HIV and Hepatitis C with no known risk factors except receiving recent dental surgery. During an unannounced visit to the doctor's practice, the board discovered several violations including but not limited to poor sterilization technique. The Oklahoma Department of Public Health recommended that approximately 6,000 patients be tested for infectious diseases due to the deplorable sterilization technique discovered in Dr. Harrington's office. In addition, the department labeled him as a "menace to public health". Dr. Harrington voluntarily relinquished his license to practice dentistry in the state of Oklahoma. In addition, several criminal charges against him are pending. [1,2]

Editor's Note: Dr. Tonya Parris-Wilkins is a member of the Ethics and Judicial Affairs Committee, VDA. Dr. Joseph Wilkins is Assistant CEO, Southside Regional Medical Center.

Other cases which received national attention include:

- March 2011- 535 veterans who received care between January 2002 and July 2010 at the Dayton, Ohio Veterans Administration Medical Center's dental clinic were notified that they needed to be screened for infectious disease due to poor infection control and sterilization techniques. The staff approached hospital administration and complained that a provider was not changing gloves in between patients and instruments were not properly sterilized. It was reported that staff were aware of the issues with infection control for years. Upon testing, it was revealed that seven patients were positive for Hepatitis C and two tested positive for Hepatitis B. Out of these nine patients with positive test results, none of them tested positive prior to receiving treatment at the Dayton Veterans Administration's dental facility. As a result of poor infection control practices, the clinic was closed from August-September 2013. Four employees were transferred from the clinic and the dentist in question voluntarily retired. 3

- July 2012- More than 1800 dental patients at the St. Louis Veterans Administration Medical Center received notification that they may have been exposed to HIV and/or hepatitis due to improper sterilization techniques.4

- Duke University Hospital System in 2005 - In this particular incident, hydraulic fluid was mistakenly used to sterilize instruments used in the operating room during surgeries. In November and December of 2004, roughly 3,800 patients were operated on using instruments sterilized with this fluid. After staff complained that the instruments were "slick" an investigation was launched. It was determined that hydraulic fluid drained from elevator repairs at Durham Regional Hospital and Duke University Medical Center were placed in sterilization fluid bottles. These bottles were improperly tagged and returned to the hospitals which were in turn used on patients. In 2008, the university hospital system reached a $26 million settlement with 127 patients who suffered damages as a result of this systemic sterilization failure.5,6

Why is Infection Control an Ethical Issue?

When the aforementioned Dr. Harrington was questioned about the infection control procedures used by his office, his response was, "[my staff] takes care of that". I don't". However the issue of infection control is ethical and one of personal accountability. As members of the healthcare community, we are responsible for the patients we treat; this includes ensuring they are not exposed to potentially debilitating and/or deadly diseases via improperly sterilized instruments. Nonmaleficence or "do no harm", one of the tenets of medical ethics, also applies to the instruments we use in everyday practice. [7]

The sheer dismissal of infection control as something that our staff "handles" is inappropriate and has grave consequences on the patients we serve, our practices and the profession as a whole. Dentists are accountable for all aspects of care rendered to their patients. This charge undoubtedly extends into the area of infection control. The responsibility of knowing proper infection control practices and directing our personnel to meet the standard is ours. These standards must be met to ensure the safety of our patients and to sustain the respectability and longevity of our profession.

Resources for your practice:

1. Guidelines for Infection Control in Dental Healthcare Settings. MMWR. December 19, 2003. 52 (RR17); 1-61. http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm.
2. The ADA Practical Guide to Effective Infection Control. Available for purchase at www.ada.org.
3. Virginia Department of Health. OSHA Checklist #2/ Dental Practices.
4. http://www.vahealth.org/dental/manual/documents/2008/pdfs/QaForms/QAOSHACheckList.pdf

1 Associated Press. Dentist HIV scare: Inside the Oklahoma dentist's office where dirty instruments, unsanitary practices may have exposed thousands to hepatitis and HIV. NY Daily News. March 29, 2013. http://www.nydailynews.com/life-style/health/oklahoma-dentist-hiv-scare-article-1.1302360

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5 Matthew Burns. Court rules insurer off hook in Duke tainted instruments case. WRAL.com. February 11, 2013. http://www.wral.com/court-rules-insurer-off-hook-in-duke-tainted-instruments-case/12093025/

6 Associated Press. Surgical tools washed in hydraulic fluid. NBCNews.com. June 13, 2005. http://www.nbcnews.com/id/8197203/#.UpuUTfGA34g

7 American Dental Association. Principles, Code of Professional Conduct and Advisory Opinions. Section 2. http://www.ada.org/1379.aspx

Virginia Oral Health Coalition's Virginia Oral Health Summit Addresses the Future of Oral Health Care Delivery

By: Samantha Dorr

Dental providers from across the Commonwealth joined partners in medicine, academia, business, safety net health care and insurance at the 2013 Virginia Oral Health Summit, sponsored in part by the Virginia Dental Association (VDA). The Summit provided attendees an opportunity to hear from state and national experts about the delivery of oral health care in the changing health care landscape, with presentations ranging from dental benefits in the Affordable Care Act to teledentistry and student engagement.

VDA president, Dr. Ted Sherwin, commented on his experience the Summit: "As President, I can tell you that the VDA has a dedicated record of providing access to vulnerable populations through our members' time, talent and treasure. The Summit gave us yet another, unique opportunity to hear from others in our profession and to interact with our partners in medicine, philanthropy and policy. We welcome the continued opportunity to work with all of our partners to provide the highest quality dental services to all Virginians."

During her keynote address, Dr. Marcia Brand, deputy administrator of the Health Resources and Services Administration, spoke of using grassroots efforts as a means to engage oral health advocates in the community and in legislature. She was followed by a dynamic presentation from Dr. Marko Vujicic, managing vice president of the American Dental Association's Health Policy Resource Center, who encouraged providers in the room to emphasize the value of dentistry and seek ways to offer more efficient and coordinated care. Other presentations offered an overview of oral health in the Affordable Care Act and a panel discussion of innovative oral health delivery models, including an affiliated practice dental hygiene model from Arizona. Attendees also participated in an interactive forum where they collaborated with other disciplines to discuss innovative care delivery models. The Summit presentations are available on the Coalition website at www.vaoralhealth.org.

The Virginia Oral Health Coalition serves as the backbone organization for collaborative efforts to increase access to oral health services in the Commonwealth. The Coalition's statewide work complements our partners in direct service healthcare by advancing policy change, raising public awareness and establishing innovative programs that expand the ways in which oral health care is accessed by and delivered to Virginians.

New Program Seeks to Improve Access to Oral Health Care for Developmentally Disabled Adults

By: Samantha Dorr

Research shows adults with intellectual and developmental disabilities experience higher rates of gum disease and untreated tooth decay. In addition, nearly 40 percent of those studied needed some sort of behavioral assistance to undergo a dental procedure. Poor communication, lack of manual dexterity and adverse medication reactions further complicate dental care for this population.

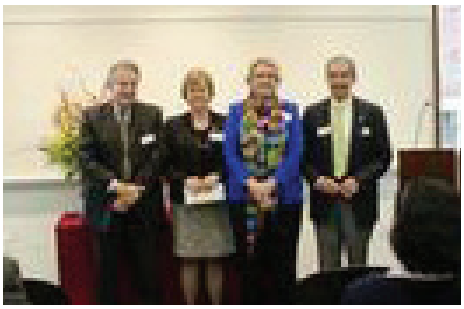
In Virginia, nearly 8,800 adults have developmental and intellectual disabilities. The Virginia Oral Health Coalition is embarking on a program, funded by the Virginia Board for People with Disabilities, to build statewide capacity for and commitment to providing dental health services to this population. The program will center on training courses for general dentists who wish to improve their skills in caring for adults with special health care needs; the courses will also result in firsthand accounts from providers, caregivers and patients about the experience of delivering dental care to the special needs population. Each two-day course will include expert lectures covering an overview of special health care conditions, patient behavioral guidance techniques, oral health assessment and prevention, and oral hygiene considerations for dental providers treating this population, followed by a hands-on clinical session with adult patients who have special health care needs.

The first training course is scheduled for February 7-8, 2014, in Richmond; two repeat courses will be held across Virginia at later dates. Registration for the Richmond course will open soon. If you'd like to directly receive the registration materials via email, please send your name and preferred email address to Katherine Libby at klibby@vaoralhealth.org.

This program is made possible with a grant from the Virginia Board of People with Disabilities and partnerships with the following organizations: Virginia Department of Health: SupportOne, Inc., a residential program for individuals with intellectual disabilities; and, Richmond Residential Services, Inc.

Donated Dental Services
Virginia Dental Association Foundation

Donated Dental Services Program Receives Generous Grant From The Cameron Foundation



Donated Dental Services (DDS) was the recipient of a generous grant award from the Cameron Foundation in the amount of $12,000. This grant will continue the operations of the DDS program in the Cameron Foundation service areas including Petersburg, Colonial Heights, Hopewell and surrounding counties. Those pictured are (L-R), Cleveland A. Wright (Director on the Board of Directors, Chair of the Grants Committee), Barbara Rollins (Director of Logistics, MOM Project, VDAF), Norma Roadcap (Board Member, VDA Foundation), and J. Todd Graham (President, Cameron Foundation). The VDA Foundation wishes to express their sincere appreciation for their support!

The Donated Dental Services (DDS) program wants to hear from you!

In order to fully engage and recognize current and future DDS volunteers we are conducting a survey to help guide program planning. The valuable information received from you will be used to strengthen the DDS program so that it continues to be a rewarding volunteer experience. It only takes a few moments to complete this short (six-questions) anonymous online survey.

Follow this link: https://www.surveygizmo.com/s3/1469114/DDSFeedback

We are excited for the opportunity to hear from current and prospective DDS volunteers. If you have any questions or would like more information about the DDS program or this survey, please contact Jessica Park, DDS Program Manager, at 804-523-2182 or at park@vadental.org . Thanks for your time and we are excited to hear from you!

VDA and VCU Partner On The Homeless Connect MOM Project

By: Erika Schmale, Community Engagement Coordinator, Homeward

Virginia Dental Association and Virginia Commonwealth University Dental School partnered on November 14th to provide free dental exams, cleanings, and extractions for individuals experiencing homelessness. This partnership occurred at the seventh annual Dominion Project Homeless Connect, organized by Homeward, the Greater Richmond region's planning and coordinating agency for homeless services.

This year, Dominion Project Homeless Connect brought together over 30 agencies and 500 volunteers to connect 707 homeless and at risk adults to as many on-site services as possible. In addition to dental services, there were medical, employment, legal, mental health, social service benefits, and even haircuts. Service providers moved their operations to the Greater Richmond Convention Center for the day and volunteers assisted guests in navigating the array of services based upon priorities established by each guest.

Over 100 dental, medical, and pharmaceutical professionals and students volunteered to work in the dental area. Many arrived the day-before to set-up the "pop-up" dentist office on-site and stayed through the event all the way to break down. Because of the support of VDA and VCU, these professionals were able to provide dental exams for 50 guests, completing 84 extractions.

Kelly King Horne, Homeward's Executive Director, believes that "the dental services provided at the event are vitally important to the overall health of our neighbors in crisis. Extraction relieves them from pain, and a dental exam may reveal other health issues that the patient should address. For many of our guests, it is the only opportunity they have in the year to receive free dental care, so many come to the event just to seek dental care, but then connect with other services because they are available on-site."

After the event, one volunteer described her experience with her Project Homeless Connect guest: "[My guest] managed to get a lot of things accomplished: dental check [that] comforted his dental concerns, health check, flu shot, eye check and glasses, apply for his Social Security card, obtain his birth certificate, obtain information on federal supported training, sign up with the VEC, get a warm meal and clothing, and we had great conversation to boot."

