



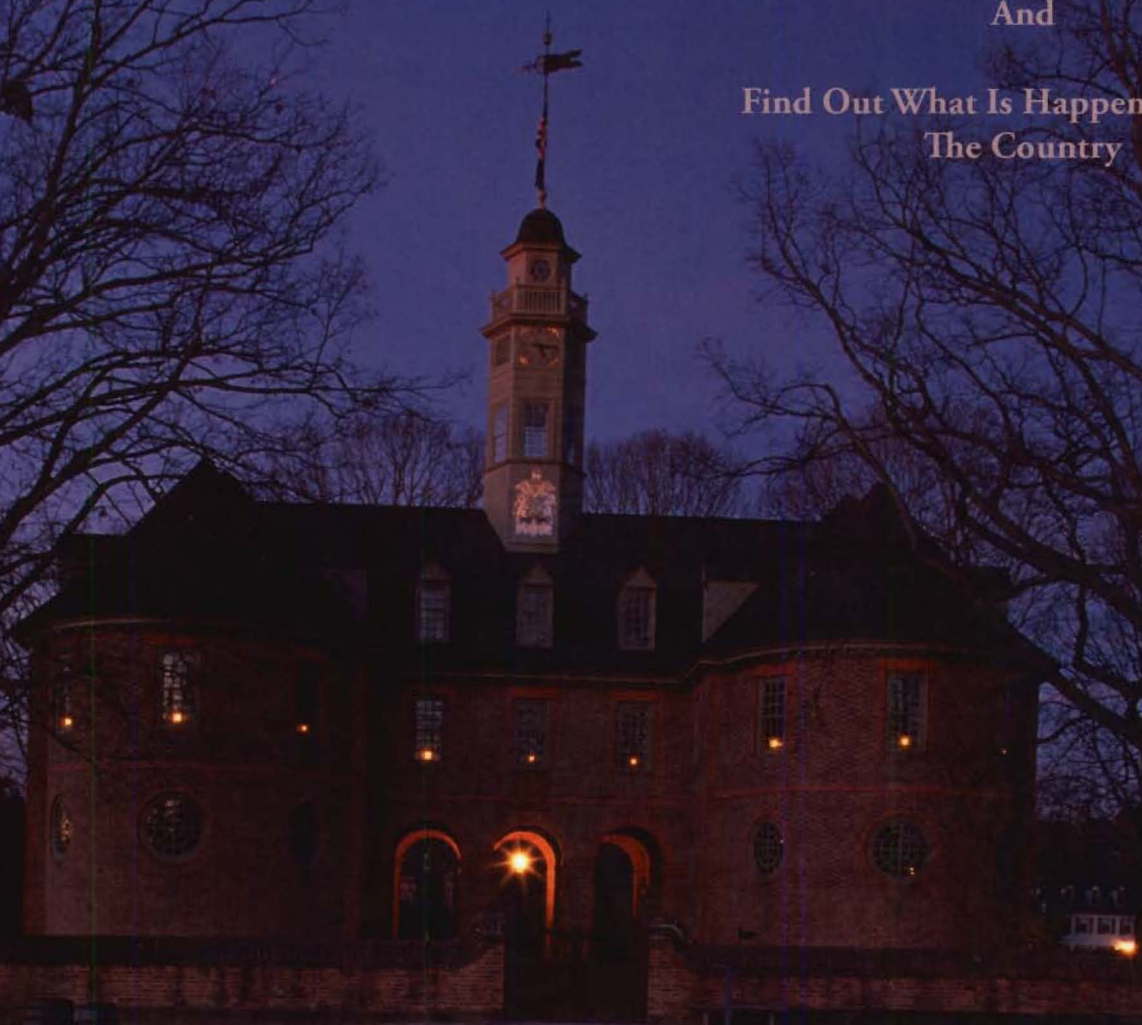
*The Dawning Of The 2005
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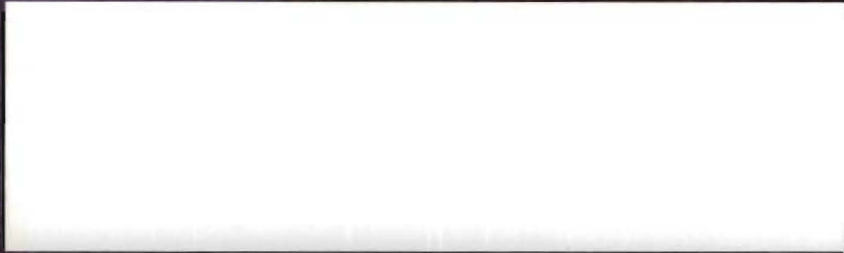
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From The Editor



Leslie S. Webb, Jr. DDS
VA Dental Journal Editor

It's January 2005. Christmas and New Years Day are history, and now it's legislative season. The Virginia General Assembly is in session – important legislation affecting dentistry is being considered.

Advocacy in the legislative arena has consistently been named the main benefit of being a member of organized dentistry. Sure we have a VDA staff that works hard during legislative time. Yes, we do have a fantastic lobbyist in Chuck Duval. But Chuck states regularly that the bottom line to results during the General Assembly is "home cookin." Every VDA member needs to be involved with local House and Senate legislators. Become familiar with this year's proposed legislation affecting dentistry. Meet with your representatives in the legislature; e-mail, phone

or fax them. Let them know your feelings about the proposed legislation affecting our profession. The more they hear from home constituents, the better our chances of success legislatively.

This issue of our Journal outlines the currently known legislative issues. It also gives you advice on how to help and how to monitor what is happening. It is important for us all to participate. Also remember to make that VADPAC contribution with your dues payment. PAC dollars help us gain the attention of our legislators so that our concerns can be heard and acted upon.

Letter To the Editor

Dear Les,

As a number of dental patients are receiving infusion of bisphosphonates (e.g.: zolendronic acid) either for metastatic breast cancer, multiple myeloma or, more frequently now, for osteoporosis, the oral health downside should be more widely known for those anticipating tooth extraction.

A very disturbing study* done at Long Island Jewish Medical Center gives documented evidence of unexpected necrotic jaw lesions post-extraction in patients receiving (or having received) the above therapy.

In some instances, the patient's post-extraction necrosis resulted in a total or partial maxillectomy, a segmental or marginal mandibulectomy or a sequestrectomy (sometimes multiple sequestrectomies). The article states that the necrosis was quite similar to that encountered in osteoradionecrosis.

Regrettably, antibiotic therapies or conservative debridement therapy were not all that helpful.

Because of the increasing frequency of this infusion therapy being recommended by our medical colleagues, it might be prudent to alert the readers

of our journal to this very serious potential when we review medical histories for our extraction patients.

Cordially,

Dr. Richard D. Wilson

* Osteonecrosis of the jaws associated with the use of bisphosphonates. A review of 63 cases. *Journal of Oral and Maxillofacial Surgery*. May 2004,62,5. Ruggiero, S.L., et al.



Bruce R. Hutchison, DDS
VDA President

The new year brings with it an end to the past and a chance for a new beginning. We look forward to the new year with enthusiasm and anticipation of better things ahead. As the year ends, we each, in our own way, take some accounting of our lives and plan, or set goals, for our futures. New Years resolutions are made. We make promises to ourselves that we'll do the right things. I encourage each of you to take some time to plan for this year and your future.

The VDA has taken account and has laid a plan for this year. We have our Virginia Meeting planned for Richmond in September, committee meetings at Virginia Beach in June, MOM projects will be held in Northern Virginia, Eastern Shore, Wise, and Grundy. There will be Give Kids a Smile Projects throughout the state in February, as well as numerous CE programs in each of the components. But first, we have planned our January Committee Meetings in Richmond and our annual Day on the Hill where we visit with our state legislators as they are in session in Richmond. No doubt there will be various issues to discuss with our legislators as bills are developed and debated. Many will affect us, our profession, and the care we deliver to our patients. We will react and respond to these as they arise. But most importantly, there are three issues where the VDA can use the help of grassroots members to call, fax, email, or better yet, visit our legislators. These are licensure by credentials, funding of dental Medicaid, and assignment of benefits. The legislature will be meeting in Richmond to deter-

mine the future of all Virginians and we need to be there to guide them on the issues that concern us. They deal with so many issues on such a wide variety of topics that they simply cannot know all the issues as well as they should to make intelligent decisions. We owe it to our patients, our profession, and ourselves to educate the people who make the decisions.

So plan your year, plan your future, and plan to attend the VDA Day on the Hill in Richmond on Friday, January 21, 2005. Your patients and your profession need you to be there. If you absolutely cannot attend, then take the time to contact your state Senator and Delegate. Educate them on our issues and let them know of your concern. Your voice will make a difference.

In closing, I want to take a moment to wish you all a very healthy and prosperous year ahead. I hope you take the time to plan your dreams and that all your dreams do come true.

Bruce R. Hutchison, DDS
President, Virginia Dental Association

Letter To The VDA

The Following letter was sent to the VDA about a member dentist. We know there are many patients that feel the same way about their dentist, but it is nice to see a patient say it so well to his peers.

This letter thanks Dr. Joel B. Evans for providing outstanding dental service to my family and me. Dr. Evans has been our family dentist for over 12 years.

Recently, my wife and I moved from Herndon, VA to Bradenton, FL. While we are happy to live in a city with wonderful weather in the winter time, we are sad that

we will no longer have Dr. Evans as our family dentist. Without exception, he is by far the most outstanding dentist that we have ever had. Likewise, Dr. Evans provided a highly professional service to our three children, as they were growing up.

Not only is Dr. Evans a competent professional, he is also highly ethical. He always looks for the most cost-effective, yet totally satisfactory, solution to all dental problems. He has done crowns, basic root canals, fillings, and cleanings for the entire family. Through all of these procedures, none of us has ever experienced any pain. Finally, his fees were always fair and reasonable.

My wife and I are particularly

impressed with Dr. Evans' calm demeanor, helpful attitude, and penetrating examination of all dental problems. He has earned our profound admiration.

I commend Dr. Evans for his outstanding performance and I predict every success for him in the future. He is an invaluable asset to the dental profession.

Again, I wish to thank Dr. Evans for a job well done!

Sincerely,

John L. Stanberry, Ph.D.

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Stability



Operation 'It's time for the kids!'

Legislative Alert!!

Now is the time.....

- Only 17% of Dentists in Virginia are Medicaid providers due to one of the lowest Medicaid reimbursement rates in the country.
- Typical dental office overhead is in the 60-70% range.
- Current dental Medicaid reimburse-



ment rates for Virginia are less than 50% of the average dental fee in the state.

- Current dental Medicaid expenditures are only around 0.7% of the total DMAS budget.
- Only 20% of the Medicaid population is being served currently.
- Dentists are willing to step up to the plate if they are offered a rate that at least comes close to paying their overhead costs.
- This may be our last best chance to change the system!

What is needed....

\$14,000,000 in general funds will be needed to raise the dental Medicaid rates to the average commercial fee in Virginia. This will be matched with approximately \$16,000,000 in Federal funds.

What you need to do.....

Write Governor Warner today! Time is short! It's time for the kids! The Honorable Mark R. Warner Governor, Commonwealth of Virginia
P. O. Box 1475
Richmond, VA 23218

Thank you for your help on this most critical issue!

Sincerely,

Terry D. Dickinson, D.D.S.
Executive Director, Virginia Dental Association



Virginia Dental Association

Member Alert!

BMP Video for Amalgam Waste are now as close as your computer screen. Check it out and let's be the best 'green' profession ever! The best reason to not have someone else tell us how to do it? Let's do it ourselves!

The "Best Management Practices (BMPs) for Amalgam Waste" are a series of amalgam waste handling and disposal practices that include but are not limited to initiating bulk mercury collection programs, using chair side traps and vacuum collection, inspecting and cleaning traps, and recycling or using a commercial waste disposal service to dispose of the amalgam collected.

These BMPs were approved by the ADA Board of Trustees in January 2003 and are an integral part of the Association's overall response to the waste issue. Dentists are encouraged to use them to help reduce the effects of amalgam waste on the environment.

If you have any questions regarding the ADA's BMPs, please contact the ADA Division of Science via e-mail or by calling 312-440-2878. ADA members may use the Association's toll-free number and ask for Ext. 2878.

To view the video go to www.ada.org/goto/amalgamvideo and click on the video section listed by broadband or dial up.

Abstracts Of Interest

The following abstracts were provided by the Department of Endodontics at VCU School of Dentistry. We appreciate the contribution that these individuals have made to the *Virginia Dental Journal*.

An Evaluation of Microbial Leakage in Roots Filled with a Thermoplastic Synthetic Polymer-Based Root Canal Filling Material (Resilon)

Shipper, Guy BDS, MDent; Ørstavik, Dag DDS, PhD; Teixeira, Fabricio Batista DDS, MSc, PhD; Trope, Martin BDS, DMD

Gutta-percha is currently the "gold standard" endodontic filling material. With improvements in dentin bonding, some have suggested that a bonded root canal filling may improve success of endodontic procedures if there was a breakdown in the coronal seal. Though some resin systems have been on the market for some time, major obstacles have been working properties, radiopacity, and the ability to remove the material for retreatment. Polymerization shrinkage may also present problems in obtaining an adequate seal. Though dentin bonding of sealers sounds promising, little is gained if the sealer does not bond to the gutta-percha.

Resilon is a thermoplastic synthetic polymer-based root canal filling material which contains bioactive glass and radiopaque fillers. Clinically, it has the same handling properties as gutta-percha, and may be softened with heat or dissolved with chloroform. It can be purchased in master cones in ISO sizes and various accessory cones like gutta-percha. In addition, Resilon pellets are available, which can be used utilizing the Obtura thermoplasticized technique. The sealer, Epiphany Root Canal Sealant is a dual cure resin composite sealer that will bond to dentin and Resilon. Forty seconds of light will cure the coronal 2 mm of the canal, whereas the self-cure occurs in approximately 15 to 30 min. The purpose of this study was to examine the resistance of this new resin filling material to

bacterial penetration.

The sealing ability of gutta-percha and Resilon with AH 26 or Epiphany sealers was tested by measuring bacterial leakage over time. Two filling techniques were used: lateral and warm vertical condensation or a continuous wave of condensation (System B). Resilon/Epiphany groups showed minimal leakage (7% - 13% over 30 days), which was significantly less than all gutta-percha groups, in which 73% to 93% of specimens leaked. All Resilon/Epiphany sealer groups leaked significantly less than all groups in which AH 26 was used as a sealer (gutta-percha and Resilon and AH 26). At high-power SEM, no gap was seen between the Resilon and Epiphany sealer. There was no significant difference in sealing ability of Resilon/Epiphany using either method of placement.

In this study the smear layer was removed. If it is not removed, the polymerization shrinkage will pull the smear layer away from the canal walls providing an avenue for microleakage. The epiphany bonding system uses a self-etch primer that contains sulfonic acid terminated functional monomer, HEMA, water, and polymerization initiator. The leakage of gutta-percha with Epiphany suggests that the bonding of the sealer to both the core filling material and the dentin is critical to improving the bacterial seal.

Though promising, this research has not yet been replicated by another lab. Dr. Trope has a financial relationship with the manufacturer of Resilon™. Additional studies will soon be published to give the clinician a better idea of how the material performs in vitro, as well as the tissue tolerance to the materials. Before replacing gutta-percha, in vivo models should be used to evaluate the long-term success of this material in endodontic therapy.

Dr. B. Aaron Vaughn is a second year endodontic resident at VCU, and a graduate of UTHSC San Antonio School of Dentistry.

Effect of the Wicking Behavior of Multifilament Sutures

T.R. Grigg, DMD, F.R. Liewehr, DDS, MS, W.R. Patton, DDS, MS, T.B. Buxton, PhD and J.C. McPherson, PhD

Journal of Endodontics 2004;30:649-652.

The use of multifilament sutures, such as black silk suture (BSS), has been challenged by studies suggesting that it can "wick" bacteria into oral tissues causing inflammation.

Objective- The purpose of this study was to evaluate the wicking behavior of currently available multifilament suture material.

Study Design – Experiment #1 – 30 samples of BSS were soaked in saline for 24-h, 48-h, and 72-h and measured on SEM to determine the time needed to reach maximum saturation and expansion. **Experiment #2 –** wicking of liquids by capillary action was determined by suspending sutures in fluorescein isothiocyanate-dextran and recording the time it took to wick 2.85 cm. 4-0 sutures of Dexon II PGA, coated Vicryl and black silk sutures were tested. **Experiment #3-** a suspension of *S. Salivarius* bacteria was placed at the mid point of each suture sample. After 8 min., the suture was sectioned and tested for bacterial growth.

Results- Exp.#1- Silk suture reached maximal expansion size at 48h. Exp #2- Wicking was significantly faster along the Dexon II, which was significantly faster than Vicryl, which was significantly faster than BSS. Exp. #3- Dexon II demonstrated wicking of *S. salivarius* within 8 min., whereas Vicryl and BSS did not.

Conclusions- The results of this in vitro study suggest that silk does not produce more fluid movement by capillary action than the other two braided sutures, and actually produces less than Dexon II. Additionally, it seems to mechanically transmit bacteria less than Dexon II does.

Dr. Ellen Oertel is a second year postgraduate student in Endodontics at VCU School of Dentistry. She received her D.D.S. from the MCV School of Dentistry in 1992.

Anesthetic Efficacy of Articaine for Inferior Alveolar Nerve Blocks in Patients with Irreversible Pulpitis.
Elizabeth Claffey DDS, MS, AI Reader DDS, MS, John Nusstein DDS, MS, Mike Beck DDS, MA, and Joel Weaver DDS, PhD
Journal of Endodontics 2004;30: 568-571.

Objective. The purpose of this study was to compare the anesthetic efficacy of 4% articaine with 1:100,000 epinephrine with 2% lidocaine with 1:100,000 epinephrine for inferior alveolar nerve blocks in patients with mandibular posterior teeth experiencing irreversible pulpitis.

