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3501 Terrace St., 3063 Salk Annex
Pittsburgh, 15261-2523
(412) 648-8647 • hrayendo@yahoo.com

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413 East 38th Street, Erie, 16504
(814) 825-6221 • stradack3@aol.com

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P.O. Box 1388, Northern Cambria, 15714-1388
(814) 948-9650 • pkorchdmd@gmail.com

Dr. Nicole Quezada (Secretary)
11671 Route 6, Wellsboro, 16901-6750
(570) 724-2565 • nmquezada@me.com

Dr. Samuel E. Selcher (Treasurer)
700 Spring Garden Drive, Middletown, 17057-3034
(717) 944-0426 • sselch@aol.com

Trustees By District

1st | Dr. Anand V. Rao | 2017
1845 Walnut Street, Ste. 950, Philadelphia, 19103
(215) 567-0110 • anandrao97@gmail.com

2nd | Dr. Charles Incalcaterra | 2019
441 E. Broad St., Bethlehem, 18018-6312
(610) 867-8251 • Charles.Incalcaterra@lvhn.org

3rd | Dr. Eli Stavisky | 2016
700 Glenburn Road, Clarks Summit, 18411-2306
(570) 587-5495

4th | Dr. Frederick S. Johnson | 2017
Dental Art Images, LLC
221 West Penn Ave. #213, Cleona, 17042
(717) 272-8500 • johnsondavis520@comcast.net

5th | Dr. James M. Boyle | 2017
Susquehanna OMS, PC
2251 Eastern Blvd., York, 17402
(717) 755-9695 • jboyle1227@aol.com

6th | Dr. Nicole Quezada | 2018
11671 Route 6, Wellsboro, 16901-6750
(570) 724-2565 • nmquezada@me.com

7th | Dr. Cynthia A. Iseman | 2018
PO Box 54, Shanksville, 15560-0054
(814) 662-2771 • caisemandmd@gmail.com

8th | Dr. Theodore J. Rockwell | 2019
PO Box 50 10810 Rte. 322
Shippenville, 16254-0050
(814) 484-3096 • theodore.rockwell@yahoo.com

9th | Dr. Joseph E. Ross | 2016
Olde Library Office Complex
106 E. North St., New Castle, 16101
(724) 654-2511 • jrossdmd@gmail.com

10th | Dr. James A. Tauberg | 2019
224 Penn Ave, Pittsburgh, 15221-2154
(412) 244-9044 • taubergdentaloffice@gmail.com

ADA Third District Trustee

Dr. Andrew J. Kwasny
3219 Peach Street, Erie 16508-2735
(814) 455-2158 • kwas2@live.com

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PDA Central Office
3501 North Front Street
P.O. Box 3341, Harrisburg, 17105
(800) 223-0016 • (717) 234-5941
FAX (717) 232-7169

Camille Kostelac-Cherry, Esq.
Chief Executive Officer
ckc@padental.org

Mary Donlin
Director of Membership
med@padental.org

Marisa Swarney
Director of Government Relations
mss@padental.org

Rob Pugliese
Director of Communications
rap@padental.org

Rebecca Von Nieda
Director of Meetings and Administration
rvn@padental.org

Leo Walchak
Chief Financial Officer
ltw@padental.org

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Editor | Dr. Bruce R. Terry
85 Old Eagle School Road, Wayne, 19087-2524
(610) 995-0109 / pullpulp@aol.com

Director of Communications | Rob Pugliese
P.O. Box 3341, Harrisburg, 17105
(800) 223-0016 / FAX (717) 232-7169 / rap@padental.org

Editor Emeritus | Dr. Richard Galeone
3501 North Front Street, Harrisburg, 17110
(215) 855-4092 / rjgdds59@comcast.net

Editor Emerita | Dr. Judith McFadden
3386 Memphis Street, Philadelphia, 19134
(215) 739-3100 / judithmcfadden@aol.com

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By Rob Pugliese, Director of Communications

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Ronald Bushick, DMD
EDIC Board Member
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Let Fear Reign

Here are the “Top 5 Dental Trends to Watch in 2015” as published by the ADA. On the surface it might scare just about anyone from dental students to manufacturers.

1. Total dental spending is flat since 2008
2. Dentists’ earnings are down since 2006
3. Supply of dentists is increasing through 2023
4. Medicaid markets are poised to grow significantly
5. Cost and low perceived need are top reasons adults forego dental treatment.


With dental spending down prior to the recent Great Recession and an oversupply of new dentists through 2023, you just may want to go back to school for a finance degree. But wait - I don’t see things exactly the same way.

We have been hearing bad news from the experts for years. I remember a New York Times article from the 1980s that forecast the end of dental decay as a result of a new upcoming vaccine. Well, that was 30 years ago - where is it? I also remember headlines in the 1980s and 90s claiming that since children had no decay, the amount of treatment needed would significantly decline in the future. Again, the future is here but demand for dental services remains high.

What do you believe? Some facts are irrefutable, like the flat spending on dental care or the increased supply of dentists, but one must rely on this information with caution. The past eight years have certainly been historic in regard to the financial health of families and businesses. Everyone has struggled in one way or another.

When patients were asked why they didn’t seek routine dental care, the number one answer was cost, followed closely by “my mouth is healthy.” Clearly, as a profession we need to find a way around the barrier of cost. While we can’t give away our services for free, we must explore ways to make dental care affordable. Obviously that becomes a very touchy subject for all of us. Government funding swings like a pendulum. When public opinion gets heated up we see movement toward greater coverage. Eventually legislators get pressure to trim budgets, and what’s the first thing to get cut?

