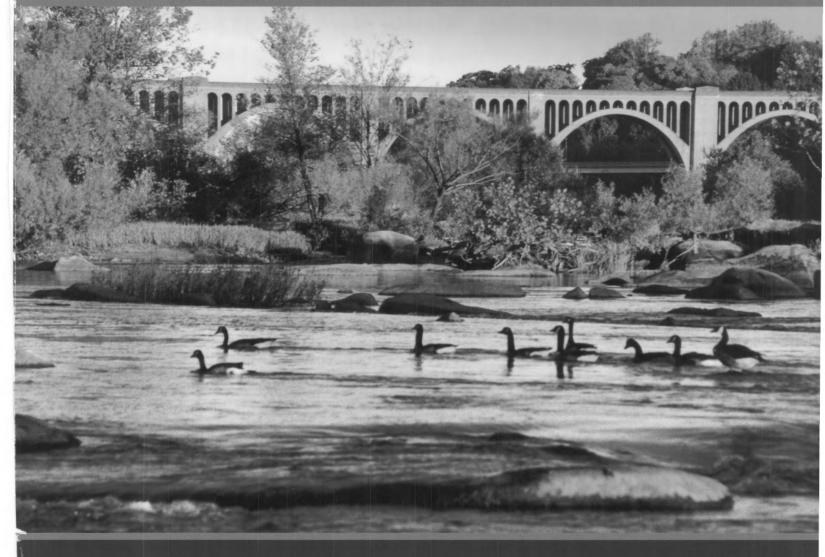


Volume 82, Number 4 — October, November, & December 2005



In this Issue:

VCU School of Dentistry Seeks Funding for new addition.

Highlights of 2005 – VDA Annual Meeting



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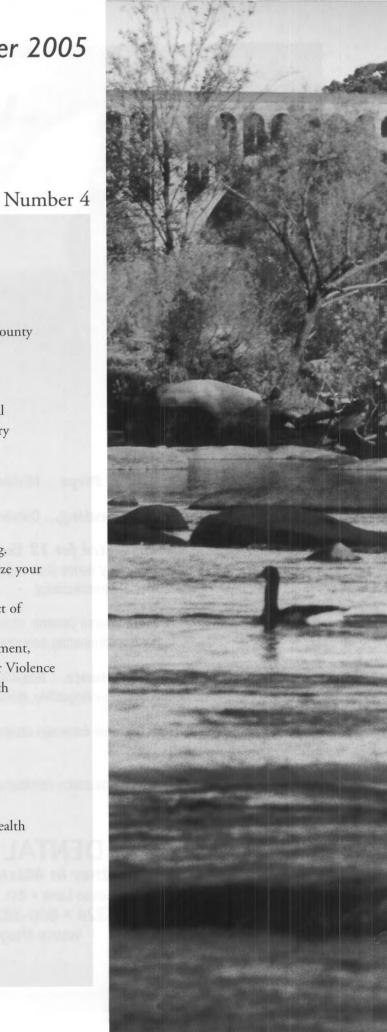
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Guest Editorial



Yellow Page Perspectives Dr. Richard Mielke WSDA Editorial Board

All dentists know the most important part of dental practice is getting their Yellow Page ads right. I'm constantly reviewing my own message to be sure it expresses the very essence of my practice style and focus. It's practically a mission statement all by itself. Right now I'm going with: "personalized dentistry for all ages."

It's been a long time, but I think I adopted this wording to indicate that I not only welcomed chronologically advanced folks, but would laminate my Washington state dental license number along with their name into the base of their denture for all time. It may be weak, but it's all I could fit into a one-inch column.

Of course, I could expand my message and perhaps enhance my appeal with a larger ad, but I'm saving my money to buy some state-of-the-art equipment, like a curing light. Then I can offer patients the Second Generation of composite restorations and tout the progressive side of my practice in a larger future display ad. It's important to have long-range plans for marketing.

I love to look through telephone books from other cities to see the beautiful and creative ads of dental practices. I'm always looking for ideas for the future. Not all dentists share my enthusiasm, however. Some feel the proliferation of large, artsy display ads represents an erosion of ethics in dentistry.

Many dentists remember that until about 30 years ago the ADA Code of Ethics proscribed such ads and limited the number and size of announcements of a new practice. There were even restrictions on the maximum height of letters on outdoor signs. The old era of restrictions ended when lawyers sued each other over their own code of ethics, leading to a federal ban on many advertising restrictions in their profession. The door was now wide open for all professions to advertise freely.

The ADA Code still has a few rules on advertising for its members to follow. They address mostly issues of dentists overstating their education or expertise. Also, "false or misleading" information is against our Code of Ethics.

"False and misleading" ads are also against Washington state law, which affords even less wiggle room for dentists than does the ADA Code. It is also a violation of state law to claim superiority over other dentists in one's neighborhood. This does not apply to television programming, such as FSN's "Best Damn Sport Show Period."

Interestingly, state law also bans "cappers" and "steerers" to obtain patronage. We all know what a capper is. In this context, however, it means someone who brings business your way. Getting back to the Yellow Pages, I'm noticing some dentists don't list their names, just that of their clinic. It may be because they are involved in the federal government's Witness Protection Program and are hiding from the Mob, or maybe they're hiding from Ed McMahon. On the other hand, perhaps it's something mundane like the clinic frequently has new dentists coming on board. Other dentists

use only their first names in their ads, like "Dr. Bob" or "Dr. Sadie." I'll bet it's because they have a last name that is so dauntingly long and complex that prospective patients would not want to have to learn to say it.

It's fun to try to identify the target market each ad is trying to reach. Many are much narrower than my "all ages." Some boast of their years in practice, appealing to those who value experience in a dentist. One has to be careful not to overdue this. It's not good to leave the impression that you may have gained some of your experience treating Neanderthals at the end of the last ice age.

A few ads reach out to the alternative medicine and holistic folks, claiming to be mercury free. This would not be entirely true if they removed amalgam restorations on site.

"Adult dentistry" puzzles me. I understand adult living and adult entertainment. Perhaps you have learned about adult entertainment by innocently stumbling upon it while attending the ADA Annual Session when it was in New Orleans or Las Vegas. Don't worry about it. In Vegas, at least, what happens there stays there. Maybe adult dentistry is a PC way of saying, "My reception area is really fancy and nice, so no Cheerios-littering, sticky-fingered rug rats wanted."

I thought about putting a photograph of myself in my ad, as others have done. I asked my staff if I should do it, and they said it would depend on whether I wanted to attract new patients or not. What kind of an answer is that?

It's not very glamorous, but I guess I'll stick to my present little ad. It's cheap. I'll soon have enough money to get that curing light.

From the Editor



Leslie S. Webb, Jr. VDA Dental Journal Editor

Access to dental care are currently the buzz-words for a driving force that is well underway and will have a major impact on dentistry. The federal government, state governments, health regulatory boards, boards of dentistry and many public groups are pressing concerns that access to dental care is lacking for many geographic areas and disadvantaged populations. Groups targeted as areas of concern include indigents, both children and adults, and ethnic groups, including native Indians and Eskimos.

The lack of access to appropriate dental care can result from many sources, including insufficient numbers of dentists and allied dental personnel or their maldistribution, lack of personal or governmental funding for care, or poor dental health literacy resulting in lack of demand.

In response to these pressures, dentistry is looking at dental manpower issues such as the number of dental school graduates needed. How can dental graduates be attracted to underserved areas? Should foreign trained dentists be given licensure and under what circumstances? New workforce models with expanded categories of allied dental personnel are being proposed. More patient care would be delegated to them along with educational opportunities and pathways for advancement.

As the issues are addressed and solutions found, dentistry must play the prominent role. It must be clear that there is only one standard of care for all our citizens, not a multi-tiered system. The role of the dentist as the leader of the dental team must be maintained. The dentist must perform the examination, diagnose conditions and develop the treatment plan for the patient. Lastly, there should be no delegation of irreversible dental procedures to non-dentists. Keep your attention on this issue. It will affect all of you.

Dear Editor,

I wish to commend all of the Delegates and Alternate Delegates that served in the 34th Annual Session of the Virginia Dental Association House of Delegates. With all of your efforts the business of the House was able to be transacted in an efficient manner. A great deal of discussion was provided by delegates at the Reference Committee meetings which aided in developing policy for the House to discuss and use to determine the VDA's direction for the following years. The Reference and Credentials Committee members deserve special appreciation for presenting the actions in a manner which could be easily understood. The Committee members serving were: Credentials Committee-

Sam Galstan, Chairman, Michael Abbott, Alonzo Bell, Robert Candler, Karen Cole Dameron. Reference Committee 1000 - Budget, Financial and Administrative Matters: Edward Griggs, Chairman, Scott Francis, Garrett Gouldin, Sharone Ward, Alan Robbins. Reference Committee 2000 - Membership, Public and Professional Affairs: Robert Candler, Chairman, Scott Berman, Timothy Collins, Katherine Finley-Parker, Randy Norbo.

Finally, I would like to thank Bonnie Anderson and Leslie Pinkston, our VDA Staff, for their assistance in preparing the reports for the Reference Committees.

Ralph L Howell, Jr. Speaker, House of Delegates

Message From the President

We need help!!!!!

The Virginia Employment Commission website states that the number of Dental Hygienists employed in Virginia in 2002 was 3,553. They project that in 2012 we will need 5,404 dental hygienists. This represents an annual average growth rate of 4.3 percent, faster than 1.7 percent growth rate for all occupations in Virginia. For dental assistants the need is also acute. The number of Dental Assistants employed in Virginia in 2002 was 6,792. It is projected that in 2012 there will be 10,245. This represents an annual average growth rate of 4.2 percent, also much greater than the growth rate for all occupations in Virginia. From 2002 to today dental hygiene employment has increased to 3678, only a 1.7% annual rate of growth and we are falling further behind each year.



President: Mark A. Crabtree

This workforce problem is not unique to Virginia. Recently the ADA Board of Trustees established the Workforce Models Task Force with the charge to "...analyze all of the available data and information regarding the adequacy of the current workforce to meet the access needs of the underserved in both rural and urban settings, with particular emphasis on the auxiliary workforce..." The ADA House will be discussing this Taskforces Report for the first time in Philadelphia.

Several years ago, the Virginia Board of Dentistry was petitioned by a group of dentists from rural Virginia to establish a scaling technician auxiliary to help them meet the growing preventive needs of their patients. This led the Board to study various options and ultimately to a proposal to allow expanded function dental assistants to perform duties beyond what is allowed by regulation today. To allow practicing dentists to meet the needs of their patients, the need for more auxiliaries with expanded ed authority to do more procedures is clearly evident. That raises the question: What are we going to do about it???

During my president-elect's address, I spoke of forming a VDA Task Force to study the ADA Workforce Models Taskforce Report and to make recommendations to the Board of Directors as to how we should proceed to prudently deal with this issue. I have appointed Past-President Bruce Hutchinson to chair this task force which we will be starting its work very soon. In the meantime, we need to gather data on the number of hygiene positions that need to be filled in the near future. Please complete and return to us the enclosed card so that we can build a data base to begin to attack this important and growing problem.

I look forward to a great year serving as your president. Please feel free to contact me with your problems, concerns or any other feedback that you feel the Board of Directors needs to hear. We are excited about the positive future we envision for dentistry and our profession remains strong because you care enough to want to make a difference. Thank you for being a part of organized dentistry.

Please mail these response cards back to us NOW.

VDA PRESIDENT ACCEPTS \$10,000 FOR DENTAL HEALTH FOUNDATION

New Clinic Will Help Those Who Cannot Afford Dental Care in Martinsville Area



Mark A. Crabtree, DDS, Virginia Dental Association president, and president of the Piedmont Virginia Dental Health Foundation, has accepted a gift of \$10,000 from Delta Dental Plan of Virginia to equip a clinic that will help residents who cannot afford dental care in the Martinsville area.

The Foundation plans to open the Dental Education and Safety Net Center next August. "With a network of volunteer and public health dentists, dental students from the School of Dentistry at Virginia Commonwealth University and dental hygiene students from community colleges, we will make a difference in the lives of people who need dental treatment," said Crabtree.

The purpose of the center is to improve oral health of disadvantaged citizens through oral health education and dental care. The center is intended for unemployed and uninsured adults, needy children and Medicaid-eligible residents. The center expects to serve approximately 2,500 patients its first year and 5,000 its second year.