Study Design. Seventy-two healthy adults patients participated in this study. Each patient was actively experiencing pain and had a prolonged response to cold test with Endo-Ice from a vital mandibular posterior tooth. Each patient had a tooth with irreversible pulpitis. Each patient rated his or her initial pain level on the Heft-Parker Visual Analogue Scale which was divided into four categories (no pain, mild pain,

moderate pain, and severe pain). The 72 patients randomly received 2.2ml of 4% Septocaine with 1:100K epi or 2.2ml of 2% Lidocaine with 1:100K epi using a conventional inferior alveolar nerve block. Topical anesthetic gel was placed at the IAN injection site for 60s using a cotton tip applicator and a standard inferior alveolar nerve block was administered with a 27gauge 1.5-inch needle using each anesthetic solution. The senior author administered all injections. If the patient did not have profound lip numbness at 15-min postinjection, the block was considered missed and the patient was eliminated from the study. Otherwise, the teeth were isolated with a rubber dam and access performed. If the patient felt pain, the treatment was stopped immediately and the patient rated their discomfort using the Heft-Parker VAS. The extent of access achieved when the patient felt pain was recorded as within dentin, entering the pulp chamber, or initial file placement. The success of the block was defined as the ability to access and instrument the tooth without pain.

Result. There was no significant difference between the two groups. The

success rate for the IAN block using the articaine solution was 24% (9/37 patients) and for the lidocaine solution success was 23% (8/35). A total of 7 patients, two using the articaine solution and five using the lidocaine solution did not have profound lip numbness at 15 min and were not included in the data analysis of the 72 patients. The number of these missed blocks was not statistically different between the two anesthesia groups.

Conclusion. For mandibular posterior teeth with irreversible pulpitis, neither 4% articaine with 1:100K epi nor 2% lidocaine 1:100K epi administered in a conventional IAN block, resulted in an acceptable rate of anesthetic success. There was no significant difference in anesthetic success between the articaine and lidocaine solutions.

Dr Priscilla Yeung is a second year post-graduate endodontic resident at the VCU School of Dentistry. She received her D.M.D. degree from Tufts University School of Dentistry in 1999.

Continued On Page 36

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Ruthanne Daluisio - DDS Patient



NYU College of Dentistry Engages Top Practice Management Consulting Group to Bring Business World Approaches to Academic Dentistry

From a press release

NYU College of Dentistry, the nation's largest academic dental center, has entered into a collaborative agreement with Levin Group, Inc., the leading practice management consulting firm in the U.S., to identify and implement a more comprehensive approach to practice management in dental education. Levin Group will provide NYU, faculty, students and alumni with the necessary business skills to establish and run a successful, profitable private practice.

According to Dr. Michael C. Alfano, Dean of the NYU College of Dentistry, "Like every dental college, NYU wants its alumni to continue to be successful. Success in dentistry is a combination of high ethical standards, diagnostic acumen, clinical prowess, and business skills, culminating in high-quality care for patients and great fulfillment for dentists. Nationwide, in fact, when new dental graduates are asked what additional training they wish they had received in dental school, their number-one answer is business training.

"If a dentist is struggling to make ends meet, he or she will have less opportunity to take continuing education courses, may not be able to support an adequate staff, and may feel increased pressure, all of which will have an unfavorable impact both on patient care and on the dentist's personal life. The NYU/Levin Group collaboration provides a unique opportunity to merge NYU's excellent clinical training with a proven practice management method, to effectively optimize practice performance and ensure professional success."

The NYU College of Dentistry will collaborate with Levin Group in the

following areas:

- Developing practice management curricula for predoctoral and postdoctoral programs that incorporate the Levin Group Method™, the only proven practice management solution which covers the essential elements of dental practice management and marketing;
- Developing a customized, comprehensive training program for the entire NYU College of Dentistry faculty. This program will cover key aspects of practice management;
- Assessing and providing "best model" solutions to optimize all aspects of the NYU Dental Clinics operations, including scheduling, treatment delivery efficiencies, patient management, financial performance, case presentation, and team effectiveness;
- Delivering an exclusive series of continuing education programs taught by Roger P. Levin, focused on general practice and specialty practice management and marketing.

Founded in 1865, the NYU College of Dentistry is the third oldest dental school and the largest comprehensive oral health care center in the nation, graduating more than eight percent of the nation's dentists annually. NYU College of Dentistry is a leading source for dental care in New York City, and a national leader in dental education, research, and policy issues in dentistry.

Since 1985, the Levin Group, founded by Roger P. Levin, DDS, MBA, has successfully consulted with more than 7,500 dental practices worldwide. Nearly 600 dentists enter

Levin Group's 12-month consulting programs each year. More than 98 percent of enrolled practices achieve significant growth within 12 months by incorporating statistically valid, proven business methods into practices.

Jenkins Foundation Awards \$552,460 To Area Health Organizations

A portion of funds will increase access to dental health services

The Jenkins Foundation has once again generously approved a grant in the amount of \$20,000 for the Donated Dental Services (DDS) program. The money will be used towards the salary of the full-time Project Coordinator responsible for coordinating services for Richmond area residents.

The Jenkins Foundation was happy to report that a significant portion of the total awarded this year was directed at organizations working towards providing greater access to dental services for the area's uninsured and underserved populations. The Jenkins Foundation is committed to expanding access to community-based services through programs that may significantly impact the quality of health care, primarily to the medically uninsured and underserved.

Once again, the Virginia Dental Health Foundation would like to thank the Annabelle Jenkins Foundation for the opportunity to continue providing dental care to those most in need.



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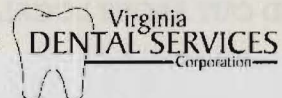
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February 4, 2005

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PLEASE CONTACT LESLIE PINKSTON AT (804) 261-1610 OR VIA EMAIL AT PINKSTON@VADENTAL.ORG TO FIND OUT ABOUT LOCAL EVENTS BEING ORGANIZED OR TO START ORGANIZING AN EVENT OF YOUR OWN.

**** 2004 DR All Stars ****

A special thank you to the VDA members who supported the DR Program in 2004 by providing leads to the VDA Central Office.

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- Dr. Tom Parrott, Newport News
- Dr. Lisa Samaha, Newport News
- Dr. Edward Weisberg, Norfolk
- Dr. Richard Wilson, Richmond
- Dr. Walter Young, Richmond

Your continued support is greatly appreciated!

DR Fact

While employers of all sizes are able to use Direct Reimbursement dental plans, DR is very appealing to firms with over 10 employees and most appealing to firms with over 25 employees. With larger firms, the employer is better able to avoid the risk of using a DR plan and thus will see this as a beneficial plan for the firm too, not just for the dental office.

If you would like to find out more about DR dental benefits or to receive free literature for your office, please contact Elise at the VDA at 800-552-3886.

Direct Reimbursement Component Contacts for 2005

If you have any questions about DR and how the program works, please do not hesitate to contact your Component Representative to the DR Committee. Below is a listing of the Committee Members for 2005:

Dr. Ted Corcoran, Chair, Component 8

Component 1 – Dr. C. Mac Mahnes

Component 2 – Dr. Eric Boxx

Component 3 – Dr. Daniel Rhodes

Component 4 – Dr. Marcel Lambrechts

Ex-Officio – Dr. Les Webb

Component 5 – Dr. Randy Norbo

Component 6 – Dr. Joseph Holmes, Jr.

Component 7 – Dr. Richard Taliaferro

At Large – Dr. John Willhide

The VDA Salutes It's Award Winning Members!

Dr. Francis M. Foster, Sr.



The VDA is proud to announce that Dr. Francis M. Foster was awarded with a 2004 Humanitarian Award by the Richmond chapter of the National Chapter of Community and Justice (NCCJ) for his contributions to opposing racism, bigotry, and bias within the Richmond community. Dr. Foster was awarded this honor along with four other prominent Richmonders at the chapter's 42nd annual Richmond Humanitarian Awards dinner on October 28, 2004. The Library of Virginia Foundation also recognized him with their first Semper Virginia Award in 2004 for his support of libraries, history and literature in Virginia. The Virginia Dental Association is pleased to have such fine examples of vision, leadership and community pride within its membership. Congratulations Dr. Foster!

Dr. Francis Merrill Foster, Sr., an associate adjunct professor of dentistry, has dedicated his work and life to serve the Richmond community and the Commonwealth of Virginia as a caring health practitioner and civic-minded community servant. Twice retired, he has served as assistant professor of general practice dentistry for 14 years at Virginia Commonwealth University's School of Dentistry and owned a private dental practice for over 40 years in the heart of Richmond's historic Jackson Ward, his hometown neighborhood. A 1937 graduate of Armstrong High School, he graduated from Virginia Union University in 1942 and Howard University School of Dentistry in 1946. Dr. Foster served in the U.S. Army Dental Corps in the Philippines, Guam and China from 1946 to 1948, rising to the rank of Captain. He returned to Jackson Ward in 1948 to set up his dental practice at 416A North First Street.

Statewide, he has served as a Trustee of the Virginia Museum of Fine Arts, the State Board of Dentistry, the State Health Regulatory Board, the State Commission for Historic Preservation, and as Treasurer for the Virginia Center for the Book. Locally, Dr. Foster has served on the board of the Richmond Public Schools, as Chairman of the Richmond Public Library Board, the Committee to Redesign the Flag, the Historic Richmond Foundation, and as Chairman of the Capital Area Health Advisory Council, among many community organizations through the years.

Dr. Foster has received numerous awards in recognition of his service to his community and profession. The Urban League of Greater Richmond presented him with the 2003 Outstanding Lifetime Achievement Award to honor his community service and accomplishments. That same year, he also received the "Oliver Hill Citizen of the Year" award from the Richmond chapter of the Sigma Pi Phi Boule. The Virginia Dental Association designated him as

a "VDA Hero" in their Spring 2003 newsletter. In 2002 the Capital Area Health Advisory Council presented Dr. Foster with its first Virginia Crockford Award to recognize his longstanding service in health care advocacy. His alma mater, Virginia Union University nominated him in 2001 to receive recognition as a "Distinguished Alumnus" at the 26th National Conference on Blacks in Higher Education, sponsored by the National Association for Equal Opportunity in Higher Education. In 2000 he received the Outstanding Faculty Award from the American College of Dentists, Virginia section.

Dr. Foster has been featured on television, radio and print media regarding Richmond's history and heritage. STYLE WEEKLY magazine has recognized him as one of Richmond's "living treasures." The RICHMOND TIMES DISPATCH featured him in their 2003 collection of Black History Profiles as one of the city's most widely quoted authorities on black history and featured his family's historical legacy in the Richmond community.

He is a member of the Phi Phi chapter of Omega Psi Phi Fraternity, Incorporated, the Astoria Beneficial Club, the Peter B. Ramsey Dental Society, the Richmond Dental Society, the Virginia Dental Association, the American College of Dentists, and a life member of the Federation Dentaire Internationale. He is also a skillful and entertaining magician and is a member of the International Brotherhood of Magicians.

Dr. Foster and his wife of over 50 years, Dorothy, have one son, Francis Merrill Foster, Jr., and two daughters, Carmen Francine Foster and Dr. Colette Foster Groves. They are the proud grandparents of three grandsons, Kenneth X. Warren, Jr., Chaz Foster Groves and Omari Foster Groves.

Dr. J. Gary Maynard, Jr.

Virginia Periodontist Receives Honor From The American Academy Of Periodontology

From Press Release -

CHICAGO – J. Gary Maynard, Jr., D.D.S., private practitioner in Richmond, Va. and Clinical Professor of Periodontics at Medical College of Virginia is the 2004 recipient of the American Academy of Periodontology (AAP) Master Clinician Award.

The Master Clinician award is given to a practitioner who had practiced and demonstrated consistent clinical excellence in periodontics and who has willingly and unselfishly shared that clinical experience with members of the profession. The recipient is also held in the highest esteem by the periodontal community and is recognized as a master clinician in periodontics. The award is not presented on an annual basis but is given when an outstanding candidate is nominated.

“Dr. Maynard received the award today at the AAP’s 90th Annual Meeting in Orlando, Fla. for his loyalty to clinical excellence and dedication to the profession,” said Michael Rethman, D.D.S., M.S., past president of the AAP. The award was established in 1987.

Maynard is a Diplomate of the American Board of Periodontology and served as Chairman of the Board in 1998. He is past president of the AAP as well as the Southern Academy of Periodontology, and the Richmond Dental Society. He has published in the Virginia Dental Journal, Journal of Periodontology and the International Journal of Periodontics and Restorative Dentistry.

Maynard received his dental degree from the Medical College of Virginia School of Dentistry in 1962, and his

certificate in periodontics in 1967 from the University of Kentucky College of Dentistry.

The American Academy of Periodontology is a 7,900-member association of dental professionals specializing in the prevention, diagnosis and treatment of diseases affecting the gums and supporting structures of the teeth and in the placement and maintenance of dental implants. Periodontics is one of nine dental specialties recognized by the American Dental Association.

Dr. Ronald L. Tankersley From an ADA Press Release

ORLANDO -- Ronald L. Tankersley, D.D.S., who practices the dental specialty of oral and maxillofacial surgery in Newport News, Williamsburg and Hampton, Virginia, was installed today as a trustee of the American Dental Association (ADA). Dr. Tankersley’s installation took place in Orlando at the ADA’s 145th Annual Session.

Dr. Tankersley will serve on the ADA Board as the trustee from the Sixteenth District, which includes North Carolina, South Carolina and Virginia. The ADA Board formulates and reviews policies and programs and makes recommendations to the 427 members of the ADA’s governing body, the House of Delegates. As a member of the Board, Dr. Tankersley will play a major role in the ADA’s over-all objective of protecting and improving the public’s oral health and promoting advances in dentistry.

Dr. Tankersley’s previous responsibilities with the ADA include serving on and chairing both the Council on Dental Benefit Programs and the Association’s Strategic Planning Committee and serving as a delegate.

He is a past president of the Virginia Dental Association (VDA), the Peninsula Dental Society, and the Virginia Society of Oral and Maxillofacial



Surgeons. His numerous professional honors include receiving the VDA President’s Award, its Distinguished Service Award, in 2000.

Dr. Tankersley received his dental degree from the Medical College of Virginia School of Dentistry, where he also completed his residency in oral and maxillofacial surgery and is an Adjunct Professor of oral and maxillofacial surgery. He is a fellow of the American and International Colleges of Dentists and the Pierre Fauchard Academy, an international honorary organization for dentists.

Dr. Tankersley and his wife Gladys reside in Newport News and are the parents of two children, Kenneth and Christine.

The VDA Proudly Salutes It’s Award Winning Members!

Do You Know An Award Winning VDA Dentist?

If You Know Of Any VDA member who has recently won an award in dentistry, or has been recognized as an outstanding member of his community, please contact the VDA main office at (804) 261-1610. The VDA is proud to recognize all those among our members who continuously strive to share their leadership and talent to serve the dental profession in Virginia!



The Second-best Solution: An Apology for Democracy

By David W. Chambers, EdM, MBA, PhD, FACD

Reprinted With Permission From *The Academy of General Dentistry*

Warts on the Face of Democracy

Democracy is not ideal, either in theory or in practice. One of the inescapable consequences of majority decisions is the existence of minorities. Some dentists refuse to join the ADA because it does not represent every one of their personal interests. A colleague recently complained to me that he might resign from a committee on a local group. He said he had missed the last meeting and the other committee members had voted to give an award to someone he thought unworthy. The single-issue voter, the one who makes a career out of being offended, is becoming more numerous. There are many vacancies among the ranks of the loyal opposition.

Democracy did not invent the minority. That comes from diversity in human nature. There is no system that eliminates minorities and most systems lead to larger and more abused minorities than does democracy. The rule in democracy about extending dignity and autonomy to individuals to the maximum degree allowable

by the freedom of others is a strong protection of minorities. It is not always enough, however, as some find it easier to jump from group to group or become professional cynics.

The minor sins of democracy have been known for centuries. The Greek philosopher Plato, who died in 347 B.C., worked up a pretty powerful indictment in his classic *Republic*. His catalogue of the flaws in democracy has a surprisingly contemporary ring. As they are listed here, they may call to mind your own frustrations with a men's or women's group in your church or other organization, your disappointments with one or another aspect of organized dentistry, or national and local government as reported on the 10 o'clock news.

1. Popularity over Statesmanship:

Organizations that hold elections or give prizes promote popularity. Those who represent an organization must have an acceptable external and internal public image, be seen as approachable and a good example of the values of the organization's members, and be likable. A sufficient amount of this

is important for getting work done. But "electability" tends to push aside statesmanship, visionary leadership, and articulation of what is ultimately in the group's best interest. The satire of political humor is grounded more in what it means to be "unpresidential" than it is in policy.

2. Short Horizons: Democracy makes its leaders, and hence its issues, short timers. There is a joke in higher education that professors do not conduct research on product longevity or the long-term effects of drugs because they have to go up for tenure within five years. Government officials tend to work in four-year frames, while elected officers in organized dentistry have even fewer years to prove themselves and their programs. Business executives are under the greatest time pressure for short term results with quarterly earnings reports. Instant media coverage has further made citizens in democracies impatient.

3. Pandering to the Public: Democracy is inflationary. Jimmy Carter became an instant one-term president when he explained to the nation the difficulties we faced economically and socially and asked America to face up to these problems. A smarter move for any elected official or officer in an organization is to keep the public's and the member's gaze firmly fixed on the benefits they are about to enjoy. Organizations have multiplied the number of prizes and awards they give to such an extent that few worthy candidates fail to receive a prize, but the value of the prizes has been eroded. Pandering to the public and steering clear of the hard decisions is a good way to ensure re-election and is consistent with the democratic principle of keeping the minority as small as possible.

4. Shallow Debate: Democracy favors the superficial. Modern life is complex, and the public has grown impatient with anything that adds to this complexity. Public hearings at the local

government level have strict limits on time allotted for commentary. After all, democracy breeds some pretty strange self-appointed experts. The most popular dental journals have limited scientific content to fewer than fifty percent of the pages because they need the space for advertising. The Gies Editorial Award Committee of the American Association for Dental Editors has a rule that editorials cannot exceed one thousand words, apparently to protect dentists from having to consider issues in depth. Television has made the sound bite intrinsically “unsound,” but it has become basic equipment in the project of forging Democratic policy.

5. Awash with Images: Democracy, at least according to Plato and CNN, tends to function most comfortably at the level of appearances. Arguably, we are overwhelmed by special interest groups trying to put their spin on our world. The First Amendment protection of junk mail has created the modern equivalent of the messy office across the landscape. In our eagerness not to throw out the truth, we have made it hard to find things of value among the rest of this stuff. Dentistry is probably a good example if one considers the ratio of publications picturing an attractive young woman’s smile to those describing the science of achieving a sound posterior occlusion.

6. Bad Diet: Bombarded with images, left to our own choices, and taking the short view of things, democratic societies tend to be overweight. No joke: this is exactly what Plato argued 2500 years ago. He would have snickered at our current attempts to legislate diet, allow fat folks to sue our multi-billion dollar diet industry. What would he have said about the fact that we pay more per gallon for drinking water than we do for gasoline?