Dental benefits. Private insurance operates in a similar manner. When the economy and return on investment are good, employers and insurance companies are generous with benefits, both in what’s offered and in overall cost. In a down economy employers offer lesser benefits and insurance companies tighten the purse strings with covered benefits.

I would argue that it’s all perception and that the dental profession must do a better job of impressing on the public the importance of dental maintenance. Let’s look for a moment at the spending on items like digital connectivity. Some would argue it’s a necessity of modern life to have a cell phone and internet connectivity. In the 1970s pre-technology revolution, a monthly phone bill could be as little as $10 per month. Last year a typical “triple play” (phone, internet and cable TV) cost $160 per month, or $1,920 per year. http://finance.yahoo.com/blogs/daily-ticker/why-phone-cable-internet-bills-cost-much-130914030.html. Obviously, at nearly $2,000 per year for a “connected life,” many people have income for discretionary spending, yes? However, many individuals would tell you otherwise. The general public is conditioned to expect health care services as an entitlement and does not want to pay for them. A hospital will see you first and try to collect later. Medical offices have small copayments with existing health care plans so patients don’t typically walk out of the hospital or doctor’s office with a $3,500 bill as they do when receiving a bridge or a dental implant. We know that dental insurance copays and covered services are very different in dentistry, but our patients expect the same as with their medical coverage.

A dental office is more like a veterinarian’s office. You don’t take Fido to the vet and expect a $25 copay for an ACL repair or treatment for cancer. The vet staff tells you up front what it will cost and you either pay or you take Fido home. Dental patients fall somewhere in between. They know that they should have regular dental care and, except for the phobic patients, want to come for dental treatment and maintenance. It’s that they have a mindset that they shouldn’t have to pay. It’s too expensive when compared with medical treatment. They don’t have the available money and don’t want to use CareCredit or other sources of funding if they can avoid it.

We dentists need to do a better job competing with all the other expenses that everyone faces. Dentistry needs better branding to help advance our cause beyond the “feel sorry for me, I don’t get...
paid what I deserve mentality.” We need to take our fight to those entities that compete directly with us. We have and will likely continue to fail at getting Medicare, Medicaid or private third-party payers to increase benefits for dentistry. That battle has been fought and lost for too many years. I suggest that we try to persuade the public through marketing strategies similar to those that have been used to combat smoking, and stop drinking and driving. Why not have a dental wellness campaign that shows a healthy, beautiful smile and a “Meth Mouth.” The caption could read “This is your mouth on drugs!” How about a public service announcement that tells people that great smiles are responsible for higher salaries, happier lives, and better sex? We need to do a better job branding the importance of dental care. Only then can we get patients to think about dental care as something desirable and worth paying for.

Maybe we need a national campaign to suggest that dental care adds years to your life. Who wants to die early due to bad teeth? Many years ago a psychology professor taught me that we react to fear before logic. It has something to do with the fact that the amygdala, the part of the brain responsible for the fight or flight response, sits closer to our brain stem than our frontal cortex, the logical part of our brain. That is why people believe crazy ideas and react to fear before they face a situation with logic.

It’s time to take the fear to the public and let them know avoiding dental care will only make things worse. Getting in sooner and taking care of problems early can save a lifetime of trouble and expense. Let everyone know that there is nothing sexy about bad teeth! As dentists we know this, but we are bad messengers. It’s time to stop complaining. We need to scare the public back into our offices. Let’s get the message out now!

—BRT
June is always a month of high stakes in Harrisburg, with the Capitol’s corridors frantically packed with legislators negotiating the yearly budget by the June 30 deadline. Our staff and lobbyists monitor this process minute by minute, deploying our resources and advocacy efforts to secure the dental profession’s future in Pennsylvania. Our diligence extended into the months of July and August as budget negotiations stalled with no consensus reached.

Our work follows another successful Day on the Hill that was held on June 2. Members traveled statewide to meet with legislators and staff to discuss assignment of benefits, retroactive insurance reviews, Medical Assistance funding and the primary health care student loan forgiveness program. Stay tuned for a longer briefing on our advocacy day and the budget outcome in the September/October issue.

HB 1178: Retroactive Denial of Medical Claim Reimbursement

On June 17, the House Insurance Committee held an information hearing on HB 1178, the retroactive review bill introduced by Rep. Stephen Barrar (R-Delaware).

PDA submitted written testimony for this hearing, which was presented in conjunction with the Pennsylvania Society of Oral and Maxillofacial Surgeons (PSOMS). Noting that dentists can ill afford the costs that can be incurred with an extended period of retroactive denial, PDA expressed support for a 12-month timeframe for an insurer’s review. Our position is that due to advanced technology, insurers should not have any difficulty reviewing claims within a 12-month timeframe. The proposed 12-month limit does not include cases of fraud, coding errors and duplicate claims where additional management and review may be required.

Testifying alongside PDA on the medical panel were Keith Mentz, Vice President, Government Affairs, Fresenius Medical Care; Ed Nielsen, Executive Director, Pennsylvania Chiropractors Association; and Jack Frankeny, M.D., CEO/Executive Director of Orthopedic Institute of Pennsylvania, on behalf of the Pennsylvania Orthopedic Society. They agreed with PDA and PSOMS that HB 1178 will reduce health care administrative costs and ensure a more efficient and affordable delivery of health care by limiting the timeframe insurers may retroactively review and deny claims.