The goal for the annual event is to eliminate some of the barriers people experience as they seek to access the services that might help them start the return journey to stable lives. Horne says "Homeward's partnership with VDA and VCU helps us to reach this goal."

Volunteers Honored at 1st Annual MOM Awards Party

By: Beth Vann-Turnbull, Executive Director, VDA Foundation

Bill Hall, pictured at a MOM project in his signature cap and yellow shirt, was the first recipient of the Terry D. Dickinson, DDS Award.

The Missions of Mercy (MOM) program celebrated 13 years of making a difference in the lives of underserved Virginians and recognized some of the outstanding volunteers that helped to make the projects a success during the First Annual MOM Awards Party on September 21, 2013. Chaired by Virginia Dental Association Foundation (VDAF) Board member Dr. Anne Adams, the party featured tents, triage chairs, and a display of MOM t-shirts as part of its décor, creating a casual and fun atmosphere for attendees. Guests also enjoyed a slideshow featuring MOM photos through the years and the premier of a new video shot at the recent Wise MOM project.

To recognize the vision and legacy of Dr. Terry Dickinson, VDA Executive Director and founder of the Mission of Mercy program, the VDAF Board of Directors created the Terry D. Dickinson, DDS Award. This award honors a top volunteer that has made extraordinary contributions to the MOM program. The first annual award was presented to Mr. Bill Hall, along with his wife Donna, for more than a decade of hard work customizing the layout and overseeing the set-up of each MOM project. Other honorees included:

- Dr. Carol Brooks - MOM Hero Award
- Dr. Charles Cuttino for his contributions in Oral Surgery
- Dr. Thomas Cooke for his contributions in Triage
- Mr. Gaines Howell for his contributions in Laboratory Support
- Ms. Debbie Keller and Ms. Gloria Langmeyer for their contributions in Dental Assisting
- Dr. James Lance for his contributions in Endodontics
- Ms. Bonnie Leffingwell for her contributions in Dental Hygiene
- Dr. Karen McAndrew for her contribution in Dentures
- Dr. Darryl Pirok, along with his wife Becky Pirok - King of the Road Award
- Ms. Barbara Rollins for her leadership as the Director of Logistics for MOM
- Dr. Cassidy Turner - MOM Leadership Award
- Dr. Andrew Zimmer - MOM Star Award

All honorees received an engraved award as well as a lapel pin designed especially for the awardees by Dr. Zimmer. While these volunteers made exceptional contributions to the Missions of Mercy projects, the program could not have reached its current level of success without the dedication of literally thousands of volunteers that have shared their time and talents. Many thanks to everyone who has helped MOM make a difference in the lives of over 52,000 adults and children since 2000.

Dominion Foundation Pledges $25,000 to VDAF

On December 19, 2013, Virginia Dental Association Foundation (VDAF) announced that the Dominion Foundation, the charitable arm of Dominion Resources, Inc. has pledged $25,000 to support the efforts of the VDA) to provide free dental services to underserved persons living in rural areas around the State.

"We are pleased to support this very important effort of the Virginia Dental Association Foundation," said Dominion Foundation President Hunter Applewhite. "The Rural Dental Care program has a strong track record of reaching those citizens who need help the most."

The VDAF provides care through various direct service programs, including the Mission of Mercy (MOM) mobile dental projects, Give Kids a Smile!, and Donated Dental Services (DDS). Funding from The Dominion Foundation will primarily support MOM projects held in rural areas in 2014, as well as a limited number of donated dental services for eligible low-income senior citizens and adults with disabilities living in rural parts of the State. The MOM Project, which was founded in Virginia in 2000 by Dr. Terry Dickinson, has now spread to 26 other states. In Virginia alone, the MOM Project has served more than 52,000 patients and provided over $32 million in free dental care.

"We are truly grateful to The Dominion Foundation for this extraordinarily generous donation to our mission. Thousands of Virginians across the Commonwealth suffer from the pain of untreated tooth decay with little or no access to dental care. Along with the Virginia Dental Association, our outstanding volunteers, and the generosity of donors such as Dominion, we are able to care for this population. Dominion's contribution is a reflection of a true community spirit that will enable us to provide critically needed dental services to underserved persons living in rural areas." said Patrick Finnerty, President of the VDAF Board of Directors.

Founded in 1996 as the charitable and outreach arm of the Virginia Dental Association, the VDAF is a 501(c) 3 nonprofit organization whose mission is to provide access to dental care for underserved and underinsured Virginians. For more information about the Virginia Dental Association Foundation and its programs, visit www.vdaf.org.

The Dominion Foundation, the philanthropic arm of Dominion Resources, is dedicated to improving the physical, social and economic well being of the communities served by Dominion companies. Dominion and the Foundation annually award more than $20 million to causes that protect the environment, promote education and help meet basic human needs. For more information about Dominion, one of the nation's largest producers and transporters of energy, visit www.dom.com.

Editor's Note: From a press release

"We are so lucky…": The 2013 Roanoke MOM Project

By: Dr. Will Moore, Associate Editor, Component 5

The Roanoke Civic Center was host to the Virginia Dental Association's Missions of Mercy (MOM) Project on September 13th and 14th. This was the fourth year that the project has come to the valley and this year it took place in the fall rather than spring. With the VDA Annual meeting upcoming the following weekend, 230 dentists volunteered their time amongst the nearly 500 volunteers who came to serve the valley.

"I had just moved to Roanoke to begin my career," remarked Dr. Jason Margolis, a newly minted oral surgeon practicing in Roanoke. "This was a great way to give back to the community and really demonstrate a sense of commitment to my new home."

The project had 5,513 hours of work donated by all its volunteers, an impressive average of 11 hours per patient. Nearly $590,000 in dental services alone was donated over the course of the project. The long days on the hard concrete floor of the civic center was fatiguing, but everybody stayed positive and upbeat.

"It was certainly a long day and I felt tired at the end," commented Dr. Brandon White, a resident at Carillion Clinic's dental program in Roanoke. "There is such an unmet need in this area that you stayed motivated knowing what a big impact this whole project makes."

The project had 696 patients who were seen for 739 patient visits. Procedures included cleanings, restorations, and extractions. Patients also had health screenings from medical professionals and pharmacy staff were also on hand to discuss medications with patients. Dental students from the VCU School of Dentistry were also on hand, providing services ranging from dental care to general volunteering.

While medical, pharmacy and dental professionals worked, the nearly 200 general volunteers worked tirelessly to keep the project moving without a hitch. Megan Runyon, a Roanoke resident, volunteered her time and wound up helping direct patients through the project.

"I have a few friends who were volunteering and I really didn't know what they would have me doing!" said Megan. "I thought it would be a great thing to do for Roanoke."

That was echoed by all the volunteers at the project.

"We are so lucky to live in such a wonderful area," reflected Dr. White, "I couldn't be happier to give my time to help our community

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Who Benefits Most?

By: Dr. Raymond Maddox; Hartford City, Indiana

" I believe that every human mind feels pleasure in doing good to another "

Thomas Jefferson

The struggle to gain acceptance into dental school, the arduous demands of dental education for four or more years with its perfectionism, the challenges of establishing a dental practice post- graduation and finally the ultimate "success" of that established practice are all the steps in the maturation of all dental practitioners. These hurdles contribute to the development of the "dental personality." In assessing the average dentist, you find an individual who serves their communities through clubs such as Kiwanis, Rotary, and Lions, through the Chamber of Commerce, through charitable organizations such as Red Cross and Salvation Army, through churches, synagogues and mosques, or through fund raising events for youth projects and sports. Since dentists are well-educated and organized, they frequently are leaders of these groups and projects, in service to their communities.

The same strengths that are recognized and called upon to lead in each community have helped in the development of the MOM projects that allow the profession to donate their unique talents and skills, honed in dental school and private practice, to those in society who can not help themselves.

Approximately eight years ago, I first caught wind of the concept of MOM charitable dental projects from conversations with dental leaders at an ADA meeting. A colleague from North Carolina sent a DVD of North Carolina's initial MOM project, which was originally designated Dental Access Day. Armed with the DVD, a conversation with the VDA Executive Director, Dr. Terry Dickinson, revealed the logistics necessary to coordinate and accomplish a MOM project. Indiana moved slowly forward on the planning of a charitable event with the Council on Dental Public Health serving as the "core" group to provide guidance.
A resolution to the IDA HOD that called for enactment of a temporary charitable event dental license was the next step. A year and a half ago the IDA BOD established a Charitable Care Committee to initiate any and all formats of charitable care.

This past summer, Dr. Terry Dickinson extended an invitation to observe a MOM event in Grundy, Virginia. The VDA staff communicated the necessary information for planning a visit and reserved a hotel room. One of the steps was to fly to Roanoke, Virginia and rent a car to drive to the site. Flying from Dayton, Ohio to Roanoke by way of Detroit began the circuitous route to Grundy. After landing in Roanoke, a three and one half hour drive into the mountains guided by written directions was rewarded with the arrival in Grundy. One thing was evident: no one accidentally turned off the interstate and stumbled into Grundy. Thus those who participated in the event made a conscious choice to travel there and donate their time and talents.

Just as the strength of the dental association emanates from the "characters" who participate in dental events, the dental students, VCU faculty, GPR residents and their director, the Virginia dentists who gave up time from their practices and a few out of state dentists made up the eclectic group of volunteers. Complementing the group was a nurse whose husband was a dentist, a pharmacist who cares full time for his handicapped son and a dentist who had suffered a disability 20 years ago but still wanted to contribute by fabricating dental appliances. All added to the texture of the group. Other key players were the VDA staff and the Executive Director who organized the event and recorded the results of the weekend.

Dentistry was not the only service provided the community at the Grundy event. Outside of the school, an area was set up for clothing for anyone in need. The Virginia Department of Health administered free vaccinations of flu vaccine or DPT vaccine. Optometrists provided eye exams, while physicians provided physicals. The plethora of healthcare services available at the event helped to draw a large group seeking help.

Starting before dawn and working steadily the entire day, dental professionals performed triage, hygiene services, operative dentistry procedures, limited endodontics, oral surgery and prosthetic appliance fabrication. The "thank you"s, smiles, handshakes and hugs shared by the patients and the persons who improved their dental condition were offerings of sincere appreciation. Though some would view this as patchwork or a partial fix, those that benefitted from the care would disagree. The whole weekend reinforced the feeling that Thomas Jefferson knew more about human nature than any historian has ever credited him. Every human mind does feel the pleasure in doing good to another, even today in Grundy.

(Grundy MOM 2013 provided $436,214 in free dental care to 460 Southwest Virginia area residents.)

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A Program of the Virginia Dental Association

September 17–21, 2014

Photo courtesy of The Homestead Resort, Hot Springs, VA

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Additional Virginia Meeting information on the following pages.

Learn From the Best!

The Virginia Dental Association is proud to host some of today's top dental professionals and course instructors! A small preview of our course offerings is listed below. We hope you and your staff will make plans to benefit from these and the many speakers and topics we have in store!

The Madow Brothers: Dr. Richard Madow and Dr. David Madow

Are You Ready to Love Dentistry, Have Fun, & Prosper?

As the premier educational, motivational, and inspirational speakers and entertainers in dentistry, Dr. Richard Madow and Dr. David Madow present tons of original practice-building ideas that dentists and their teams can bring back to their offices and start implementing right away. It is their goal to not just teach success in dentistry but to inspire every attendee to have their best practice and life ever! Both doctors are graduates of The University of Maryland Dental School, and along with being successful practitioners they have been creating success and fun for dentists and team members for over twenty years!