7. Lost Sense Community: Not wanting to impose our wills on others, democracies tend to fragment into pursuit of personal self interests. Watch any

half hour news program and count the number of stories about individuals or where individuals are the heroes in the face of collective interests such as clubs, school districts, or the government. The group has become the bad guy. It is considered poor taste today for those in authority to embarrass anyone “alleged” to have done something improper. Freedom from embarrassment has become a civil right. Balance is always necessary between the rights of individuals and the rights of groups of individuals. Plato suggests that democracy creates a drift toward imbalance in the favor of individuals.

8. Fads and Fashions: Some people bemoan the loss of community values, core principles such as ethics, and shared vision in society. They say that miscalibrations in the moral compass are making society wobbly. Plato would have it just the other way. He believed that democracies, especially those who could afford it, are prone to fad and fashion and a general dislike of things that are stable and effective. History seems to support Plato on this argument. Democracies tend to have ethical theories de jour in much greater numbers than do traditional societies.

9. Generational Conflict: The final of Plato’s beef with democracy is what he saw as inherent tension between generations. Among world cultures, the democracies seem to value expertise, physical appearance and athletic ability, and novelty more than the wisdom that comes through age. In centuries past, generation wars were impatience on the part of youth to take the place of their elders. Today, youth simply declare that the values of their parents are no longer relevant, thus making themselves instant cultural norms. One third of all movie tickets are sold to individuals thirteen years of age and younger, and I don’t even know what movies they watch.

Plato had good reason to distrust democracy. His teacher, Socrates, had the annoying habit of inviting or even

demanding that people think for themselves. For his troubles, he was sentenced to death, not by a tyranny or oligarchy but when a new democracy was declared in Athens. Plato also engaged in a lifelong battle against a group of professionals known as sophists. The sophists were great supporters of democracy, especially those parts about image manipulation, superficiality of debate, short time horizons, and fads and fashions. They made their living by teaching citizens how to present arguments based on form rather than content. Plato lost this battle and the sophists became lawyers.

Praising Democracy

I am a big fan of Democracy, faults and all. Giving a voice to everyone concerned who can use it intelligently always seemed like the way to go. Voting, with all its variations in process, is an excellent way to identify the center of opinions and a sturdy invitation to ownership through participation. Plato’s catalogue of the faults in democracy reminds us that we don’t always get everything our own way when we do things together. But neither does that mean we should disengage unless we can find a better alternative. I suggest, under all but some special cases, there is not better alternative to democracy.

1. The “Best” Alternative: For centuries we have looked for an ideal solution, something better than the democratic vote. Some suggested improvements have been psychological in nature. For example, search for consensus, compromise, and negotiated alternatives have been widely advocated. The problem is that each works only under certain circumstances. They are special cases. The famous story of Solomon and the baby illustrates that half a loaf may be better than none but half a baby is no solution at all.

There have also been numerous

Continued On Page 30

Dental Disabilities Denied!

What happens when you hear the unwelcome news from your disability insurance carrier that you won't be receiving any benefits?

We dentists are vulnerable to a multitude of "minor" injuries that can prevent us from practicing our profession and earning a living. Slip in your bathtub — and your career could be over.

You pay your disability premiums and hope you will never need the coverage. Then you become disabled and hope that your carrier honors its end of the deal. Sounds like a crapshoot, doesn't it?

My story

I was diagnosed with Sero Negative Arthritis (I had never heard of it either). The disease, among other symptoms, causes tendons to tear. I underwent shoulder surgery in 1985, and my orthopedic surgeon expected me to be out of dentistry for six months. However, I came back within four. My disability insurance carrier, Connecticut Mutual Insurance, paid my claim until I returned to dentistry.

In 1990, I underwent another shoulder surgery. Again, Connecticut Mutual paid my benefits, and I again recovered more quickly than expected. In 1993, I underwent a third surgery on the same shoulder. Again, I came back within four months, and again I filed for disability. This time — Disability benefits denied.

What happened? As with the previous two surgeries, physical therapy began the day after surgery and continued for three times per week for three to four months. Surgeons' orders: No lifting and no arm extension; therefore, no dentistry for six months. Now, it's hard to keep a practice

together when you are not treating your patients. With that motivation, I pushed hard through my physical therapy and I was able to salvage most of my practice. Then — surprise! — Massachusetts Mutual refused to honor their disability policy.

Why did my carrier deny the disability claim after paying benefits for the first two surgeries? I investigated and found out that my carrier, Connecticut Mutual, had been taken over by the colossus Massachusetts Mutual Insurance. They decided that I could still function as an "administrator" (their term) even if I could not do dentistry. In other words, I could talk to and examine my patients but not treat them. This was sufficient for Mass. Mutual. Would that be good enough for you?

The claims officer who had handled my first two claims with Connecticut Mutual was still there but was now an employee of the new owner. He told me he was embarrassed by the company's actions, and he was not handling my claim.

As for my surgeries: Both of my doctors are world-class practitioners. Athletes fly from all over to see Dr. James Andrews at his Sports Medicine Institute. Dr. Joseph Zuckerman is the Chief of Orthopedic Surgery at Hospital for Joint Diseases. After each surgery, I was in a sling for a month. I was unable to even lift or use my arm at all. I took Vicodin for pain for one month post-surgically. The only pain worse than pre-operative was post-surgical pain. Could (or should) a dentist treat anybody in that condition?

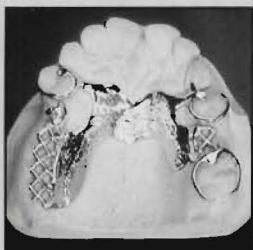
Can your carrier do this to you? Yes! You probably purchased the "Own Occupation Rider" with your plan (at extra expense) so you know you are covered. Wrong! I also have the Own Occupa-

Continued On Page 32

By Dr. Brian Weiss

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What's So Special About Partial From Virginia Dental Laboratories?



1. Integrity. Virginia Dental Laboratory uses Vitallium® Alloy—the only partial denture alloy that is processed under the same quality control conditions as orthopedic implant alloy—with over 50 years of patient success.

2. Accuracy. Our entire procedure for constructing Vitallium Partial Dentures is quality-controlled to achieve the utmost accuracy. This accuracy means faster delivery of the restoration; reduced chairtime and greater patient satisfaction.

3. Quality. Our partial denture restorations begin with quality raw materials such as Vitallium® Alloy. Vitallium Alloy® is totally biocompatible. It is nickel- and beryllium-free. Its surface won't tarnish, dull or corrode in the oral cavity or in the body.

4. Experience. The exceptional skills, quality craftsmanship, and proven techniques of Virginia Dental Laboratories come only as the result of years of experience, painstaking effort and a deep commitment to integrity.

5. Commitment. Virginia Dental Laboratories is dedicated to providing you and your patients with the highest quality partial dentures available. We believe that the combination of our quality raw materials, such as Vitallium Alloy; our skilled technicians; our unequaled experience and our steadfast dedication specially qualify us to satisfy the needs of you and your patients.

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Take A Closer Look At The Issues to Watch During The 2005 Virginia General Assembly

By: Chuck Duvall, VDA Lobbyist

A Message From Dr. Carolyn C. Herring, Legislative Committee Chairperson

I feel honored to be the new Chairman of our Legislative Committee. There is much activity relevant to our profession being discussed in Richmond these days. We are faced with the possibility of regulation of amalgam use, licensure by credential, and decreases in DMAS funding just to name a few. That is why it is so important for all of us to support our VDA.

If we want dentists to be involved in making decisions that impact our profession, we must fund our PACs. The greater percentage of dentists we represent, the greater the impact we will have on our legislators. I would encourage anyone who is able to attend VDA Legislative Day at the Capital on Friday, January 21, 2005.

Virginia Dental Association 2004-2005 Legislative Committee

Component 7 Dr. Carolyn C. Herring, Chair

Component 1 Dr. William H. Higinbotham, Jr.

Component 2 Dr. Kenneth L. Tankersley

Component 3 Dr. Roger A. Palmer

Component 4 Dr. Roger E. Wood

Component 5 Dr. Richard R. Zechini

Component 6 Dr. Dana H. Chamberlain

Component 8 Dr. Melanie R. Love

At-Large:

Dr. Wallace L. Huff
Dr. William Pearlman

Ex Officio:

Dr. Ronald J. Hunt
Jocelyn Lance

Lobbyist:

Chuck Duvall

The 2005 General Assembly Session is scheduled to convene on January 12, 2005. This will be the so-called short session, which is scheduled to run approximately 45 days and adjourn on February 26, 2005.

Hopefully, it will, in reality, be a short session that will not follow in the steps of the 2004 session when the legislature was in town on and off for 115 days.

Originally, the short session (odd-number years) was intended to consider the following:

- Review the budget.
- Emergency legislation.
- Review any carryover bills from the even-number session.

The three issues outlined above have long gone by the wayside. In fact, during the 2003 so-called short session, 2,826 pieces of legislation were reviewed. This compares to the long session of 2004 when 3,006 were reviewed and 2002 when 2,907 were reviewed.

We can expect more of the same in 2005.

The Virginia Dental Association this year has several specific issues that they will lobby extensively. They are outlined below:

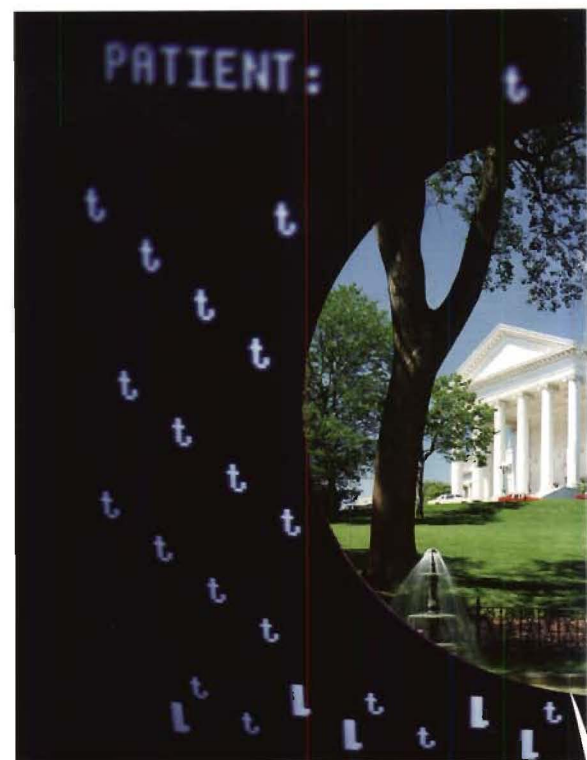
Licensure By Credential

The 2004 VDA House of Delegates supported Resolution RC20, which called upon the Virginia Dental Association to amend the Dental Practice Act to allow for licensure by credential. There are several criteria attached to that recommended legislation. They include:

- Graduate from an accredited and approved dental school recognized by the Commission of Dental Accreditation and the American Dental Association.

application for licensure. Patient care in the armed forces would supplement for this.

- Have completed a clinical licensing examination substantially equivalent to that required by Virginia.
- Practice solely in the boundaries of the Commonwealth of Virginia within two years of receiving a license.
- The licensure by credential would become void if the licensee ceases to actively practice dentistry in the Commonwealth.



Volunteer License

The licensing statutes dealing with restricted volunteer licenses will also be amended. The primary amendments to this section will be to allow for volunteer dentists to expand the areas in which they can practice. These basically would include public health arenas that provide dental services to populations of underserved people.

Medicaid

Over the last several years the VDA has worked actively with the Department of Medical Assistance Services (DMAS) to try to find ways to more appropriately address specifically those children who are eligible for Medicaid Dental Services.

You, as a practicing dentist, know the problems currently encountered with Medicaid:

- Low reimbursements.
- Burdensome paperwork.

General Assembly, the VDA will request that additional funds be placed in the Medicaid budget to increase Medicaid dental reimbursement rates.

Dentists currently are providing substantial pro-bono services through:

- The pro-bono work you do in your own individual offices.
- Donated Dental Services.
- MOM project.
- "Give Kids a Smile."

To really address the need of children who should receive dental services under Medicaid, the General Assembly needs to come to grips with the problem of the Medicaid reimbursement rates. Hopefully, by bringing this to the attention of your legislator, you can assist us in making that happen during the 2005 Session of the Virginia General Assembly.

Dental Hygiene Programs

Across the state, there continues to be a shortage of dental hygienists. The VDA has worked with the dental hygiene community over the last several years in an attempt to address that.

Programs have been expanded in Danville and through Germanna Community College. Additional programs have been added in the Winchester area. Telemedicine has been used to assist in the training of additional hygienists, but the shortage still exists.

This session, the Thomas Nelson Community College has requested, through the Community College System, additional fundings to assist their program. The VDA will be working in conjunction with the college to try to impress upon the legislature the importance of this request.

Assignment Of Benefits

In the 1999 Session of the Virginia General Assembly, VDA members worked

actively with their legislators to secure the passage of legislation that allows for your patients to assign their benefits to you.

By this we mean that patients can request that their insurance carriers send payments directly to their dentist rather than to them.

The legislation further puts no prohibition on balance billing.

In the 2005 Session of the General Assembly, the Medical Society of Virginia will be introducing legislation to require assignment of benefits to physicians.

Our major focus in the 2005 session will be to make certain that, in the Medical Society's efforts to expand the assignment benefits to their own individual members, there is not an adverse reaction from the legislature and that this issue be rejected for its current recipients, i.e., your patients.

Obviously there will be more legislation introduced that will affect you and your patients. We may need to call upon you with short notice to assist us in contacting legislators. You have always been there to help, and we would hope that will continue to be the case.

For those of you that have agreed to be contact dentists for specific legislators, we thank you. For those of you that would like to be contact dentists for specific legislators, we would encourage you to contact the VDA office immediately and let them know of that desire.

Again, thank you for your continued support. We will report back as the legislature unfolds.

**Make Sure To Check
The VDA Website At
www.vadental.org For
Updates On The 2005
General Assembly!**



DMAS, working with VDA, secured the passage of a budget amendment in the 2004 General Assembly Session to carve dental services from Medicaid Managed Care. This amendment also provided some revenue to cover the administrative costs of a free-standing program.

Currently, an RFP is being put forth by DMAS to obtain an entity to administer the new dental program. This RFP has received substantial dental input.

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Jeff A. Thornberg
Gary T. Hollender
Kenneth E. Copeland, DDS
Gary R. Arbuckle, DDS
Brandon S. Hollender

VDSC Sponsors Dental Student Travel



The Virginia Dental Services Corporation will once again be sponsoring travel for the ASDA (American Student Dental Association) chapter at the VCU School of Dentistry for 2005. The VDSC has presented the dental students with \$4,000 that will be used to send student representatives to the 2005 ASDA Quad Regional Meeting, the 2005 ASDA Annual Meeting and Student Lobby Day. This is the third year that the VDSC has provided ASDA with a sponsorship to allow more representatives to attend organized dentistry meetings at the student level

Bradford Allen (l), Vice-President of the VCU chapter of ASDA accepts a \$4,000 check from Elise Woodling of the VDSC. Also pictured from left to right are Dirk Lighthall, ASDA Secretary (D2007), Mike Webb, ASDA Treasurer (D2007) and Esther Oh, Newsletter Editor (D2006).



Have You Spent Time With Your M.O.M. Lately?

*April 2-3, 2005
Eastern Shore - Onley, VA*

*April 15-17, 2005
Northern Virginia - Springfield, VA*

*July 29-31, 2005
Wise County Fairgrounds*

*September 24-25, 2005
Riverview School - Grundy, VA*



*Register Today at www.vadental.org ~ Because One Weekend Really
Can Make A Difference!*

How To Insure Your Voice Is Heard - A Guide To Communicating With Your Legislator

The three most effective ways of contacting your legislators are in person, by telephone, or in writing. However, when you communicate, keep these two goals in mind:

1. You want to build a relationship with your legislators that will lead them to respect and value your future communications on important issues.

2. You want to influence your legislators' decision on a specific piece of legislation. Once the Virginia General Assembly is in full swing, the VDA staff will be tracking pertinent legislation. **VDA ACTION ALERTS** are sent via email (or fax if requested) to members to inform them about upcoming critical issues that the legislature will be reviewing. Those sent by email will be tagged as VDA ACTION ALERT in the Subject heading of the message.

The **VDA ACTION ALERT** – will include a short description of the bill, the proposed action and timeline for action. When you receive an alert you will be asked to take action by conveying your thoughts and opinions about the legislation so that appropriate action can be taken. Because the legislative process evolves so quickly, you will be asked to respond to the alert in a very short amount of time. You may be asked to call your legislators within 24 hours if the bill is moving rapidly through the legislative process. Thus it is crucial that you monitor your email and /or faxes and that you respond as soon as possible when you receive an **ALERT**.

The Best Ways to Communicate

The most effective way to influence a legislator is to talk to him or her face-to-face. You may have an opportunity to talk with your own personal legislators at a meeting, town forum, or in the local coffee shop. You are

encouraged to pursue these face-to-face meetings in your hometown or local neighborhood. It is more likely, however, that you will be contacting your legislators by telephone, fax or letter, especially during the legislative Session when legislators are in Richmond for most of the week. The following are a few common sense “do’s” and “don’ts” when communicating with legislators.

Do:

- Thank your legislators for taking your viewpoint into consideration.
- Be honest and informative.
- Be brief and concise.
- Tell your legislators what you want, and provide them with persuasive rationale.
- Ask your legislator, “How may I help you?” Offer your assistance.

- Write letters on your personal letterhead only.

Don't:

- Be narrowly ideological or obstinate.
- Be arrogant or threatening or confrontational.
- Take a long time to make your point.
- Be overly technical
- Be conditional

Types of Communication

Letters or Email

Letters are important to a legislator and are a source of information when examining an issue. Because legislator's schedules are very full during the legislative session this is often the most effective way to be sure that your message is received. It may be difficult to reach a legislator by phone. If time permits, a

letter and follow up phone call asking if the letter has been received and read is very effective. Letters should be written in the following format:

- Send a one-page letter. If handwritten, please write legibly. Use personal letter-head and include your home address.
- Concentrate on one topic per letter



and refer to a specific bill by bill number, if possible.

- State your position in the first sentence and restate it at the conclusion.
- Mention that you are a VDA member from the legislator's district.
- Keep the letter polite, positive, and constructive. Never threaten or be sarcastic.
- Be clear and concise.
- Make two or three points in your letter, giving facts and/or illustrations

to explain or support your position.
☒ Above all BE SURE TO: Personalize your letter so it does not resemble a form letter; use your own words and your own style.