Earlier this year, U.S. Rep. Virgil H. Goode Jr. obtained a \$450,000 legislative earmark award for the Safety Net Center. The Piedmont Dental Society, which includes dentists from Martinsville, Danville, Lynchburg and Roanoke, has contributed \$5,000.

Delta Dental Plan of Virginia presented the \$10,000 check at a luncheon attended by officers of the foundation, area dentists and community leaders. "Our company is committed to improving access to dental care," said George Levicki, DDS, president and chief executive officer of Delta Dental. "We are pleased to support the efforts of The Dental Education and Safety Net Center, which will be a needed resource for area residents."

"In addition to helping the dentists of Virginia with philanthropic efforts such as Martinsville's Dental Clinic, Delta Dental has generously supported the dental school in its efforts to provide a first class education for our dental and dental hygiene students. Partnerships such as these are making a difference in our profession and in the lives of everyday Virginians who rely on us to take care of their oral health," said Crabtree.

Delta Dental Plan of Virginia was established by the General Assembly in 1964 to improve the oral health of Virginians. Delta provides pre-paid dental benefits to more than 1 million subscribers through a network of more than 3,500 dentists in Virginia.

President Elect's Address...



Dr. Mark A. Crabtree

It will be a great honor and privilege for me to serve you as your President next year. At this moment, I am deeply humbled by your confidence in me, and I will do everything in my power to serve you in accordance with the great traditions of those many fine presidents who have served the VDA over the last 136 years. I thank each you for giving me this great opportunity.

First, I want to congratulate and commend President Bruce Hutchinson for the fantastic job he is doing on our behalf this year. He is leading our association with dignity, honor and good humor, and he is a tremendous role model for me and our entire profession.

We are blessed to have Dr. Terry Dickinson as our executive director. He has put together a fantastic team of professionals and they are all doing a superb job for us.

POP QUIZ

Who Wrote the Following?

Come gather 'round people Wherever you roam And admit that the waters Around you have grown And accept it that soon You'll be drenched to the bone. If your time to you Is worth savin'

Then you better start swimmin' Or you'll sink like a stone For the times they are a-changin'.

The line it is drawn The curse it is cast The slow one now Will later be fast As the present now Will later be past The order is Rapidly fadin'. And the first one now Will later be last For the times they are a-changin'.

Bob Dylan c 1963

The times they are a-changin' and the changin' times will affect the future of dentistry, and they will be a-changin' faster than we've ever witnessed in the past in the regulatory and legislative arenas. Many forces external to our profession threaten our future and we must take the initiative to lead or be led. Now, more than ever, dentistry must speak with a unified voice. And we, as an association, have to develop the skills necessary to succeed in a new environment.

How often do we hear "We live in an era of rapid change." We hear this cliché almost every day, and yet we don't' pause to analyze how these changes affect our profession and your professional association the VDA.

Over the last few years we have changed our governance structure, realigned our statewide meetings and are moving toward a knowledge based governance system. But very few of us understand what is meant by "knowledge based governance."

The Trustees of the American Dental Association are incorporating this philosophy of governance into their decision making and they are moving significantly toward this process of ongoing strategic thinking and strategy development.

We have identified some of our active members and leaders, and invited them to participate in a special leadership retreat on November 11th and 12th at Wintergreen Resort. The nationally renowned Glen Tecker of Tecker Consultants is coming to help us develop the skills necessary to move the VDA forward in this new environment. Glenn and his group is also working with the ADA Board of Trustees and will be facilitating the strategic issues discussions at the ADA Annual Meeting in Philadelphia in October. It is essential that as many members as possible attend this important training and strategic planning session. So I am issuing an open invitation to any one who would like to attend this special strategic planning session to come and be with us as we lay a strong foundation for the future of our profession. If you would

8 Virginia Dental Journal like to be apart of this process let me, Terry Dickenson or Bonnie Anderson know that you would like to attend and we'll get you all the necessary details. I look forward to seeing you on the second Friday in November!!

In one short day Katrina, has shown us that Mother Nature can forever alter our lives. Virginia is a coastal state and hurricanes hit our shores quite frequently. As a profession are we, the VDA, prepared for a natural disaster such as this? I doubt that any one can be totally prepared for a catastrophe like Katrina, but we need to take some time this year to put into a place a plan to help us to improve our preparedness for such a crisis. The Florida Dental Association has a Hurricane preparedness manual that deals with what to do before and after a storm. I will be asking our membership committee to review this manual and to customize a similar plan for our use and to deliver this plan to the Board of Directors as soon as possible.

To protect our interests, the VDA must maintain a high priority on our advocacy responsibilities. Some of the issues that continuously demand our attention are licensure requirements, auxiliary utilization, amalgam regulations, wastewater regulations, malpractice insurance, tort reform and access to care. We can celebrate many successes in our advocacy efforts including our substantial increase in dental Medicaid funding. Yet there is much more to do.

This House of Delegates will make several very important decisions about how our future workforce may be structured. I'm referring to the Scaling Tech and Expanded Function Dental Assistant Issues. The American Dental Association Board of Trustees established a task force to study Dental Workforce Models. This task force has made a report (Board Report 15) that will be discussed by the ADA House of Delegates in October. The Virginia Board of Dentistry has included some of the very ideas that are being looked into on a national level in their proposal. At this time, we need to develop consensus within our profession on how we intend to improve the auxiliary workforce for dentistry. Based on the results of your deliberations, the actions of the ADA House of Delegates in October, and our strategic planning process at Wintergreen, I intend to form a task force to study the ADA Dental Workforce Models Report (Board Report 15) and consider integrating the five classifications of dental assistants and two classifications of dental hygienists into a working proposal for our discussion.

VADPAC's successful leadership in fundraising helps make our voice heard loud and clear in Richmond. During this election year we are strengthening our bonds with members of the Legislature and we are laying the groundwork for continued success in this arena. Through our VDA Day on the Hill in January, we will continue to keep our legislators informed of our concerns. But we need more participation from our membership to face the challenges we face on the legislative front. We must be proactive and at all times vigilant and prepared to help shape these and many other issues that directly impact our practices.

Last September, the Virginia Board of Dentistry, voted to accept all regional examinations and terminated its relationship with the Southern Regional Testing Agency. They took this action outside of the formal regulatory process and without the extensive process required by the Administrative Process Act. ALL STATES either give their own exams (independents) or have input in the exam process as a member of a regional exam. Virginia IS DOING NEITHER!!! The Virginia Board has chosen a go it alone approach that isolates it from the examining community. The Board took this action even though one of the exams uses a grading system that could allow a candidate to pass the exam while leaving caries in the preparation or even pulping a tooth. This system of grading is dramatically different from what has always been the standard in the past and many consider it an unacceptable lowering of the standard of initial competence that has always been maintained in the Commonwealth of Virginia.

On the national level, efforts to establish a national examination are well under way. Virginia has always had leaders involved in the examination process at all levels until now. During this time of dramatic change, the Virginia Board of Dentistry has positioned itself as a loner in the licensure process. There will be no more leaders such as Sonny Leftcoe, Walter Dickey, Cyril Mirmelstein and many others representing Virginia in the examination process on the National level. With the development of a national clinical board under way, Virginia has LITTLE OR NO SAY whatsoever in exam content or any other parameter of the exam outside of its' participation in a regional organization. After many years of leadership in the licensure arena, the state has stepped away from one of its' most important duties and has taken a back seat in the process. As the national examination process progresses the VDA Leadership both the ADA Delegates and the Board of Directors will be called upon to express our members wishes in this arena. Since there is

only one Virginian, Dr. John Harris involved in this process at this time, I will be appointing a special task force to develop a recommendation as to what role we want the examination process to have in initial licensure, and what standard we expect the Virginia Board of Dentistry to uphold and recommendations as to how we should proceed to accomplish this as well as to advise our leadership of the issues involved in the evolving licensure process.

Access to care is a global issue that requires our constant attention. Through our Donated Dental Services, MOM, Give Kids a Smile, Take Five programs and all the efforts each individual practice provides we are making a tremendous effort to meet some of the needs of our underserved populations. This year, I challenge each VDA member to take on one new activity to give back to those less fortunate ones among us by volunteering for one of our outstanding philanthropic efforts. Let's follow the lead of Drs. Sharone Ward and Sam Galtsan who head up the Give Kids a Smile Program. They could really use your help as can our MOM and Donated Dental Services Programs. You can also be a big help by contributing directly to the Virginia Dental Health Foundation. Every dollar you give goes a long way to provide direct care to those most in need. This coming year, I will continue to encourage our membership to step up to the plate and become Medicaid Providers. We have achieved the impossible by getting a 30% increase in Medicaid reimbursements from the State along with a totally new system of reimbursement. The VDA should continue to provide honest solutions to the access problem and build coalitions with other groups and organizations who are serious about

addressing the problem.

Our efforts to develop relationships with the MCV/VCU dental students will pay dividends in the future, but we must not get locked into always doing things the same way. We should continue our efforts to involve the students in our membership efforts and value their opinions on what is important to their future. New members need to be engaged immediately and components should make every effort to get new members involved as soon as possible. With each graduating class, our profession becomes more diverse and we need to be prepared to meet the needs of our changing profession. Virginia is leading the way with an innovative program we offer in the spring to new and potential future leaders of our profession. Dr. Terry Dickinson has developed the Leadership Tomorrow program which is unique in dentistry. Terry has developed a retreat like program that helps to plant the seeds of involvement and future development of leaders for our Association. This program is in the spring and if you are interested in attending or know a colleague - both young and not so young - who you think would be interested in getting involved, please let us know and we will make sure that they are invited next spring.

Financially, we have been blessed by the Virginia Dental Services Corporation who through advertising and CE sponsorship has helped defray some of our increased costs. While we are on sound financial ground today, we must do everything we can to keep our costs under control. A simple way that each member can help is to utilize the services that are endorsed by the VDSC. Remember that new members often have difficulty paying even the reduced fee schedule and we should do all that we can to provide the greatest value to our members for their membership dollar.

To Close Out Another **POP QUIZ** Who wrote the following?

Two roads diverged in a yellow wood And sorry I could not travel both And be one traveler, long I stood And looked down one as far as I could To where it bent in the undergrowth

Then took the other as just as fair And having perhaps the better claim Because it was grassy and wanted wear Though as for that, the passing there Had worn them really about the same

And both that morning equally lay In leaves no step had trodden black Oh, I kept the first for another day! Yet, knowing how way leads onto way I doubted if I should ever come back

I shall be telling this with a sigh Somewhere ages and ages hence Two roads diverged in a wood And I took the one less traveled by And that has made all the difference

The Road Less Traveled by *Robert Frost*

I'm proud to be a dentist practicing in Virginia and I am honored to serve as President of our Association. Working together in a spirit of collaboration, I am confident that we can meet the challenges before us in a way that will improve our profession while protecting our core value of improving the oral health of our patients. I challenge each of you to step up and take a bigger part in the life of your profession, WE NEED YOU! Let's all make a difference.

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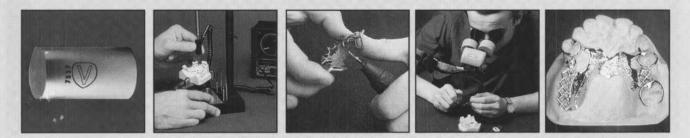
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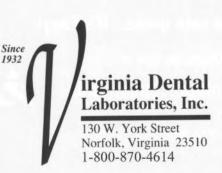
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A Letter From the Membership Vice Chairman for the VDA

VDA Members,

As one of the 3,216 members of the Virginia Dental Association, have you ever thought about how well the Virginia Dental Association addresses the issues important to you in order to serve the entire membership? Isn't it nice to know that the issues near and dear to your heart are shared by the majority of dentists in the state of Virginia and you are heard by the VDA?

You, as members, are the lifeblood of our organization and your continued support insures that the VDA accomplishes its goals. Without your support, we simply would not exist. The VDA currently represents 72.5 % of all Virginia licensed dentists. Imagine what the response would be in the legislature if our numbers were even higher. It is important that we, as members of organized dentistry, continue to encourage non-members to join our association. In order for the Virginia Dental Association to be successful in its legislative efforts, it is vital for each of us to play an active role in organized dentistry. In the past, VDA members have worked with the legislators in the General Assembly to secure legislative changes that ensure your ability to provide appropriate care to your patients. It is always important to remember that your ability to practice and serve the public the way you think best is safeguarded by your involvement in organized dentistry.