Dr. Ron Jackson

Contemporary Esthetic Restorative Dentistry Materials and Techniques

Dr. Ron Jackson is a 1972 graduate of West Virginia University School of Dentistry. He has published many articles on esthetic, adhesive dentistry and has lectured extensively across North America and abroad. Dr. Jackson has presented at all the major U.S. scientific conferences as well as to Esthetic Academies in Europe, Asia and South America. He is an Accredited Fellow in the American Academy of Cosmetic Dentistry, a Fellow in the Academy of General Dentistry, a Diplomate in the American Board of Aesthetic Dentistry and is Director of the Mastering Dynamic Adhesion program at the Las Vegas Institute for Advanced Dental Studies. Dr. Jackson practices comprehensive restorative and cosmetic dentistry in Middleburg, Virginia.

Dr. Charles Blair

Focus on Practice Profitability for the Efficient Practice
Stay Out of Jail: Coding and Excellence in Administration

Dr. Charles Blair is dentistry's leading authority on practice profitability, fee analysis, insurance coding strategies and overhead control. He has individually consulted with thousands of practices, helping them identify and implement new strategies for greater productivity and profitability. Dr. Blair's extensive background and expertise makes him uniquely qualified to share his wealth of knowledge with the dental profession. A widely -read and highly-respected author and publisher, Dr. Blair offers two publications, Coding with Confidence and the Insurance Solutions Newsletter. Also through his expertise, he has created the CDT Code Advisor through www.practicebooster.com, which offers practical guidance for the real-world application of CDT Codes. He holds degrees in Accounting, Business Administration, Mathematics and Dental Surgery.

Please visit our website for a listing of all instructors by day.

www.vadental.org/pro

Attendee Adoration

Our attendees have plenty to say about why they LOVE The Virginia Meeting and we want to share their sentiments. What more can we say? Take their advice—you won't want to miss this meeting! Make plans to join us and be part of the experience!

I love to go to the Virginia Meeting and always look forward to it because it is a time to RENEW—a time to renew our professional and personal friendships with colleagues from around the Commonwealth, a time to renew our education with the wonderful courses offered at the meeting, a time to renew our spirits by spending time with friends and family at the beautiful locations and resorts where the meeting is always held.
~ **Dr. Anne Morgan,** VDA Member

Our team is really looking forward to attending this year's VDA meeting for so many reasons! First, there is always so much to learn! There is something for everyone – from Dr. Willhide, to our hygienist, our assistants, office staff and marketing and social media! We also look forward to the opportunity to spend real quality bonding and team-building time together in a beautiful place, with a shared experience that is both relaxing and re-energizing! The collection of memories that we take home with us are always good ones that we reminisce about fondly for years!"
~**Kimberleigh Murray** (Member of VDA Member Dr. John Willhide's dental team)

I have been to the Virginia meeting many times over the years. My earliest memories are of going to the Cavalier at Virginia Beach. While I went to CE to get better at my "day job" the family was able to be close by and having lots of fun. The fellowship was always the best part. This meeting was where I got to know Dr Steve Bissell. I later became a delegate and have attended meetings all over the state. I will admit I have not liked the division of meetings into business and social. Now with my son, a dentist, and me as a delegate we are back all together for the fun facts, frivolity, and fellowship.
~**Dr. David Ellis**, VDA Member

I always enjoy going to the Virginia Dental Association annual meeting because I run into old classmates of mine, and we can catch up and reminisce. I also learn a lot at the continuing education programs that I can bring back and put into practice on Monday morning. Finally, I am usually a delegate for my component and vote on important matters for our dental society. All in all, it's a great weekend!
~**Dr. Elizabeth Shaeffer**, VDA Member

How could you not love a meeting that gives you and your staff a few days to get away from the office and "recharge" our attitudes to return? We have alway enjoyed the renewed friendships, CE classes, vendor showplace and the well organized, yet still relaxed atmosphere of the Virginia Meeting. We cannot wait for this year's meeting and have already started deciding what courses and spa treatments we want!
~**Dr. Vicki Tibbs**, VDA Member

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Sam Snead's Tavern

Photos courtesy of The Homestead Resort, Hot Springs, VA

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Saturday, September 20, 2014

In Memory of Dr. Donald Martin

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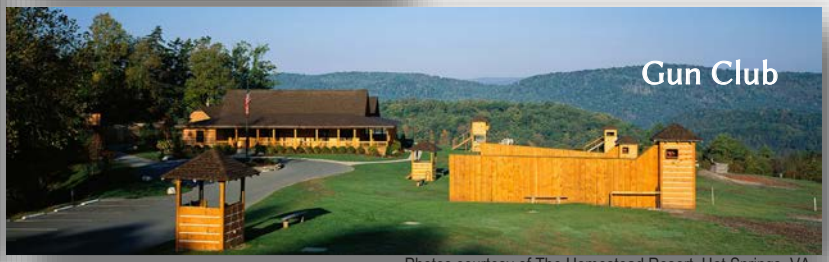
Please visit www.thehomestead.com/activities for a full listing.



Photos courtesy of The Homestead Resort, Hot Springs, VA

Your Collision with the Cloud

What the cloud is, how it impacts your practice, and what you must do about it

By Andy Jensen, CMO, Curve Dental, Inc.

The cloud is the current technology platform for software. So what does that mean for your practice? Unless you're one of the relatively few practices that have already switched to cloud-based software, your dental software is outdated.

But, let's back up. Let's define the cloud and then let's discuss how the cloud can benefit your practice.

The Cloud is Like a Utility

Comparing the cloud to a utility is the best analogy I've heard so far. Instead of purchasing, installing and maintaining a generator in your practice as a primary source of power you are connected to the grid. As a result, you receive a more reliable source of power, professionally maintained at a monthly cost much lower than were you to invest in producing your own power.

The cloud provides you with computing power and storage in a more reliable fashion, professionally maintained, and at a cost lower than were you to invest in your own server and accompanying network. With your patient information tucked away on the cloud your computers are now accessing the information via the Internet using a browser.

Where exactly is your patient information? The simple answer is your data resides on a server in a data center. Thousands of data centers dot the country, seemingly non-descript buildings surrounded by security fencing, provisioned with emergency power supplies and redundant environmental controls.

The location of the data center is irrelevant. Whether data is stored in Idaho or Nebraska it is just as easily accessed. Further, data centers are connected to a mirror image of themselves in a different geographical area. If California slips into the Pacific another data center is picking up the slack.

When people say they're on the cloud they refer to the fact that their data is stored in a data center.

Examples of the Cloud

If you're banking online your financial information is on the cloud. Your bank would be foolish to keep all that data in a little server in their vault. Rather, they take advantage of the cloud's computing power, security and redundancy to keep their customers serviced and satisfied.

Online retailers, like Amazon, maintain a record of all of your purchases, your shipping address, and even your credit card numbers. All of that information resides on the cloud.

Social media is another example of the cloud. Your profile information, your friends list, your pictures from your last family vacation all reside on the cloud. Other examples include online trading, travel purchases, applying for college, gmail (and all the services that come with gmail, from scheduling to spreadsheets), and more.

Dental Software on the Cloud

Currently, there are only a handful of companies that offer dental software for the cloud. The reason for the low number is a factor of demand. Dealers influence demand and at the moment none of them offer a market-ready cloud-based solution; it can be difficult for doctors to see and hear these smaller companies over the din of the more established companies.

But demand is growing. As more doctors become familiar with cloud-based computing they're asking why their dental software is lagging behind. Doctors exiting dental school and entering their first year of practice as an associate are surprised the practice management technology in the practice is outdated. Additionally, doctors who find their practices destroyed by super storms are seeing the cloud as the key to a workable and financially feasible business continuity plan.

The Advantages of Cloud-based Dental Software

1. Always the Latest and Greatest. Doctors using a cloud-based application always use the latest version of the software. Unlike client-server software, which must be periodically updated, cloud-based software is updated continually without disruption to the end user.

2. Improved Availability and Convenience. A doctor using cloud-based dental software can access all of their patient data from anywhere at any time without having to purchase or install additional communication software. Flexibility and convenience is a key driver for younger doctors who expect technology to wrap around their work style and lifestyle.

3. Better Data Backup and Security. To use another analogy, we deposit our dollars in the bank rather than hide them under a mattress. Why? Because the bank is in the business of securing wealth and making it readily available. Your data on the cloud is more secure and more accessible than on a server in your practice.

4. Decreased Technology Costs. A server, and the maintenance costs that come with it, is not required with cloud-based dental software. Less expensive workstations are more than adequate to operate the software. Large, up-front user license fees are avoided. IT costs may be decreased, as well. It's very possible for a practice to save money with the cloud.

5. Easier Installation, Setup, and Maintenance. Installing cloud-based dental software is as easy as navigating to a website and entering a username and password. Installation CD's represent outdated and less efficient technology. And as discussed earlier, upgrades—and the hassle and expense that come with them—are a thing of the past with the cloud.

The Forecast and What to Do About It

Your practice collided with the cloud a few years ago and it's not going anywhere. If your practice is using traditional software, the kind you have to install, maintain, and backup, you need to plan for a switch to the cloud. The best time to switch is when your current software needs a significant investment to keep it going—or if it's failing to provide you with the features you need. At that moment, rather than investing more dollars into outdated technology it may make more sense to place those dollars in the cloud and enjoy the modern benefits that come with it.

Andy Jensen is a long-time dental software insider. He began his journey in dentistry with Dentrix Dental Systems, spending 16 wonderful years directing all marketing activities there. In 2009, seeing that the dental software market was in need of a new revolution to stay current, he joined Curve Dental. You can reach Andy at andy.jensen@curvedental.com.

Getting on Board with the HIPAA Omnibus Final Rule

Prepared by Bernice Brown, CEO of Haligen PLLC and Jackie Holloman of B&B Insurance Associates, Inc.

Under the HIPAA Privacy Rule and HIPAA Security Rule that focused on health care providers, health plans and healthcare clearinghouses, the HIPAA Omnibus Final Rule focuses on the patient. In general, the new rules expand the obligations of the healthcare providers to protect patients' Protected Health Information (PHI), extend these obligations to host of other individuals and companies who as "business associates", have access to PHI and increase the penalties for violations of any of the obligations. The HIPAA Omnibus Final Rule went into effect on March 26, 2012. Covered Entities (CE), along with its Business Associates (BA), must be in compliance with this rule by September 23, 2013, will be deemed compliant until the date the BA agreement is renewed or modified or until September 22, 2014, whichever is earlier.

As a result of this rule, healthcare providers should give consideration to updating their BA Agreements, Notice of Privacy Practice and Privacy and Security Policies and Procedures with respect to the following content areas:

- Requirements for breach notifications;
- Restrictions on PHI to health plans for treatment paid out of pocket in full;
- Disclosure of PHI for marketing and fundraising purposes;
- Enabling access to decedent's PHI by decedent's personal representative;
- Imposing fees to include labor costs for providing copies of electronic PHI; and
- Utilizing compound authorizations for research activities.

The Office of Civil Rights (OCR) in the Department of Health and Human Services (DHHS) is responsible for enforcing the HIPAA Privacy and Security Rules (45 C.F.R. parts 106 and 164, Subparts A, C, and E). The new rules clarify the penalty tiers and the 30 day cure period begins when the covered entity knew or should have known of the violation. The most sweeping is the expansion of the obligations of BAs to include both direct liability under most of the HIPAA Privacy and Security Rules, and the obligation to enforce these rules with respect to their subcontractors. To conclude, DHHS and OCR are serious, and are committed to ensure adherence to privacy and security of patient's PHI.

Disclaimer: The information contained herein is information and is not intended to be legal advice by the authors. This information may not be suitable for or application to the needs of the reader, and may require additional consideration of other factors not expressed.