The health insurer panel was comprised of opponents to HB 1178. Testifying in opposition were Bob Baker, Vice President, Government Affairs, Capitol Blue Cross; Michael Yantis, Acting Vice President, Government Affairs, Highmark; James B. Bramson, DDS, Chief Dental Officer, United Concordia Dental; Mary Ellen McMillen, Vice President, Government Affairs, Independence Blue Cross; and Samuel Marshall, President & CEO of the Insurance Federation of Pennsylvania.

Among the specific concerns expressed by the bill’s opponents in testimony were billing risks, incorrect coding, inadequate definitions, and the proposed length of period for retroactive review. Opponents believe the 12-month period is too short a period for auditing, requesting and obtaining patient records, interviewing patients, notifying the provider of any findings and an overall complete analysis. It was also noted that government health programs such as Medicare retroactively review cases five to ten years after the claim was paid. Overall, the medical panel argued that HB 1178 would impose significant barriers to identifying and recouping improper payments.

The bill remains in the House Insurance Committee, which has not yet scheduled a vote.

HB 1275: Restricted Faculty License

The House Professional Licensure Committee convened on June 24 to consider HB 1275, which amends language related to a new “restricted faculty license.” The bill, sponsored by Rep. Bernie O’Neill (R-Bucks), authorizes qualified dentists licensed in other countries to teach in one of the dental schools located within Pennsylvania. In addition, the amended language under consideration would allow licensed dentists from other states and countries to attend continuing education courses taught in dental schools located in the Commonwealth.

During the committee meeting, Rep. O’Neill stated that HB 1275 would make Pennsylvania universities more competitive and allow for clinical teaching from members of the profession outside state and national supporters. The bill is supported by both PDA and the dental schools. Present committee members voted unanimously to report the amended bill as committed. In June the House of Representatives voted in support. HB 1275 is now assigned to the Senate Professional Licensure Committee.

PDA Leads Charge for Assignment of Benefits Legislation

On PDA’s behalf, Rep. Stan Saylor (R-York) introduced HB 973, legislation that would require insurance companies to assign benefits to the treating dentist even when they are not a participating provider with a patient’s insurance plan. In May, Sen. John Eichelberger (R-Huntingdon) introduced SB 843, which is identical to Rep. Saylor’s bill in the House of Representatives. PDA’s lobbyists are requesting from the chairs of the House and Senate Insurance Committees that they schedule HB 973 and SB 843 for a vote in the fall.

PDA believes that this is an issue of protecting patients’ ability to choose their dentist, regardless of whether the provider participates in insurers’ plans. Patients should have the right to choose their dentist and their health insurance plans should be required to respect that choice by paying the dentist directly.

PDA submitted written testimony for this hearing, which was presented in conjunction with the Pennsylvania Society of Oral and Maxillofacial Surgeons (PSOMS). Noting that dentists can ill afford the costs that can be incurred with an extended period of retroactive denial, PDA expressed support for a 12-month timeframe for an insurer’s review. Our position is that due to advanced technology, insurers should not have any difficulty reviewing claims within a 12-month timeframe. The proposed 12-month limit does not include cases of fraud, coding errors and duplicate claims where additional management and review may be required.

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Assignment of benefits legislation would eliminate financial and administrative burdens for both patients and dentists. Some patients cannot see their dentist of choice because an insurer will not directly assign benefits to non-participating providers and they are unable to pay for services in advance. Or, dentists who do not require advanced payment may never be paid for services rendered.

**Funding in the Primary Care Health Practitioner Loan Forgiveness program**

At PDA’s request, Rep. Karen Boback introduce legislation which increases the amount of funding available for dentists who enroll in the state’s primary health care practitioner loan repayment program in exchange for practicing in designated health professional shortage areas.

This legislation:

- Increases the amount of loan repayment from $100,000 to up to $200,000 for a full-time two-year commitment.
- Allows dental specialists to apply for the program.

Currently, the Department of Health’s primary health care practitioner loan forgiveness program reimburses dentists a maximum of $100,000 for up to a two-year full-time commitment to practice in a designated health professional shortage area. The program is only open to general dentists and hygienists (who are reimbursed $60,000 for a full-time two-year commitment).

Pennsylvania has a total of 85 designated dental health professional shortage areas (DHPSAs, broken out as follows: 56 population DHPSAs (population group with a defined geographic area); 25 facility DHPSAs (specific public or non-profit facility, such as a prison); four geographic DHPSAs (distinct geographic area, such as a county or grouping of census tracts, townships or boroughs). Only nine dentists are now accepted into the program. They practice in Blair, Lancaster, Montgomery, Philadelphia, Schuylkill, Venango and York counties.

**Department of Human Services Makes Changes to Adult Medical Assistance Program**

In 2011, the Department of Human Services (DHS) implemented a ‘one set per lifetime’ limit on Medical Assistance (MA) coverage of dentures in 2011. This limit remains in place, but with the change under the Wolf Administration to a new adult benefit package in April 2015, all benefit limits were ‘reset’
to zero. DHS officials confirmed that the ‘one set per lifetime’ limit on dentures has been reset.