One very effective way to promote the VDA is simply to ask what some of the concerns a non-member may have with his/her practice and then point out how the VDA could help or is already helping in that area. Express the wealth of knowledge the ADA/VDA has concerning staff related issues. I am sure my office is not the only dental practice that has an interest in this area. Promote the VDA website and its easy access to the ADA website- there is a wealth of knowledge available right at our fingertips.

The ADA seal program and patient education programs are a public service from which we all benefit, but would not be possible without our support. Our practices all benefit from the research and care put into the over the counter dental products as well as products we use in our daily practices.

These are but a few of the benefits we as members of the VDA/ADA receive; there is also continuing education, legislation, marketing/public relations, peer review, membership recruitment and retention as well as communication to the members. We offer members a way to 'give back' and make a difference in his/her community through our Mission of Mercy Projects and Give Kids a Smile. From a business standpoint, (I think) it is one of the best returns on your dollars you can make.

Please, promote our association and make it stronger-every member counts!

By Kevin Swenson

AFTCO is pleased to announce...

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Alexandria, Virginia

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Gary R. Arbuckle, DDS Brandon S. Hollender DDS

DR GETS A BIG BOOST FROM THE BUCKINGHAM COUNTY PUBLIC SCHOOLS!

Effective October 1, 2005, the Buckingham County School Board has decided to cover employees under a Direct Reimbursement/Direct Assignment dental plan. There are over 250 employees that will be covered by the plan, and many dependents will also receive coverage. The Direct Assignment program has no fee schedule and no network of providers. It is simply a variation of Direct Reimbursement wherein patients receive care at any provider, and the provider is promptly reimbursed for their services by the plan's administrator, Benefits Administration, Inc. (BAI). Buckingham County School Board employees will have a Plan benefit card that will outline the specifics of their reimbursement schedule. As a provider, your office will simply need to submit for reimbursement from BAI, and your payment will be processed promptly. There are no pre-approvals, no x-rays, no time limitation between exams and cleanings, etc., needed and no long delays for payment as is typical with many insurance carriers.

This is an exciting addition for Virginia's DR program and we hope that all members of the VDA will help to support this important effort by welcoming any DR/DA patients to your practice and by educating your office staff about this great, fee-for-service dentistry program strongly supported by the ADA and the VDA. The VDA needs your help to make this a successful program within the Commonwealth. As employees from Buckingham County Public Schools start to call dental offices and present their new dental benefit cards, please ensure that your staff is aware of this program and that it is fee-for-service dentistry. Your office does not need to sign up for any "plan" and will not be given a fee schedule for Direct Assignment. To keep fee-for-service patients coming to your practice, don't turn away the employees of the Buckingham County Public Schools!

If you have any questions about Direct Reimbursement/Direct Assignment Plans, or would like more information, please visit the ADA at www.ada.org, visit the VDA at www.vadental.org or contact Elise at the VDA (800-552-3886).

Welcome New Members

Richmond Dental Society

Dr. Russell Bogacki graduated from VCU School of Dentistry in 1997. He is currently practicing in a faculty practice at the dental school.

Dr. Scott Thews graduated from VCU School of Dentistry in 2005. He is currently practicing dentistry in Midlothian, VA.

Dr. David Schleider graduated from the University of Penn in 2002 and received his MS and Certificate in Prosthodontics from VCU School of Dentistry in 2005. Dr. Schleider will be practicing in Richmond, VA.

Dr. Stephen Booth graduated from VCU School of Dentistry in 2005. Dr. Booth is currently practicing dentistry in Midlothian, VA, with Dr. Robert Penterson.

Shenandoah Valley Dental Association

Dr. Daniel Lill graduated from VCU School of Dentistry in 2002and then continued in school and received his MS and Certificate of Orthodontistry. Dr. Lill is currently practicing with John Goodloe and Damon DeArment in Winchester, VA.

Dr. Christabel Sweeney graduated from VCU School of Dentistry in 2004 and then completed her AEGD in 2005. Dr. Sweeney is currently practicing dentistry in Stephen City, VA.

Dr. Brian Shinabery graduated from University of Tennessee School of Dentistry in 2005. Dr. Shinabery is currently practicing dentistry with the Winchester Dental Group, in Winchester, VA.

Dr. Jennifer Dixon graduated from VCU School of Dentistry in 2003. She then completed her M.S. and Certificate in Pediatric Dentistry in 2005. Dr. Dixon is currently practicing dentistry with Childrens Dentistry of Charlottesville.

Dr. Julie Tran graduated from VCU School of Dentistry in 2005. Dr. Tran is currently practicing dentistry in Charlottesville and Northern Virginia.

Dr. Jason Abel graduated from VCU School of Dentistry in 2005. Dr. Abel is currently practicing dentistry in Charlottesville, VA, with Dr. John S. Lyon.

Tidewater Dental Association

Dr. Michael Heffelfinger graduated from VCU School of Dentistry in 2005. Dr. Heffelfinger is currently practicing dentistry in Virginia Beach with Konikoff Dentistry.

Dr. Michael Ireland graduated from Temple University Dental School. He then completed his residency at St. Francis Medical Center where he received his certificate in Oral/Maxillofacial Surgery. Dr. Ireland is currently working with Drs. Rawls, Ford, and Guter Ltd in Virginia Beach, VA.

Dr. Sheila Gillespie graduated from VCU School of Dentistry in 2004. She is currently practicing dentistry in Virginia Beach with Konikoff Family Dentistry.

Piedmont Dental Society

Dr. Gregory Harvey graduated from MUSC in 2003 and had been a member of the South Carolina Dental Association. Dr. Harvey is now practicing dentistry in Salem, VA.

Southwest Virginia Dental Society

Dr. Alistar Kok graduated from The Ohio State University in 2003. Dr. Kok is currently practicing dentistry in Blacksburg, VA.

Peninsula Dental Society

Dr. Ceceil Gallop graduated from Meharey Medical College –School of Dentistry in 1980. Dr. Gallop is currently practicing dentistry in Hampton, VA with Dr. Robinson.

Virginia Dental Association Deceased Members List

Dr. Joseph O. Cain

City Date Berryville 10 Aug 05

Donated Dental Services Virginia Dental Health Foundation

What we know...

...you already provide a lot of free dental care.

- ... you rarely receive recognition for your efforts.
- ...your time is precious.
- ...you care.
- ...dental access is a tough issue with no easy answer.
- ... you like to work with familiar equipment.
- ... you would like to "pick and choose" your pro bono cases.
- ...sometimes are just "not good times" to volunteer.
- ...you like to do dentistry not paperwork.
- ...people with serious problems often need to see specialists.
- ...that the rewards are great.
- ...you can make a difference.

...transportation and no-shows are deterrents when working with this population.

What we offer...

-You choose who and how many patients you will see.

- -You provide treatment in your own office using your own equipment.
- -Contact the DDS referral coordinator for lab work, specialists, and any patient concerns.
- -Keep our application in your office and offer it to those who request free dental work.
- -A way to really make a difference in your community.
- -By screening all of our applicants you can be sure you are helping someone who is truly needy.

We	Know	How to	Make	Volunteering E	lasy!	Register Toda	y!
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Donated Dental Services Volunteer Registration

How many DDS patients would you consider accepting in the next year?	
What type(s) of patients would you consider treating?	

Disabled	Elderly	Mee	dically-Comp	promised	Other
Is your office wheeld	hair accessit	ole?	Yes	No	
What is your specialt	y?			N/A	(I'm a General Dentist)

Telephone Number: (Address:)	nonstrong (Virgina Deca	
City, State ZIP:		termine times a	Sigura Car	
Fax Number: ()	-	E-Mail:	
	Or	Mail it to Donat	n to (804)261-1660 e Dental Services Richmond, VA 23228	

Attn: Shannon Jacobs



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What we offer ..

You choose who and how many patients you will see. You provide articleant in your own affice using your own equipatent Contact the DDS referral coordinator for lab work, apecialists and any patient routerus. Keep our application in your office and offer a to more who request the data! work A way to really make a difference in your community.

e Know How to Make Volunteering Easyl Rey Donated Dental Services Volunteer Reging wanteer Reging to the service of the servic

> Place Stamp Here

Virginia Dental Association 7525 Staples Mill Road Richmond, VA 23228 A young man reached into his pocket, removed his wallet and revealed who he was. He came seeking a cure for the pain in his mouth. He had no money. He brought out two pictures of his young children. This is my life he said. I am a lot like you he said. "Thank you," were the words he spoke.

> A forty year old, his life's struggles so evident on his face, said he was lucky to be alive. He suffered through and survived many injuries and illnesses. He arrived the night before and waited to have his teeth cleaned. "An angel has sprinkled you with dust from heaven," he blessed the hygienist as he left. She had made a difference in his life.

A dental student reviewed post-op instructions with a woman. "Can you read these?" "No. I know how to read, but I cannot see" the woman answered. "Let me help," replied the student. He escorted her to the eye care area. There, she was warmly received by other volunteers who restored her vision with new eyeglasses.

MISSION OF MERCY Wise, Virginia

"How did I get so lucky to have my heart awakened to others and their suffering?" Pema Chodron

What is it that pulls so many volunteers away from the comfort of their usual surroundings each Summer to provide dental care in the hot sun and open air environment of the fairgrounds in Wise, Virginia? What strengthens these people to deliver the best they can offer on limited rest and in physically demanding conditions?

Perhaps it is a calling from deep within to make a difference in someone's life.

Perhaps it is a need to give back; our profession is so good to us.

Perhaps it is the desire to practice our healing art in a truly unique environment, unencumbered by the weight of the usual dental business.

Or could it be that we are in search of community, the need to be a part of something bigger than any one of us.

Maybe we sense a need for justice or a desire to ease other's suffering.

Perhaps it is spiritual.

Perhaps it cannot be explained.

This much we know:

For some years now, hundreds of volunteers gather in Wise each July to provide a wide range of preventive, restorative and surgical dental care to a community of wonderfully grateful people in tremendous need. They gather in a spirit of giving of themselves unconditionally in any way needed. The combined financial impact of direct services provided in this area of our Commonwealth totals in the millions of dollars. A different measuring stick is needed to capture the value of the difference made in the lives of those served and those providing service.

Never underestimate the resourcefulness and power of people united in a good and noble cause.

The Virginia Dental Association brings these volunteers together.

I am proud to be a member.

Al Stenger

Shenandoah Valley Dental Association Letter

The SVDA has been contacted regarding the need for Spanish-speaking dentists in our component, especially the Harrisonburg area. According to one source, there are several thousand residents in need of this service. If you can be of assistance to these patients for whom English is a second language, please contact the executive secretary. Below is a letter sent to SVDA from an individual in need.

My name is Angie and I'm a 20 yr old struggling musician, studying business in school currently. I have always had a fear of dentists....I've had maybe one visit in the last 10 years...and that one visit was enough to scare me to death. My teeth started to rot and decay when I was very young. I was not raised in an environment that forced me to go to a dentist as a child. Needless to say I haven't been able to smile since I was about 10 yrs old. I only wish you knew how unconfident, depressed, unmotivated and just plain miserable I am on a day to day basis. I've read tons of forums online for people who have "phobias" about going to the dentist. They are however inspiring...but at the same time my fear at this stage is not the only thing keeping me from a healthy smile. I have no one in my life ... no family... no real friends... to encourage me or help me with this ordeal... I am a single young adult that barely makes a living. My last check up (6 years ago) informed me that my dental fees would be nearly \$20,000. I can not afford insurance...I cant qualify for medical/dental aid...due to my age and having no children. I have looked into this for over the last 3-4 years, hoping and praying I could find some kind of help to gain my smile back. I really don't know what it feels like to smile anymore ... and haven't for many years. The worst thing I face now is my teeth taking over my life, I have developed social anxiety, I will not let myself have any friends due to "the judgment" they may bring. I've always been told I have a natural talent in music and have had offers to make my dreams come true...but I could never make it in music with out teeth...and this has left me with no confidence to pursue my dreams. I just don't know how to deal with this situation ... with out a confidant. And on top of that...its made me physically sick and can not eat properly and I have lost a lot of weight not being able to eat the things I need to. I can not chew anything. I've never in my life written a letter to someone regarding help with my dental problems...I BEG you to please help me...with either suggestions or ideas that may be helpful regarding my financial issues.