Reference:

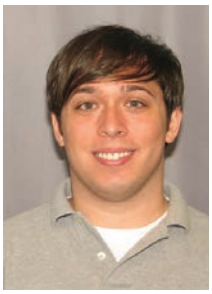
Modifications to the HIPAA Privacy, Security, Enforcement, and Beach Notification Rules under the Health Information Technology for Economic and Clinical Health Act, and the Genetic Information Nondiscrimination Act; Other modifications to the HIPAA Rules, 45 CFR PARTS 160 AND 164 (2013). Retrieved from http://www.gpo.gov/fdys/pkg/FR-2013-01-25/pdf/2013-01073.pdf.

B&B Insurance is the VDA Services endorsed insurance agency and they are available to assist VDA Members with all of their insurance needs. You can reach B&B Insurance at 877-832-9113.

Haligen PLLC can be reached at 703-340-8640.

Advocacy in Action

By: Jeremy Jordan, Class of 2015,
VCU School of Dentistry



Webster defines advocacy as "the act or process of advocating or supporting a cause or proposal." In terms of dentistry, advocacy is one of the many ways in which we protect our beloved profession. In fact, in recent years the American Dental Political Action Committee has been identified as the health PAC to watch. What does this mean? It proves that the legislative efforts of organized dentistry are effective, and that dentists are making a name for themselves in the political arena. Dentists are passionate about their profession, and realize that the best way to maintain its integrity is to take action.

Each year, legislation is submitted that has the potential to change the way dentistry is practiced in the United States. Most of all, we're responsible for upholding the quality of care for our patients. Our patients trust us with their oral health, and it's important that we advocate on their behalf. Despite extensive scientific data that proves the safety of amalgam and fluoride, dentists continue to fight legislation that threatens to ban the use of amalgam, or to end water fluoridation programs. Likewise, legislation suggests the implementation of midlevel provider models. Other legislation threatens to limit fees dentists can charge for services, and what kind of insurance programs they must accept. Although the ADA has clear policies on most of these issues, our lawmakers aren't experts in every field in which they are forced to make decisions, and they rely on ADA members to share their expertise.

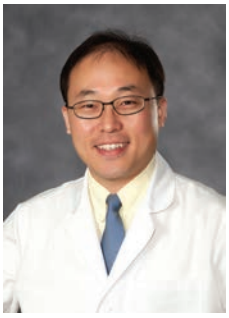
During my senior year of college, three of my classmates and I accompanied A. Carole Pratt, DDS, to the VDA's Day on the Hill. As predental students, we were a little intimidated to talk with legislators and lobby for bills affecting dentistry. During breakfast that morning, we listened intently as VDA leaders spoke about the bills we would be discussing that day and went over talking-points. The speaker went on to summarize past VDA successes, and highlighted the previous year in which the VDA lobbied against a bill that would allow insurance companies to cap the fees charged, even if those services weren't covered. Of all the things I learned during our brief pep talk that morning, one stands out: advocacy works. In that moment, I knew that I wanted to be an active participant and take stake in the profession.

As dental students, advocacy takes many forms—we advocate for changes in the dental licensure process, to break down the barriers to care, in favor of ways to reduce the student debt load, and against midlevel providers. We know that advocacy is the way in which we can effect change, and we make every effort to make sure that members of our student body remain informed on issues affecting dentistry. This past fall, ASDA released "Engage", a program much like the ADA's "Capwiz", used to track legislation, contact legislators, and subscribe to action alerts. The implementation of this program was an exciting milestone for our organization, and marks the importance ASDA puts on advocacy. Students are beginning to recognize that, in some ways, the issues facing dentistry now will make the largest impacts on our careers. For this reason, we're ever appreciative of the work being done by the VDA, and the ADA, to ensure that our futures are secure.

Dentistry is ever changing, and legislation affecting dentistry is always in the works. As a result, it's important that we stay abreast of issues facing dentistry and that we're active in our participation. Fortunately, resources provided by ASDA, the ADA, and the VDA make it easy to stay informed and to learn how we can play a part. Because of our past successes, we know that advocacy in action can make an impact on the legislative process. We also recognize the importance of a unified front in effectively explaining our position to legislators. Our strength relies on strong membership and active participation—as Hillel the Elder is often paraphrased, "if not me, then who?" We're the key stakeholders in dentistry, and we should take advantage of each opportunity to work together to ensure dentistry protects both our own interest, and that of our patients.

Digital dentistry in prosthodontics

By: John W. Unger, D.D.S., Y. Joon Coe, D.D.S.



Clinical dental treatment continues to see many changes as technology advances. Such changes create challenges to dental schools as they decide whether or not to include these new advances as part of the curriculum that is provided for the dental students. Though certainly the profession has seen many changes in the last several years, the impact of digital dentistry on the delivery of dental treatment has continued to grow significantly. This development has led the VCU School of Dentistry to incorporate this new technology into its dental school curriculum.

The initial activity began approximately four years ago with a proposal to the Curriculum Committee from the Department of Prosthodontics to bring this technology into the dental student curriculum. From that effort and through additional proposals and discussions with the Curriculum Committee, an educational experience has been developed for third and fourth year dental students. The current training program enables the participating students to experience all three basic phases of CAD/CAM dentistry: data acquisition (digital scanning), computer-aided designing and computer-aided manufacturing of prosthesis (see figure 1).

Much time and effort on the part of faculty and administration was devoted to the selection of the appropriate system including both the hardware and software options that were available. The school wanted a comprehensive system that would provide the students with a state-of-the-art clinical educational experience and simultaneously complement the current curricular contents. This educational experience would require digital impression making, design of restorations and the milling of both provisional and final restorations. In addition, much emphasis was placed on acquiring a system that also would allow for use in the preclinical dental curriculum. This option would permit students to use the technology to objectively evaluate their performance on some preclinical projects and give them an assessment on what they did correctly and where improvements need to be made. After each tooth preparation, students will scan their work using the *E4D Dentist CAD/CAM digital scanner* (E4D Technologies, Richardson, TX) and convert the analogue data into digital data in a STL file. Once they obtain this data, they will use the *E4D Compare software* that is pre-loaded with the "ideal tooth preparation form" that will be pre-selected based on the appropriate VCU School of Dentistry curricular teachings. The software will then allow students to three-dimensionally superimpose their own work with the ideal form. The software will measure any discrepancy in reduction amount and display this discrepancy as a particular color. Areas within the set tolerances, which will be built into the software, will be displayed as green. Areas under-reduced will appear blue, and areas over-reduced will be shown in red. The software calculates the percentage of the surface area of the student preparation that was green and thus within the set tolerable range of discrepancy from ideal. The *E4D Compare software* automatically calculates the percent surface area of each color and displays it as a numerical value.

One of our expectations for this new technology is to provide an upward standardization in the education of our students. One of the most challenging aspects of dental education has been the variation of students' learning ability and the resulting difference in clinical competency level. With computerized digital education system, we anticipate that this level of competency among our students will rise as it is seen in industrial standardization procedures.

Figure 1. The CAD/CAM equipment is located within the Advanced Prosthodontic Technology Clinic in the Wood Dental Building.

Dr. Y. Joon Coe, assistant professor in the Department of Prosthodontics, was given the task of developing the educational program in digital dentistry. As part of that assignment, Coe visited several dental schools and had many discussions with faculty at other dental schools that were using these systems. Many of the forerunners in adopting the new digital technologies into their curriculum are sharing similar experiences. They find that it takes a long period of time and effort to adopt new digital systems, but once it gets integrated into the curriculum and accepted by students and faculty, it turns into a very powerful educational tool. Some of their positive experience includes suiting the more visual and three-dimensional learning style of current generation students, significantly higher satisfaction of students regarding their work assessment and evaluation, significant reduction of faculty work load, extended learning opportunities in terms of content and time, etc.

Most of the leaders in this field agree that this technology is on its way to mainstream clinical dentistry and is vital for schools to adopt this into their curriculum. However, there are several factors to address carefully prior to adopting the technology. Because there are multiple different systems commercially available and each one has its unique characteristics, it is imperative that each school evaluate its environment and select a system that will complement its situation best. Also, the CAD/CAM technology is inseparable with other fields including dental materials. A consensual protocol of the utilization of all ceramic restorations will be crucial to implement the technology schoolwide.

Undoubtedly, time will bring additional upgrades and improvements in the area of CAD/CAM digital dentistry. The VCU School of Dentistry has positioned itself to introduce any new developments that come along. Dental education continues to change and evolve to reflect the advances in both the basic sciences and the practice of dentistry. Students seeking an education at the VCU School of Dentistry can be sure that their education will not only be grounded in sound and proven fundamentals, but also will embrace the latest developments within the profession.

Editor's Note: Dr. Unger is Professor and Chair, Department of Prosthodontics; Dr. Coe is Assistant Professor, Prosthodontics.

The Inter Health Professionals Alliance: A Student-led Initiative

By: Lyubov Slashcheva, D-3,VCU School of Dentistry; Alexander Enurah, M-3, VCU School of Medicine; Lynn VanderWielen, MPH, PhD Candidate; Alan Dow, MD MSHA

Students representing the Schools of Dentistry, Pharmacy, and Medicine and Dietetic Internship program working together at the Kroger Outreach Event.

The Inter Health Professionals Alliance (IHPA) at Virginia Commonwealth University (VCU) is a student-led, student-initiated organization connecting students and trainees from the Schools of Pharmacy, Dentistry, Allied Health Professions, Medicine, Social Work, Nursing, Engineering, and the VCU Health System Dietetic Internship program. The group was first created in 2010 by eight students who wanted to expand interprofessional exposure and collaboration in the siloed environment of health professional education. Since, IHPA has grown to engage over 300 members in the common goal of improving health and well-being of underserved individuals in the Richmond community through interprofessional collaboration. In addition to the overwhelming support from student members, administration from VCU and the VCU Health System has recognized IHPA's efforts and awarded the organization the 2013 Currents of Change Award sponsored by the VCU Division of Community Engagement.

The IHPA draws upon four activities to achieve group goals, the cornerstone of which is a monthly outreach event held in a Kroger grocery store in an underserved community of downtown Richmond. During the outreach event, the interprofessional group of student volunteers engages with clients regarding the monthly topic. Dental and dental hygiene students explain how various aspects of oral health connect to the topic of the month, offer advice regarding purchasing oral health products, and remind clients of the importance of proper oral hygiene habits. Nursing, pharmacy, and medical students take blood pressures, BMI's and blood glucose levels, and connect their findings to the topic of the month and general health education. Social work and allied health students help direct customers to the appropriate student volunteers and further discuss community resources and programs with clients. The dietetic interns advocate for the importance of diet and nutrition in overall health and explain how to properly read food labels and navigate a grocery store. This environment allows IHPA students to engage in unison with customers, who are able to interact with multiple professions at the same time in a very fluid manner, allowing for organic interprofessional learning and collaboration even after the client leaves the outreach table.

IHPA's second activity includes a monthly newsletter that focuses on the monthly topic. Students from the various health professional programs submit entries pertaining to the topic and their relative discipline. These publications are written at a 6th grade reading level with additional resources to point readers in the direction of further information. Articles are compiled by our newsletter editor, read over by one of our faculty advisors, and are formatted by one of our art design student members into a visually appealing product. Newsletters are distributed during the outreach events and serve as talking points for the student volunteers. Clients often take copies to share with friends and family, with whom they might not otherwise discuss such health topics. Students have aptly noted that virtually coming together to publish these newsletters highlights one of the most important challenges for the health care team—synthesizing and presenting complex information to patients.

The IHPA also engages in monthly meetings called Educate Then Advocate (ETA) session. Each session is concisely themed and relates to the topic of the month used in the newsletter and outreach event. A faculty or student member is invited to give a twenty minute presentation on a health topic and then the group engages in a case-based discussion to encourage consideration of the multi-faceted nature of any health condition that is approached by an interprofessional team.