DHS and MCOs implemented the new adult benefit package on April 27, 2015. The adult benefit package provides the same level of coverage for all non-PCO enrolled eligible adults, ages 21 and older. The Interim Healthy and Healthy Plus benefit plans were discontinued effective April 26, 2015, with beneficiaries in those plans being transferred to the adult benefit package. The adult benefit package complies with the Essential Health Benefits requirement established under the Patient Protection and Affordable Care Act (ACA). The adult benefit package also provides coverage of early and periodic screening, diagnostic and treatment (EPSDT) services for those ACA Newly Eligible Adult Group members less than 21 years of age, in compliance with federal Medicaid requirements.

The dental services for which specific limits must be reset are:

- Dentures (1 per lifetime)
- Dental exams/prophylaxis (1 per 180 days)


State Releases New Opioid Use Guidelines for Dentists

In 2014, PDA joined the Department of Drug and Alcohol Program’s (DDAP) Safe and Effective Prescribing Practices and Pain Management task force. DDAP, in collaboration with the Departments of Human Services and Health, the Pennsylvania District Attorneys Association, the health care provider community and other stakeholders, created this task force in an effort to reduce prescription drug abuse and overdoses in Pennsylvania.

The task force has been reviewing prescribing practices and drafting guidelines for health care providers who treat chronic non-cancer pain. The dental prescribing guidelines address the use of opioids for the treatment of acute dental pain, and are intended to help health care providers improve patient outcomes when providing dental treatment, including avoiding potential adverse outcomes associated with the use of opioids to treat pain.

As a committed stakeholder in educating the provider community and patients about the inherent dangers and risks associated with prescription drug abuse, PDA supports continual evaluation of opioid prescribing practices in dental settings and provider education in regards to the amount patients typically need for adequate pain relief, and how best to monitor and assist patients who are at risk. As a tripartite organization, PDA
aligns closely with the American Dental Association (ADA), which has devoted a significant amount of resources to educating members about model opioid prescribing practices and the public about the dangers of prescription opioid abuse. PDA is happy to promote to DDAP’s Guidelines on the Use of Opioids in Dental Practice as another resource, which is now available to members on PDA’s website at www.padental.org. The guidelines are simply to be used as a resource and not as a substitute for dentists using their best clinical judgment when determining the course of treatment for patients.

Donated Dental Services Seeking Volunteer Dentists

Change a Life with Donated Dental Services (DDS). Join the 684 dentists in Pennsylvania and support Dental Lifeline Network’s Pennsylvania’s Donated Dental Service (DDS) program. Since 1996, DDS Pennsylvania volunteers have provided life-enhancing, and in some cases, life-saving dental care to over 4,200 people who are medically fragile, elderly or disabled and who cannot afford treatment. The DDS Program makes volunteering easy: the program coordinator screens patients for financial need and serves as your dentist/patient/lab liaison; you review the patient profile in advance, choose to see or decline any patient, determine your patient’s treatment plan, see the patient in your office, never pay lab costs, never do extra paperwork and decide which and how many cases to take.

Please join your colleagues and become a DDS volunteer. It is easy — apply on-line by going to: http://dentallifeline.org/volunteer or contact DDS Coordinator, Marsha Thomas in Southeast Pennsylvania at mthomas@DentalLifeline.org or (724) 568-4343 or contact Tammy Shumaker the DDS Coordinator for the rest of Pennsylvania at tshumaker@DentalLifeline.org or (717) 776-3262. To learn more about the program go to Dental Lifeline Network’s website at http://dentallifeline.org/.
MEDICARE OPT IN/OUT UPDATE — CMS ANNOUNCES DELAY

The Center for Medicare and Medicaid Services (CMS) recently announced that the effective date for changes to the Medicare Prescription Drug program has been delayed until June 1, 2016. As of June 1, 2016, in order to have prescriptions they have written covered under Medicare Part D, eligible providers must either 1) be enrolled in Medicare under an approved status or 2) have a valid opt out affidavit on file.

If a provider chooses not to take action, starting June 1, 2016, any prescriptions they write for patients that are covered under Medicare Part D will be denied.

A dentist can opt into Medicare one of two ways:
1. Complete form CMS 855i which will enroll the dentist into Medicare for ALL eligible Medicare Services or
2. Complete form CMS 855o which will allow eligible prescriptions for Medicare patients to be processed. Forms may be obtained by using the following: https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-List.html.

Medicare generally does not cover routine dental services; however a narrow exception permits coverage of certain dental services that are necessary to the provision of certain Medicare covered medical services. Medicare may also cover certain medical procedures that dentists are licensed to perform, such as biopsies for oral cancer. For more information on the services Medicare covers, please see CMS’s website, “Medicare Dental Coverage.”

Dentists can opt out of Medicare by completing an affidavit, which must be updated every two years, and sending it to the Medicare carrier. By opting out of Medicare, eligible prescriptions written for Medicare patients will be processed. However, providers will not be eligible to receive any reimbursements from Medicare for a two-year period. Dentists who are considering opting out should also understand that by opting out, dentists will be precluded from participating in Medicare Advantage programs, which offer Medicare benefits through private insurance, and offer benefits not covered by traditional Medicare.

Dentists should notify Novitas Solutions, Inc., the Medicare carrier for Pennsylvania, of their decision to opt in or opt out by January 1, 2016, in order to allow time to process enrollments.