Component I (Tidewater)	Virginia Donne
(Executive Secretary)	(757) 491-4626
Component II (Peninsula)	Kathy Harris
(Executive Secretary)	(757) 565-6564
Component III (Southside)	Dr. C. Sharone Ward
(President)	(804) 796-1915
Component IV (Richmond)	Linda Simon
(Executive Secretary)	(804) 323-5191
Component V (Piedmont)	Ann Huffman
(Executive Secretary)	(276) 732-3789
Component VI (Southwest)	Sonya Ferris
(Executive Secretary)	(276) 628-4934
Component VII (Shenandoah)	Kathy Silwoski
(Executive Secretary)	(540) 885-4344
Component VIII (Northern VA)	Susann W. Hamilton
(Executive Director)	(703) 642-5297

<u>VAGD Programs</u> - please contact Frances Kimbrough (Executive Secretary) at 804-320-8803.

<u>VCU School of Dentistry</u> - please contact Martha Clements at 804-828-0869. www.dentistry.vcu.edu/cc/courses.shtml

VCU School of Medicine (Anatomy Dept) - please contact Dr. Hugo Seibel at 804-828-9791.

<u>VAE</u> - please contact Dr. Timothy J. Golian at 703-273-8798.

VSOMS - please contact Morgan Bailey at 804-261-1610.



The VDA is recognized as a certified sponsor of continuing dental education by both the ADA CERP and the Academy of General Dentistry.

18 Virginia Dental Journal

Component I Tidewater

> No News to report. Please Contact your Component Secretary.

Component II Peninsula

> No News to report. Please Contact your Component Secretary.

Component III Southside

> No News to report. Please Contact your Component Secretary.

Component IV Richmond

> No News to report. Please Contact your Component Secretary.

Component V Piedmont



David Black, Editor

With Fall fast approaching the Piedmont Society is very busy. First, we have the state meeting coming up September 14-18 in Richmond. Our society will have a hospitality suite and will have lunch for our component members on both Friday and Saturday from 11:30-1:00. Our suite number is 1709. I hope that all members will come to the suite to discuss committee appointment needs and any other issues that are common to our component. On Friday evening 7:30-9:00 we will host a "Taste of Virginia" reception for our own, Dr. Mark Crabtree, incoming VDA president. Everyone is welcome to attend this reception, as well as visiting us for lunch on either day.

Secondly, we need members to step forward into leadership positions. There are vacancies on several state committees as well as two positions on our executive board. The members from Martinsville and Danville have been carrying the society for several years, and we need people from Roanoke and Lynchburg to step into the executive board with the current leaders rotating off. Discuss this with us at the state meeting to see if you can help or give us names of people who

are willing to lead, or call Ann Huffman for more information. Thirdly, the fall meeting is coming up with two exceptional speakers. We have Dr. John Durango and Dr. Corky Wilhite speaking on "Communication and Transitional Bonding". This meeting will be Friday, October 7, 2005 at Hotel Roanoke. Registration starts at 8:00 am. These speakers have great messages and it is a great opportunity to have a good CE experience without going out of state. Last but not least, the 2006 VDA meeting will be in Roanoke next September. This is another reason I hope you will visit our hospitality suite. We need lots of people to help with the organization of the meeting, escort dignitaries and speakers and help in so many ways. We will have lists of things to do in our suite. You do not have to be a member of our component to help, we welcome anyone to help, especially those that have done these jobs before. If you can help or even give advice, call David Black the Host Committee Chairman or Ann Huffman our Executive Director. See you in Richmond!

Component VI Southwest

> No News to report. Please Contact your Component Secretary.

Component VII Shenandoah Valley

Ron Downey, Editor

As incoming President, I want to maintain the momentum created by Dr. Ted Sherwin, in reaching out to all dentists in the Shenandoah Valley and Charlottesville areas who are not members of our Component. We need to get the word out to them of the many benefits of belonging to the SVDA, VDA, and ADA. I also want them to be aware of the fine continuing education programs that we offer As an incentive to increase our membership, the executive committee developed a program to offer two free CE programs to any licensed dentists new to the Component 7 geographical area during their first year of practice. If a meeting is co-sponsored by another organization, then only

one-half of the fee will be waived. Once they see first-hand the many benefits of membership, we are certain they will want to join the SVDA. There are many issues facing the Board of Dentistry that

have the potential to affect all practicing dentists. It is our responsibility as leaders of the SVDA to get that information to our membership and listen to the feedback and work at the state level to ensure that our voices are heard. Mark your calendars for a great CE program on March 31, 2006, featuring a dynamic presentation on team building by Dr. Paul Sletten. Sincerely,

Dr. Ron Downey

Component News

Component VIII Northern Virginia



Ugh! When is the heat going to let up? I can't remember a summer like this, in Virginia, for many years. Fortunately, autumn is just around the corner and the cooler days mean that Component 8 is gearing up for the VDA annual meeting. Were looking forward to making a presence in Richmond and working with our colleagues to achieve com-

mon goals for dentistry in Virginia. Best wishes go out to our President, Melanie Love and her

husband, who have recently adopted a baby boy from Korea. I think Dr. Love just got busier!

In August 32 new members attended the new member orientation. Since January the NVDS has taken in 71 new members. The Society is in the process of updating its web site and is working on getting our new Membership Directory to our members by October. On October 28th a "laser tech" hands-on, fund-raiser, to

benefit the Northern Virginia Dental Clinic, will be held at the Waterford at Fair Oaks. The cost is \$75.00 and is a great way to earn 4 DEU's, not to mention benefit a great cause. The Northern Virginia Community College has agreed to host the Northern Virginia M.O.M. Project for the next five years. The college has been instrumental in past M.O.M. projects supplying hygiene students and staff, a beautiful state-of-the-art clinic and most of all support for this worthwhile event.

The NVDS lost a trusted member, Dr. Stanley Patch, who died suddenly on June 2. Dr. Patch practiced in Prince William County for 20 years after serving in the military as a helicopter pilot and dentist. He recently sold his practice and was establishing a clinic for the underserved in the Cape Charles area. Our deepest sympathies go out to the family of Dr. Patch.

In June our annual charity golf outing was held at the beautiful Stonewall Golf Club. There were many winners and all had fun. The event raised \$6,300.00 for the Northern Virginia Dental Clinic. In other noteworthy news, since its unveiling at the ADA Annual session in Orlando last October, Sullivan-Schien's Tomorrow's Dental Office Today, mobile dental office made a hit at the NOVA M.O.M. III project in April, VDA President Bruce Hutchison was the first to treat a patient in this well equipped, state-of-the-art, two-chair office. Dr. Hutchison has recovered from this "taxing" experience and has no plans of taking his practice on the road! Finally, let's not forget about our colleagues and the people of the Gulf Coast that have suffered from the fury of hurricane Katrina. At the time of this writing it's unimaginable what horrors lay ahead for the residents and fellow dentists that live and practice in that area. Please be generous.

All components news are submitted on a volunteer basis by your Secretary. To learn more about upcoming events in your component, please contact your component Secretary.

Spin Doctor



left to right Eric Cote, Lance Armstrong, Lanny Levenson, Greg Zoghby, behind Steve Swanson, Al Stenger

After a day of scraping plaque and plugging cavities, Midlothian general dentist Lanny Levenson needs a tension release. And as the workday ends for Mike Campbell, a Keysville dentist, he couldn't agree more.

In fact, 21 medical professionals, most scattered around the Richmond area, take advantage of the opportunity to – literally – change gears. They know they need a brake... well, two of them, and they take to the road on their trusty and well-groomed bicycles.

"It's a great stress reliever," Campbell, 51, said. "It keeps you in shape."

The group riders, 12 of whom are involved in dentistry, dub themselves the Spin Doctors, and their customized temporary tattoos and brightly colored jerseys – emblazoned with slogans such as "Bike Me," "Slower Than We Look," "Chronologically Challenged" and "An Autonomous Collective" – broadcast their ever-increasing presence in the Richmond community.

"It's kind of funny that a small group is so well known," said Jennifer Johnson, owner of 3Sports, a Richmond shop where the group makes biking purchases. "They take their stuff pretty seriously."

Roughly one Spin Doctor a week frequents the store because, as member Ken Wilkinson will explain, "The fun part is updating the equipment."

In July of last year, the group members toted all that equip-

ment across the Atlantic toward peddling paradise, and they biked alongside certain stages of the Tour de France, where Lance Armstrong claimed his sixth victory. They brought protein supplements and indefatigable spirit as they sweated their way up 6,000-foot climbs along the Alps and Provence.

"It was truly a once-in-a-lifetime trip," said Greg Zoghby, a Richmond oral surgeon and the group's founder. "Great biking, great accommodations, and great company – it doesn't get any better than that. And there was great food."

(The food should not be underestimated – dinner plans were the only highlighted items on the group's printed itinerary.)

Although, according to Zoghby, "there was no proximity to Lance," the Spin Doctors were able to ride 40 miles with Armstrong in the fall of 1998 at urologist Eric Cote's suggestion during an American Urology Association meeting, and they took a photo with him afterward.

"He was very, very quiet," Zoghby, 45, recalled. "Reserved, but very nice. There were no airs; there was no ego." Most of the Spin Doctors' rides benefit charities, and the bikers participate in the Virginia Dare multiple sclerosis ride, the American Diabetes Ride and American Heart Association ride. They also have participated for nine years in Maryland's 100-mile annual Sea Gull Century ride, where profits go to Habitat for Humanity. The Ride for the Roses, which will be held in Austin, Texas, this year, is another staple event and benefits the Lance Armstrong foundation.

Plus, Zoghby, Levenson and dentists Greg Cole and Al Stenger – who have a Richmond practice together – travel to Wise, Va., every summer to participate in the Virginia Dental Health Foundation's three day Mission of Mercy. "We do over \$700,000 worth of dentistry," Levenson, 54, said. "We also bring our bikes, and when we finish working, we go for rides."

The Spin Doctors began riding together in 1988 when Zoghby started biking with a friend from the residency, Steve Swanson. Their enthusiasm was contagious, and soon a slew of other physicians, along with some friends outside the medical realm, came along for the ride. Now the group boasts 34 members, who range in age from 16 (that's Zoghby's son, Mike) to 56.

"Cycling is a good sport for all ages," Cole, 30, said. "As one of the younger ones, you get more trash talk and stuff."

Though times, distances, and quantity of trash talk varies, most bikers in the group say they ride 40 to 50 miles on a breezy and much-needed day off work. And their dedication is unwavering. In fact, to shave off seconds, some of the riders have shaved their legs.

The group has braved biting weather with a grin (albeit characterized by chattering teeth), and during a 2003 New Year's Day ride in Richmond, members watched the steady, piercing downpour morph from rain to hail to snow. But that didn't quell the joking, singing and the display of - as these docs-on-wheels term it - their "chronic lyricosis." "There's something out there in the snow and slush and sleet - something magical," Zoghby said. Their successes have been tempered by some spills too. In hot pursuit of biking glory, Zoghby sustained a broken arm, Stenger and Cote have broken collarbones and others suffered concussions, dislocated shoulders and broken ribs. And - oops - one rider accidentally biked over his girlfriend, damaging her shoulder. But through it all, the bikers have maintained solidarity and cite their camaraderie as their primary reason for riding.

"Unless I'm working during the day and up for 30 hours in a row, I do whatever I can to make Spin Doctors' rides," said Jeff Kushinka, 30, chief resident at the Medical College of Virginia. "It's nice to be with a group of people who understand fully what I'm going through. I never really have to justify my schedule because these people have been through it."

As he continues his residency, Kushinka sees some advantages to being the pauper of the group.

"I eat damn well," Kushinka said, laughing. "The night before and after a ride, we eat at very nice restaurantsrestaurants I wouldn't be able to afford if I was paying the bill. They have said, 'Look, we want to go to these places, we have the money to do it... you're not obligated to pay for the meal."

Ah, the allure of the food. The Spin Doctors freely will admit it – there's no dissembling their appetites, both for the wind-whipped glory of the open roads and for the cappuccinos, the wine and the hearty meals that follow. In the past, they concede, there have been sacrifices to cover the cost of classy cuisine.

"We stay in one-star hotels and eat at five-star restaurants," Zoghby said. "We've even stayed in some hotels with bullet-holes in the bathroom doors. You actually didn't get under the covers."