Send letters to:
Members of the House of Delegates
The Honorable John Doe
Virginia House of Delegates
P.O. Box 408
Richmond, VA 23218



Members of the Senate
The Honorable John Doe
Senate of Virginia
P.O. Box 396
Richmond, VA 23218

Email

All legislator's email addresses during the legislative Session are:
Del_(delegate's last name)@house.state.va.us Email addresses can be found on the General Assembly home page at: <http://legis.state.va.us/> and then click on Delegate or Senator in the left side and then click contact info followed by a click on the legislator's name.

Telephone

You may call the legislator at the State Capitol or at his or her district office. If you feel comfortable calling your legislators at home, if you know them personally for instance - do so, keeping in mind common courtesy. If, after your initial contacts by phone, your legislator informs you it is all right to call him or her at home, do so.

You may contact your state delegate at the State Capitol by calling: 804/698-1500 and asking to be connected to your member's office. You may contact your member of the State Senate by calling: 804/698-7410 and asking to be connected to your member's office.

If the legislator is not available, ask to speak to the legislator's staff person, or leave a message with the receptionist. Tell that person your name that you

are a VDA member from the legislator's district, why you are calling, the bill number, and other brief details. Leave your telephone number so that your legislator can return your call. At times, you will be instructed by the **VDA ALERT** to call your legislators and leave a message asking the legislators to vote a certain way on a bill. When doing so, leave your telephone number in case the legislator wants to reach you.

It is important that you notify the VDA office of any responses you receive from your legislators as a result of a **VDA ALERT**. Please forward this information to: Emily Ward at the VDA at fax number (804) 261-1610 or by email to ward@vadental.org or by phone to (804) 261-1610.

Websites for Dental Regulations and Legislation

The Virginia Board of Dentistry
<http://www.dhp.state.va.us/dentistry/default.htm>

- Here you can find the regulations of the Board of Dentistry including regulations governing licensure requirements, the length of time that a dentist is required to maintain patient health records, duties that a dental hygienist and dental assistant can perform, and what is required for certification as an oral and maxillofacial surgeon.

The Virginia General Assembly
<http://legis.state.va.us/>

- Here you can find summaries of legislation during the General Assembly Session and track its status (if it has been passed or has failed). You can also find a list of the members of the House of Delegates and Senate of Virginia. You access the Code of Virginia from this page to find

regulations and laws passed by the General Assembly governing the practice of dentistry

The Virginia Town Hall
<http://www.townhall.state.va.us>

- This site will provide you with a calendar of meetings of the Virginia Board of Dentistry and all other regulatory agencies. It will also provide information about the status of regulations that the Board of Dentistry is considering or adopting.

The American Dental Association
<http://www.ada.org/>

- On the ADA website you can find information about HIPAA, Amalgam, and many other hot topics under the issues section of the page in the members area



The Virginia Meeting

135th Annual Meeting of the
Virginia Dental Association
September 8-12, 2004
Norfolk Waterside Marriott

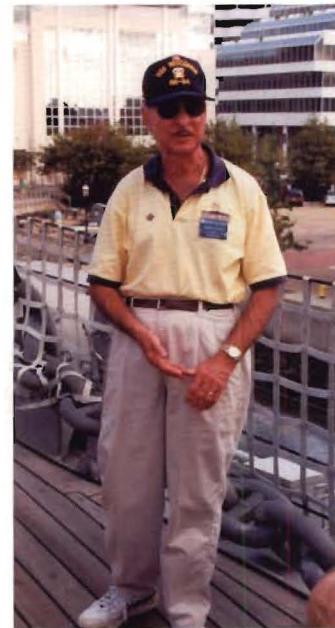
A Message From Local Arrangements Chairmen, Dr. J. Ted Sherwin



The 2004 VDA Annual Meeting, last September, was unusual in that it was sandwiched between 2 hurricanes leading to flooding, which caused some to cancel and some to go home early. The meeting also had to compete with both the Virginia and Virginia Tech home games. Even though we had the largest number of pre-registrations, the unusual events surrounding the Meeting significantly effected our walk in registrations. Despite all this, the 1850 attendees were the third largest, just 80 or so shy of our highest attended meeting, the year before in Richmond.

Some of the highlights of the meeting were:

- Art Dugoni's, our key note speaker, inspirational message on the future of organized dentistry
- The largest number of exhibitors ever, filled our exhibit hall to capacity
- VDA's first meeting that included 3 days of CE with enough hours to meet all state requirements
- 120 student attendees
- Our two social events on Friday and Saturday were well attended and by all accounts lots for fun for staff and families.
- We received comments from a number of first time attendees that stated this was the best meeting they had attended and will not miss another.



A Special Thanks Goes To Dr. Eugene Kanter!

Dr. Kanter once again volunteered to give personalized tours of the Battleship USS Wisconsin to VDA meeting participants. Dr. Kanter's experiences serving as the ship's dentist brought a unique and interesting twist to the tour.



(L-R) Drs. Norman Marks, Anthony Peluso, John Svirsky and Mark Hyman take a break from CE classes.



Dr. Stelianos Bredologos gets his shoes shined at the VADPAC shoe shine by Drs. Michael Morgan and Dr. William Bennett



Dr. Emmanuel Michaels poses with Dr. Bud Zimmer after presenting him with the "Emmanuel Michaels Award" for outstanding service to the VDA.



(L-R) Dr. Bruce DeGinder (2003-2004 VDA President and Dr. Terry Dickinson (VDA Executive Director) congratulate Dr. Bruce Hutchison (2004-2005 VDA President) on the start of his term as president.



Dr. Richard Wood and family enjoy the festivities at the VDA Friday Night Party

Publication Of Candidate Information In The VDA Dental Journal

Candidates for the elective offices of the Virginia Dental Association may be submitted for consideration to the VDA Nominating Committee by each component representative, on the committee, on behalf of the component he/she represents; or by endorsement of at least twenty-five members of the VDA, as verified by the Secretary-Treasurer of the Virginia Dental Association (Dr. Edward J. Weisberg, c/o VDA Central Office). The following positions are up for election at the 2005 Annual Meeting in Richmond. President-elect; Secretary/Treasurer, four ADA Delegate positions (3-year terms) and five ADA Alternate Delegate positions (2-year terms).

All candidates must have submitted their CV's, biographical information, position papers and picture (color head shot preferred) to the attention of Dr. Leslie S. Webb, Jr., Editor, at the VDA Central Office (7525 Staples Mill Rd., Richmond, VA 23228) no later than February 28, 2005 for publication in the April-May-June issue of the VA Dental Journal. Forms of submission of candidate information have been mailed to all VDA component society presidents.

Candidates for the office of President-elect and Secretary/Treasurer will be allowed a maximum of 500 words. Candidates for all other offices will be allowed a maximum of 250 words. Candidates are asked to limit their biographical information to major accomplishments, but to include such pertinent data as education, memberships, honors, positions of leadership held in the ADA, VDA and component societies, and community leadership activities. Due to space limitations, the Journal Editor will reserve the right to condense biographical information, if necessary.

Should you have any questions regarding the VA Dental Journal criteria, please contact Dr. Les Webb at (804-282-9781). If additional Journal submission forms are needed, please

contact Laura Kenny at (804) 261-1610 or kenny@vadental.org.

VDA AWARD NOMINATIONS

The Virginia Dental Association has four main awards, which are presented at the Annual Session of the VDA. In order to choose those who are most deserving of these honors, we would like to ask for your help in identifying potential recipients. Nominations for awards may be made to the Awards Subcommittee by individual members of the VDA or by components. Please submit nominations to the VDA Awards Subcommittee, attention Bonnie Anderson, at the VDA Central Office (7525 Staples Mill Rd., Richmond, VA 23228) by April 30, 2005.

Dental Team Member Award

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

Emanuel W. Michaels Distinguished Dentist Award

This 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.

New Dentist Award

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

Special Service Award

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



'Leadership Tomorrow' University Is looking for you!

In preparing our association for the future, we are seeking members who might be interested in leadership positions for the future and who would like to take part in discussions of how best to prepare this association for the uncertainty that we surely face. You may not have considered getting involved in the association in the past but perhaps today you feel like you have something to offer the profession which has given so much in return to you. If so, we are interested in talking to you about attending this 2nd annual leadership training/mentorship program that will take place at the Florence Elston Inn and Conference Center at Sweet Briar College in Amherst, Virginia on April 30th and 31st, 2005. This will be a 1 and 1/2 day filled with communication, community and learning – all about what it takes to be a leader for the profession, for your community, for your practice. If you envision yourself as one of the leaders of tomorrow or would like more information, please contact your Board of Directors representative or the VDA at 804-261-1610.



Together we can provide dental care for every Virginian —
from the very first smile.

Is there anything in the world happier than a kid's smile? At Delta Dental, it's always been our mission to work with Virginia's outstanding dentists to make children's smiles as bright and healthy as possible.

One way we do it is through our *Smart Smiles*® program. Partnering with Boys & Girls Clubs, we make sure children get regular dental check-ups, learn how to take care of their teeth through educational programs, and receive transportation to dental appointments. This help is provided to those children who are under-insured or who have no insurance.



A Delta Dental Program for Youth

Teeth on the Go!™ is another innovative approach to children's dental care. Working with the Virginia Department of Education, Delta Dental is making an educational "tool kit" available to elementary schools across Virginia, free of charge. It helps kids make a commitment to taking care of their teeth — now and for a lifetime.



We'd like to thank all the Virginia dentists who help make these programs succeed.



Delta Dental Plan of Virginia
4818 Starkey Road, SW
Roanoke, Virginia 24014

www.deltadentalva.com 800.237.6060

rational approaches suggested as being superior to voting. Again we find that rational methods do work better under very specific circumstances, but not work better generally. Pareto optimality only identifies a set of potential solutions without selecting the best. Nash optimality produces consistent results in some settings but generally requires greater sacrifices from those who are in the best position initially. An economist named Kenneth Arrow actually proved an indeterminacy rule about forty years ago and showed that under any reasonable set of circumstances, no rational solution could be counted on for solving joint decision making problems that would be regarded as fair to all under all circumstances. When agreement can be reached without democratic vote that is wonderful. It should be attempted but abandoned as soon as it is realized that the circumstances do not support a rational or psychological solution.

2. **Third Best:** Plato's choice for the best form of government was a "philosopher kind." This is the enlightened autocrat or benevolent dictator. Third best might be chosen when democracy fails under the special circumstances. For example, law suits are often resolved by arbitration since the vote is deadlocked in a "one-to-one" tie. More commonly, however, autocracy is chosen as an alternative to the fourth best solution, chaos. This is what happened in the Plato's Greece with the rise of the tyrants, in Hitler's Germany, or when Napoleon was named first counsel following the terrors of the French Revolution.

The potential for corruption under such circumstances is well known. The eroded sense of participation, pride, and involvement that are lost when someone else seizes control or when control is relinquished by a group robs us of a vitality that can never be replaced by the efficiency of centralized control and command.

Join, participate, vote, and support the position of the group – whether you personally agree with every part of it or not. In the long run, democracy is your best strategy.

Recommended Reading

Bodily, Samuel E. (1985). *Modern Decision Making: A Guide to Modeling with Decision Support Systems*. New York: McGraw Hill.

Discussion of rational decision making based on mathematical models. Cases considered include deterministic and stochastic models, multiobjectivity, risk and utility, group decisions, and the value of time. A strong case is made for analysis of the boundary conditions of models – those circumstances in which they work and in which they do not.

* Fisher, Roger, & Ury, William (1991). *Getting to Yes: Negotiating Agreement Without Giving In*. New York, NY: Penguin Books. *Negotiating should be based on interests and negotiated agreement about the process of negotiation rather than on positions and compromise. Your true power comes from your Best Alternative To a Negotiated Agreement. It is suggested that you look for mutual gains wherever possible, and that where your interests conflict, you should insist that the result be based on some fair standards independent of the will of either side.*

Locke, John. (1924/1962). *Two Treatises on Civil Government*. New York: E. P. Dutton.

A seventeenth century physician philosopher laid the foundation for much of what we take for granted in the English / American forms of government.

* Luce, R. Duncan & Raiffa, Howard. (1957). *Games and Decisions: Introduction and Critical Survey*. New York: Dover.

Comprehensive survey of mathematical decision theory, including utility, zero-sum games, cooperative games, decisions under uncertainty, and group decision making. Arrow's theorem regarding the indeterminacy of group decisions is presented.

Patton, B. R. & Giffin, K. (1978). *Decision-making Group Interaction*. New York, NY: Harper & Row.

Basic book on group dynamics with five chapters on how groups make decisions. The focus is on procedures that reduce the chances for groups to go wrong – domination by individuals, lack of creativity, inefficiency – rather than finding optimal solutions.

* Plato. *The Republic*. Various editions.

The classic is set as imaginary conversations with Socrates and other individuals in fourth century BC Greece. The focal questions are "what is justice?" and "how does the state maintain justice?" Plato answers that the just state must be ruled by a philosopher kind, supported by guardians. These are trained to public service. Only the philosopher king, Plato argues, can see reality.

* Sturgis, Alice (1988). *The Standard Code of Parliamentary Procedure*. New York: McGraw Hill.

Similar to Robert's Rules of Order, Sturgis is a complete handbook for orderly proceedings in groups as small as the local 4-H club to the ADA.

* *The Federalist*. (Numerous versions have been published)

The classic collection of propaganda papers written by Alexander Hamilton, John Jay, and James Madison in an effort to secure ratification by the states of the new United States constitution.

Editor's Note

Summaries are available for the three recommended readings preceded by asterisks. Each is about four pages long and conveys both the tone and content of the original source through extensive quotations. These summaries are designed for busy readers who want the essence of these references in fifteen minutes rather than five hours. Summaries are available from the ACD Executive Offices in Gaithersburg. A donation to the ACD Foundation of \$15 is suggested for the set of summaries on democracy; a donation of \$50 would bring you summaries for all the 2003 leadership topics.

**Aetna settlement update
Foundation, profession to benefit
from generosity of dentists**

By James Berry

The settlement agreement in ADA vs. Aetna Inc. focuses chiefly on changing business practices to improve the speed and fairness of dental claims processing.

But the agreement also is shaping up to be a major windfall for the Association's charitable arm, the ADA Foundation, thanks to the largess of thousands of dentists.

In a Nov. 4 message to the officers and trustees, ADA Executive Director James B. Bramson noted that fewer than 10,000 of the roughly 100,000 dentists eligible for a share of the settlement had sent in the required "proof of claim" form.

Unclaimed shares amounting to \$40 each will be channeled automatically to the Foundation to support dental education, research, access and other programs. In addition, many of those who filed a claim indicated by checking a box on the form that the funds should go to the Foundation.

These dollars will be added to a \$1 million payment the Foundation received off the top of the settlement. The full settlement amounted to \$5 million. In the end, ADA officials say, the Foundation could receive as much as \$4.6 million, or more than 90 percent of the total.

"We are pleased that so many dentists directed their contributions to the Foundation," said Dr. Richard Haught, ADA president. "This litigation was

never about money anyway. It was about our ability to advocate for our members and change some business practices that we felt were unfair. This contribution will give our new National Campaign for Dental Education a nice jump start."



Oral-B safety alert
Power brush heads reported to unlatch

By Mark Berthold

South Boston, Mass. — The Gillette Co. issued a safety alert Oct. 27 regarding its Oral-B CrossAction Power and PowerMAX toothbrushes and brush refills.

The voluntary alert recommends that consumers stop using these products to assist in brushing the

teeth of people with special needs, such as those with cerebral palsy or autism.

Oral-B received three such reports in which the brush head became unlatched and the loose head was caught in the throat or swallowed. None of the special-needs consumers suffered any permanent injury, but medical assistance was required.

In addition, the company notes, there have been a small number of reports of brush heads being loose in the mouths of people without special needs — none of whom swallowed the brush head, and there was no medical assistance needed and no report of permanent injury.

"We recommend," the company stated, "that all consumers use care not to bite down on the brush head during brushing."

Consumers who use a CrossAction Power or PowerMAX product to assist in brushing the teeth of a person with special needs may have it replaced — at no charge — with the Oral-B Advance Power 400, which is "better suited for use in assisted-brushing environments because it has a brush head without a latch," the manufacturer continued.

For questions on the safety alert, call Oral-B Consumer Hotline at 1-800-566-7252. For more information on brushing the teeth of people with special needs, visit www.ada.org/public/topics/special_needs.asp or call the ADA Library at Ext. 2653.

tion Rider. Mass. Mutual claims that my occupation changed to that of administrator.

You and I know that our occupation is dentistry. Yes, we all have paperwork and other administrative tasks that we perform, but we earn our living diagnosing dental disease and performing clinical treatment.

I've had two more shoulder surgeries. Massachusetts Mutual has refused to pay both times. They have copies of the attending surgeon's statement, which clearly states that I could not perform clinical dentistry.

I filed suit against Mass. Mutual in 1994. We've had depositions, discovery and settlement conferences but have not gone to trial yet.

Mass Mutual sent a Private Investigator to interview an ex-employee of mine. The P.I. hinted that Mass. Mutual suspected, six years after my operation, that I was never really disabled! This is years after they received the hospital reports from my surgeon.

Mass. Mutual also filed a motion in court in the year 2000 to dismiss my lawsuit because they wanted to look at my appointment book pages from 1993 and 1994 and I did not have them. Why would any dentist hang on to his old appointment books? That's not a legal document. Only the chart is a legal record of treatment. And, as required by law, I had kept my dental charts. I explained that every state dental board requires dentists to keep charts (seven years is the mandated length of time in New York). Yes, my appointment book had patients scheduled until the day I became disabled. Obviously, those appointments were cancelled or rescheduled when I went into surgery. The judge dismissed part of my claim because I had "destroyed evidence" (they called it "spoliation"). How's that for getting

squeezed by the legal systems?

Mass. Mutual sent claims investigators to my office. I invited them to look at all my charts. They refused. They demanded that I produce computer production records for the period of my disability. They noted that I had done recall exams on patients. I explained that I am a right-handed dentist, but I could hold a mirror in my left hand for a clinical exam. I could diagnose but not treat.

Then they noted that I had done some fillings in the last month of my disability before I returned to practice full-time. Get this: Mass. Mutual says my policy pays only in the event of "total disability." So it was all or nothing. But as any doctor knows, the patient goes from being totally disabled to partial recovery to complete recovery (hopefully). I was forced to struggle through doing a few simple fillings myself even though it hurt like hell.