By January 1, 2016, the appropriate form should be sent to:
Novitas Solutions, Inc
Provider Enrollment Services
PO Box 3157
Mechanicsburg, PA 17055-1836

More information about Medicare opt in/opt out, and which decision may be best for your practice, can be found on ADA’s Center for Professional Success’s website at https://success.ada.org.
For questions concerning Medicare opt in/opt out, please contact the PDA Central Office at (800) 223-0016, and ask to speak with someone in the Government Relations Department.
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Welcome New Members!
Following is a listing of members who have recently joined PDA, along with the dental schools from which they graduated and their hometowns.

Andrea Burns, DMD
University of Pittsburgh '14
Pittsburgh

Marc G. Clayton, DMD
University of Pittsburgh '15
Cranberry Twp.

Donna M. Coppola, DMD
University of Medicine and Dentistry of New Jersey 1982
Milford

Gregg M. Corsello, DMD
University of Pittsburgh 1980
Allison Park

Shaina Dawn Foor, DMD
Case Western Reserve Univ. '15
Breezewood

Marie A. Kershner, DMD
Temple University 1997
Gilbertsville

John F. Mackin, DMD
University of Pittsburgh 1991
State College

Gabriel T. Mancuso, DMD
University of Pittsburgh '15
Brockway

Sandeep V. Patel, DDS
Baylor Coll. of Dentistry '07
Wyomissing

Peter Jacob Pranckun, DMD
University of Pennsylvania School of Dentistry '12
Gap

Behnoush Rashedi, DMD
University of Pennsylvania 1998
Collegeville

Michael S. Strickler, DMD
Temple University 1988
Littlestown

Elizabeth C. Tweddale Correa, DMD
Boston University '13
Philadelphia

Christine R. Wankiiri-Hale, DMD
University of Pittsburgh '02
Pittsburgh

Steven R. Uretsky, DMD
University of Pittsburgh 1982
Pittsburgh

Rebecca L. Wagner, DDS, MS
University of Maryland 1989
Frederick, MD

Richard K. Wong, DDS
University of Maryland '10
Columbia

Stephanie L. Wehrle-Davies, DDS
University of Maryland '13
Baltimore, MD

Avi Willis, DMD
Case Western Reserve Univ. '15
Scranton

Peter Jacob Pranckun, DMD
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We look forward to working with you soon.
PDA has received inquiries concerning United Concordia’s change in policy for periapical radiographs. We contacted United Concordia and received the following response:

We have extended the periapical radiographic policy to Pennsylvania at this time and have communicated to providers. We did delay this for PA in the past and have slowly been adding more states to the overall policy. Since periapicals are not routine films at a periodic exam, we are asking for information to substantiate their need.

Also, we are beginning to see more information in the dental insurance literature on this issue. For example, Insurance Solutions Newsletter published an article in its June issue with the following:

“It is becoming more common for payers to require a narrative or chart notes when submitting periapical radiographic images, especially when taken at a recall visit. Some payers may even request the periapical image be submitted for review. Periapical images should only be taken following a patient evaluation in which the doctor determines they are medically necessary. All radiographs must be recommended and ordered by the dentist based on clinical necessity, and that necessity must be documented in the patient’s chart. It is inappropriate to take radiographs routinely based on “office protocol,” without the dentist recommending specific images for the patient.”

It is important to remember that this policy only pertains to D0120 (periodic oral evaluation) and none of the other codes for clinical oral evaluations. We will review these claims, the film and the narrative. If, for example, a patient has a chief complaint of a specific tooth pain at a recall visit, where the dentist suspects a periapical lesion, he/she can explain that situation, submits the documentation and the radiograph, it would most likely be covered.

This isn’t the response we were looking for and we will continue to pursue this issue further.
Clinicopathologic Review:

LINEAR FISSURED ULCERATIONS IN THE ORAL CAVITY

CLINICAL HISTORY
A 19-year-old female was referred to the oral pathology clinic by her dentist for oral and lip lesions. She reported a fissured tongue, along with cheek lesions for about a year. Angular cheilitis started five months ago, as did swelling of the tongue. She also reported that her gums are red and tender, and her tongue bleeds when she brushes. Acidic, crunchy, and salty foods are painful. The problem increases and decreases. There are no obvious triggers associated with the lesions. Overall, it was getting worse. The patient denied food or other allergies and also denied skin lesions. Her medical history was positive for diarrhea and some gastric reflux for about a year. There was no other contributory medical history.

On examination, the skin and eyes were within normal limits. She had bilateral angular cheilitis. There were extensive linear ulcerations of the bilateral buccal mucosae and upper and lower vestibules. The gingiva and palatal mucosa were generalized blotchy red/white, with prominent vascularity. The tongue was fissured (Figure 1). The linear ulcers were slightly tender to palpation.

An incisional biopsy of a linear ulcer in the lower right buccal vestibule was performed and sent for histopathologic evaluation. Microscopic examination of the specimen showed non-necrotizing granulomas with numerous multinucleated giant cells within the submucosa (Figure 2A, B). No fungal organisms or foreign material was seen.

WHAT IS THE DIAGNOSIS?
A. Oral manifestation of Crohn's disease
B. Oral manifestation of lupus erythematosus
C. Oral manifestation of sarcoidosis
D. Oral factitious injuries
**Figure 1.** Clinical picture showing extensive linear ulcerations of the bilateral buccal mucosae, upper and lower vestibules, fissured tongue, and cheilitis.