But oftentimes shelling out big bucks at swanky restaurants proves unnecessary. This group of physically fit practitioners shares another talent: the members are dedicated and darn-good chefs. They'll go gourmet at each other's houses and tout Levenson and family practitioner Matt Marchal as especially gifted cooks.

"We'll travel for food," Marchal, 35, said grinning. And next summer, they plan to do just that, embarking on the ultimate gastronomic adventure as they tour Italy. (They'll bring their bikes too.) As of now, there's no set agenda.

"It's actually very nice to go to some of these places and just enjoy the place," Zoghby said. "We've learned sometimes it's good just to take our bikes and go."

Sara Scavongelli

Pauline Grabowski & Associates...

Pauline Grabowski's, diverse experience in dentistry includes work as a certified dental auxiliary, a practice administrator, and a systems analyst. Pauline has accumulated a wealth of knowledge over the past 23 years and has shared it with hundreds of dental practices. As a professional consultant, Pauline provides personalized dental solutions to meet the specific needs of every dental practice.

In addition to her speaking engagements, Pauline provides on-site analysis and consulting. She specializes in new office design and setup, marketing, scheduling for productivity, treatment planning, case acceptance, and team building.

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House of Delegate Actions

VIRGINIA DENTAL ASSOCIATION 34TH HOUSE OF DELEGATES ACTIONS IN BRIEF SEPTEMBER 18, 2005

Upon submission to the House of Delegates by VDA Reference Committees, the following actions were taken:

- 1. <u>Adopted</u> the following revisions to the VDA Constitution:
 - A. Article I, Section 2.F

F. Students: Undergraduate dental students, either studying or residing in the state of Virginia, may become student members. Student committee members shall be entitled to vote on committees but not to hold office. ; the President of the American Student Dental Association of the VCU-School of Dentistry shall be a voting member of the VDA House of Delegates. Student members shall be entitled to participate in the Association's insurance programs, shall receive the Virginia Dental Journal, and shall receive notice of and be entitled to participate in other Association activities.

Article III, Section 3.C

C. The President of the American Student Dental-Association of the VCU School of Dentistry shallbe a voting member of the House.

There will be eight (8) student members of the House of Delegates, four (4) voting Delegates and four (4) Alternate Delegates.

D. The Board of Directors, the Chairmen of all Standing Committees who are not serving as VDA Delegates and ADA Delegates and Alternate Delegates who are not serving as VDA Delegates, and two members from each of the Sophomore, Junior, and Senior classes and the President of the Student Body of the VCU School of Dentistry, shall be seated in a special section of the House of

Virginia Dental Journal

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Delegates as nonvoting members.

- B. Article VI, <u>Section 2.</u> Powers and Duties: The Board of Directors shall have charge of the general business of the Association and supervision of its affairs in the interim between House of Delegates meetings. In these matters the Board of Directors shall carry out the policies established by the House of Delegates. If the Board of Directors determines that a change in an existing policy established by the House of Delegates is necessary and urgent, the Board of Directors is empowered to call a special session of the House of Delegates for action on the matter. If time does not permit the convening of a special session of the House of Delegates, the Board of Directors may establish interim policy.
- C. Article V, Section 3.B

B. The Delegation, defined as Delegates and Alternate Delegates to the ADA Annual Session, at its first caucus each year, the first del egation meeting during the 16th District Caucus, shall elect its Chairman and Vice Chairman from its members. The officers of the delegation will be elected annually with their terms taking effect at the end of the ADA Annual Meeting. The officers will be limited to four consecutive <u>one year</u> terms. The Chairman's duties shall include a complete report of activities to the VDA Board of Directors. The Chairman's report to the Board of Directors shall be published in the *VDA Journal.*

2. <u>Adopted</u>: A recommendation that the VDA supports local, regional and state efforts to support volunteer pro bono clinical opportunities for dentistry. The VDA encourages Virginia's County and Regional governments to continue financial support to already established, on-going programs and facilities which allow volunteer dentists to offer dental care to patients who face financial obstacles and are unable to receive treatment.

- 3. <u>Adopted</u>: A recommendation that the Virginia Dental Association supports funding of \$12 million from the Virginia General Assembly to fund the construction of the new dental building at the VCU School of Dentistry and assist the dental school in finding a patron and in informing legislators of the need for the building for expanded enrollment and research.
- 4. <u>Adopted</u> a recommendation to Amend VDA Policy, pg 5, #3 as follows: <u>Emanuel W. Michaels Distinguished</u> <u>Dentist Award</u> (amended President's Award) The award is presented to a member dentist who has demonstrated outstanding service, leadership and dedication to the profession of dentistry and for the improvement of the health of the citizens of Virginia. This award is presented only when a worthy candidate is recognized by the President and approved by the Awards Committee. The candidates can be recommended by the general membership. -2000
- 5. <u>Adopted as Policy</u>: Establish a Presidential Citation award that recognizes individual(s) who have contributed during the president's term.
- 6. <u>Adopted as Policy</u>: The VDA components are encouraged to recognize members and other individuals in their component who have contributed significantly to the furtherment of the dental profession. The recipients will be listed in the program of the VDA general membership meeting.
- 7. <u>Adopted</u> a recommendation that Honorary Membership be given to Mr. Bill L. Hall for his years of expert commitment to the Dental Association and its efforts to serve our citizens.
- 8. <u>Adopted</u> a recommendation that no committees shall meet during the CE sessions or during the social activities at the Virginia Meeting in June.
- 9. <u>Defeated</u> a recommendation that the Nominating Committee should be disbanded.

- 10. <u>Adopted</u> a recommendation that the VDA donate at least 10,000 dollars each to the for Louisiana Dental Association and the Mississippi Dental Association for assistance with operating expenses.
- 11. <u>Adopted</u> a recommendation that Funding of the donation to the Louisiana Dental Association and the Mississippi Dental Association shall be by a one-year special assessment of 7.00 dollars as a separate line item on the dues statement.
- 12. <u>Adopted</u> a recommendation that the VDA office will include a voluntary contribution slip in the dues statement for the Hurricane Katrina Relief Fund established by the VDHF for the year 2006.
- 13. <u>Adopted</u> an amended substitute recommendation that the VDA support the concept of an expanded duty Certified Dental Assistant (CDA). The President of the VDA shall appoint a task force to develop the criteria for education, certification and level of supervision. The duties that will be considered are:
 - a. taking impressions for prosthetic restorations and creating casts
 - b. placing, packing and removing cord
 - c. condensing, contouring and adjusting direct restorations
 - d. Under general supervision, fabricate temporary restorations and/or re-cement a temporary restoration with temporary cement for a patient of record, providing that the patient is rescheduled for follow-up care with the dentist.
 - e. Other duties

All of the above functions could be performed after appropriate training for each function. The task force will encourage the Board of Dentistry to actively participate in developing the needed criteria. The task force will report back to the House of Delegates at the 2006 House of Delegates.

14. <u>Adopted</u> an amended recommendation that The VDA seeks changes in the statutes or regulations governing dental hygiene by the Board of Dentistry and/or leg-

islatively to allow a hygienist with appropriate training to administer local anesthesia and nitrous oxide and oxygen inhalation analgesia to patients over 18 years of age under the direct supervision of a dentist.

The following actions of the Board of Directors were ratified by the House:

The Board of Directors needed to take make a decision on legislative initiative taking place at the 2005 Virginia General Assembly, and because of the following information, could not follow the 2004 House of Delegates directive exactly as written: On advice of counsel SB1127 (Licensure by Credentials) section 54.1-2709.5 Item B, is unconstitutional.

1. B. A license granted pursuant to this section shall be automatically revoked if the licensee does not practice dentistry solely within the boundaries of the ommonwealth within two years of granting of such license or if, having held the license for two years, the licensee ceases to actively practice dentistry solely within the boundaries of the Commonwealth.

Section 54.1-2709.5 Item B of SB1127 was removed.

 To insure that the VDA's concerns regarding licensure by credentials were addressed by HB2368 provisions 1-8 in SB1127 section 54.1-2709.5 Item B was inserted into SB2368.

The following resolution was referred back to the Board of Directors:

 R5 Background: There is a significant shortage of dental hygienists in some areas of the state. This limits the availability of preventive dental services to Virginians.

> <u>Resolution</u>: The Virginia Dental Association sup ports supragingival scaling a delegable duty to dental assistants with Board of Dentistry approved education and training.

Budgetary Impact: No anticipated budget impact on the VDA.

The following is reported as information only:

1. The following were elected to serve on the Board of Directors:

Component 3	H. Reed Boyd III	Three year term
Component 4	Benita A. Miller	Serving the
		year of Anne C.
		Adam's term
Component 5	Craig B. Dietrich	Three year term
Component 8	Alonzo M. Bell	Three Year term

- 2. Dr. Ralph Howell was re-elected Speaker of the House.
- The following received Life Member Certificates in 3. 2005: Component I - Kenneth Albinder, Reginald L. Armistead, Richard K. Bolen, Irwin Hurwitz, Jerry W. Parsons. Component 2 - Charles R. Harris, Jr. Component 3 - Frank H. Farrington, Edward G. Howe. Component 4 - Joseph C. Bryant, Donald G. Crabtree, Charles L. Cuttino III, Donald L. DuVall, Robert E. Gilliam, Sidney H. Horwitz, Thomas R. Hudson, Richard D. Hylton, Thomas R. Peery, Thomas Wright, Jr. Component V - James A. Keesee, John M. Salmon III. Component 6 - Randolph L. Turner. Component 7 - James R. Batteen, Joseph J. Waff, III. Component 8 - Bruce L. Arnold, Edward Besner, Stuart A. Broth, AnthonyL. Colasanto, Michael J. Collins, Philip S. Ferris, Allen G. Franks, William F. Freidank, John W. Hall, John N. Howell II, David S. Meroney, David W. Metzdorf, Peter A. Morabito, Gopal S. Pal, Charles M. Price, David A. Reid, Basil A. Schiff, Michael J. Ternisky, Jr.

VDA Board of Directors Actions

Virginia Dental Association Board of Directors Actions in Brief September 14 – 18, 2005

The following actions were taken at the September 14, 2005 meeting of the Board:

The following items were considered:

1. Substitute Resolution 6A for Resolution 6 Resolution 6A

Background: (Request from Dr. Ronald J. Hunt, Dean, VCU School of Dentistry.) The VCU School of Dentistry has proposed a 35,000 square foot addition to the school to allow expansion of teaching and research programs. A fourstory addition is proposed on the north end of the existing Wood and Lyons Buildings, with space allocated as follows:

1st floor: Garage level; for patient drop-off/pick-up, loading dock, handicapped parking 2nd floor: Clinical floor; for doubled dental hygiene class; expanded dental class, if needed 3rd floor: Classroom floor; two lecture/CE halls and several

conference rooms 4th floor: Research lab floor; for expanded research in bio-

materials and oral cancer

The dental school addition ranks # 3 on VCU's 2006-2008 capital budget request, which was recently approved by the VCU Board of Visitors. It now goes to the Governor's Office and the General Assembly. It is estimated that \$12 million will be needed to build and fully equip the building. In its request, VCU is asking for \$8 million in state funds, matched by \$4 million in private funds.

VCU also has a number of capital requests of varying sizes that are needed to finish the building construction and renovation projects that are being financed through the General Obligation Bonds approved previously by referendum by the citizens of Virginia. VCU, recognizing the need to finish these projects, needs to place its 2006-2008 funding request priorities on these items. The expanded enrollment and expanded research that the new dental building makes possible is important for meeting Virginia's dental workforce needs, addressing the need for improved oral health through research discovery, and maintaining the stature of the VCU School of Dentistry as a leading dental school. Therefore it is requested that: <u>Resolution</u>: The Virginia Dental Association supports funding of \$12 million from the Virginia General Assembly to fund the construction of the new dental building at the VCU School of Dentistry and assist the dental school in finding a patron and in informing legislators of the need for the building for expanded enrollment and research.

The Board of Directors approved the substitution of R6A for R6 with a recommendation the House of Delegates vote yes.

2. Background: Two years ago, the VDA president appointed a task force to study administration of local anesthesia by dental hygienists. The task force met several times and studied the regulations of other states. Many other states allow properly trained gienists to administer not only local anesthesia, but also nitrous oxide and oxygen inhalation analgesia.

<u>Resolution</u>: The VDA seeks changes in the statutes or regulations governing dental hygiene by the Board of Dentistry and/or legislatively to allow a hygienist with appropriate training to administer local anesthesia and nitrous oxide and oxygen inhalation analgesia under the direct supervision of a dentist.