Are you sweating? You should be. Mass. Mutual says the fact that I performed any dentistry at all casts doubt on whether I was ever disabled. So, your carrier can simply ignore your physician's reports. I should add that Mass. Mutual never asked me to be examined by their physician. Were they afraid their own handpicked physician would confirm my disability?

It gets worse. Mass. Mutual has demanded my corporate and personal

tax returns and financial statements. Your carrier can look at all of your finances. You are virtually naked before both the court and the guys you are suing.

My original claim in 1994 was for only \$45,000 in disability benefits. So far my legal fees are over \$100,000. That's why Mass. Mutual has been using so many stalling tactics to keep increasing my legal bills.



They can afford the legal fees — can you?

A movie called "The Rainmaker" showed a patient in need of a life-saving treatment. His insurance carrier rejected his claim, and the patient died. His grieving mother sued the carrier, and in the trial they subpoenaed the carrier's CEO. Under oath,

he admitted that his company rejected most claims the first time around. Many policyholders simply gave up because they were too poor to hire an attorney. Only the claimants who hired an attorney and went through the claims appeal process got someone to look at their claims. Frightening how Hollywood resembles real life.

So what does this mean to you? You've paid your premiums for years. You get hurt or sick. You file a claim. You worry that your practice will fall apart. First you hemorrhage money until your policy's waiting period is over. The carrier makes you fill out a list of all of your business expenses (itemized with photocopies of all bills) for every month that you are disabled. Then they demand to see your tax returns, both personal and from your professional corporation or partnership. Next, your physician has to verify what medical procedures you've gone through and make a guess about when you will recover.

Now I've already told you that your carrier can hire a private investigator to question anybody who ever knew you (including disgruntled ex-employees). We can all accept that insurance carriers need to verify information, but in my case they waited six years to investigate — and found nothing. That smacks of something more sinister than honest verification.

I wrote this article to let my colleagues know that we can fight the bad guys and win. However, this victory comes with a price tag: In New York State — and others — plaintiffs who win against an insurance carrier cannot recoup their legal fees. In other words, you can lose money even when you win the case. That's because of the insurance lobby in your state legislature.

What do you do?

Not every carrier is dishonest. While I cannot tell you which carrier to use for your insurance needs, hopefully you

know to be wary of Mass. Mutual. My lawsuit asks for punitive damages based on bad faith and breach of contract by Mass. Mutual. When I win, the verdict will repay me for all the monies I paid in legal fees and the interest for the years that Mass. Mutual dishonestly withheld my benefit payments. Mass. Mutual has treated me like I was one of these phony guys who go out on disability with "phantom" injuries that cannot be medically verified, like whiplash. We certainly understand any carrier verifying the legitimacy of a disability claim. Mass. Mutual clearly knew my claims were legitimate from the beginning. According to the guts of my lawsuit, that's breach of contract and bad faith.

I look forward to sitting before a jury. They will learn about a disability carrier that tried to grind me down for nine years and refused to honor its contract with me. They will hear expert testimony that I was unable to practice dentistry solely due to my physical condition. The jury will read my policy's "Own Occupation Rider." I have never "changed" my occupation. I have written several letters to the CEO of Mass. Mutual so he has been kept fully informed. When he is subpoenaed to testify, he will have to admit that Mass. Mutual's actions were deliberate and with full knowledge of the facts of my claim. My attorney says that strongly reinforces our claim of Bad Faith and Breach of Contract. I believe that will be very persuasive.

So what do I suggest? Before you sign up for any disability coverage, ask your colleagues who have such coverage about their experiences with the carrier. Get hard information about carriers that have settled claims with dentists you know.

Now, we dentists have to take a giant step and stop behaving like lambs led to slaughter. We must protect our entire profession and ourselves. We need to set up an unbiased central source of

information to weed out those carriers that don't deal honestly with their policyholders. Unethical insurance carriers can prolong claims processing, harass dentists and their staff members and ultimately deny legitimate claims. Worst of all, these same "bad boys" of the insurance industry can escape any responsibility to pay for huge legal costs involved in fighting and beating them.

Dentists have the means to cooperate in a joint venture whereby we treat every dishonest claim denial as if it were happening to each of us — because it really is. Consider that we can fund (with a modest contribution) a panel that will review a case when it appears that the carrier is denying or even delaying a legitimate claim.

Examine the insurance policy minutely. Your disability contract can affect your earnings for the rest of your life. It is imperative that your attorney read your policies and riders before you pay any premiums. Also, don't be lulled into the belief that your insurance agent can influence the outcome of a court case. The agent who sold me my disability policy is a friend. He's protested to Mass. Mutual to no avail.

We are fortunate to have publications like Dental Economics that try to keep our profession informed of pertinent and important developments that affect us.

We should also dialogue openly with the ADA to determine where they can help guide and implement essential programs. Dentists should become politically active so they can examine and change the state laws that allow insurance carriers to escape any responsibility to pay for the legal costs involved in fighting them. In short, we must become a force, a potent lobby that fights to be treated fairly by our carriers and ensures that we are

Continued On Page 38



To be a mentor volunteer please contact the United Methodist Family Services:

Dana Taylor
Greater Richmond Area
Mentor Coordinator
804.353.4461 x1315

Willie Ringold
Northern Virginia Area
Mentor Coordinator
703.941.9008

Touch a life... Create a Future

Virginia's Children of Promise

Would you like to be a role-model, an advocate and a friend to an at-risk child? We need you.

Virginia's Children of Promise is a mentoring program for children with an incarcerated parent. The program provides qualified volunteer mentors who will spend at least 1 hour each week with their assigned child. Mentors are screened, trained and supervised by the program's Mentor Coordinators.

Children who are mentored by a caring adult reap benefits that extend into adulthood and shape their future.

These children need you. You can make a difference in the life of a child—today.

Programs are available in the Greater Richmond area and the Northern Virginia area.

Grand Opening Celebration

Offering dental services for all ages.



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Full-time Dentist



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Healthcare Compliance Service
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PRESENTS
OSHA COMPLIANCE

Each year dental practitioners throughout the U.S. are required to perform annual OSHA training to their employees. Many questions are raised about the type of training required, how long will it take, and how much will it cost?

There are a variety of different programs, courses, and training materials with costs ranging from \$350.00 to \$1500.00, which only adds to more questions. Why the large difference in costs? What is really necessary and what is fluff?

The bottom line is a relatively manageable list of requirements which OSHA has put together to ensure workplace safety for the employee.

HCS, an endorsed vendor of the VDA, has designed a user friendly VDA OSHA dental specific training manual and guideline with individual employee training manuals that cover all of OSHA requirements including bloodborne pathogen training. This manual has everything necessary to place the office, as well as the employee, in compliance for Virginia Dental Association Member

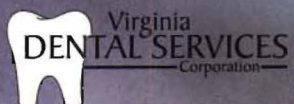
This step-by-step training course is easily implemented and time efficient. Once in place annual renewal training becomes automatic and very cost effective.

This kit comes with the OSHA Office/Employee Training and Guidelines Manual plus five dental specific employee training handbooks (extra handbooks available) These kits are updated annually for the latest OSHA regulations.

The complete cost including shipping for this training kit is well below what you might expect. VDA members receive a discount, your retail price is \$345.00 but for a limited time you can purchase this kit for \$299.00.

To order now or if you have any questions on other EPA/OSHA regulations or services regarding waste lead, amalgam, mercury, photochemical, sharps, or medical waste, please contact us at;

Healthcare Compliance Service
P.O. Box 72557 Thorndale Pa. 19372
Phone-610-518-5299, Fax-610-518-2995,
E-mail- HCSTODAY@CS.COM, Website-www.hcstoday.com



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**Revascularization of Immature Permanent Teeth
With Apical Periodontitis: New Treatment Protocol?
Francisco Banchs, DDS, MS, and Martin Trope, DMD
Jrnl of Endo April 2004**

This case report describes the treatment of an immature lower right second premolar with radiographic and clinical signs of apical periodontitis with the presence of a sinus tract in an eleven-year-old boy. Instead of traditional apexification with calcium hydroxide, the authors employed a technique referred to as revascularization originally introduced by Rule and Winter and Iwaya et al. The canal was disinfected without mechanical instrumentation, copiously irrigating with NaOCl and chlorhexidine separately. An intracanal medicament containing a mixture of antibiotics was placed in the canal and left for approximately one month. When the patient returned, a blood clot was then produced to the level of the cemento-enamel junction, followed by a deep coronal restoration. There was clinical and radiographic evidence of healing as early as 22 days, the large radiolucency had disappeared within 2 months, and at the 24-month recall, it was obvious that the root walls were thick and the development of the root apical to the restoration was similar to that of the adjacent and contralateral teeth.

As described above, healing of the bony lesion took place, as well as significant thickening of the root walls. The authors state that the tooth responded to cold at a 2-year follow-up.

In the discussion the authors state that they are unsure of the origin of the tissue, speculating that it may stem from cells from Hertwig's epithelial root sheath. They also claim that it might be pulpal tissue. This is certainly debatable. When considering evidence-based dentistry, a case study is considered on the low end of evidence. However the purpose of reviewing this article is not to suggest treatment but to present what is being considered possible. In this case study the tooth had a blunderbuss apex. Traditional treatment options are limited and long-term prognosis is probably questionable. This may offer a new treatment modality using the body's own repair mechanisms. If treatment using this technique fails, the practitioner can always attempt more traditional apexification. The VCU Graduate Endodontics clinic is currently treating three patients in whom this technique was employed. It is too early to report on the success of these cases.

Dr. Todd Mellin is currently the chief resident in the VCU Graduate Endodontics program. He obtained his D.M.D. from the Medical University of South Carolina and obtained a GPR certificate from the VA Medical Center in Salt Lake City, Utah. Before starting the program at VCU, he was in private practice in Brunswick, Maine. He is looking forward to returning to the great white north upon completion of the program in June 2005.



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Welcome New Members!

Print Correction:

Please note that **Dr. Paul Hudson** who received his D.D.S. from VCU/ MCV in May of 2004 is currently practicing in Richmond, VA with Dr. Robert Gilliam and Dr. Thomas R. Hudson.

We would like to take this opportunity to welcome our 2005 New Members to the VDA:

Tidewater Dental Association-

Dr. Roxzanne Amos – Dr. Amos graduated from the University of Florida College of Dentistry and received her DMD in 1997. Dr. Amos is currently practicing dentistry with Dr. Shiflet, Cox and Morgan in Virginia Beach, VA.

Dr. Isabel Lester – Dr. Lester graduated from Creighton University Medical Center and received her DDS in May 2003. Dr. Creighton is currently practicing dentistry in Suffolk, VA with Dr. Howell and Associates.

Peninsula Dental Society

Dr. Stacey Hall graduated from VCU School of Dentistry in 2002. Dr. Hall is currently practicing dentistry in Williamsburg, VA, at the Norge Dental Center.

Southside Dental Society

Richmond Dental Society

Dr. Chad Schanilec - graduated from The University of Iowa College of Dentistry in 1999. He then received his certificate in Orthodontics in 2001 from VCU School of Dentistry. Dr. Schanilec will be working in the Richmond area.

Dr. Frederick Liewehr - graduated from the University Of Iowa College Of Dentistry in 1981. He then completed the U.S. Army Endodontic Residency Program from the Medical College of Georgia as well as receiving

his MS in Oral Biology in 1993. Dr. Liewehr is currently on faculty at the VCU School of Dentistry.

Dr. Eser Tufekci - received her DDS from University of Istanbul in 1989. She then received her MS in Dental Materials in 1993 and PhD in Oral Biology with emphasis on biomaterials in 1998, both from Ohio State University. Dr. Tufekci received her certificate in Orthodontics in 2002 from the University of Minnesota. She is currently actively involved with research focusing on biomaterials and clinical

Continued On Page 46

Please Take Time To Remember VDA Members That Recently Passed Away:

Southside Dental Society
Dr. Ed Ortiz-De La Cru

Richmond Dental Society
Dr. Robert C. Woods

Meetings & Events

January 19-23, 2005

VDA Committee Meetings
Sheraton Park South
Richmond, VA

January 21, 2005

VDA Legislative Day On the Hill
Richmond Omni

April 30- May 1, 2005

VDA Leadership Retreat
Florence Elston Inn and Conference Center
Sweet Briar College
Amherst, VA

June 16-19, 2005

VDA Committee Meetings
Hilton Oceanfront
Virginia Beach, VA

September 14-18, 2005

VDA Annual Meeting
Marriott - Richmond, VA

September 13-17, 2006

VDA Annual Meeting
Hotel Roanoke & Conference Center

June 16 & 17, 2007

VDA Annual Meeting (Exhibits, CE & Social)
Waterside Marriott - Norfolk, VA

Continuing Education

January 2005

January 20, 2005
Dr. J. Ross McClung
"Head and Neck Anatomy"
Dinner 6:30pm
Capital Club, Richmond, VA

February 2005

February 17, 2005
Dr. Joseph Niamtu, III
"Facial Aging and New Techniques in Cosmetic Facial Surgery"
Dinner 6:30 pm
Capital Club, Richmond, VA

February 18, 2005

Dr. Gordon J. Christensen, DDS, MSD, PhD
"The Christensen Bottom Line --2005"
Registration 8:00 am-9:00am
Program 9:00am-4:00pm
Richmond Cultural Arts Center

March 2005

March 17, 2005
Dr. Joseph N. Tregaskies, DMD, MS
"Computerized Diagnostics"
Dinner 6:30 pm
Capital Club, Richmond, VA
Component CE Programs - For registration information, contact the appropriate person below:

Component I (Tidewater) (Executive Secretary)	Virginia Donne (757) 491-4626
Component II (Peninsula) (Executive Secretary)	Kathy Harris (757) 565-6564
Component III (Southside) (President)	Dr. Samuel Galstan (804) 796-1915
Component IV (Richmond) (Executive Secretary)	Linda Simon (804) 323-5191
Component V (Piedmont) (Executive Secretary)	Ann Huffman (276) 732-3789
Component VI (Southwest) (Executive Secretary)	Sonya Ferris (276) 628-4934
Component VII (Shenandoah) (Executive Secretary)	Patricia Fuller (804) 985-1939
Component VIII (Northern VA) (Executive Director)	Susann W. Hamilton (703) 642-5297

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

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

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

VAE - please contact Dr. Timothy J. Golian at 703-273-8798.

VSOMS and VAO - please contact Nicole Pugar at 804-261-1610.

ADA C.E.R.P

CONTINUING EDUCATION RECOGNITION PROGRAM

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

Here is an opportunity to enjoy dental practice in Virginia, contribute to the community, be a part of a healthcare team and grow professionally. Duties typically include the full range of preventive and restorative services for school children and limited adult patients. VDH offers a competitive compensation package to the best-qualified applicants, including negotiable base salary and potential recruitment incentives. An array of valuable benefits for classified employees includes: employer-paid retirement, employer-paid life insurance, employer-paid malpractice protection, employer-subsidized health insurance, tax-free 457/401A deferred compensation plan with employer cash match up to \$40/month, tax free medical reimbursement and child care reimbursement plans, employer-paid short term & long term disability plan, annual leave, sick leave, and paid holidays. Although an unrestricted VA license is preferred, a restricted temporary licensure is available as a VDH employee. National criminal records and background check required. Location of specific positions can be found at http://www.vdh.virginia.gov/qihr/jobs/vdh_employment.asp. Interested candidates are encouraged to apply by submitting a state Application for Employment (form #10-012) indicating the location preference and position # to: Division of Dental Health, 109 Governor Street, 9th Floor, Richmond, VA, 23219. **For more information about employment opportunities as a PH Dentist, contact Dr. Lynn Browder at 804-864-7776 or lynn.browder@vdh.virginia.gov. Download an application at www.dhrm.state.va.us/statefrm.htm. The Virginia Dept. of Health is an Equal Opportunity Employer.**



**Legislative Day on the Hill
Friday, Jan. 21, 2005**

This annual event at the Capitol is an excellent opportunity for dentists to speak to their legislators about issues pertinent to the 2005 General Assem-

bly Session. This year, dentists will also be paired with dental students for legislator visits. Further information and registration forms will be mailed out shortly. If you have any questions, please contact:

Emily Ward
VDA Director of Public Policy
Tel. (804)261-1610
ward@vadental.org

Continued From Page 33

equally fair in submitting valid, honest claims. And most importantly, we must provide a steady stream of information to all dentists, physicians, and other health care professionals advising them of every denial of disability claims by every carrier.

It would be practical and inexpensive to set up a Web site where every professional can report problems with legitimate claims along with the name of the carrier. For a modest contribution, such a registry will save us considerable money and aggravation by unmasking those carriers who are playing fast and loose with our disability insurance.

This information will also provide firm ground for addressing our concerns to our legislators. In the very near future, all of our colleagues will be made aware of concrete plans to further these programs.

As I researched this subject, I uncovered shocking examples of premeditated corporate policies to deny legitimate claims. They are not rejecting claims by accident – it's company policy! Some of these cases are reaching the courts and juries are making awards to victims who have been subjected to the injustices that I've described. One jury awarded \$36 million (yes, million!). The CBS News program, "60 Minutes" featured the recent case of a physician against his disability carrier. In future articles, I will detail many of those victories won by the "victims." We can win if we work together to help each other with our court battles and our need to reach our lawmakers.

DE

VDA Welcomes A New Staff Member!



Emily Ward joined the staff of the Virginia Dental Association in October as the new Director of Public Policy and liaison for the Virginia Association of Orthodontists and Virginia Society of Oral and Maxillofacial Surgeons

Emily is a native of Woodbury, New Jersey and comes to the Virginia Dental Association after interning at the Virginia Municipal League in Richmond, as well as in the Washington office of Congressman Virgil H. Goode, Jr. Graduating in spring of 2004 from the University of Richmond, Emily received a Bachelor of Arts degree in Political Science.

Possessing a deep interest in the process and implementation of public policy, Emily is very enthused with her new position. She looks forward to meeting and working with members of the Virginia Dental Association.

J. Sargeant Reynolds Community College Dental Laboratory Technology Program

By: Karen S. McAndrew, D.M.D., M.S.

An article written by James A. Robinson, D.M.D. in a recent ADA News publication focused on the future of dental laboratory support. Dr. Robinson pointed out that with the decreasing hands-on dental laboratory requirements of dental education; a need has emerged for even greater laboratory support. This, coupled with the closing of 25 dental laboratory technician training programs in the United States, is creating a national epidemic in fabrication and delivery of high quality dental restorations.