**Figure 2.** Photomicrographs showing non-necrotizing granulomas with numerous multinucleated giant cells within the submucosa (A) x40 and black arrows pointing to multinucleated giant cells in granulomas (B) x200
INTRODUCTION

Crohn’s disease (CD) is one of two immune-mediated inflammatory bowel diseases, the other being ulcerative colitis. CD is a chronic inflammatory condition affecting any site along the gastrointestinal tract (from the oral cavity to anus), unlike ulcerative colitis, which is restricted to the colon. CD is characterized “skip lesions,” where large segments of the gastrointestinal (GI) tract may be free of the disease; both proximal and distal segments can be affected.

CD exhibits a bimodal peak of age prevalence, more commonly occurring in teenagers (11-19 years-old) and in individuals above the age of 60 years-old. In the United States, the condition is more frequently seen in Caucasians, as compared to Blacks, Hispanics, and Asians. The GI symptoms may include abdominal pain and cramps, intermittent diarrhea, nausea, fever, weight loss, and fatigue. These signs and symptoms in a CD patient may be subclinical.

The oral manifestations of CD can be significant, as they may be the first presenting sign of this condition in 30-60% of cases. There are various clinical oral manifestations of CD, including swellings of the buccal mucosa or lips in a cobblestone pattern, linear ulcerations (usually in the vestibules), mucogingivitis, and mucosal tags. Other oral lesions that could be associated with CD are aphthous ulcers, erythema migrans, and angular cheilitis. However, these other lesions can commonly be seen patients without CD, and are probably not part of the disease.

Histologically, a biopsy specimen from the oral cavity or intestine from a patient with CD will present with prominent non-necrotizing granulomatous inflammation with multinucleated giant cells. In general, histopathological biopsies from the oral cavity or intestine are similar, suggesting that they were due to the same disease condition. However, not all oral biopsy specimen in CD present with the classic non-necrotizing granulomas with multinucleated giant cells: some cases could present with an intense, dense, aggregated pattern of chronic inflammatory cells in the submucosa. In some cases, granulomas and inflammation may be absent due to small biopsy size or variation in the incidence of granulomas from tissue to tissue. This lack does not necessarily obviate a CD diagnosis.

Our patient was referred to her primary care physician for disease work-up and further management. Oral lesions usually do get better with management of the GI process. Persistent refractory oral ulcers can be managed with corticosteroids or immunomodulators. The fissuring of the tongue and the angular cheilitis that presented in this case were probably not related to the disease process.

DISCUSSION

OPTION B.

Oral manifestation of lupus erythematosus

Lupus erythematosus (LE) is an autoimmune disease with multisystem involvement. LE has been classified into three types: systemic LE (SLE), subacute cutaneous LE (SCLE), and chronic cutaneous LE or discoid LE (CCLE). Multiple systemic involvement is usually common in SLE patients, involving the musculoskeletal, mucocutaneous, gastrointestinal, hematologic, neurologic, cardiopulmonary, and renal systems. With cutaneous LE, mucous membrane lesions are usually present.
Oral lesions associated with LE include: erythematous patches, white plaque-like lesions, lichen planus-like lesions, cheilitis, and discreet ulcers (however, not in a linear fissured pattern).\(^9,10\) Gastrointestinal disorders associated with LE may include gastroesophageal reflux (heart burn), which occurs in greater than 50% of patients with SLE. Other disorders may include dysphagia, motility disorders, and chronic pancreatitis, which causes nausea, vomiting, and abdominal pain.

Histopathologically, LE does not present with non-necrotizing granulomatous inflammation.

**OPTION C.**

**Oral manifestation of sarcoidosis**

Sarcoidosis is a multisystem granulomatous disease of unknown cause. Sarcoidosis also exhibits a bimodal peak of age distribution, with the first peak between 25-35 years of age and the second peak between 45-65 years of age.\(^11\) Various organ systems are involved, such as the lungs, lymph nodes, skin, eyes, salivary glands, heart, kidneys, spleen, endocrine system, gastrointestinal tract, and nervous system with granulomatous inflammation. Given the involvement of various organ systems, the patient may have an array of clinical signs and symptoms, such as dyspnea, dry cough, chest pain, xeroestomia, weight loss, fever, fatigue, and malaise. Pulmonary symptoms are the most common.

Oral involvement is uncommon; however, any oral mucosal site may be involved, with the buccal mucosa being the most common site, followed by the gingiva, lips, floor of mouth, tongue, and palate. Sarcoidosis may present as a submucosal mass or an isolated papule, with a granular surface or an ulceration (also not in a linear fissured pattern). The lesions may be white (keratotic), erythematous, or violaceous.

Histopathologically, sarcoidosis also presents with prominent non-necrotizing granulomatous inflammation with multinucleated giant cells.\(^11\)

**OPTION D. Oral factitious injuries**

Oral factitious (self-inflicted) injuries can be difficult to diagnose, and can be erroneously diagnosed as a mucocutaneous disorder.\(^1,12,13\)

Clinically, the lesions of factitious injury do not match any known disease, show unusual groupings distributed in areas accessible to the patient’s hand, do have distinct outlines, and may occur singly or multiply.\(^14\) Injuries may be superimposed upon pre-existing or healing lesions, may be secondary to an oral parafunctional habit, and are based on some emotional disturbance.\(^14\) Histopathologically, the findings in factitious injuries are non-specific ulcerations. Obtaining an appropriate clinical history is very important for arriving at a correct diagnosis.\(^1,12,13\)

In conclusion, Crohn’s disease may first present in the oral cavity. It is important for a dentist to identify the oral manifestation of systemic diseases and the need for a proper thorough systemic review of patients, as oral lesions might be the first presenting sign of systemic disease.\(^2,15,16\) Oral lesions are commonly missed or mis-interpreted by physicians during outpatient visits.\(^6\)

**REFERENCES**

The first patient in line at the 2015 MOM-n-PA free dental clinic in Harrisburg secured her spot at around 7 p.m. the night before the free dental clinic. She was willing to wait more than 11 hours so she could be sure of getting a tooth extracted and a partial denture. And this wasn’t her first event. She was a repeat customer.