The Board of Directors approved the resolution with a recommendation the House of Delegates vote yes.

September 18, 2005

The following is reported as information only:

- 1. Dr. Monroe E. Harris, Jr. was appointed parliamentarian for 2005-2006.
- Dr. Leslie S. Webb, Jr. was reappointed Journal editor for 2005-2006
- 3. Preparation of a hurricane preparedness manual was referred to the Membership Committee.
- 4. Dr. Bruce R. Hutchison was appointed chair of the Workforce Taskforce.
- 5. Dr. Michael J. Link was appointed chair of the Role of Examination Taskforce.





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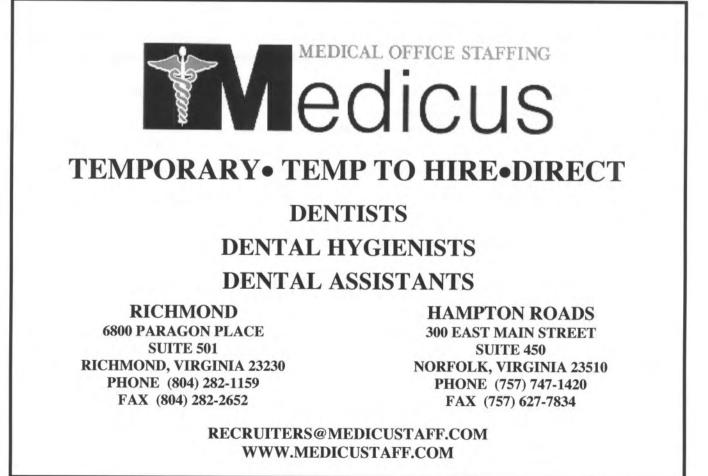
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What A Mom Learned from MOM

This year a School of Dentistry mom shared the experience of traveling to Wise for the Mission of Mercy (MOM) Project with her daughter, a third year dental student. When Lori Musick, a native of southwest Virginia, and recipient of a rural dentistry scholarship heard about the project she decided not to room at the hotel but rather commute from her hometown of Honaker (30 miles north of Abington, VA) with her mother. By commuting, she could participate in the project and at the same time visit with family. Musick and her mother needed to wake up at 4:30 a.m. and drive over an hour in order to arrive in time to begin seeing patients at 6:30 a.m. The lengthy ride rekindled memories of early morning drives to high school activities and gave mother and daughter quality time together.

Once again, the free dental clinic was held in late July at the County Fairgrounds in Wise, VA. During the two and a half day project, over 300 dental team members and countless other volunteers offered dental services on a first come, first served basis. Carol Ball, Musick's mother was one of the many volunteers from various clubs and civic organizations that conducted exit surveys and showed people were they needed to be for their appointments. She said, "Nobody was sent out on their own to find where they were going to be seen or treated." In her volunteer capacity, Ball was stationed close to the dental students so she could be near her daughter and see her at work while recording patient comments immediately after treatment. "The energy and professionalism of the students was amazing to watch. The patients were so appreciative. Not one person had anything negative to say, even if they had four teeth pulled," said Ball.

Although other health care services are offered, getting seen for dental treatment always attracts the biggest crowds. In the two and half day period, over 1,406 patients received services from the dental volunteers. "Until you go and see for yourself," said Musick, "you don't really understand. It was quite an eye-opener. We saw things during those two days that we probably wouldn't see in practice for years. Many of the patients would not have had the work done if it were not for the MOM Project."

The School of Dentistry team, led by Dr. Carol Brooks, has collaborated on the project with Virginia Dental Association, Remote Area Medical, St. Mary's Health Wagon, Delta Dental Plan of Virginia, Virginia Department of Health - Dental Division, Virginia Lions Club, March of Dimes Virginia Chapter, and the Virginia Health Care Foundation for over 5 years. The project has grown from 8 students at its inception to over 100 this year. It has also gained the support of at least one mom. "I would do it again if she asked me" said Ball. So this month Musick and her mom will make the trek to Grundy together for the next MOM project.

Martha Bushong

Assistant Director External Relation's VCU School of Dentistry



Call for details Toll-Free 1 (800) 455-4070 or 1 (888) 448-7889

No More Regulations Please!

Amalgam waste has become a more prominent issue in the dental field. The Environmental Protection Agency (EPA) and Department of Environmental Quality (DEQ) have been looking for ways to decrease mercury levels in the environment. Mercury is near the top of the EPA's national priority list of hazardous chemicals. Dentistry is on their radar even though we only contribute 1% of mercury to the environment.

Currently in Virginia, 333 miles of river have fish consumption advisories. There is always a concern that local water authorities or other regulators could issue pre-permit fees, mandate water testing or mandate amalgam separators. Voluntary compliance with "Best Management Practices" is the prudent action to take – not only to reduce chances of any regulatory action, but also to do our part to keep the environment as safe as we can.

The good news is that the ADA and VDA have been proactive in trying to resolve the problem. The ADA published "Best Management Practices for Amalgam Waste" (BMP's) in February 2003. These guidelines are very straightforward and easy to implement. They are relatively inexpensive ways to reduce the amount of amalgam being deposited into the environment from our offices. The simple solution is to recycle the amalgam. It is estimated that between 60-85% of mercury is removed from the wastewater lines by following the BMP's. One may wish to consider amalgam separators that would remove at least 95% of amalgam.

Recycling amalgam is a fairly simple and easy process for the dental office. It involves using a wide-mouth airtight container to dispose of the following collected items: used amalgam collected from the mouth, disposable chairside traps, disposable vacuum pump filters and disinfected, extracted teeth with amalgam restorations. This container should be labeled "Contact Amalgam for Recycling." When full, the container should be sent to a reclamation facility. Please consult the ADA BMP's for thorough instructions.

The Infection Control and Environment Safety Committee of the VDA has been working steadily to come up with a resource guide that we hope will be beneficial to the dental practitioner. It is titled "The Environmentally Responsible Dental Office: A Guide to Pollution Prevention and Proper Waste Management in Dental Offices." It does incorporate the ADA BMP's but also has a lot of other pertinent information that should help you in your everyday practice. This has been developed through partnership with the DEQ. Their help has provided us with valuable input, financial support and more importantly, a dialogue with regulators. The EPA has also helped us financially.

The guide includes very helpful information such as pollution prevention techniques, ways for dentists to gain recognition through programs developed by the DEQ, and BMP's for amalgam and regulated medical waste. Disposal of radiographic solutions and other products are also discussed. Most importantly are appendices that give information on companies that recycle the amalgam for you, one of which is a VDSC sponsored company – Healthcare Compliance Service.

This guide should be mailed to you shortly. Please follow the simple BMP's that are detailed inside and keep it for future reference. I hope that you will find it to be a valuable asset to your practice.

Vince Dougherty

Chairman, Infection Control and Environmental Safety



Dr. Richard Roadcap Views Hopewell Treatment Facility. Watch for your BMP manual!

Minutes of the 136th Annual Bus. Meeting

VIRGINIA DENTAL ASSOCIATION MINUTES OF THE 136TH ANNUAL BUSINESS MEETING SUNDAY, SEPTEMBER 18, 2005

The 136th Annual Membership Meeting of the Dental Association was held at the Richmond Marriott Hotel Sunday, September 18, 2005.

President Bruce R. Hutchison called the meeting to order.

The flag pledge was recited.

Dr. Robert Candler led the invocation.

THE FOLLOWING DECEASED MEMBERS WERE REMEMBERED:

Component I	Millard P. Doyle, Gladstone M. Hill.
Component 3	Jimmy R. Hager.
Component 4	Raymond E. Weddle.
Component 8	Stanley J. Patch.

THE 2005 FELLOWS WERE ANNOUNCED:

Component I	Robert A. Candler, Michael S. Morgan.
Component 4	Edward N. Griggs III, Lanny R.
	Levenson, Frank D. Straus.
Component 6	Michael A. Abbott.
Component 7	Steven E. Gardner, Richard S. Mansfield, J. Ted Sherwin.
Component 8	Scott C. Berman, Frank R. Portell.

THE FOLLOWING RECEIVED LIFE MEMBER CERTIFICATES IN 2005:

Component I	Kenneth Albinder, Reginald L.
	Armistead, Richard K. Bolen, Irwin
	Hurwitz, Jerry W. Parsons.
Component 2	Charles R. Harris, Jr.
Component 3	Frank H. Farrington, Edward G. Howe.
Component 4	Joseph C. Bryant, Donald G. Crabtree,
	Charles L. Cuttino III, Donald L.
	DuVall, Robert E. Gilliam, Sidney H.
	Horwitz, Thomas R. Hudson, Richard D
	Hylton, Thomas R. Peery, Thomas
	Wright, Jr.

Component 5	James A. Keesee, John M. Salmon III.
Component 6	Randolph L. Turner.
Component 7	James R. Batteen, Joseph J. Waff, III.
Component 8	Bruce L. Arnold, Edward Besner, Stuart
	A. Broth, Anthony L. Colasanto, Michael
	J. Collins, Philip S. Ferris, Allen G.
	Franks, William F. Freidank, John W.
	Hall, John N. Howell II, David S.
	Meroney, David W. Metzdorf, Peter A.
	Morabito, Gopal S. Pal, Charles M. Price,
	David A. Reid, Basil A. Schiff, Michael J.
	Ternisky, Jr.

THE FOLLOWING RECEIVED 50 YEAR CERTIFICATES IN 2005:

Component I	Morton A. Brownstein, Cecil J. Carroll,	
	Jr., John D. DiCiero, Eugene L. Kanter,	
	Emanuel W. Michaels, Leonard O. Oden,	
	Harry S. Riley.	
Component 2	Harvey W. Sherman, Jr., Roland R. Stall,	
	Jr., Clarence J. Wild.	
Component 4	Donald S. Brown, George B. Crist, Hugh	
	R. Rankin, John J. Salley, Irvin H.	
	Schmitt, Jr.	
Component 5	I. S. Myers, George J. Orr, Chris G.	
	Scordas, Charles E. Thaxton.	
Component 6	Thomas B. Haller, F. D. Morse, Jr.,	
	David R. Stanton.	
Component 7	Ophie W. Dunnings, George R. Hedrick,	
	Don P. Whited, Peter S. Yeatras.	
Component 8	James J. LaCava, Charles F. McKeon,	
	James D. McKittrick, Samuel E.	
	Saunders, Jr., Charles Wissler.	

THE FOLLOWING RECEIVED 60 YEAR CERTIFICATES IN 2005:

Component I	Richard B. Barrick, Lawrence H. Cash
	Ira Gould, Lloyd C. March, Jr.
Component 3	Warner J. Ball.
Component 4	Alec Epstein, Francis M. Foster.
Component 5	Walter H. Dickey, Curtis P. Gardner.
Component 6	Robert F. Jackson.
Component 7	Guy L. Alphin, Dwight H. Shull.
Component 8	Lester Ferris, Irving H. Rosen.

How to structure your practice debt to maximize your financial health.

By David Catalano

The way you structure your practice debt will make a material difference to your cash flow, your retirement and your ability to enjoy life. In this article I am going to provide you with a frame work for determining your ideal debt structure. This material is taken directly from <u>The Financial Leadership Solution</u>TM which is the best way I have found for helping doctors through this process.

Free Cash Flow, Compounding and Practice Debt

Let's begin by defining some terms and concepts.

The single most important financial measure of a business is free cash flow. Free Cash Flow is the money generated by a business that is available for the owner of that business after all expenses and capital expenditures have been made. The more free cash flow available, the happier the owner, assuming all other things are held constant. You want to maximize your free cash flow.

Compounding can be defined as returns on your returns. Pretty simple and really powerful. The trick to wealth is to generate free cash flow and invest it in assets that compound. Your debt structure will drive what you have available to invest.

Practice debt is any borrowed funds used for your practice including equipment leases, credit cards, seller notes and bank or building loans.

Your ideal debt structure is defined as the debt that creates the monthly payment that allows you to generate the free cash flow you require to meet your long-term business and personal goals and allows you the flexibility to make changes to your assets when your goals dictate while maintaining your lifestyle.

With these definitions behind us, we can begin to determine how to identify your ideal practice debt structure.

The first step is to define your short and long term goals. Do you want to move your office or residence, re-finance your house, fund your retirement, vacation in Europe, start a college fund, buy a boat. You must know what your ideal future looks like so you can plan accordingly.