This shortage of quality trained techni-

Continued On Page 53

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Legislation From Around The Country

By: Emily Ward, VDA Director of Public Policy

The following is a highlight of state legislative activity that has occurred or is being proposed throughout the nation. Please contact Emily Ward at ward@vadental.org or (804)261-1610 with any questions or concerns regarding this legislation.

Licensure

MA – the Massachusetts Dental Association proposed a volunteer dental license bill that would offer a special license to dentists who wish to volunteer their time in a free care program operated by a non-profit organization.

AK – the Alaska Dental Society was successful in excluding dentistry from state mandated “certification” for anyone using a radiographic device. This will hopefully result in more interest in dental assistant and hygienist training in small communities.

ID – a bill supported by the ISDA was successfully passed to allow dental assistants to work under direct, indirect,

or general supervision of a dentist. The bill was opposed by the Idaho State Hygienists Association.

Tort Reform

NC - the NC Dental Society favors the carry-over of a tort reform bill, which would cap economic damages to \$250,000.

AZ – the Arizona Dental Association advocates a new requirement that the Jurisprudence Exam for dental assistants now be administered as a CE course without an exam by the Board of Dentistry.

Anesthesia Administration

GA – the Georgia Board of Dentistry requires a permit for conscious sedation and will make changes to more clearly define the necessity for the permit.

D.C. – the DCDA supported a bill passed that allows Hygienists to administer local anesthesia.

Hygienists

AZ – Licensed hygienists can now practice on minors (under 18 years of age) under federally or state funded programs.

IL – the ISDS supports a bill that was recently signed into law allowing hygienists to work under general supervision in the dentist’s office on a patient of record who has been seen in the last year. This bill also allows hygienists to provide oral prophylactic procedures, sealants, and fluoride treatment under general supervision in school-based oral health care programs.

Denturism

GA - attempts to legalize denturism were unsuccessful because the dentur-

Continued On Page 47

Great question...glad you asked that!!!!

By: Dr. B. Ellen Bryne, DDS, PhD

At this year's VDA meeting, your pharmacology questions were answered. Over the past ten years I have given pharmacology presentations locally, regionally, state and nationally. This year's 3-hour presentation was a summary of questions I have received. Here are a few highlights.

1. What is the difference between active ingredients in generics and brand name drugs?

The government and HMOs are rallying for greater use of generic drugs. The problem is some patients still think generics are not as effective. They believe that generics and brands do not contain the same amount of active drug. This is not true. The FDA approves generics if the average rate and extent of absorption is within 80% to 125% of the brand product. The actual difference most brands and generics is only about 3.5%. This means that a 100 mg brand tablet is bioequivalent with a generic tablet containing 96.5 mg or 103.5 mg of active drug. Nearly 80% of generics are made by brand name manufacturing companies

2. What is the drug interaction with grapefruit?

Grapefruit juice inhibits the activity of the cytochrome P450 isozyme CYP3A4, which is involved in the metabolism of about half of all drugs currently prescribed. The ability of grapefruit juice to increase serum concentrations of drugs was first discovered during a study of the effect of ethanol on felodipine (Plendil®) pharmacokinetics. Double-strength

grapefruit juice used to disguise the taste of ethanol resulted in higher than expected serum concentrations of felodipine. Grapefruit juice appears to affect intestinal but not hepatic CYP3A4. Because grapefruit juice is at least partially an irreversible inhibitor of CYP3A4, the activity of the enzyme does not immediately return to normal after the juice has moved through the intestine. Interactions with drugs therefore cannot be fully avoided by taking them at a different time. The recovery half-life for CYP3A4 activity after a single glass of grapefruit juice appears to be about one day, and after 3 days little inhibitory effect remains. The amount of grapefruit ingested substantially affects the magnitude of the interactions. One glass a day for 3 days doubled serum concentrations of lovastatin. Other drugs involved in the interaction include: diltiazem (Cardizem®), verapamil (Calan®), HMG-CoA reductase inhibitors (statins): simvastatin (Zocor®), lovastatin (Mevacor®), Benzodiazepines: triazolam (Halcion®), oral midazolam (Versed®)

3. What is the drug interaction involved with erythromycin?

There's growing concern about the risk of potentially fatal arrhythmias with erythromycin. We usually think of erythromycin in terms of its high GI side effects. But high levels can

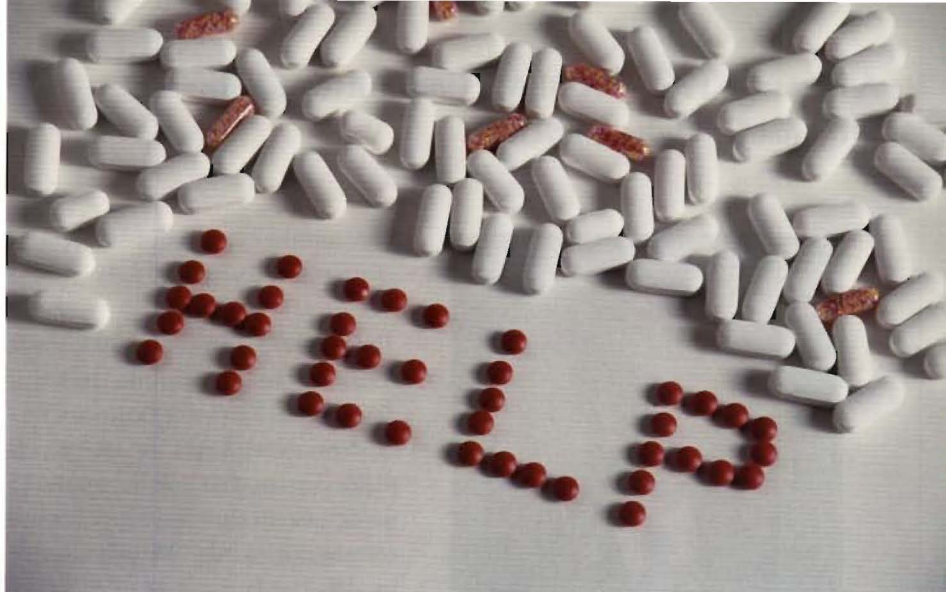
prolong the QT interval, leading to serious arrhythmias and even sudden cardiac death.

This problem was originally seen with IV erythromycin but ORAL erythromycin also increases the risk of sudden cardiac death. The risk is even higher when erythromycin is combined with drugs that inhibit its metabolism and boost erythromycin levels. This is especially a concern when erythromycin is combined with diltiazem or verapamil.

Erythromycin can increase levels of diltiazem or verapamil plus these calcium channel blockers can boost levels of erythromycin.

Arrhythmias could be due to high levels of erythromycin, the calcium channel blocker, or both. Until more is known, try NOT to combine erythromycin with verapamil or diltiazem. Also be careful combining erythromycin with potent CYP3A4 inhibitors... ketoconazole (Nizoral®), itraconazole (Sporanox®, nefazodone (Serzone®), or protease inhibitors.

Keep in mind that similar problems might occur with clarithromycin (Biaxin®) and telithromycin (Ketek®). azithromycin (Zithromax®) is less likely to cause arrhythmias or interact with CYP3A4 inhibitors.



A Message From VADPAC Committee Chair, Dr. Gus C. Vlahos, D.D.S.



As I sit here and reflect back on this year, Dentistry has again had a very successful year with its issues in the General Assembly. This past legislative year we were successful in securing matching funding for the dental school simulation labs and funding for preceptorship program for dental students in private practice. We have been very fortunate to have had many successes in the legislature the last few years.

This past year was a very political year with the Federal elections for Congress, the Senate, and for the President of the United States. Just when all the political ads and the solicitations have ceased it will begin all over again in Virginia as we elect all 100 members of the House of Delegates, as well as the Governor, Lt. Governor, and Attorney General in Virginia for 2005. Our successes in the legislature can be directly related to our successes to increasing the money we have raised for VADPAC. Each of the last three years we have increased the money we have raised for VADPAC and exceeding the goal we have set for each year. However, we cannot rest on our past successes, we must be ready to meet the next challenges. For this reason we must

have another successful VADPAC fund raising in the year 2005.

The challenges in the 2005 General Assembly session include legislature designed to allow for licensure by credentials with specific safeguards to make certain that anyone applying for license in that respect must meet certain safeguards. We will also try to modify current statutes to allow retired dentists to continue to serve needy populations with a special volunteer license.

The budget in Virginia is much better than in the past few years and because of this we are trying to achieve an increase in the Medicaid reimbursement rate. The VDA was also instrumental in getting dental services removed from the Medicaid Managed Care System. The VDA will also support increased funding for additional dental hygiene programs. The biggest issue is assuring that the assignment of benefits legislation which the VDA passed several years ago is kept in the Virginia code. The medical community will introduce legislation to add their providers to this statute. There is the possibility that the insurance companies, while fighting this issue, may attempt to remove dental and oral surgeons from the current statute. We must not allow this to happen!

Your VADPAC contributions are very important. As a group, we have more political influence than as an individual. In order for an individual to have political influence, it would take one hundred thousand dollars or more for people to listen. However, with a contribution of one thousand dollars, you become part of a group that is politically influential. Remember, what determines your ability to practice the way you see

best if reflected in your involvement in the political process. Your active involvement in the process with a contribution to VADPAC truly makes a difference. Don't stand on the sideline and be a spectator in the process. You may think that the guy down the street will contribute, and he may be thinking the same thing about you, therefore, no one contributes. Be a player and do your part. I hear people say I only contribute the minimum to VADPAC as I give to individual legislators or candidates on my own. You do this because you believe in the person or his beliefs. If you contribute more than the minimum to VADPAC, you are promoting your profession and its cause. We do not know what future challenges we might face but we must be prepared for them. We must be proactive and not reactive. In order to do this, we must have a strong VADPAC and it is time to step up to the plate and contribute.

*ADPAC and VADPAC advocating for
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Gus C. Vlahos, D.D.S.

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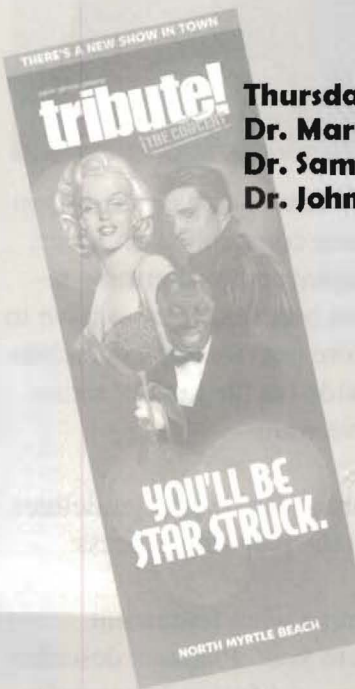
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Retiring in the 21st Century

Submitted By B & B Insurance Associates, Inc.

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Can you remember the first time you heard the word retirement? Was it in relationship to a parent or grandparent's retirement? For some of us the memories are of grandparents who grew old and unable to work. We may have grown up thinking that retirement meant staying home all day watching soap operas until one died. Others have seen parents who have retired, got bored staying home and had to look for things to do to keep themselves busy.

The nature of retirement has changed over time. In fact, the concept of retirement is a relatively modern invention. Prior to the 20th century, it was practically unheard of for a person to retire. Unless they were unusually wealthy, people typically worked until they were unable, at which point their children cared for them until they died a few years later.

After the industrial revolution, when society became less agrarian, the retirement plan was born. This typically was a fund established by employers to provide a defined income benefit to workers after they could no longer work. The average retiree lived only 10 years after retirement at that time. Such defined benefit plans would be the dominant source of retirement funding for roughly 80 years. By the mid-1900s, the average retirement age dropped to 67, and today the average age is 62, with an average life expectan-

cy of another 20 years. Over the years, you can see that the length of time in retirement has increased dramatically.

Retirees also view preparing for retirement differently now than did our grandparents. In the first half of the 20th century, workers tended to stay with the same employer for 30 years or more, and relied heavily upon their employer-guaranteed pensions at retirement. Today, the average worker will change jobs nine times by age 38. The initial dependence on employer-funded defined benefit plans has diminished, giving way to reliance on defined contribution and 401(k) plans funded by flexible employer and employee contributions. This represents a fundamental switch in retirement funding responsibility, since under a defined benefit plan the employer guarantees a retirement benefit and bears the investment risk of the plan's assets, whereas in a defined contribution plan there is no employer-guarantee of benefits and the participant bears the investment risk.

Now that a significant portion of the burden of funding retirement has shifted to the employee, personal financial planning for retirement has become more impor-



tant. Where once we relied upon insurance companies, actuaries, and employers to determine retirement benefits, we now have to rely more heavily upon ourselves to provide for the kind of retirement we want.

Here are some helpful guidelines to start the planning process:

Determine what retirement means to you. Planners describe three stages of retirement: early, middle, and end. In the early stages, retirement may be nothing more than a career change. After investing many years with several employers, an employee may feel he or she is ready to do something else, perhaps a different job working on his or her own terms, maybe consulting in the same field, or possibly starting a new business or lucrative hobby.

Continued On Page 46

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Student News

Submitted by: Leslie Pinkston, VDA Director of Membership Services

Lunch and Learn

The Virginia Dental Association New Dentist Committee and Virginia Primary Care Association sponsored a Lunch and Learn on October 5, 2004, at the dental school. Dental practice opportunities in the Community Health Centers of Virginia were introduced to the students. Virginia Primary Care Association - Karin Guye, Dailey Planet-Dr. Harold Sayles, Vernon J. Harris Clinic - Tracey, Public Health - JoAnn Wells, and Virginia Health Care Foundation - Sheila Grissom introduced their specific programs and answered many questions. Virginia Primary Care Association provided a wonderful lunch for the 40 students and guest that attended. Thank you!

Dinner and Learn:

The Virginia Dental Association and the American Dental Education Association sponsored a Dinner and Learn



on Tuesday, October 19th, on Dental Education Careers. Many students had expressed an interest in possibly teaching part or full-time at some point in their dental future, but were unsure about how to get involved. A

Power Point presentation on reimbursement facts through various agencies and loan repayment programs available for people who want to teach/research was presented. Dr. Elizabeth Nance and Dr. Jim Lance were the featured



guest speakers of the evening. Both shared their insight on teaching vs. being in private practice and discussed what credentials are needed in order to become a tenured faculty member. Thank you Dr. Lance and Dr. Nance for sharing your experiences and giving up a part of your evening!

Usually the early and middle stages of retirement involve cutting back on actual work hours and increasing leisure activities, too. What makes this retirement is that the retiree will need additional cash flow to maintain the lifestyle he or she wants. By the middle stage of retirement, leisure activities replace work activities. There will come a point where one will quit work and/or cut back on leisure activities entirely willingly or unwillingly. This is the final state of retirement. At some point, this may require assisted living care or nursing home services.

In starting to plan for retirement it is important to identify the activities one will engage in during the three stages of retirement, their duration, and cost. While much of this relies upon guesswork, it is not entirely unscientific. Planning for something you want to happen is better than not planning and having to accept what happens.

Plan your retirement budget. If you were to retire tomorrow, how much monthly income would you need to achieve your retirement goals? It's that simple. Make a list of all the things you do that require money. Write down how much they cost. Do this for a few years out (if possible) then find the average monthly cost.

Now, where will the cash come from? Often financial planners tell clients that retirement income is like a three-legged stool. In order to work, a stool must have at least three legs to support you.

Similarly, your retirement income has three legs to support you: income from employer retirement plans, income from Social Security, and income from accumulated personal savings or IRAs. If any one source is missing or short, the stool will be shaky.

It is relatively easy to determine how much you can expect from Social Security. The Social Security Administration is required to send you an earnings statement each year that will list, among other things, your estimated benefit, or you can just ask the administrator (www.ssa.gov). You can probably accurately estimate how much you will get from employer-sponsored plans by referring to your account statement, or by asking your employer. But how much you will get from your own assets and IRAs depends upon how much you save and how you save it.

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clinical orthodontics. Dr. Tufekci has been teaching as a full time faculty at VCU, Dept of Orthodontics since August 2002. Dr. Tufekci was the 2004 recipient of Orthodontic Junior Faculty Development Award of the Orthodontists Foundation.

Dr. Brent Rusnak – Dr. Rusnak graduated from VCU School of Dentistry in May 2004. Dr. Rusnak is currently practicing dentistry in Mechanicsville, VA, with Dr. Zaun.

Dr. Maryam Zarei – Dr. Zarei graduated from VCU School of dentistry in May 2004. Dr. Zarei is currently practicing dentistry in Mechanicsville, VA, with Dr. Narjes Abtahi.

Piedmont Dental Society

Southwest Virginia Dental Society

Shenandoah Valley Dental Association

Northern Virginia Dental Society

Dr. Douglas Arendt - graduated from VCU School of Dentistry in 1976. He then received his MS in Oral Pathology in 1984 and Forensics Odontology in 2000. Dr. Arendt recently retired from the Navy and is currently working in Oakton, Virginia at Lightmic Consulting. He directs the private consulting practice in Maxillofacial Pathology and Forensics.

ists and their lawyer were unable to find a legislator willing to introduce legislation.

ME – the Maine Dental Association is fighting efforts to expand the scope of practice of denturists as a result of the Sunrise Review. This review, conducted by the Dept. of Professional and Financial Regulation, will survey denturists concerning the possible effects of an expanded scope of practice.

Insurance

MA – the Massachusetts Dental Association supported a bill allowing associations to pool their members and members' employees to acquire medical insurance. This would allow for customization of plans, enhancement of coverage, and more competitive premiums.

Medicaid

MI – the state has commissioned a study of health care provider participation to improve dental health care access, in which the MDA looks forward to participating.

FL – Florida's Miami – Dade County Medicaid Dental Services program has been changed from a fee-for-service to a new prepaid program. The FDA feels that this new proposal will not increase the already low participation in the program, due to low reimbursement rates.

Amalgam

AR – the ADEQ is commissioning local water departments to conduct surveys to determine amalgam waste disposal practices. The ASDA has worked cooperatively with the ADEQ to promote BMP's, but opposes mandatory regulations.

ADA Alert!



The ADA has received several calls from constituent societies about a recent mass mailing from Stericycle, a medical waste management company. Stericycle's letter encourages dentists not to place waste amalgam in infectious waste "red bags," a goal we strongly support. Unfortunately, Stericycle also makes the blanket statement that waste amalgam is hazardous waste. That's not always true. Although state laws vary, under federal regulations

waste amalgam is hazardous only if it fails a particular test (called the TCLP test by EPA). We conducted studies demonstrating that waste amalgam doesn't fail the TCLP test. But there have been some other studies with conflicting results. We're working with Stericycle to revise subsequent mailings on this point. For more information, contact P.L. Fan (2511, fanp@ada.org).