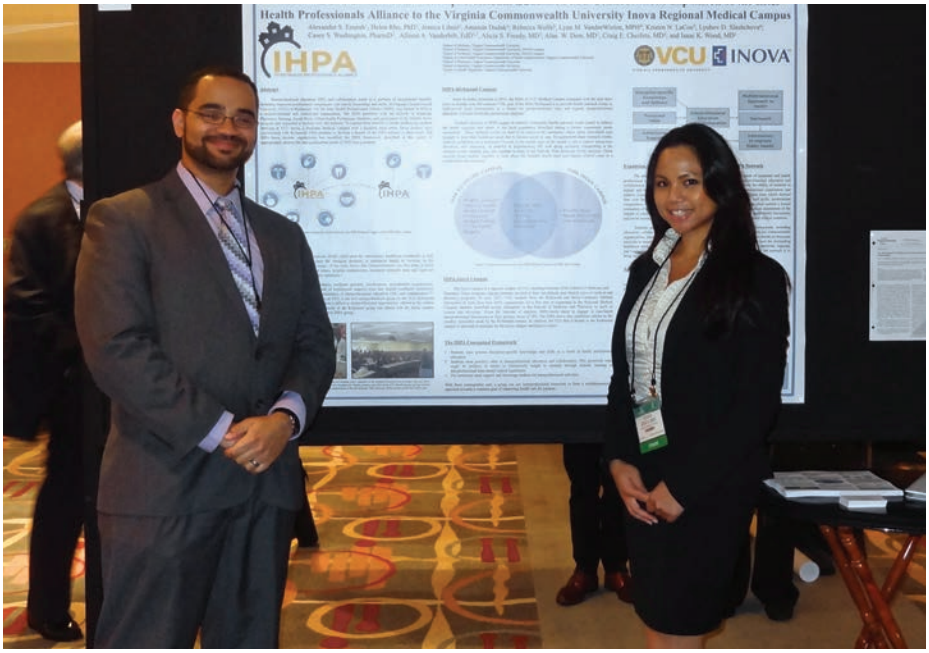
The final major activity that the IHPA has been involved in is the formation of panels of health professional students who speak about their experience to pre-professional students interested in health-related careers. Several of our current members recall interacting with individuals from the IHPA at mentoring and networking events prior to entering their health professions program at VCU.

Members from the IHPA have given both oral and poster presentations at multiple conferences and symposiums. Members represented the group at the AAMC Integrating Quality 2013 symposium, First Jewell and Carl Emswiller Interprofessional Symposium, and the National Interprofessional

Dr. Sheldon Retchin, Senior Vice President for Health Sciences and CEO of the VCU Health System, giving a lecture about the benefits of interprofessional education and collaboration at the first Educate Then Advocate (ETA) session of the 2013-2014 year.

Initiative on Oral Health 2013 summit. Recently they have presented at the 2013 AAMC Annual Meeting, 2013 APHA Annual Meeting and the 2013 Virginia Oral Health Summit. To date, the group has published three peer-reviewed publications. One in-press describes the self-identified benefits of engaging with IHPA including improved professional competence, role clarity, interprofessional networks and expanded knowledge and skills. Other publications have conceptualized the framework of the group, discussing successes and challenges, so that our model might be disseminated and applied to other health campuses. The IHPA aims to further expand the described framework to state, regional and eventually national level in order to form an interprofessional student and trainee network to develop the interprofessional collaborative skills which we believe will lead to a higher quality of patient-centered care.

For more information, contact: slashchevald@vcu.edu



A pharmacy and medical student presenting a poster about the expansion of IHPA to the Inova Regional Medical Campus at the 2013 AAMC General Meeting in Philadelphia.

VDA Board of Directors - ACTIONS IN BRIEF

SEPTEMBER 18, 2013

The following items were considered and the noted action taken:

1. Approved - Background: The VDA wants to build a new value proposition in order to improve recruiting and retention of membership. Web based resources have shown to be highly valued in California. With California's demonstrated success and member surveys, the ADA is developing a substantial web based resource called Center of Professional Services (CPS) that will serve as a member benefit. Based on our preliminary survey of members, additional information related to Virginia state regulatory information would be highly valued.

For the VDA to hire authoritative resources (lawyers, CPAs, practice management professionals) to write documents providing useful information for members requires a substantial investment. Fortunately, with the sale of the land at Staples Mill Road (our former office site) we have a source of money available, above and beyond what is required for budget or reserve purposes. The Board of Directors recommends the following:

Resolution: The proceeds from the sale of the land on Staples Mill Road be divided in the following manner: $50,000 be will be set aside for the VDA's development of state specific information to act as a web base resource for members. These practice management resources would include, but not be limited to: human resources, tax resources, insurance resources, regulatory resources. Expenditures of this fund will be with the approval of the executive director in consultation with the president, president-elect, immediate past president, and the treasurer. The remaining balance of $58,292.50 of the proceeds will be retained in reserves.
(Resolution sent to the 2013 House of Delegates.)

2. Approved - Background: Since 1997, 13 new dental schools have opened or have announced they will open with a planned date for enrollment of the first class of dental students. This wave of new dental schools came just after closure of seven dentals schools between 1986 and 2001. National concerns on access to dental care, the aging dental workforce, and a robust applicant pool that can support increased enrollment have been cited as reasons to open new dental schools. In 1990 the annual number of dental graduates per year nationally was 4,233. This declined to a low of 3,778 in 1993 and has risen to 4,996 in 2010. With the opening of new and planned dental schools, first year enrollment in dental schools will rise to 5,500 to 6,000 by 2020. Applicants to dental school nationally have risen from 7,412 in 2001 to a high of 13,742 in 2007. Since 2007, the number of dental school applicants has declined to 12,039 in 2011. Dental student debt has risen steeply from an average of $84,247 in 1996 to $203,374 in 2011 while expenditures on dental services declined in the early 2000s and has remained flat since 2008. Average net income of dentists has declined since the mid-2000s. Recently, reports of greatly reduced applicants to law school have demonstrated how rapidly a shift in demand for seats in professional school can take place when the real or perceived return on educational investment declines. It is prudent to consider standards that would assess the demand for additional providers prior to issuing initial accreditation of new dental education programs. The Commission on Dental Accreditation (CODA) requirements to establish new allied dental health programs, such as a dental hygiene program, requires a needs assessment that includes:
Evidence of the potential for graduates to obtain gainful employment, including:

- average student loan indebtedness
- average salary new graduates can expect to earn
- employment placement rates (when available)
- documentation of employment/practice opportunities/settings evidence from a feasibility study and/or needs assessment (where available) showing career opportunities, student interest, an appropriate patient base

The CODA standards for pre-doctoral dental education programs (DDS or DMD) do not currently require a similar needs assessment.

Resolution: The Virginia Dental Association recommends that a resolution be submitted, through the 16th District Caucus of the American Dental Association (ADA), to the ADA House of Delegates stating that the ADA recommends to CODA the inclusion of a similar needs assessment requirement in the accreditation standards for pre-doctoral dental education programs.
(Resolution sent to the 2013 House of Delegates.)

3. Approved - A resolution to create a VDA endowment fund to replace the current scholarship program given to VCU dental students.
(Reported as information only.)

4. Referred - To the Legislative Committee: Research what the other 50 jurisdictions are doing on ownership of dental practices, sole proprietorship and corporate, and report back to the Board by the April Board meeting.
(Reported as information only.)

5. Referred - To the Ethics & Judicial Affairs Committee - Background: There has been a great deal of controversy concerning the decrease in ethics and the increase in questionable legal behavior of some Virginia dentists. Perhaps additional education and some sort of mandatory retesting for practitioners in practice should be implemented.

Resolution: The VDA Board of Directors directs the Ethics Committee to review the problem of decreasing ethics and increasing questionable legal behavior and consider additional education and testing. Particularly consider the reinforcement of the dental prudence examination.
(Reported as information only.)

September 22, 2013

The following actions are reported as information only:

1. Approved - The following appointments for 2013-2014:
   - A. Parliamentarian: Dr. A. J. Booker
   - B. Journal Editor: Dr. Richard F. Roadcap
   - C. Executive Director: Dr. Terry D. Dickinson
   - D. Legal Counsel: David Lionberger, Esq. and Scott Johnson, Esq.
   - E. VDSC Board of Directors: Dr. Roger E. Wood, President; Dr., Dr. Stephen S. Radcliffe, Vice President; Dr. Rodney J. Klima, Treasurer; Dr. Alonzo M. Bell; Dr. Fred A. Coots, Jr.; Dr. Frank C. Crist, Jr.; Dr. Ralph L. Howell, Jr.; Dr. Wallace Huff; Dr. Bruce R. Hutchison; Dr. Jeffrey Levin; Dr. Robert A. Levine; Dr. Edward J. Weisberg; Dr. Andrew J. Zimmer; Dr. Steven G. Forte, liaison; Dr. Kirk M. Norbo, liaison; Dr. J. Ted Sherwin, liaison; Dr. Lanny R. Levenson, advisory; Dr. Harvey H. Shiflet, III, advisory; Dr. Gus C. Vlahos, advisory.

2. Approved - A motion to reaffirm the "VDA Board of Directors Statement of Beliefs".

3. Approved - A motion to use $50,000 for a future investment program that will be administered by a separate group of individuals to generate non-dues revenues.

VDA 42nd HOUSE OF DELEGATES - ACTIONS IN BRIEF

SEPTEMBER 19-22, 2013

1. Approved: The VDA executive director no longer serves as the executive director of the Virginia Dental Health Foundation and the VDA Relief Fund. Therefore, this duty is removed from the VDA Bylaws - Article IV, Section 4, G.g.

2. Approved: The following committee changes (and the resulting Bylaws changes):

Standing Committees Changes:

1. Communication and Information Technology: sunset committee - staff driven.
2. Constitution and Bylaws: The Speaker of the House will serve as chair of the committee, there will be two members at-large and the committee would meet at the call of the chair.
3. Dental Health and Public Information: sunset committee - operates under the VDAF.
4. Dental Practice Regulations: sunset committee - replaced by Council on Government Affairs.
5. Legislative Committee: sunset committee - replaced by Council on Government Affairs.
6. Membership: sunset committee - replaced by Council on Membership.
7. Mentoring: sunset committee - will become a subcommittee of the New Dentist Committee.

Standing Councils Changes:

1. Council on Finance: add responsibility to interview and hire the firm that will conduct the Association audit.
2. Council on Government Affairs: new council.
3. Council on Membership: new council.
4. Council on Sessions: add two subcommittees – Continuing Education Subcommittee and Local Arrangements Subcommittee.

Special Committee Changes:

1. Institutional Affairs: sunset committee.
2. Local Arrangements: will be a subcommittee under the Council on Sessions.

Board of Directors Subcommittee:

1. Leadership Development Subcommittee

3. Defeated: A resolution to move committees/councils out of the VDA Bylaws (Article VII) and into VDA Policy.

4. Approved: 1. Policy for Use of VDA Email Addresses

Upon obtaining membership with the VDA each member gives consent for the VDA to use their email address to communicate Association business. The VDA will not sell, lease, or in any way make the VDA email database available to any third party, including study clubs or commercial entities, with the exception of the eight VDA Components. VDA Components may obtain email data from the VDA Director of Membership.

In order to facilitate communication, individual VDA components may use the VDA email data for sending out event information to other Component members assuming they comply with the Mass Email policy below.