For example, you don't want to pledge your home as collateral for a business loan when you plan on moving in 3 years. You will be forced to re-finance your business loan so you can sell your house. Remember, you must maintain the flexibility to make changes to your assets as your goals dictate.

If your goal is to fund your retirement, you probably don't want to obtain a short term loan with large payments just to get a lower interest rate. You have to pay taxes on the principal portion of your loan payments (remember only the interest is tax deductible). This will eat your cash flow, reducing the amount of money you have available for investing.

The learning objective is to map out your goals and make sure your loan does not interfere with you achieving them.

The second step is to determine your lifestyle expenses. These are non-business expenses like personal taxes, property taxes, personal debt and household utilities and expenses. Don't forget all of the Latte money. That's the money you spend but can never remember what you spent it on. This is a big category for most families. Add up all of these expenses and call it your Lifestyle Expense. This is the amount of money you need to take out of your practice to maintain (not expand) your current lifestyle. Many lenders will approve you for a loan that you cannot afford. Why? They simply do not make an accurate assessment of your lifestyle requirements.

The learning objective is to understand how much you spend monthly to maintain your lifestyle. Do not use fuzzy math (guesstimates). Research it, and know your lifestyle number.

The third step is to determine your Practice Cash Flow before your debt payments and lifestyle expenses. This is simple. Print your profit and loss statement for last year (or Year to Date). Take the net income (loss) figure and add back any non-mortgage and non-recurring expenses in addition to any owner distributions. This is your cash flow available for lifestyle and debt service. This is your net before you pay yourself or any lender. Note that your lifestyle expense may be different than what you actually paid yourself.

Now think back to your goals. What were they and do they require some of your practice cash flow to achieve them. For example, let's say you need \$100,000 for a down payment on a new house in three years. You will need to add this cash requirement to your lifestyle expense (\$100,000/36=\$2,778 monthly).

Take your practice cash flow, subtract your lifestyle expenses including any goal requirement funds. The result is the amount of money you have available for practice debt service. This is called Cash Flow Available for Debt Service.

Wiggle Room is financial jargon for having the ability to maneuver financially. You want Wiggle Room in your cash flow. Why? So you don't get physically sick when you have more month left than money available. I recommend that you have 1.25 times your monthly debt payments in cash flow. Put differently, you want \$1.25 in cash flow for every \$1 in debt payments.

Let's review an example and see how this works. Dr. Big is looking to buy a new office building for \$1,000,000 and move his practice into it. He already has \$300,000 in building debt, which he will eliminate when he sells his old building. Dr. Big calculates his Cash Flow Available for Debt Service to be \$115,341. How much can he afford to borrow?

Wiggle Room Calculation = \$115,341/1.25 = \$92,273

Maximum Monthly Payment = \$92,273/12 = \$7,689

How much can Dr. Big actually borrow?

Term	Rate	Payment	Loan Amount	
25 years	7.50%	\$7,689	\$1,040,526	
20 years	7.50%	\$7,689	\$ 954,452	
15 years	7.50%	\$7,689	\$ 829,438	

Longer term debt allows you to borrow more money. Do not be swayed by a banker that only sells 15 year loans. He is going to tell you how much interest you can save using his product. He is not going to care that your cash flow is not as strong or that your tax bill will be higher. He may even lower your interest rate to say 6.50%. But, based on the above example, that only allows you to borrow \$882,669. This analysis assumes the building appraises for what it costs to construct.

The learning objective is to know the payment you can make while maintaining your lifestyle and achieving your goals. You should search for a loan after you have calculated your lifestyle and practice cash flow. The loan term will drive how much you can borrow assuming a given payment.

Here is what we have just learned. You want your practice to generate the free cash flow necessary to fund your lifestyle and your business and personal goals. You must start with your goals, then calculate your lifestyle and practice cash flow. This will drive what payment you can afford. Then review how much you need to borrow and pick the loan term that equates to that number. Building loans can have terms up to 30 years while practice loans can have terms up to 15 years. For practice loans, you can expect to pay a higher rate for a longer term. Need help with this exercise? Send me an email to david@financegeeks.com and maybe I can lend a hand.

David Catalano has a decade of experience helping healthcare providers with complex financial issues. Finance Geeks is a consulting firm focused on helping healthcare providers maneuver through complex business and financial issues. The Financial Leadership Solution? is a unique process developed by Finance Geeks. Visit them at www.financegeeks.com or call 317 581-1776.



You may have received a postcard or letter from the 'Docs' group. It may appear to some that this is from the VA. Board of Dentistry. It is Not! This is an advertisement. Other groups may offer similar courses if needed. Contact your closest Board of Dentistry member for clarification on anesthesia rules.



WILLIAMSBURG DENTIST ELECTED AS PRESIDENT ELECT OF ACADEMY OF GENERAL DENISTRY

CHICAGO (July 2005) – Bruce R. DeGinder, DDS, MAGD, of Williamsburg, VA., was installed as presidentelect of the Academy of General Dentistry (AGD) during the House of Delegates session at the AGD's annual meeting in Washington D.C. on July 17, 2005.

"I look forward to help continuing to shape and create an organization that consistently meets or exceeds our member's needs and expectations. As the AGD envisions and plans for our future, I am honored to serve as the president-elect," says Dr. DeGinder.

Dr. DeGinder will serve one year as president-elect, with an automatic ascension to president in 2006. Dr. DeGinder will work closely with other executive officers to strategically position the AGD for future endeavors and accomplishments.

Dr. DeGinder has served the AGD in numerous capacities, including serving as a member of the Academy Council on Constitution, Bylaws and Judicial Procedure, Strategic Advancement Committee, chair of the Membership Council and Marketplace Task Force chair. Dr. DeGinder is an AGD media spokesperson and a Strategic and Tactical Assessment and Response (STAR) program training specialist. He has been a speaker at numerous AGD Leadership Conferences and has served as an AGD delegate, alternate delegate and member of several reference committees. Dr. DeGinder was the recipient of the 2003 AGD Distinguished Service Award.

Within the Virginia AGD, Dr. DeGinder has served as president, legislative chair, component representative and Young Dentist chair. Outside the AGD, he is immediate past president of the Virginia Dental Association and past president of the Peninsula Dental Society. Dr. DeGinder served as chair of the Virginia Dental Association Young Dentist and Membership Committee and chair of the Virginia Dental Association Task Force on Membership. After his graduation in 1988 from the Medical College of Virginia, Dr. DeGinder's interest to keep up-to-date with the profession drew him to the AGD where he earned his Mastership award. To earn this award, Dr. DeGinder completed more than 1,100 hours of continuing dental education, including 400 hours on hands-on courses. He has earned fellowship honors from the American College of Dentists, International College of Dentists, Academy of Dentistry International, Pierre Fauchard Academy and the Virginia Dental Association.

The AGD is a non-profit organization of more than 35,000 general dentists dedicated to staying up-to-date in the profession through continuing education. A general dentist is the primary care provider for patients of all ages and is responsible for the diagnosis, treatment, management and overall coordination of services related to patients' oral health needs.

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1

DENTAL SERVICES

New Initiative to Assist Providers in the Assessment, Intervention, & Prevention of Intimate Partner Violence

Laurie K. Crawford, MPA, Medical Outreach Coordinator Center for Injury & Violence Prevention Virginia Department of Health

In Virginia, half of all female homicide victims are killed by their intimate partners. Of those killed by their partners, an estimated 44-44% have been seen by a health care provider for some reason in the year prior to their deaths. While it would be impossible to definitely say whether or how many of these homicides are preventable, it is certainly arauable that health professionals have a unique opportunity to identify and provide intervention and prevention services to victims they see in their practice or institution. In addition to the safety, security, and confidentiality that the health care setting affords to victims, a provider-patient encounter is one of the few, and possibly only, place in which someone outside of the family has access/proximity to identify physical injuries or illnesses indicative of past or current violence.

This proximal advantage is particularly true for dentists and hygienists who, because of the nature of their examinations, are in an ideal position to identify abuse. Seventyfive (75%) percent of physical injuries to victims of intimate partner violence (IPV) are to the head, neck, and/or mouth. Strangulation, an act indicative of high-risk

Use Your "RADAR"

- Routinely inquire about current and past violence
- Ask with presence or absence of physical indicators
- Use private setting/space

Ask direct questions

- Validate and be non-judgmental
- Use culturally/linguistically appropriate language Document findings
- · Include any description of incident
- Use body map
- File reports when required under law Assess safety
- Escalation in frequency/severity of violence
- · Threats of homicide/suicide
- Weapons used or available
- Review options and referrals
- Become familiar with variety of resources
- · Let the patient decide what is the safest option

RADAR action steps developed by the Massachusetts Medical Society ©1997, 2004. Adapted with permission.

Health care professionals make up a large and diverse group; and, therefore, it is clear that providers throughout Virginia will have particular limitations or needs based on specialty, institutional/office environment, legal mandates, and practical considerations such as time and staffing levels. The purpose of the RADAR initiative, therefore, is to create and make available to providers evidence-based recommendations for policies, guidelines, and tools that can be tailored to specific settings. New resources will be posted to the program's website, www.ProjectRadarVA.com, on a regular basis; and a provider list serv has been created as a means of sharing resources, challenges, and successes with others in the health care profession. Because the success of the initiative is largely dependent upon feedback and input from the provider community, in early October, the Center for Injury & Violence Prevention will be disseminating a survey statewide to providers of various specialties, including dentists, pediatricians, and family practitioners. This survey will provide invaluable information as to which services and

IPV, for example, often produces visible injuries such as petechiae, ligature marks, bruises, and abrasions that are visible in an oral examination. Other clinical signs of physical and/or sexual violence include: fractured teeth, palate bruises, bitemarks, and abscessed or nonvital teeth. Dental providers also have access to less traumatic indicators of IPV that may result from dental neglect, as perpetrators often use isolation and restriction of normal daily activities such as dental/health care as a form of abuse.

Despite the negative effects of IPV on health outcomes and the unique opportunities that dental and other health care providers have to identify it, research suggests that most health professionals feel that they lack the training, resources, and time to assess for IPV and make appropriate referrals. As a result, routine screening is not a part of their examinations, and policies and procedures that dictate how to handle patients experiencing IPV are often absent or inconsistent. In an effort to respond to the needs of providers and work toward developing and implementing more effective strategies for the identification, assessment, and prevention of IPV, the Virginia Department of Health has recently launched a new initiative. Project RADAR, housed at the Center for Injury & Violence Prevention, has, as its overarching goal, to serve as a resource hub on IPV for Virginia's health care providers. Through Project RADAR, providers will have access to: training programs and specialty-specific curricula, educational materials, current research findings, and "best practice" policies, guidelines, and tools. resources health professionals feel that they need to most effectively identify and respond to their patients experiencing IPV; and, therefore, providers are encouraged to complete and return it to the Center.

Impacting 20-30% of women over the course of their lifetimes and costing the United States an estimated \$4.1 billion in direct medical and mental health care costs annually, IPV against women is a public health issue of epidemic proportions. Due to the nature and extent of their contact with patients, health care providers of all types are in a unique position to identify and assist patients experiencing IPV, and procedures to do so do not have to be resource or time-consuming. Implementing simple policies to provide training programs for staff, ask routine screening questions, and make referrals to advocacy and support programs can have a significant and positive effect on the lives of victims and their children. Not only does acknowledging and addressing IPV improve patients' health outcomes by providing health professionals with the information they need to address acute and chronic health conditions associated with abuse, but it also sends a message to patients that abuse, like high blood pressure and cigarette smoking, is a deadly—but preventable—condition.

For more information about Project RADAR, please call 804-864-7705 or visit www.ProjectRadarVA.com.

Virginia Department of Health, Office of the Chief Medical Examiner, (2004). Family & Intimate partner violence homicide Virginia 1999-2003. Sharps, P.W., Kazidi-McClain, J., and Campbell, J.C. et al. (2001). Health care providers & apo's: missed opportunities for preventing femicide. Preventive Medicine, 33: 373-380. Wodman, M.C., & Muelleman, R.L., (1999). Domestic violence homicides: ED use before victimization. American Journal of Emergency Medicine, 17 (7): 689-691. Sweet, D.J., (1996). Recognizing and intervening in domestic violence: Proactive role for dentistry. Medicape: Women's Health, 1 (6), http://www.mediscape.com.