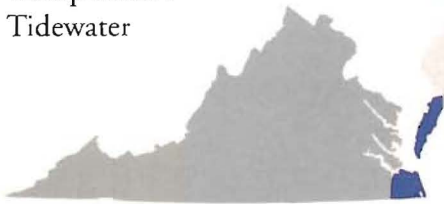
CAN YOU HELP?



The Board of Directors is forming a Bioterrorism/ Mass Disaster Subcommittee to formulate the VDA's emergency response to mass disasters and needs volunteers. If you have an interest in bioterrorism or forensic dentistry and would like to serve on this subcommittee, please contact Bonnie Anderson in the VDA central office at anderson@vedaental.org or at (804) 261-1610.

COMPONENT NEWS

Component I Tidewater



Dr. Barry Einhorn, Editor

Greetings from the "Sunny South". We in Tidewater have been blessed with Indian Summer. It has made all outdoor activities more enjoyable. We are sorry to report that Dr. Charles Wesley. Our president has left the area. Because of his wife's illness he found it necessary to move to Florida. Charley will be sorely missed. He was a tireless worker, dedicated to our profession and his patients. We are moving on however under the leadership of Dr. Todd Bivins who stepped in without skipping a beat.

Plans are underway for Give Kids a Smile Day. We will hold a clinic at the ODU School of Dental Hygiene clinic and will examine children from area Girls and Boys clubs. As we did last year we will place sealants on all appropriate teeth. Dr. Anthony Peluso is coordinating the effort once again.

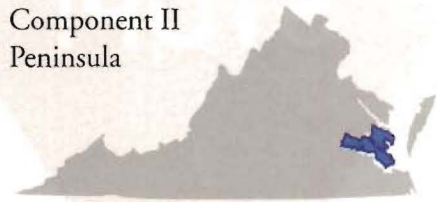
Our liaison dentists are preparing to make "one on one" contacts with area legislators prior to the next legislative session. According to Chuck Duvall this is the most effective form of lobbying.

We mourn the loss of our colleague Wilbur Payne. Besides being an excellent dentist Wilbur was an artist of note in our area.

A recent visit by a past president of TDA. David Paul who is now a professor of marketing and Health Care Management at Monmouth College in New Jersey indicates that the influence of our society is spreading all over the country.

Best wishes to all for a happy holiday season. May the New Year bring us closer to the dream of world peace. Barry Einhorn. Editor

Component II Peninsula



Dr. Elizabeth A. Bernhard, Editor

Greetings from the Peninsula. Much has happened in the new VDA year and Component Two President, Sharon Covaney is handling the pressure very well. Past President, Scott Francis' involvement helps. Other members of the executive counsel include: President Elect, Mike McCormick, Secretary, Elizabeth Bernhard, Treasurer, Les Davenport, and Counselor, McKinley Price.

This years C.E. will be even more interesting than last year with Mike McCormick lining up the program. Topics including Physical Therapy Intervention, Legal Matters in Risk Management, Automated Defibrillators are being sponsored by Dodd Dental Lab from Maryland. Dodd also has a reduced priced fee for those dentists volunteering to make dentures for the indigent. Thanks for the support Dodd! This years all day session will be on 2/25/05. The topic will be "Practical Endodontics" by Vince Tiller. Make your plans to attend at the Omni in Hampton.

The Peninsula Dental Society is working with Thomas Nelson Community College to explore the initiation of a School of Dental Hygiene in Williamsburg. McKinley Price is following through with the new director of the school since he serves on the Board.

Plans are underway for a New Dentist Social. This is an opportunity for the new dentists to meet with the current

members to ask questions one on one and be encouraged to participate as officers or committee members in the VDA.

This year the P.D.S. will participate again in Give Kids a Smile. Last year the Residents from Langley Air Force Base helped with GKAS. Over 300 children were screened in 4 schools in Hampton and Newport News. Later the dental residents were invited to present their research at the membership meeting. Community service is important on the Peninsula. Members of the PDS are helping out in the community by working at the Peninsula Christian Free Clinic. Sister David Ann who works with the homeless has also agreed to provide transportation for the homeless to dental offices where dentists volunteer services.

Guy Levy has proposed educating school boards about the problem of sweet snacks. More on this in the next update.

Happy Holidays! See you at the committee meeting in Richmond.

Component III Southside



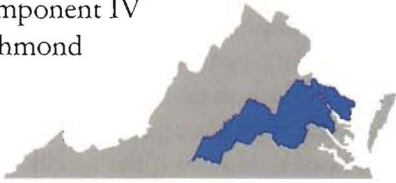
Dr. Mike Hanley, Editor

Greetings from Southside! Another Christmas season filled with disappointment.... All I really wanted was some socks, golf balls, and an amalgam separator. At least, the socks are warm. . . I'll be better in 2005. We are preparing for a larger effort in our area for GKAS in February. Sam Galston and his trusty sidekick, Sharone Ward, are once again doing a superlative job of organizing. Sharone was recently honored for all her hard work and becoming a Fellow of the VDA.

Speaking of hard working smart

people....Wayne Browder has been selected to teach at the Dawson Center. He continues with the Pankey Institute as well and teaches at the dental school at UNC. Hope he knows how to rotate his own tires. Another member singled out for recognition is our very own Wright Pond who was recently honored by the Southern Association of Orthodontists with the 2004 Citizenship Award. He was recognized for his volunteer service activities, which exemplified the dedication to his community and to the specialty of orthodontics. Way to go, Wright. And finally, thanks to all the hard working professionals we have at the VDA headquarters. We appreciate your efforts on our behalf. Hope everyone has a great 2005 . . .and yes, I mean you too, David.

Component IV
Richmond



Dr. Roger E. Wood, Editor

Dr. Bob Holsworth was our guest on October 21, 2004. He is Director of the Center for Public Policy at VCU, and he spoke on "Local and National Politics 2004." He correctly predicted results for our local and national political campaigns. The meeting was our last at the Capitol Club in downtown Richmond due to the Club's inability to renew its lease for the restaurant. This has been an excellent meeting place for our organization over the years. We are now searching for another location for future meetings.

The November meeting had already been planned for Maggiano's Restaurant before the notification of the Capitol Club's closing. Connie Podesta performed a one-act play at the November 18, 2004, meeting humorously describing human relationships within the family. Ms. Podesta also

spoke for the November 19th all-day continuing education seminar on "Life Would Be Easy If It Weren't For Other People."

Component IV is well underway in planning for "Give Kids A Smile Day" which is scheduled for February 4, 2005, at the Boys and Girls Club of Richmond. We are in the process of signing up volunteers and getting sponsors interested in this event. Last year GKAS provided exams, prophylaxes, and topical fluoride treatments for all children present. Dental sealants were placed to those in need as time allowed. Volunteer dentists also accomplished follow-up restorative care for all children in need, later at their own dental offices and area hospitals. A large portion of the planning and work toward GKAS is from the support of the VCU Dental and Hygiene students.

By George, it's still difficult to write VCU instead of MCV!

Component V
Piedmont



Dr. David Black, Editor

The Piedmont component held its fall meeting on October 22nd and October 23rd at The Hotel Roanoke Conference Center. Our speaker was Dr. Dennis Brave with Real World Endo. Dr. Brave will be a featured speaker at the Hinman Meeting this year, and we were able to get a preview of his presentation without going to Atlanta. It has been years since a state meeting has been held in Roanoke, and I am glad to report that the Hotel Roanoke facility was great, and we look forward to hosting the state meeting on this end of the state in 2006.

We would also like to invite everyone to our spring meeting at The Home-

stead Resort on April 8-9, 2005. Our speaker will be Dr. Larry Rosenthal, the Dentist to the Stars. We will also have a golf event on Saturday following the Friday lecture. Contact Ann Huffman at our component office at 276-732-3789 for more information. Every dentist in the state should receive a mailing soon with the details. We have reserved a limited number of rooms at a convention rate. If we get early reservations and need more rooms we may be able to arrange it at this early date, but it may be impossible after the first of the year. The new owners of the Homestead have spent millions upgrading this already classic hotel. Come and enjoy the spa and great golf.

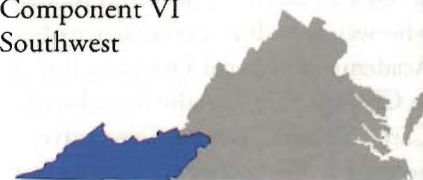
We are proud that Dr. Mark Crabtree is the VDA president-elect this year. Mark is from Martinsville and has given of himself to the VDA for years. Thank you for honoring Mark by rewarding him for his years of service.

Our component has realized it is expensive to leave our homes and offices, and fly to distant cities to get quality continuing education. We have decided to bring a speaker in so we don't have to travel. You may note the speakers mentioned in this report, and we want you to look for our announcements for next year and beyond, because we are going to continue to bring great speakers to this side of the state.

We hope that everyone has a great holiday season and a joyous new year.

David Black, Editor

Component VI
Southwest



Dr. Cynthia Southern, Editor

Greetings, from component six! We have had numerous events over the past few months and many more to

come. We had an excellent turnout in Abingdon for our annual August continuing education and the Highlands festival, in Norfolk at the state meeting in September, and in Blacksburg in November.

Our component will participate in "Give kids a smile" during the month of February. This event will be led by Dr. Michael Abbott and B.J. Barr. We are looking for any dentists, hygienists or dental assistants that will sponsor a child in need or who can help in the school system with oral hygiene instruction.

Upcoming continuing education is scheduled for March 11, 2005 at the Wohlfahrt Haus in Wytheville. We also have a fun-filled weekend including C.E. at Pipestem State Park, West Virginia May 20 - 22, 2005. There will be a golf tournament on Saturday followed by a Barbecue for the entire family. Don't miss out! We'll see you there.

Cindy Southern

Component VII Shenandoah Valley



Dr. Harry M. Sartelle, III, Sec.-Treasurer

Greetings from the Shenandoah Valley. Our fall component meeting was held on October 15 at the Sheraton Four Points Hotel in Harrisonburg. Dr. Harry Sartelle, our immediate past president, directed the program in the absence of Dr. Ted Sherwin, President, who was attending a conference of Academy of General Dentistry leaders in Chicago. Dr. Sartelle introduced Cathy Sliwoski, our new Executive Secretary. We welcome Cathy to our component and are very fortunate to have her join us. Our speaker at the fall meeting was Dr. David J. Ahearn, president of Design Ergonomics, Inc. Dr. Ahearn gave a very informative

and enlightening program on the interconnections between practice style, equipment, operator performance and health.

The new officers for 2004-2005 were presented as follows:

President: Dr. Ted Sherwin
 President-Elect: Dr. Ron Downey
 Vice President: Dr. Jay Knight
 Secretary-Treasurer: Dr. Harry Sartelle

At the Executive Committee meeting on November 4, those present were Drs. Sherwin, Downey and Knight, and Cathy Sliwoski. Membership issues were discussed. Dr. Sherwin announced the appointment of Dr. Jared Kleine as membership committee chair. Special emphasis will be placed on updating the Component membership list with current addresses including e-mail addresses and telephone numbers. Members are requested to contact Cathy Sliwoski at 540/430-2309 or svda@adelphia.net with any changes in their listing and to provide e-mail addresses. Recruiting new members and retention of current members are areas of concern.

Dates for state committee meetings are January 20-23, 2005, in Richmond and June 16-19, 2005, in Virginia Beach. The VDA Annual Meeting is September 14-18, 2005. The Executive Committee discussed the importance of member attendance at these meetings and that if a member cannot attend, he/she should find a substitute. If unsuccessful, he/she should notify the president of the component.

We are planning very informative and inspiring CE programs for the spring and fall of 2005. Be watching for a mailing or check out the VDA website at www.vadental.org.

Respectfully submitted,

Ron Downey, DDS

Component VIII Northern Virginia



Dr. Scott McQuiston, Editor

Northern Virginia has plenty of exciting news. Congratulations to Robert Levine who was presented with the 2004 President's Award from the VDA in recognition of his service to dentistry and the dental community. This is a great honor and we're proud of Dr. Levine for his achievement. Dr. Joan Gillespie was recognized by the Virginia Chapter of the Pierre Fauchard Academy for "outstanding contributions to the art and science of dentistry". Dr. Alonso Bell was honored with Fellowship in the American College of Dentists. This organization recognizes dentists who have "exemplified excellence through outstanding leadership and exceptional contributions to dentistry and society." Dr. Bell has certainly lived up to this honor! However, the excellence doesn't stop there. Dr. Tim Russell accepted the 2004 ADA Golden Apple Award for the Northern Virginia Dental Society. His entry entitled, "Sponsoring the Future of Dentistry", was in the category of Excellence in State Fair Program Support and Promotion. Dr. Russell has chaired this committee for many years working with NVDS volunteer judges and presenters. The society, through Dr. Russell's committee, has awarded a variety of certificates and cash awards to budding, young scientists since its inception in 1994. The accomplishments of Dr. Russell's committee are remarkable and the fruits of your labor deserve to be recognized-well done! Two of our members became Virginia Dental Association Fellows-Dr. Theodore Corcoran and Dr. Vincent Dougherty-congratulations! We expect to see an abundance of good work from these two.

Again, two well-informed speakers educated us in past months. Dr. Gary Alex enlightened us with his take on occlusion and centric relation. Dr. Alex is a Pankey trained dentist who addressed direct and indirect porcelain and laminate restorations. Dr. Charles Blair of the *Blair, McGill and Hill Group*, spoke on financial issues facing dentists. Both continuing education lectures were well received and many members turned out to these informative sessions.

All Component News Is Submitted On A Volunteer Basis By Your Component Secretary. To Learn More About Specific Events, Or To Find Out More About Upcoming Events In Your Component, Please Contact Your Component Secretary.

Alliance News

Shirley S. Meade, President

The Virginia Alliance opened the new year by once again assisting the VDA with its annual Legislative Day at the General Assembly. On Friday, January 21, Alliance members helped to deliver dental care kits and apples to all legislators, aides, and secretaries.

The Executive Board of the Virginia Alliance held its annual mid-winter meeting on Saturday, January 22nd at the Sheraton Park South to begin planning for the state meeting to be held in Richmond in September. We welcomed Allene Rice of Sutherland, VA, Southside Alliance member, as our AADA District 2 Trustee which serves the states of Virginia, West Virginia, Pennsylvania, and Maryland, as well as U.S. Territories in the Caribbean.

AADA Leadership Conference in Savannah, GA was February 24-26. ADA sees the measurable value and benefit of Alliance support and graciously funded Grants for first time attendees to come to this annual conference. Why? Because dental spouses get the educations and training they need to be the partners in dentistry that is needed. It is not just for an Alliance "leader" but for any Alliance member. There are speakers, seminars, and fun activities to achieve better leader

and membership skills, a clearer understanding of dental legislative and political issues and sharing of ideas to gain knowledge in oral health projects that so many of us carry out in our communities.

As an organized Alliance, we have two component Alliance organizations in Virginia: Richmond; and Southside. Members-at-Large are also a part of our state and national organization and are recipients of both our state "Dental Dominion" newsletter and our national "Key" newsletter. Please contact our Vice-President for Membership, Mrs. Carol Rasmussen (3208 Heathcote Lane, Keswick, VA 22947, Phone 434-984-5995) for more information. Also, please check out our web page: www.vadental.org. Click "Public", then "Alliance".

We still have onesies, and bibs for sale:

Continued On Page 56

VAE News

Dr. Steven G. Forte, President

No News To Report. Please Contact Your Organization Secretary

Virginia Association of Orthodontists

Dr. Alfred C. Griffin, Jr., President

The Virginia Association of Orthodontists will hold its 2005 Annual Meeting at the Tide's Inn in Irvington, VA from Sunday, June 24th through Tuesday, June 26th. More information to follow. Any questions, call VAO liaison, Emily Ward at (804) 261-1610

Virginia Society of Oral and Maxillofacial Surgeons

Dr. Kimberly Swanson, President

The Virginia Association of Oral and Maxillofacial Surgeons will hold its 2005 Annual Meeting in Virginia Beach, VA on Saturday, June 23rd to Sunday, June 24th at the Cavalier Hotel. The speaker will be Scott Johnson who will discuss medical legal issues.

Virginia Section of the American College of Prosthodontics (VAACP)

Dr. David Beck, Editor

The Members of the Virginia Section of the American College of Prosthodontists met in Richmond, VA at Maggiano's Little Italy Restaurant on June 10, 2004 for their annual business meeting. In attendance were; Dr. David Beck, Dr. David Burns, Dr. Gilbert Button, Dr. Michael Covaney, Dr. Don Crabtree, Dr. Debra Haselton, Dr. Karen McAndrew, Dr. John McCasland, Dr. Greg Wall, and Dr. John Ward. Drs. David Schleider, Maria Pappas, and Hadi Shehab, residents in the post graduate program in Prosthodontics, each made an outstanding presentation to the group on topics related to prosthodontics. Drs. Crabtree and Ward were recognized for their years of service to the VCU/MCV School of Dentistry as they retire from their tenured faculty positions. These wonderful individuals were also honored for their years of service to the VAACP as the both step down from their officer positions. Newly elected officers, Dr. Karen McAndrew, President; Dr. Greg Wall, Vice President; and Dr. Jeff Sotack, Treasurer, are excited about membership and encourage all members to take an active role in the VACCP.

Members, Drs. Gilbert Button, Bob Barnes, John Kim and Karen McAndrew, showed great support at the Mission of Mercy project in Wise County, VA. Diagnostic and restorative care was provided to the underserved population there. The group also fabricated 23 sets of complete maxillary and mandibular dentures, in addition to relining and repairing existing dentures.

The post graduate Prosthodontic seminar series was supported by Drs. David Burns, John Rose, Harlan Schufeldt, Greg Wall, Jeff Sotack, Gilbert Button, John McCasland, Don Crabtree,

John Ward, David Beck and Michael Covaney, providing valuable literature and scientific discussion to the clinical practice of prosthodontics with the residents.

The officers have put together a series of ideas to promote the specialty of prosthodontics in the state of Virginia. Among the ideas are raising awareness and financial support for the J. Sargeant Reynolds Laboratory Technician Program, expanding the role of prosthodontists in the MOM projects, and mounting an initiative to influence third party payers to recognize prosthodontics as a specialty. On a state and national level the group plans to support the American College of Prosthodontics Education Foundation and provide the members of the dental community with information and continuing education programs promoting the specialty.