Members will be able to unsubscribe their email address (es) and prevent the receipt of any VDA Mass Email Communication. If a member unsubscribes their email address from VDA Mass emails and later wants to begin receiving mass emails at that address, they must subscribe using the following link or by contacting the VDA Director of Communications: http://visitor.r20.constantcontact.com/d.jsp?llr=6rhguwcab&p=oi&m=1102418484797&sit=4yhps68db

The policy shall consist of the following:

Mass Email Policy:

1. The VDA is required to use a mass email software (Constant Contact, Mail Chimp etc.) that will allow the following:

a) Allow recipients to unsubscribe to mass emails.

b) Is a member in good standing of the Email Sender Provider Coalition (ESPC) and the Messaging Anti-Abuse Working Group (MAAWG).

c) Restricts recipients from seeing the list of email addresses a particular email was sent to. This is to restrict and protect the visibility/security of each member's email address.

d) Clearly identifies the source of the email (Virginia Dental Association).

2. The VDA may redirect a mass email from the VCU School of Dentistry provided the email meets the screening requirements of the VDA. (2012)

3. The VDA will refrain from sending out more than one mass email per business day (error corrections excepted).

4. The VDA will refrain from sending out more than three mass emails regarding a particular event (with the exception of the Virginia Meeting).

2. Distribution of the VDA mass email list shall be limited to official business of the VDA, VDA components or VCU School of Dentistry. All commercial entities or nonofficial business shall direct their requests to the VDA Journal or Etch, not to the VDA email directory.

5. Approved: A resolution to reaffirm the deferred compensation plan for Medicaid providers addressed by the 2012 House of Delegates and approve taking it to the 2014 General Assembly.

6. Approved: A resolution that all members will have the option of an automatic renewal of membership each year.

7. Approved: The 2014 Budget as written.

8. Approved: A resolution that the Virginia Dental Association recommends that a resolution be submitted, through the 16th District Caucus of the American Dental Association (ADA), to the ADA House of Delegates stating that the ADA recommends to CODA the inclusion of a similar needs assessment requirement in the accreditation standards for pre-doctoral dental education programs.

9. Approved: A resolution that the proceeds from the sale of the land on Staples Mill Road be divided in the following manner: up to $50,000 be will be set aside for the VDA's development of state specific information to act as a web base resource for members. These practice management resources would include, but not be limited to: human resources, tax resources, insurance resources, regulatory resources. Expenditures of this fund will be with the approval of the executive director in consultation with the president, president-elect, immediate past president, and the treasurer. A complete report and accounting of these expenditures will be provided to the 2014 HOD. The remaining balance of $58,292.50 from the proceeds of the land sale will be retained in reserves.

10. Approved: The 2013 Life Members - Component 1: M. D. Gladstone, Dale L. Mallory, Gary Newell, J. Rawls Saecker, James W. Taylor Walter K. Wexel. Component 2: Steven J. Becker, Peter S. Evans, John P. Luckam, Michael E. Sagman. Component 3: Michael P. Golka, Ernest L. Knight, Eugene A. Richardson. Component 4: Allen D. Bernstein, Douglas S. Belt, Joseph R. Bosley, Thomas S. Cooke III, Michael V. Dishman, E. D. Gardner, Perry E. Jones, Robert O. Kendig, Richard J. Lieb, Lawrence E. Masters, M. M. Neale, Jr., Charles B. Palmer, Harvey A. Schenkein, Kenneth E. Stone, James C. Wallace, Jeffery S. Williams, Component 5: Dale Evans, A. R. Hendricksen, James T. McClung, James M. Perry, Jr., James A. Pollard. Component 6: Dana H. Chamberlain, Jerry E. French, George D. Gilliam, N. C. Mullins, Paul F. Wheeler. Component 7: Stephen G. Avis, Thomas E. Leinbach, John G. Wall. Component 8: Douglas W. Alderman, Robert D. Argentieri, Paul W. Conrad, E. T. Elstner, Jr., Richard D. Fischer, Alan H. Golden, Richard Goldin, Joel C. Goldstein, Mark R. Gordon, Eugene W. Gregory, Bryan L. Grimmer, Howard Hoffman, Nichols W. Ilchyshyn, Rodney J. Klima, Lawrence M. Kotler, Stanley M. Levin, James M. McDonough, Richard A. Miller, Paul T. Olenyn, Stephen A. Price, Jerry H. Rich, Steve M. Somers, Leo J. Sushner, Elizabeth Tarpley, James A. Withers.

11. Elected: VDA Board Directors

Scott H. Francis	Component 2
Lanny R. Levenson	Component 4
Richard L. Taliaferro	Component 7

12. Elected: Dr. David C. Anderson Speaker of the House for 2014.

VDA Minutes of the 144th Annual Business Meeting

SEPTEMBER 22, 2013

The Homestead Resort - Hot Springs, VA

1. President Kirk M. Norbo called the meeting to order and the flag pledge recited.

2. Dr. Vince Dougherty announced that The Virginia Meeting attendance for 2013 was 1,195.

3. The MOM Celebrates its 50,000th Patient at Wise video was viewed.

4. Dr. Hal Fair, 16th District Trustee, was guest speaker.

5. The following deceased members were remembered:

Component I: Dennis E. Cleckner; Lawrence H. Cash. Component 2: Gerald Q. Freeman, Jr.; Jesse H. Hogg. Component 4: Charles Lott; Richard D. Wilson. Component 5: James H. Midkiff; Gordon R. Woody, Jr. Component 6: Thomas E. Butt; Carlyle Gregory. Component 7: John H. Gum; Charles L. Halstead. Component 8: Eldridge D. Anderson; Clark A. Cheney; Richard A. Derian; Irving J. Imburg; Barry McNair.

6. Recognition was given to:

2013 VDA Fellows Inductees:
Component I: W. Anthony Meares. Component 4: Carl O. Atkins, Jr.; Gregory A. Cole; Frank P. Iuorno, Jr.; Marcel G. Lambrechts, Jr. Component 5: Charles W. Jenkins. Component 6: Ronald D. Jessup. Component 8: Christopher R. Spagna.

2013 Recipients of Life Member Certificates:
Component 1: M. D. Gladstone, Dale L. Mallory, Gary Newell, J. Rawls Saecker, James W. Taylor Walter K. Wexel. Component 2: Steven J. Becker, Peter S. Evans, John P. Luckam, Michael E. Sagman. Component 3: Michael P. Golka, Ernest L. Knight, Eugene A. Richardson. Component 4: Allen D. Bernstein, Douglas S. Belt, Joseph R. Bosley, Thomas S. Cooke III, Michael V. Dishman, E. D. Gardner, Perry E. Jones, Robert O. Kendig, Richard J. Lieb, Lawrence E. Masters, M. M. Neale, Jr., Charles B. Palmer, Harvey A. Schenkein, Kenneth E. Stone, James C. Wallace, Jeffery S. Williams, Component 5: Dale Evans, A. R. Hendricksen, James T. McClung, James M. Perry, Jr., James A. Pollard. Component 6: Dana H. Chamberlain, Jerry E. French, George D. Gilliam, N. C. Mullins, Paul F. Wheeler. Component 7: Stephen G. Avis, Thomas E. Leinbach, John G. Wall. Component 8: Douglas W. Alderman, Robert D. Argentieri, Paul W. Conrad, E. T. Elstner, Jr., Richard D. Fischer, Alan H. Golden, Richard Goldin, Joel C. Goldstein, Mark R. Gordon, Eugene W. Gregory, Bryan L. Grimmer, Howard Hoffman, Nichols W. Ilchyshyn, Rodney J. Klima, Lawrence M. Kotler, Stanley M. Levin, James M. McDonough, Richard A. Miller, Paul T. Olenyn, Stephen A. Price, Jerry H. Rich, Steve M. Somers, Leo J. Sushner, Elizabeth Tarpley, James A. Withers.

2013 Recipients of 50 Year Certificates:
Component I: Richard K. Bolen; John D. Mosher; Fred H. Rosenblum; Charles L. Smith, Jr.; Jules M. Wainger; Norman P. Weiss; Allen S. Zeno. Component 2: Wilson S. Hawk, Jr.; Mayer G. Levy; John L. Matney; Kennedy E. Neill, Jr. Component 4: Robert L. Deal; Andrew; Darryl J. Pirok McDaniel; Earl C. Sanders; Harry A. Wakefield. Component 5: Thomas R. Golden; Richard R. Zechini. Component 6: James M. Gleason, Jr.; Maurice R. Hamill, Jr.; Ronnie M. Hilton; Perry R. Stubbs, Jr. Component 7: James I. Benhardt; Wallace B. Lutz; Charles M. Manning; Ronald L. Rosenthal. Component 8: Glenn H. Birkitt; Jack D. Bledsoe; Sanford Brotman; Frederick N. Dibbs; Anthony V. Ferlazzo; James T. Howard; Harry J. Montgomery; Paul B. Muldoon; Timothy E. Russell III; Philip M. Wine; Burton C. Zwibel.

2013 Recipients of 60 Year Certificates:
Component 1: Robert W. Adams; John W. Atkins; John A. Morris. Component 2: Jesse H. Hogg, Jr. Component 4: Edmund F. Ackell; Jack W. Chevalier. Component 5: Luke Pillis; J. F. Robinson, Jr. Component 6: John T. Kelly. Component 7: Donal A. Funkhouser; William A. McClellan. Component 8: Robert E. Horgan; Gerald D. Roberts.

7. The following ADA awards were presented:

Dental Team Member: Carmen Regan
Emanuel W. Michaels Distinguished Dentist Award: McKinley L. Price, D.D.S.
New Dentist: Justin R. Norbo, D.D.S.
Community Service Award: Brenda J. Young, D.D.S.
Leadership: Benita A. Miller, D.D.S.: Roger E. Wood
Presidential Citations: William J. Bennett, D.D.S.; Michael J. Link, D.D.S.; H. Jackson J. Payne, D.D.S.; Timothy E. Russell; Cassidy L. Turner, D.D.S.

8. Bruce Hutchison, VADPAC Chair, gave a committee update and announced the following VADPAC awards:

Category A – Small Component Membership

Percentage of members who contributed to VADPAC (48%)	Component 3
Percentage of Commonwealth Club Members (32%)	Component 6

Category B – Large Component Membership

Percentage of members who contributed to VADPAC (40%)	Component 4
Percentage of Commonwealth Club Members (26%)	Component 8

The Governor's and Apollonia Club members were recognized.

9. The following election results were announced:

President Elect – Michael J. Link
ADA Delegates – Ralph L. Howell, Jr.; Michael J. Link; J. Ted Sherwin. (All will serve three year terms.)
ADA Alternate Delegates – Michael A. Abbott; Vincent V. Dougherty III; Paul T. Olenyn; Edward J. Weisberg. David C. Sarrett, Dean of the VCU School of Dentistry, was appointed by the Board of Directors to serve another term. (All will serve two year terms.)

10. The out-going component presidents were recognized:

J. Patrick Baker (1), Corinne R. Hoffman (2), Jonathan Ellis (3), Christopher R. Richardson (4), Stephen B. Alouf (5), Brian C. Thompson (6), Danielle H. Ryan (7), Edwin Lee (8)

11. Kirk Norbo installed the newly elected VDA officers, ADA delegation members and the following component presidents:

Anthony Meares (1), Russell S. Taylor (2), Michael D. Webb (3), Kit T. Sullivan (4), Kevin Snow (5), Brian C. Thompson (6), Brian Brumbaugh (7) Peter K. Cocolis, Jr. (8)

12. Kirk Norbo presented in-coming president, J. Ted Sherwin, with the president's pin.

13. Ted Sherwin presented Kirk Norbo with the past president's pin, the VDA Torch Bearer Award and the ADA Constituent President's Plaque.

14. The meeting was adjourned.

Remembering a mentor, a colleague and a friend – Dr. Francis M. Foster, Sr.