“This is really great,” she said.

Abbie attended the 2014 MOM event in Allentown, where she had her first tooth extracted and a flipper made. However, she mistakenly threw the denture away. This time, she needed a second tooth pulled and a bigger flipper to cover the space.

Abbie said she works two jobs, one that does have benefits. However, she spent several years unemployed.

“Dental insurance doesn’t cover much, even if you have it,” she said.

This year’s free “Mission-of-Mercy” dental clinic was held on May 29 and 30 at the Pennsylvania Farm Show Complex in Harrisburg. Hundreds of dentists, hygienists, dental students, dental assistants, EFDAs, translators and lay volunteers, totaling nearly 1,000 volunteers, served more than 1,700 patients during the two-day clinic. MOM organizers estimate that they provided nearly $900,000 in free dental services for patients in need.

By 3 a.m. May 29, there were several hundred people in line at the Farm Show Complex. The doors opened at 6 a.m. Patients entering were asked questions about their overall health and screened for high blood pressure, blood sugar and medical conditions. From there, they went to designated areas depending on their oral health needs.
This was the second straight year Dr. Beth Troy took part in the MOM-n-PA clinic. Dr. Troy began her shift in the dental triage section at 6 a.m. on Friday morning and said she saw a high volume of patients going through the line throughout the morning.

“The people are very thankful; they’re friendly,” she said. “I would say this is the most meaningful way of giving back to the community.”

Dr. Troy credited her colleagues who have organized and planned the clinics each year.

“When you look at the dedication to this, it’s just so inspiring,” she said. “It makes you want to do this every year.”

“The feedback from the volunteers each year is that this is one of the most meaningful things that they’ve ever done,” said MOM-n-PA board member Dr. Bill Spruill.

The event, held just minutes from the State Capitol, drew state and local officials, including Secretary of Health Karen Murphy, state Sen. Rob Teplitz and Harrisburg Mayor Eric Papenfuse.

Previous MOM venues included the Liacouras Center on the campus of Temple University in Philadelphia in 2013 and the Agri-Plex Center at the Allentown Fairgrounds in 2014. Next year’s event is being planned for June 3 and 4 in Pittsburgh.

The event could not have been held without the generous support of MOM sponsors, including United Concordia, Walmart Foundation and the Pennsylvania Dental Foundation. A list of sponsors is posted on the www.mom-n-pa.com website.
MOM-n-PA Dental Missions sincerely thanks everyone who made generous donations to provide needed care to the underserved at our 2015 mission in Harrisburg. Thanks to all of our sponsors and supporters we were able to see more than 1,700 patients and provide more than $868,00 of dental care to those in need!

Go to www.mom-n-pa.com to learn more about our mission and save the date for next year – June 3 and 4, 2016 in Pittsburgh.

We are especially thankful to the following sponsors:

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Effective Advocacy Takes Perseverance

By Sean Connolly, Bravo Group

The annual PDA “Day on the Hill” event sends a wave of dentists, dental students and oral health supporters through the halls of the State Capitol seeking lawmakers and policymakers to educate on issues vital to the dental professional and health of our citizens.

It is great to see these dental lobbyists – especially the students and new dentists – spend a day learning about oral health issues and passionately advocating for them. I encourage every PDA member to try and attend a Day on the Hill. Next year’s event is already scheduled for Tuesday, April 19, 2016, so mark your calendars.

But effective advocacy takes more than one day.

PDA needs its members to continually engage with local and state officials on a wide range of issues, such as fluoridated water, assignment of benefits and student loan forgiveness grants.

How do you advocate for your profession with your local lawmakers?

There are several ways, including:

• Attend a legislative town hall meeting and introduce yourself before or after the meeting.
• Send a letter or email to your lawmakers, introducing yourself and advocating for PDA-supported legislation.
• Schedule a meeting with your local lawmakers at their district offices. A good opportunity to do this is PDA’s upcoming Legislative Checkup Week, September 8-11.
• Follow your lawmakers on social media and engage with them in a constructive dialogue on health issues.
• Consider attending a fundraiser in your lawmaker’s district or attending a PADPAC event.

The staff at PDA is always available to help guide your efforts at advocacy, including offering background materials on PDA issues or help in reviewing a letter or email. A great way to learn about legislative issues is to follow the Government Relations column in the PDJ.

PDA has been very effective in the past few years advocating for important legislation. It takes a lot of effort from PDA’s leadership, staff and government relations professionals. They could use help on the grassroots level, so consider how you can make a difference for your profession.