School Of Dentistry

Meredith Bryk
Contributing Editor
New Faculty



Mr. Edward Kardos is new director of development

Mr. Edward G. Kardos joined the administrative faculty as the new Director of Development in October 2004. He will lead the School's fund-raising and external relations efforts. Mr. Kardos received his BS in Communication Arts with a concentration in public relations from James Madison University. He has nearly 22 years' experience in the field of development, all within an educational setting. His previous positions include

Director of annual funds at James Madison University; Director of Development at Benedictine High School in Richmond; and most recently, Executive Director of Development at the VCU School of Nursing, a position he held for 10 years.



Dr. Sharon Lanning returns to periodontics faculty

Dr. Sharon Lanning returned to the VCU School of Dentistry faculty in July 2004 to accept a position as an assistant professor in the Department of Periodontics. She received her DDS from the State University of New York at Buffalo in 1996 and completed a three-year periodontics residency at the VCU School of Dentistry. From 1999 to 2002, she worked at VCU as a clinical instructor in the Department of Periodontics and maintained a private practice in periodontics. Lanning spent the last two years at the University of Michigan School of Dentistry where she was a clinical assistant professor.



Dr. Karan Replogle joins endodontics faculty

Dr. Karan Replogle joined the faculty in October 2004 as an assistant professor in the Department of Endodontics. After working almost 10 years as an R.N., Dr. Replogle decided to pursue a career in dentistry. She received her DDS from the Ohio State University College of Dentistry in 1992 and completed a two-year endodontics residency there. From 1994 to 2004, Dr. Replogle was in private endodontic practice in Dayton, Ohio. During that time, she also was an instructor in the general practice residency programs at Miami Valley Hospital and Veterans Memorial Hospital in Ohio.



Dr. Michael Huband joins general practice faculty

Dr. Michael Huband joined the faculty in September 2004 as an associate professor in the Department of General Practice. After receiving his DDS from the VCU School of Dentistry in 1993, Dr. Huband practiced in Richmond for one year before moving to New Orleans to pursue a prosthodontics residency at the Louisiana State University School of Dentistry. He also earned a certificate in maxillofacial prosthetics at the University of Texas M. D. Anderson Cancer Center in Houston. During his career, he has worked in hospitals, creating oral and facial prostheses for cancer and trauma patients. Prior to returning to VCU, Dr. Huband was an assistant professor of clinical prosthodontics at the LSU Health Sciences Center School of Dentistry.

cians graduating from training programs and entering the job market is a national dilemma. Many people aren't aware that we have one of the finest laboratory technician programs, fully accredited by the ADA Commission on Dental Accreditation, located in Richmond, Virginia. Under the direction of Mr. Ernie Wolf, the J. Sargeant Reynolds Community College trains individuals from across the world and graduates 10-15 trained laboratory technicians each year. This two year program consists of training in all phases of fixed, removable, and orthodontic laboratory techniques. Many graduates enter the work force in commercial laboratories throughout the world while some opt to work in a dental office setting. The program founded in 1972 was originally located at the MCV School of Dentistry and is currently located at the J. Sargeant Reynolds Downtown Campus. The program continues to have a close

affiliation with the School of Dentistry. However, this program has also been affected by budget constraints along with many other educational programs. With a material and equipment budget of only \$5,000 per year, the program is struggling to meet the requirements to provide candidates with a comprehensive laboratory experience. The program is happy to accept donations in terms of laboratory supplies in the form of dental materials, dental instruments and equipment. Monetary donations can be made directly to J. Sargeant Reynolds Community College Education Foundation specifically earmarked for the Dental Laboratory Program.

The importance the laboratory technician plays in supporting the delivery of quality dental care begins at the training level. In an effort to raise funds for the advancement of the program, The Virginia Section of the American College of Prosthodontists will be sponsoring a

continuing education course, "Provisional Restorations that Fit, Function, and Last" for the benefit of the J. Sargeant Reynolds Laboratory Technician Program. This all day hands on course is designed for the dental auxiliary and provides the skills necessary to fabricate functional and esthetic indirect provisional restorations using a variety of materials and techniques. Each participant will learn the fundamentals of fabricating provisional restorations for single crowns and fixed partial dentures. This course will be held on Saturday, April 30, 2005 from 8:00am – 4:00pm at J. Sargeant Reynolds Downtown Campus. Interested individuals can register with Dr. Karen McAndrew at 804.741.8689. Tuition is \$250.00 and space is limited and will be filled on a first come first serve basis. All proceeds from this program will be donated for the purchase of supplies and equipment for the Laboratory Technician Training Program.



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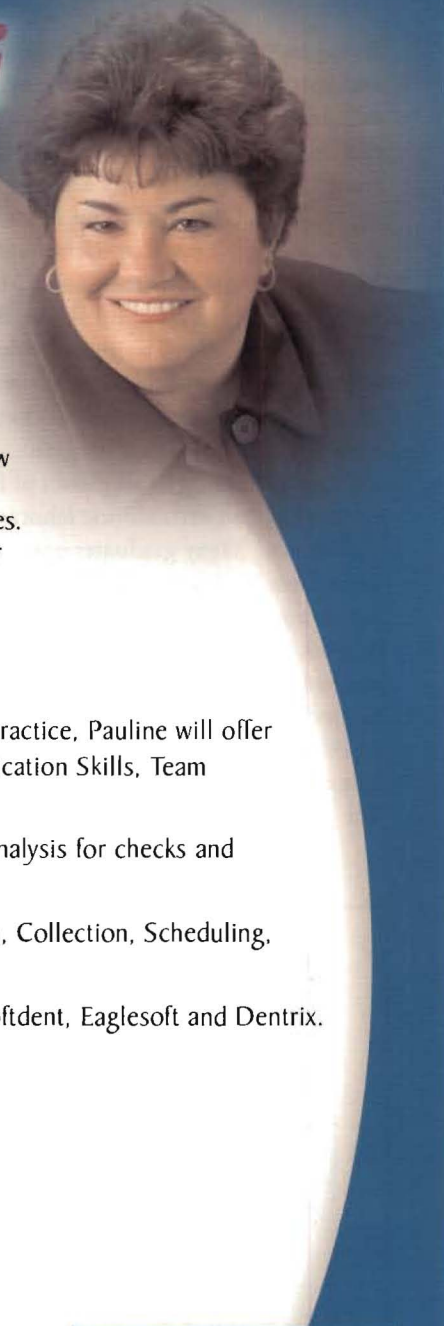
HIGHLIGHTS

- Springtime in Washington
- Participation Clinics
- Presidents Reception
- Lunch & Learn
- Table Clinics
- Hygiene Program
- National Museum of the American Indian Tour
- U.S. Holocaust Memorial Museum Tour

FEATURED CLINICIANS

- Gordon Christensen, D.D.S., Ph.D.**
WHAT'S NEW—2005 BOTTOM LINE
- John Molinari, Ph.D.**
OSHA-UPDATE/ INFECTION CONTROL
- Thomas Schiff, D.M.D.**
RADIOLOGY
- Ron Brown, D.D.S., and Alexander Kerr, D.D.S.**
ORAL CANCER DETECTION—TOBACCO
- Linda Miles**
PRACTICE MANAGEMENT
- Stephen Buchanan, D.D.S.**
OPERATIVE DENTIST
- George Priest, D.M.D.**
UPDATE ON IMPLANTS
- Bruce Doll, D.D.S.**
PERIODONTICS CNA RISK MANAGEMENT SEMINAR
- John Kanca III, D.M.D.**
ASTHETICS

Pauline Grabowski & Associates...



Pauline, President of Pauline Grabowski and Associates provides motivation and coaching to dental practices. Pauline's career in dentistry started twenty-two years ago as a certified dental auxiliary and practice administrator. Pauline is a seasoned practice management consultant that provides a wealth of knowledge to the development of the entire dental team. Pauline Grabowski and Associates conducts in-office analysis of the business and implements systems one-on-one with each team member. Specializing in new office set-up, designs, marketing, scheduling for productivity, treatment planning/case acceptance, Pauline has built her reputation on practice solutions for hundreds of practices. Pauline is currently a member of The Academy of Managed Consultants and a sponsor for AGD Fellowship/Mastership credit, which allows for CEU's.

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- **Practice Management Consulting** – Through assessing the overall fitness of the practice, Pauline will offer solid suggestions and ideas to help move your practice to the highest level. Communication Skills, Team Building/Development and Management Systems.
- **Monthly Monitoring** – Monthly practice numbers and Profit and Loss. Audit trail analysis for checks and balances to prevent misappropriations.
- **Systems Evaluation** – Assessment of uses of all inner-office systems i.e. Production, Collection, Scheduling, Patient Tracking/Retention, Insurance, Accounts Receivable, and Recare Management.
- **Software Program Assessments** – Software programs featured: Practice Works, Softdent, Eaglesoft and Dentrix.

Speaker Topics

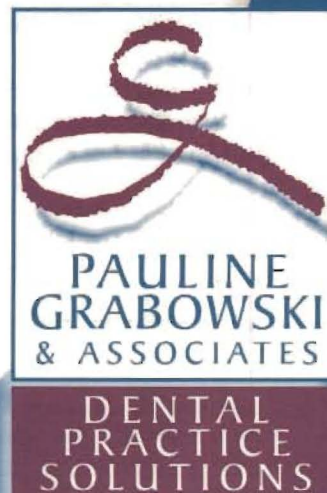
Target Your Identity/Marketing Plan
New Office Set-Up
Dental Office Design for Effective Patient Flow
Collecting Your Due With Sound Account Receivable Systems
Empowering The Dental Team for Exceptional Results
The Practice Analysis from Practice Management to Technology
Be Your Own Consultant to Your Practice by Managing the Proper Computer Reports
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Classified Ads

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.

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Gross \$310,365; 3.5 days
4 operatories; 2150sq. ft. office space
Assistant (ft), assistant (pt), office manager;
Beautiful office, large lot, computer system,
Excellent potential.

Hampton #7007

Gross \$406,640; 5 days
3 operatories; 1600 sq. ft. office space
Assistant, bookkeeper (pt), office manager
3 additional plumbed out but unequipped operatories

Roanoke #8217

Gross \$439,961; 4 days
4 operatories; 1455 sq. ft. office space
Assistant, hygienist, receptionist

Roanoke Area #7076

Gross \$700,543; 4 days
4 operatories; 2,000 sq. ft. office space
2 assistants, hygienist, 2 receptionists
Additional plumbed but unequipped operatory

Virginia Beach #8208

Gross \$380,797; 4 days
1,038 sq. ft. office space
Assistant, bookkeeper, receptionist

West of Richmond #8168

Gross \$222,652; 3 days
4 operatories, 1,875 sq. ft. office space
2 assistants, receptionist

Continued On Top Right

Continued From Left

Williamsburg #7008

Gross \$233,387; 4.5 days
3 operatories, 1200 sq. ft. office space
Assistant, receptionist
Condo for sale with practice in professional park
Price reduced to \$129,000 for immediate sale.

For more information on any practice listed above, call Professional Practice Consultants, Ltd., Dr. Jim Howard at 910-523-1430. We have 100% financing available for qualified buyers.

RADIOGRAPHIC SERVICES

Several community practitioners have expressed a need for assistance with radiographic services, either because of a lack of equipment or difficulties in obtaining imaging studies on patients with physical limitations. The VCU School of Dentistry is accepting referral orders for panoramic and occlusal radiographs to assist practitioners with these needs. Please call the Radiology Clinic at (804) 828-0714 to schedule and appointment.

PART-TIME DENTIST

Part-time Dentist for Louisa County. 20 hours per week. Work in Free Dental Clinic. We are devoted to serving patients who live at or near pverty level. 540-967-1510. Ask to speak with Susan.

DENTIST

Well established and growing family practice seeks experienced dentist. Unique situation eliminates management hassles. Highly competitive compensation package with the option for ownership. Contact Dr. Steven Perlman or send curriculum vitae.

City: Hampton

Contact: Dr. Steven Perlman

Phone: 757-826-7372

Fax: 757-826-1739

E-mail Link: sperlman.cox.net

Address: 4000 W. Mercury Blvd., Hampton, VA 23666

VIRGINIA – CENTRAL, VA

Affordable purchase opportunity: small orthodontic practice with satellite offices, all in fast-growing counties. Good opportunity for new or established practitioner. Available to assist in transition. Email replies to: ortho_inquiries@earthlink.net.

DENTIST/DENTAL ASSISTANT

\$\$\$ opportunity for dental Team in the Dublin, VA region at the New River Valley Detention Facility.

Southern Health Partners, A leading provider in the correctional healthcare field, is seeking a Dentist and an Dental Assistant to provide dental care for about 30 inmates. This facility has a dentist however due to the increased population at this facility there is a need to have a back-up dentist. This will be a one time service and the times will be flexible. We have a fully equipped dental unit in a secured setting. If interested please call Don Eidman, Regional Administrator @ office # (704) 933-2958, Cell # (704) 305-1425 or Jennifer Hairsine, VP (888) 231-2888, ext. 11.

ASSOCIATE DENTIST WANTED

I have an immediate opening for a general dentist near Charlottesville, Virginia. I am looking for a dentist who wants to be his/her own boss in his/her own office. The office is fully equipped and computerized. WE have trained staff with business systems in place. We will perform the marketing required to insure a steady flow of patients.

There can be an immediate buy-in agreement if desired.

This is a chance for you to have your own office with no cash investment. If interested please call (540) 432-6616. Douglas Wright, DDS

ASSOCIATE

Chester, VA practice seeking an associate that is interested in working in a high volume environment. Days are flexible. Must be comfortable performing extractions. Good chair side is required. Pay will depend on candidate. Contact Brian Whitley at 1-800-313-3863 ext. 2290 or email bwhitley@affordablecare.com

EQUIPMENT FOR SALE

1. Chayes Virginia Vision Chair – perfect upholstery
2. Great Upholstery – colors – Mauve and Ceam
3. Adec Minitroll Unit – Three (3) handpieces – Three (3) way air/water/syringe
4. Adec Cuspidor w/assistant HVE, saliva ejector, Three (3) way air/water/syringe.
5. Pelton Crane LFII Light.
 - 6 – For Sale
 - 1 - \$2500.00 each
 - 2 - \$2250.00 each
 - 3 - \$2000.00 each

WEST VIRGINIA - FFS

6 operatory - well established part-time dental practice - Gross \$360,000 - 100% sale or partnership available - excellent growth potential - 2,200 patient records. Call The Snyder Group 800-988-5674 or visit www.snydergroup.net.

EQUIPMENT

Commonwealth of Virginia offers dental chairs for auction on GovDeals. Lot of 6 chairs (sold individually). Purchased new in 1994. Starting bid is \$200. Visit www.govdeals.com to place your bid!

Continued From Page 51

"I Love my Dentist He (She) 's my Dad (Mom, Grandpa). We also have a brand new cookbook, "Dishing up Smiles". The Alliance of the American Dental Association's (AADA) long-awaited dental health education project, Dishing Up Smiles, has arrived! This unique, table-top book—subtitled Tooth-Friendly Recipes, Table Manners and Tips for Dental Health, was premiered at the Foundation for Dental Health Education luncheon during a grand parade in Orlando on October 1 in conjunction with the 2004 ADA Annual Session. Sale of the hardbound, four-color book will help fund national (and state) dental health education programs and will be sold through national and state dental organizations and retailers. Within the

GENERAL DENTAL PRACTICE ASSOCIATE POSITION

LOCATION: Yorktown, VA – close proximity to Williamsburg, Newport News & Hampton

Established 29 year old general practice, eight operatories, three hygienists and steady new patient numbers. Opportunity to be associated with a very nice practice environment. Professional building with orthodontist and periodontist in building. Practice does all phases of dentistry including hospital-based patients in an operating room setting. Great opportunity for practitioner who wants to be a part of a dynamic practice involved in more than the normal routine of dentistry. Partnership opportunity available.

Please contact: Dr. Michael W. Bowler, D.D.S.
757-898-1919 office
757-365-4006 home

OFFICE SPACE

Fully equipped and plumbed dental office, located in the center of Virginia Beach, VA. Office includes 3 operatories, 3 dental chairs with lights, 2 dental x-rays, x-ray processor, panorex x-ray, new carpet, storage room with autoclave, private office, built in cabinets, and open design. Must see to fully appreciate. Move in ready condition. Flexible lease terms. Pictures available via e-mail at jgreenside@cox.net. Please call John at (757) 285-2300.

DENTIST

Progressive dental practice requires full-time dentist to join our dynamic team. Our state-of-the-art facility with a staff dedicated to excellence is located in the Tidewater area of Southeastern Virginia. Excellent communication skills, dedication to success, and a strong commitment to continuing education are essential. We are looking for a person who will be willing to make a buy-in commitment after a one-year associate period. To ensure the success of the candidate, we have designed a mentorship program that involves continuous team training. We are also working with consultants to ensure that a solid patient base is available immediately upon joining. This is the perfect opportunity for a new or recent graduate with an open mind and a commitment to the highest clinical and practice standards. Contact Brian Midgette, DDS at (757) 483-4700 or bpmmcv87@aol.com

DENTIST NEEDED

A dentist is needed for a West End practice. Part-time or Full-time. Partnership available. Call (804) 271-9828 or Fax at (804) 271-6969.

book's 260 pages are over 200 recipes, over 100 children's photos and creative slogans, dental health information in the form of easy-to-read "Dental Health Tips", numerous "Tidbits" of etiquette information and much more. To obtain a copy for \$30.00, please contact Shirley Meade, 804-796-2002, shirleymeade@comcast.net. The book will retail for \$40.00.

As Alliance members, we are proud of our organization, proud of our accomplishments, and proud to be of service. We are friends, colleagues and partners who care about each other and the profession of dentistry. Please feel free to give us a call and find out more about the Alliance!

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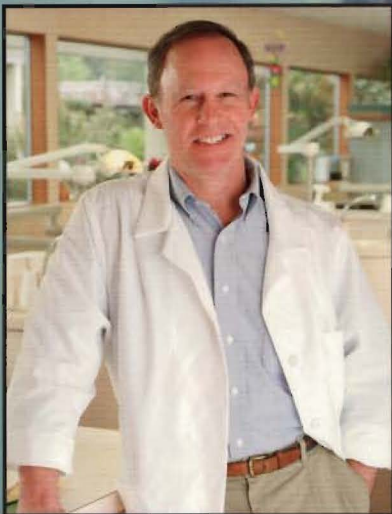
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