By: Dr. Randy Adams, VDA Board of Directors

I am writing to celebrate the life and times of Dr. Francis Foster. He was born February 28, 1921 and died January 6, 2008. He touched many lives during his lifetime, and his memory continues to touch and transform lives.

I recently went to the city library to gather information on Foster, and, when I asked the librarian for his file, she smiled. I told her I was writing an article about Foster and asked if she knew him. Her eyes lit up. She said that he used to stop by the library almost every day, just to say "hello" and to see how everyone was doing. Foster, who remembered being directed to the "colored" table at the Richmond Public Library during the years of Jim Crow laws, later became the chairman of the Richmond Public Library Board of Directors. He established the Foster Family Fund to generate funds for the library's African-American collections. Additionally, Virginia Commonwealth University Libraries has established the Francis M. Foster African-American History Endowment Fund, which buys materials and supports the libraries' annual Black History Month events and programming.

Foster was born in Richmond in the Jackson-Ward community and was a proud product of the Richmond Public School system. He later graduated from Virginia Union University and earned his D.D.S. from Howard University's School of Dentistry. Foster was known as a health care advocate and believed in public service. He used to say, "Public service is the rent you pay for being on this earth." He served his Richmond community for years through his family practice.

Foster loved being a dentist, and his patients loved him. He was a clown and a magician, and he delighted many youngsters (and adults as well!). He was a skilled magician and a member of the International Brotherhood of Magicians. Almost every time I saw him, he would show me a magic trick, and I would ask him how the trick was done. He would always reply, "A magician never divulges his secrets."

Foster also had another love--history. He was renowned for his knowledge and was an informed source of Richmond history. He was a voracious reader and writer and always was compelled to set the record straight. He took pride in everything he wrote, especially newspaper articles. He strongly believed that history could be used to tear down barriers of ignorance. He used knowledge to build bridges of understanding across all races.

Foster closed his Jackson Ward practice in 1989 and later accepted a position at the Virginia Commonwealth University School of Dentistry. He taught in the Department of General Practice for the final 16 years of his life. Foster loved being around the students, faculty and staff. Whenever I was at the school, I would see him walking the halls, telling stories and always talking to someone. He greeted everyone by name and always sent birthday cards to all of his friends at the school.

Foster will be remembered for his smiles, his humor and the history lessons he shared. His record of service is outstanding, and he should be applauded. I will remember Dr. Francis Foster as a personal friend with a great mind and an even greater heart. I always learned something new every time that I talked with him. We all are fortunate to have had him in our lives.

The VCU School of Dentistry has established an endowed scholarship to carry Foster's legacy into a new generation. Once funded, the Francis M. Foster DDS/Student National Dental Association Scholarship will be awarded annually to a deserving member of the Student National Dental Assocation. If you have questions about this fund or if you are interested in making a contribution, please contact Ms. Barbara Payton at (804) 827-1537 or bpayton@vcu.edu.

Looking for an Additional Tax-Break? NAP Credits Present Win-Win Opportunity!

By: Beth Vann-Turnbull, VDA Foundation Executive Director

vdaf
Virginia Dental Association Foundation

Did you know, you can receive state tax credits equal to 65% of your charitable donation's value when making a gift to the Virginia Dental Association Foundation, in addition to claiming the gift on your federal tax return?

Thanks to the Neighborhood Assistance Program (NAP),from the Virginia Denpartment of Social Services, you can support the VDA Foundation's dental outreach programs AND benefit from an additional tax break. NAP encourages individuals, businesses and trusts to make donations to approved 501(c)(3) organizations for the benefit of low-income persons.

As of July 1, 2013, the VDA Foundation is an approved NAP agency. To qualify to receive credits, you must make an unrestricted gift of at least $500 before June 30, 2014. NAP credits are limited and will be issued on a first-come, first-served basis, while they last.

To learn more or make a gift, contact Beth Vann-Turnbull, VDAF Executive Director, at 804-523-2181 or vannturnbull@vadental.org.

Read more about NAP Credits: http://www.tax.virginia.gov/site.cfm?alias=TaxCredit#Neighborhood_Assistance_Act_Credit

Remembering Dr. Richard D. K. Wilson

By: Dr. Leslie S. Webb Jr.

On December 11, 2012, Virginia dentistry lost a true giant in our profession with the death of Dr. Richard D. K. Wilson.

I first met Dick when I was a junior at MCV Dental School. He taught in the periodontal clinic, where he was instructive, supportive and readily shared his enthusiasm for dentistry. This was the beginning of a lifelong friendship. As a practitioner, he mentored me and numerous others and was always available for advice. Dick had a great command of the English language and spoke well, but throughout his career he loved to communicate with his friends with typed letters. I kept urging him to just pick up the phone, but that rarely happened.

Dick was born in Philadelphia and raised on the New Jersey shore. He graduated from Villanova University and Temple University School of Dentistry. He then moved to Richmond, Virginia to practice dentistry. He was a wonderful supporter of our VCU Dental School, where he lectured and taught for over 40 years. VCU Dental School named the graduate periodontal clinic in honor of Dr. Wilson and his friend and colleague Dr. J. Gary Maynard, Jr.

Dick presented numerous dental education programs, both nationally and internationally. He was active in the Richmond Dental Society, serving as its president, served as a Virginia ADA delegate for 13 years and also edited the VDA Journal. He served simultaneously on the ADA Council on Dental Education and the Commission on Dental Accreditation, each of which he chaired for two years. . He also served as a member of the Virginia Board of Dentistry and the Virginia Board of Health Professions.

Dick was a member of the American Academy of Restorative Dentistry, the Academy of Operative Dentistry, and the American Academy of Fixed Prosthodontics, serving as its president. Dr. Wilson also served six years on the Board of Trustees of the American Academy of Periodontology. He was a Fellow of the American College of Dentists, the International College of Dentists, and the American Academy of Periodontology. Dick received the Harry Lyons Award for professionalism, leadership and teaching, the VDA's Emanuel W. Michaels Distinguished Dentist Award, the American Dental Association Presidential Citation, the Pierre Fauchard Award, and the VCU School of Dentistry Award for Leadership and Service on Behalf of Dental Education

I will always remember Dick for his enthusiasm and commitment to our profession, his dedication to being an ethical and caring professional, his wonderful speaking and writing ability, and his kindness to all.

Editor's Note: Dr. Webb is former editor of the *Virginia Dental Journal*.

VDA AWARD NOMINATIONS

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

If you would like to submit a nomination, please contact Bonnie Anderson (804-523-2190 or anderson@vadental.org) and request a Nomination Submittal Form. (form also available on the VDA website) Nominations are due April 30, 2014.

Nominations are accepted for the following awards:

Dental Team Member Award

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

New Dentist Award

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

Special Service Award

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

2014 Positions Open for Election

Candidate information will appear in the April-May-June 2014 issue of the *Virginia Dental Journal*. Due to space limitations, biographical information will be published on the VDA website.

The following positions are up for election at the 2014 Annual Meeting at The Homestead Resort, Hot Springs, Virginia.

1- President-Elect – 1 year term (2014)

5 - ADA Delegate - 3 year terms (2015, 2016, 2017) – Positions currently held by Drs. Alonzo M. Bell, Bruce R. Hutchison, Kirk M. Norbo, Roger E. Wood and a new delegate position due to new ADA allocation.

6 - ADA Alternate Delegates - 2 year terms (2015, 2015) – Positions currently held by Drs. David C. Anderson, Alfred J. Certosimo, Samuel W. Galstan, Rodney J. Klima, Richard L. Taliaferro and a new alternate delegate position due to new ADA allocation.

Please contact Bonnie Anderson (804-523-2190 or anderson@vadental.org) for information on how to apply for one of these open positions.

Welcome New Members

Tidewater Dental Association

Robert Howard – Chesapeake – WVU - 1981

Elleni Kapoor – Virginia Beach – Ohio State University – 2007

Peter Lanigan – Virginia Beach – VCU SOD - 2012

Amy Smith – Virginia Beach – University of Maryland – 2008

Maria Throckmorton – Virginia Beach – VCU SOD 2005

Peninsula Dental Association Zane Berry – Smithfield - VCU SOD -2004

Joseph Klochak – Hampton – Temple - 1985

Trisstar Oliver – Newport News – West Virginia University

Meghan Stenvall – Williamsburg – University of Pennsylvania - 2009

Rupinder Uppal – NYU – 2013

Jasper N Watts – Hampton- University of Michigan 1976

Sang Hun Yu – VCU SOD 2012/Brookdale Hospital GPR - 2013

Southside Dental Society

Julie Hawley - Emporia – VCU SOD - 2013

Richmond Dental Society

Yuriy Abramov – Richmond – Stony Brook School of Dental Medicine - 2012

Poonum Bharal – Glen Allen – VCU SOD - 2010

Scott Culpepper – Richmond- VCU SOD – 2009

Andreen Fearon – Henrico – University of Rochester – 2011

Wanda Hall – Louisa – VCU – 1991

Audra Y Jones – Richmond – Howard University – 1999

Kyu Kim – Richmond – VCU SOD 2012

Nitesh Popat – Glen Allen – VCU SOD/GPR- 2013

Piedmont Dental Society

Christopher Allaman – Martinsville – Ohio State University - 2008

Diane Caprio – Roanoke – UNC – 1983

Amanda Johnson – Roanoke – University of Kentucky - 2009

Southwest VA Dental Society

Steve Nauss – Norton – University of Tennessee – 1986

Shenandoah Valley Dental Association

Denise Devgon – Verona – WVU - 2013

Heather Gibson – Winchester – WVU - 1994

Vicky Hale – Orange – VCU SOD - 2007

Luke Harris – Charlottesville – Temple - 2012

Jason Karns – Warrenton – New Jersey Dental School – 1999

Kelly McKown-Smallwood – Harrisonburg – West Virginia University - 2010

Brian Ott – Charlottesville – Creighton – 2010

Sam Scroggins – Fishersville – University of Mississippi/ Oral and Maxillofacial – 2013

Anthony Smallwood – Harrisonburg – West Virginia University – 2008

Catherine Ventura – Lynchburg – Temple/2010 – University of Pittsburgh – Pediatric Certificate 2013

Northern VA Dental Society

Rajalakshmi Ananthasekar – NYU College of Dentistry – 2012

Alesia Apana – Arlington – Montefiore Medical Center – 2012

Nirmal Bogollagama – McLean – VCU SOD – 2002

Cliff Chen – Arlington – Columbia University Perio -2013

Fotini Chrisopoulos – Arlington – Columbia/ Prosthodontics - 2012

Christina Cowell – Reston – Tufts – 2011

Ruben Cuellar-Suarez – Arlington – Univerisad Mayor de San Simon - 2002

Erik Fox – Burke – VCU SOD -2013

Faisal Elhussein – Springfield- Nova Southeastern University – 2012

Farah Farhoumand – Vienna – VCU SOD – 1991

Foad Farhoumand – Vienna - Georgetown University - 1987

Anishka Frankenberry – Aldie – Howard University – 2005/ Ortho2007

Nazila Ganji – Herndon – University of Maryland - 1996

Nagalatha Gollapalli – Fredericksburg – NYU – 2005

Techkouhie Hamalian – Arlington – Columbia SOM - 2012

Nadder Hassan – Fairfax – VCU SOD – 2012

Hillary Hochman – Reston – Tufts - 2009

Dong-Soo Hong – Centreville – Tufts – 2013

James B Hudson – Springfield – University of Tennessee - 2006

Heta Jasani – Fairfax – Boston - 2013

Ann Marie Leal – Annandale – Northwestern University Memorial Hospital Chicago – 1994