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Free Program Connects Virginia Businesses with Thousands of Potential Customers

Just imagining losing a potential customer is enough to make any business owner shudder. But if your employees are not trained in receiving phone calls from Virginia Relay users, chances are you've hung up on a business opportunity—multiple times.

A free public service, Virginia Relay enables people with hearing or speech loss to carry on phone conversations with any standard phone user. According to Virginia Relay Account Manager Clayton Bowen, "Employees unfamiliar with Virginia Relay may unknowingly hang up when they hear a Virginia Relay Communications Assistant [operator] on the line, assuming they are receiving a solicitation or marketing call. By not teaching employees how to recognize and properly handle these calls, businesses are turning their backs on thousands of potential customers."

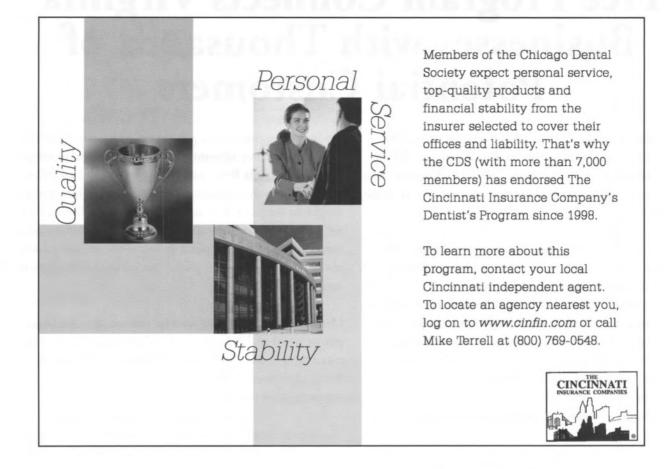
In an effort to reverse these unintentional hang ups, Virginia Relay is launching Relay Partner, a free program open to any Virginia-based business, large or small. By familiarizing organizations with Relay calling procedures, the program reduces or eliminates hang ups Relay users sometimes experience when conducting business by phone. "Relay Partner is really about giving both groups what they want; Relay users want to conduct business by phone, and businesses want to attract new customers," Bowen explains. Upon joining, businesses gain access to a series of helpful educational materials—including employee and employer guides, a Virginia Relay calling tips poster and an informational video—that can easily be incorporated into existing employee orientation or training programs. All materials are available online and can be downloaded anytime, at no cost. Other than a computer to access the online training materials and a standard phone, no additional equipment is needed.

Once a business joins, its contact information (address, phone number, URL, etc.) is listed online with other current Partners and categorized by industry. All Virginia Relay users have access to this list and are frequently encouraged to patronize Relay Partners.

To sign up, businesses can visit www.RelayPartner.org or www.VaRelay.org, click "Virginia Relay Partner" and then follow the online instructions. Virginia Relay representatives are also available to conduct a free, onsite training presentation at your place of business. For more information, call 1-800-552-7914 or e-mail frontdsk@vddhh.virginia.gov.



Faculty, staff and students from VCU School of Dentistry gathered to express concern for the individuals displaced by Hurricane Katrina. The map of the Gulf Coast states was signed with messages of support and care and displayed in the lobby of the Lyons Building to remind the school community of alumni and others who were residents of the affected areas.





PRESENTS

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ANNOUNCEMENT!

The Alliance of the Richmond Dental Society has won two national AADA awards. Recognition of the efforts of our GKAS Dental Health Fair in February will be awarded this October in Philadelphia for the Dental Health Education category: "Best cooperative program with a dental association/society or a charitable/civic/ community group" (the ARDS Fair managed to include all of these targeted groups) and in those who participated in a GKAS program. The Southside Dental Alliance will also receive one of these awards. The Alliance of the VDA should be accepting recognition from ADPAC for doing their annual Dental care kits.

Jocelyn Lance President, ARDS

THE VIRGINIA ASSOCIATION OF ORTHODONTISTS

The Virginia Association of Orthodontists had their annual meeting in June at the Tides Inn in Irvington, Virginia. The many members attending were treated to a great scientific and social program. The following members were elected to serve the VAO:

- Dr. William E. Crutchfield-President
- Dr. Anthony Savage-President Elect
- Dr. Norman Prillaman-Secretary Treasurer
- Dr. Alfred Griffin-Immediate Past President
- Dr. Penny Lampros-Past President
- Dr. David Morris-Director
- Dr. Richard Byrd-Director

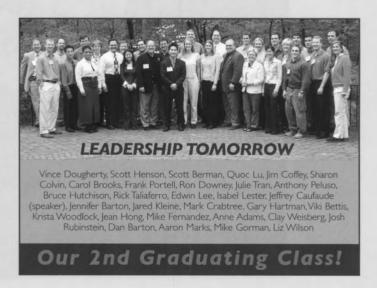
Dr. Rodney Klima-Delegate to the Southern Assoc. of Orthodontists

Dr. Edward Ross-Delegate to the American Assoc. of Orthodontists

The next Virginia Association of Orthodontists meeting will be held at Kingsmill in Williamsburg the last weekend of June, 2006. We look forward to seeing you there.

DR. KAREN DAY, VIRGINIA DEPARTMENT OF HEALTH NEWS

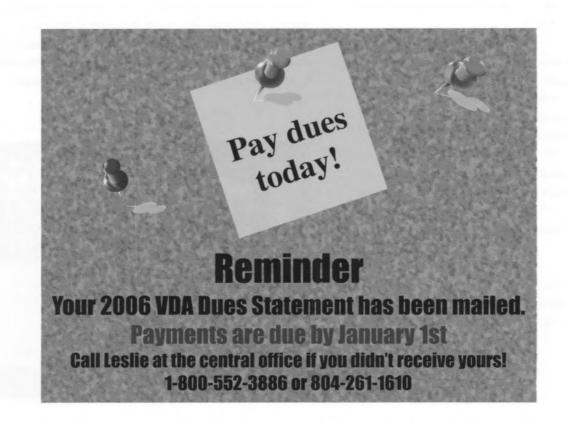
The National Health And Nutrition Survey (NHANES) was just released from the Centers for Disease Control and Prevention (CDC) utilizing data from 1999 to 2002. In comparing to the previous survey conducted from 1988 to 1992, the report shows a 10% reduction in the caries rates in permanent teeth of children 6-19 years old, but no change in the caries rates in primary teeth of children 2-11 years old. The release of this information is timely, as the Division of Dental Health has recently started fully implementing the "Bright Smiles for Babies" program. Susan Pharr, R.D.H., M.P.H. was hired as coordinator for this program that is targeted toward preschool children 0-3 years old utilizing strategies to reduce early childhood tooth decay including anticipatory guidance, risk assessment and fluoride varnish. In the last few weeks Ms. Pharr has worked with Early Head Start programs in Alexandria, Norge, Newport News and Roanoke to provide fluoride varnish for children. Several other Early Head Start sites (Norton, Orange, Abington and Richmond City) have also had children screened. Trainings have also been held for non-dental health providers at Lynchburg, Wise and Russell County Health Departments. In addition to these initiatives targeting the pre-school population, DDH is also partnering with the Head Start Collaboration Project to hold the Virginia Head Start Oral Health Forum in Richmond on September 21, 2005. The objective of this all day event is to share information and develop strategies to improve the oral health of Head Start children regarding access, prevention, and education.



The Virginia Dental Journal Statement of Ownership, Management, And Circulation

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VCU School of Dentistry Sees Need for Expansion

Dr. Ronald J. Hunt, Dean VCU School of Dentistry

Recognizing that Virginia needs more dentists and dental hygienists and more research to improve oral health and treatment, the School of Dentistry at Virginia Commonwealth University (VCU) is seeking funding from the Virginia General Assembly to expand the school's classroom, clinical, and research facilities. With the support of VCU and the Virginia Dental Association, the school is seeking \$12 million to build a 35,000 square-foot addition to the school on the MCV Campus at VCU.

"Virginia faces a shortage of dental practitioners for rural and underserved populations, a shortage of dental hygiene services, and an unmet need for research-based advances in dental practice for optimum oral health care," notes Dr. Ron Hunt, dental school dean. "However, this is Virginia's only dental school, and the school's physical facilities in the Lyons and Wood Buildings do not have the capacity for expanded enrollment or expanded research."

With the new building, the dental school would:

- expand enrollment in the dental class from 90 to 100 per year, with new positions dedicated to recruitment of students from Southwest and Southside Virginia;
- expand enrollment in the dental hygiene class from 20 to 40 per year, with new positions dedicated to students who are Virginia residents; and
- expand laboratory space dedicated to research in oral cancer (with the Massey Cancer Center) and dental biomaterials (with the School of Engineering).

VDA 'Day on the Hill'

January 20th, 2006

Come join us as we advocate for dentistry and VCU!

For information, Contact Morgan Bailey At (804) 261-1610

MARK YOUR CALENDAR! ROANOKE 2006!! LEARNING WITH THE STARS

September 13 - 17, 2006 Roanoke Hotel &Convention Center

Promising what will set a new standard for quality dental continuing education for The Virginia Meeting, here are just a few speakers and topics we plan to have at the 2006 VDA Annual Meeting.

September 15th & 16th

- * Dr. Gordon Christensen The Christensen Bottom Line
- Dr. George Priest Collaborative Partnering: Teamwork in Implant Dentistry and - Ceramic Veneers: The Foundation of Esthetic Dentistry I and II
- Ms. Catherine Eitel Breaking the Chains: Is Insurance Independance Right for You?
 Exceptional Client Service: The "Wow" Factor - and –
 Wine, Golf & Leadership: Building a High Performance Organization
- ★ Pam Smith Nutrition
- ★ Dr. Robert Willis TBD
- ★ Endodontics TBD
- ★ Materials Course TBD

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For more information, check out future issues of the Virginia Dental Journal.

Classifieds

Classified advertising rates are \$40 for up to 30 words. Additional words .25 each. The classified advertisement will be in the **VDA Journal** and on the **VDA Website - www.vadental.org**. It will remain in the Journal for one issue and on the website for a quarter (3 months) unless renewed. All advertisements must be prepaid and cannot be accepted by phone. Faxed advertisements must include credit card information. Checks should be payable to the Virginia Dental Association. The closing dates for all copy will be the 1st of January, April, July, October. After the deadline closes, the Journal cannot cancel previously ordered ads. This deadline is firm As a membership service, ads are restricted to VDA and ADA members unless employment or continuing education related. Advertising copy must be typewritten and sent to Journal & Website Classified Department, Virginia Dental Association, 7525 Staples Mill Rd., Richmond, VA 23228 or fax (804) 261-1660.

The Virginia Dental Association reserves the right to edit copy or reject any classified ad and does not assume liability for the contents of classified advertising.

Dentists looking to relocate to Virginia. We currently have temporary licenses which will be good for one year, and are working on permanent licensure. We are looking for jobs for one or both of us. We are looking for full time associateships initially, with long term potential, either via partnership, or practice purchase. We have practiced comprehensive Pankey/Dawson type care in our own office. We have been in practice for 14 and 15 years. We are well versed in current endodontic treatments, implant restoration and Cerec all porcelain restorations.

Contact Sandra at 804 943 4974.

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Alexandria, VA – well established – 4 day/wk – mixed pt. base, family dental practice for sale! 3 ops (2 more maybe added). Leased space-incl. all utilities and parking. Gross averaging \$260,000 over last 4 years. Doctor retiring. The Synder Group 800-988-5674

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General dentist position available in Spotsylvania. Full-time. Must have 2 years experience and speak Spanish. Send resume to Dr. Ahmadiyar and Associates 10406 Courthouse Road, Spotsylvania, VA 22553. Attn: Kristi.

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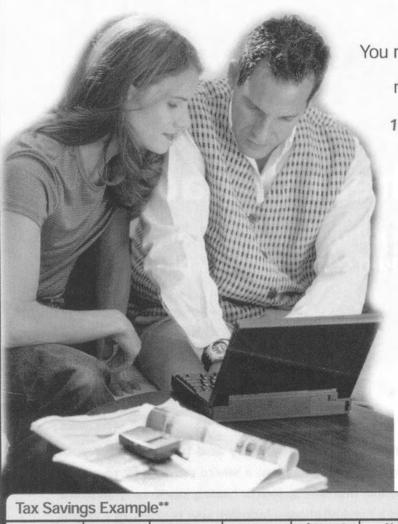
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