Sadia Mahedavi – Ashburn – VCU SOD - 2013

Courtney Marzban – Arlington – Case Western Reserve University – 2011

Mojgan Mazhari – Alexandria - University of Maryland - 1996

Ruth Molokwu – Centreville – VCU SOD 2012

Arya Namboodiri – Falls Church – VCU SOD 2012

Jung S Pak- Fairfax -University of Maryland Dental School- 2009

Monica Patel – Leesburg – University of Tennessee College of Dentistry

Pratik Patel – Alexandria- Columbia – 2012

Farshad Samadnejad – Alexandria – University of Maryland SOD

Thailong Tran – Sterling – Columbia – 2012

Malik Usman – Dumfries – NYU SOD - 2008

Mark Vagnetti – Culpeper – VCU SOD - 2003

Lauren Vaughn – Lake Ridge – Baylor College of Dentistry - 2013

Bradley Wiltbank – McLean – OHSU – 2006

Bijal Shah – Vienna – Illinois University SODM – 2011

Davoud Zadehmohamadi – Arlington – Howard University – 1996

Asma Zia – Falls Church – University of Connecticut Health Center - O&M Radiology – 2012

What VDA Membership Means to Me

Bruce R. Hutchison, DDS, Chair, VADPAC, VDA member since 1981

Membership in the VDA has given me the opportunity to grow as a leader. It offers me the chance to meet regularly with colleagues to discuss where our practices are going and what works for each of us. It affords me the opportunity to meet great people in dentistry who have become friends and mentors. Continuing Education opportunities are plentiful- with world class speakers coming to me instead of me having to travel to see them. But most of all, the thing that really gets me excited about being a member, is the advocacy I see happening every day. This advocacy from the VDA and the ADA enhances my practice and make treating my patients, my way, a priority. Without this group effort, our practices would be at the mercy of the lawmakers, the regulators, the insurance companies, the lawyers, and the many special interest groups who would happily take away what we have. In Virginia, only a dentist can provide dental care to the public. Are you aware that there are groups out there who want to come into Virginia, change our laws, and practice dentistry without being a dentist? It is happening in other states, and Virginia is on the target board. How can we fight this ill conceived idea? Political advocacy is the only way.

What has the ADA done for me you ask. Well here are a few examples of exactly what ADA and VDA advocacy have done for you , me and every dental practice in Virginia (and America).

1. Red Flag Rule- This rule was part of the ACA, or Obamacare. It would have forced each office to go to extraordinary measures to insure patient finances were all legitimate. It was aimed at defeating fraud and abuse and would have treated a dental office as if it were a lending institution or bank. The costs to comply with this onerous rule would have been thousands of dollars a year for each office, year after year. The ADA fought to get this rule out of our offices- and won! This saves you more than your dues dollars each and every year!
2. OSHA- Every year, OSHA tries to ramp up and require more and more regulations concerning how you practice dentistry. This would drive up the cost of dental care. Two dentists in Congress (Paul Gosar of Arizona and Mike Simpson of Idaho) help keep these changes reasonable, and relatively affordable. Without these two dentists in Congress looking out for our best interests, OSHA would run rampant on the dental profession. Left unchecked, you and I would be responsible for complying with numerous unnecessary and costly regulations
3. Medical devise Tax- Again, part of the ACA, this tax has already gone into effect. This again, would drive up the cost of dental care. If you participate with insurance programs and abide by their fixed fee schedules- do you think they will raise their level of reimbursements as your costs increase? Not likely. Actually- NO WAY! You lose, our patients lose. The ADA is fighting to have this ridiculous tax taken off our backs.
4. Non Covered Services- Two years ago the VDA took on the insurance companies who wanted to actually tell you what to charge for things they don't even cover. They wanted to restrict the fees you charge for procedures they don't even think are important enough to cover. This sounds ludicrous- but it was about to happen, in fact , it was happening. The VDA members fought hard to get a law passed that made that practice illegal in Virginia. Again, this one issue has saved nearly every office thousands of dollars and has allowed practicing dentists to make treatment decisions for their patients based on what is right, and not on what the insurance company will pay for.

These specific items, along with countless other legislative victories, identify the importance of ADA and VDA membership as together, we are stronger than we are alone. None of us would ever stand a chance of getting these things accomplished on our own. Membership is important.

ADPAC (the ADA's Political Action Committee) and VADPAC (the VDA's Political Action Committee) are powerful influencers. Both are well known in their respective legislatures and carry a lot of influence with the policy makers. In August of 2012, the Wall Street Journal said " The American Dental Association is one of the most influential trade lobbies in the country." This is no small feat. ADPAC, and VADPAC in Virginia, exert great influence in four ways. First, PAC dollars are distributed to legislators who need money to run successful campaigns. They remember who supports them. Dentistry monitors how these legislators either support our cause, or don't. We support those who support us. Second, dentistry always has a good story to tell. My experience is that we always seek action that benefits our patients. It may be beneficial for us too, but it always benefits our patients. Seeking action on our patients' behalf is the right thing to do, and is an admirable thing to do. Legislators have a hard time deciding against better care for their constituents. Third, both the ADA and the VDA have lobbyists who represent us so very well. They are well informed, well respected, and get the job done for us daily. And finally, both the ADA and the VDA have extensive and active grassroots networks. These networks consist of dentists who take the time to know their legislators personally. They get involved with them and meet them at home. Then, when the time comes for action, the legislators are called on by their local dentists who have become friends. These personal contacts help pave the way for a successful legislative agenda. Dentistry wins, and our patients win.

It has been my experience again, that dentistry has a good story to tell. Dental care in America is without equal. Dentists in Virginia work together well when put to the test. We offer ideas that make sense, personally contact our legislators, support their campaigns both privately and through VADPAC, and are represented by a talented and hard working team of lobbyists. Legislative activity is interesting to observe. It can be frustratingly slow moving at times, but it is where the rubber meets the road. So many of the decisions made in the legislature affect us each and every day. But the process works for Virginia dentists and that makes membership in this organization critically important to me. In fact, I can't see how any dentist in Virginia can possibly not see the value to their practice, their patients, and their personal lives that membership in the VDA makes possible.

Member Awards & Recognition

Dr. McKinley L. Price
Emanuel W. Michaels Distinguished Dentist Award

Virginia Dental Association

Dr. Justin R. Norbo
New Dentist Award

Virginia Dental Association

Dr. Brenda J. Young
Community Service Award

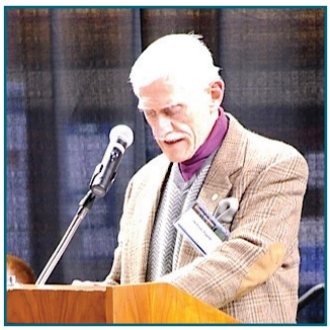
Virginia Dental Association

Dr. William J. Bennett
Presidential Citation

Virginia Dental Association

Dr. Michael J. Link
Presidential Citation

Virginia Dental Association



Dr. H. Jackson Payne
Presidential Citation

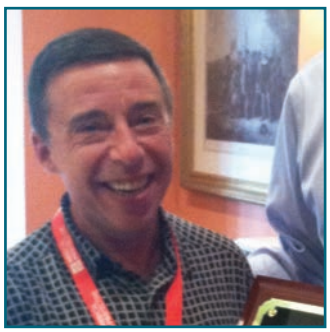
Virginia Dental Association

Dr. Timothy E. Russell
Presidential Citation

Virginia Dental Association

Dr. Cassidy L. Turner
Presidential Citation

Virginia Dental Association



Dr. Lanny Levenson
Service Award

Virginia Dental Services Corporation

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

Member Awards & Recognition

Dr. Roger Wood
Leadership Award

Virginia Dental Association

Dr. Benita Miller
Leadership Award

Virginia Dental Association

No photo available

Carmen Regan
Dental Team Member

Virginia Dental Association

Seven VDA members were inducted as Fellows in the International College of Dentists in New Orleans. Pictured are: (L): 16th District Regent Dr. William Bennett. Left to right are new Fellows: Drs. Charles Harris, Karen McAndrew, Anthony Peluso, Reed Boyd, Michael Morgan, Samuel Galstan, and Michael Abbott.

L-R: Drs. Frank P. Iuorno, Gregory A. Cole, Charles W. Jenkins, W. Anthony Meares, Marcel G. Lambrechts, Ronald D. Jessup
New Member Induction

Virginia Dental Association Fellows

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

Member Spotlight: Dr. Julian Metts

Continued from back cover

But, as he would tell you, Dr. Metts realized this was not enough. There were too many critically-ill children in need of medical and dental care. They needed a hospital, and that is when the International Hospital for Children (IHC) was founded in 1999. The purpose: provide medical and surgical treatment needs to children in 6 countries in South America and the Caribbean through a network of volunteers.

Surgical teams were sent to countries in need and the Hospital was able to bring children back to the United States for more complicated procedures. To date, the IHC, renamed the World Pediatric Project, has saved nearly 5,000 critically-ill children. In 2012 alone, 821 surgeries were performed, 2894 consultations, over 2000 children were treated, 44 surgical/diagnostic teams traveled to 8 countries, and over 10 million dollars worth of services donated...and the numbers keep growing.

Looking ahead, Dr. Metts would like to see the World Pediatric Project with connections in all Third World countries so that all children who have critical surgical needs will have the opportunity for treatment.

As with many of his generation, Dr. Julian Metts told his story with total humility. He takes pride in the success of the Hospital and not his hand in that success. As a proud member of the VDA and with complete altruism he asked that this article not be about him necessarily, but to focus on making a difference. He certainly has and he encourages all of us to do the same in whatever way is meaningful.

The World Pediatric Project is a non-profit humanitarian organization based in Richmond with offices in St. Louis as well. More information can be found at http://www.worldpediatricproject.org.

Maria, an 8 year old girl from Honduras, was born with tibial pseudarthrosis, a congenital orthopedic anomaly in which the bones of the tibia are fractured. She was unable to walk and moved about by hopping on the other leg. Maria was brought to St. Louis where Dr. Schoenecker, Chief of Staff at Shriners Hospital, operated. Four months after surgery and physical therapy, Maria went home to Honduras walking.

How do you want your future to look back at you?

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Member Spotlight: Dr. Julian Metts Quietly Making a Difference

By: Dr. Frank Iuorno, Associate Editor, Component 4

What on earth would possess an orthodontist to go on a mission trip to Guyana in 1991? Clearly straightening teeth in a Third World country does not seem to make sense when children are dying of disease and malnutrition. This trip, however, would have different meaning initially for Dr. Julian Metts, who was, and still is, an active member of the South Richmond Rotary Club. It was a Rotary Club initiative to eradicate polio worldwide that carried Dr. Metts to Guyana for the first time to evaluate the country's infrastructure including their health-care system. And after seeing the children in need of basic medical and dental care, it changed the course of his life, and thousands of kids, forever.

Dr. Julian Metts, Jr., graduated from Midlothian High School in 1952. He joined the US Army and proudly served in the Korean War. Upon returning to Richmond, he studied at the University of Richmond, on the GI Bill, and graduated in 1959. He subsequently went to dental school and completed his orthodontic residency at MCV. He practiced orthodontics in south Richmond and Chesterfield for over 40 years and, as he says, "developed a love for children".

It was this love for children that made it impossible to leave Guyana on a subsequent trip that same year. During this trip, he met Shallon Green, a Guyanese girl about 5 years old weighing less than 20 pounds, who had a tracheotomy and feeding tube. Shallon had swallowed lye which severely burned her esophagus making her unable to swallow. She was dying and needed proper nutrition and surgery immediately.

Dr. Metts, along with Wick Lyne (the President of the Virginia Division of Health Care Corporation of America (HCA) at the time), carried Shallon and a Guyanese nurse back to Richmond where she was treated for approximately 18 months at Johnston-Willis Hospital. Shallon learned to eat again with a feeding tube and is now back in Guyana leading a healthy life.

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Dr. Julian C. Metts, Jr.