Sean Connolly is a Senior Director at the Bravo Group in Harrisburg. You can follow him on Twitter at @SeanConn_PA.
Pennsylvania’s Dental Meeting & Expo was held April 24-25 at The Hotel Hershey. This was truly a historic event for the Pennsylvania Dental Association, following the significant governance changes approved at the 2014 Annual Session, the most visible and dramatic being the elimination of the House of Delegates.

The 2015 meeting featured a variety of continuing dental education and practice management courses, beginning with the pre-session lectures on April 23. On Friday April 24 attendees followed up a morning of CE programs with an informative Advocacy Forum (featuring a legislative update from Mark Singel and Peg Callahan at the Winter Group and public relations tips from Sean Connolly of the Bravo Group) and then networked with colleagues at the Pitt Alumni and PACPAC receptions before kicking back at a beach party Friday evening.
Saturday brought some morning CE opportunities prior to the PDA Business Meeting, issues discussion and Council of Presidents’ Meeting. During the open issues discussion, attendees received updates on PDA’s efforts on the Affordable Care Act, the Aetna/Guardian mergers, Medicare opt-in/opt-out procedures and United Concordia coverage and reimbursement. The event concluded Saturday evening with the President’s Reception and Dinner Dance honoring our outgoing president Dr. Stephen Radack. One of the new elements to this year’s meeting was that for the first time annual meeting attendees had the opportunity to visit with vendors throughout the event, something that will continue to be a big part of the meeting in 2016.

Mark your calendars now for the 2016 Pennsylvania’s Dental Meeting, May 19-21, 2016 at The Hershey Lodge.
A year ago I came to this meeting not knowing what I would leave with once it was over. Would it be business as usual or would we enter a brave new world for PDA?

Well as we all know we got the latter and that is when the real work started. We had to create a brand new meeting from scratch and I want to thank Rebecca Von Nieda, Bill Veihdeffer, the Annual Meeting Planning Committee and you all personally for being here and being a part of it. I was also the president of a dental association that was now blazing a new trail in governance. There were, and still are, many dental associations across the country looking at your PDA to see how it all goes down. I will tell you from my perspective it has been a great year and for me the most rewarding of my professional career. I have been blessed with an awesome board of trustees who took on the new responsibility of being the sole governing body of the PDA very seriously.
We have had some successes this year, this meeting being one of them. Over 200 people registered for a meeting they did not have to come to Hershey for.

We have been able to get the Advisory Groups up and running at full speed the way our former HOD envisioned them two years ago.

For the first time in a long time we have a set of bylaws that appear to be edited, checked by the BOT and COP and working.

The COP is up and starting to function as the original GTF envisioned it. I know that it will continue to ramp up its important work in the coming years. After all, this is your conduit to get issues from home to the Board of Trustees.

As you read in the new first ever annual report, the Act 31 courses were a huge success and the praise goes to Camille and her entire staff for helping over 5,000 people get the required child abuse education.

The first ever statewide election for your officers and members of our ADA delegation has been held with over 500 members voting.

I have attempted to keep the membership informed this past year with the 18 editions of my blog, Club 814, and by live Tweeting from every event that I have attended. If you do not know what I have been up to then shame on you!

In my installation address to the House last year I laid out some BHAGs [big hairy audacious goals] that I hoped we could accomplish during my year. I would say that we have reached some of those goals, but others are still works in progress.

The conversion of fourth-year dental students on ADA signing day is much improved and in fact Penn reached 95 percent while Pitt and Temple were at 74 and 82 last year.

We had over 100 non members who have joined the PDA this year because of the ADA Special Promotion Incentive, but our membership market share continues to slip.

The virtual membership summit that was a goal became a reality in the Membership Recruitment & Retention Strike Force. In fact the Strike Force was presented as an emerging best practice last week at the ADA R&R conference in Chicago. It immediately began to discuss our membership goals and presented action items to the board for white coat events at both Pitt and Penn (Temple had already had theirs in early May). Small teams were also established for each dental school to deal with their specific needs and through that ground work ADA Signing Days for the next two years are on the calendar at all three PA schools and we are working on LECOM in Erie for next year. We continue to need everyone’s help to move the membership needle the other way.

The number of members who are purchasing PDAIS core revenue generating products also remains flat, but the hope is that that this needle will begin to move with all the new products that are now be available with the acquisition of the Bell Agency.

And the legislative BHAG of passing our Assignment of Benefits bill this year seems to be closer than ever with HB973 just introduced in the House on April 14 and a companion bill in the Senate on its way. Our student loan forgiveness bill will also be introduced soon in the House. I encourage you all to sign up for the PDA Day on the Hill and join us at the Capitol on June 2 to lobby for this important legislation.

I want to thank you all for placing your trust in me as your president this past year. I also want to thank the many dentist volunteers who serve on PDA committees, advisory groups and especially your officers and trustees. There are not enough thanks yous that can be expressed to Camille and our PDA staff this past year. There has been much transition and behind the scenes work that no one will ever see or fully appreciate. A ditto can be said to the Gil and his PDAIS staff. And finally I have to again thank my Erie County and Ninth District family for all their support, my staff back at the office for putting up with all my absences this past year and especially thanks to my wife Mary. She was an outstanding PDA first lady and helped represent you well wherever our travels took us.

When I spoke to you a year ago I told you I had 525,600 minutes to be your president. We hit the ground running then and have traveled 11,150 miles across this state since then as well as having been to Washington, DC, New York City, Atlantic City, Ocean City, Kansas City, San Antonio, Atlanta and Chicago. And like sand through the hour glass my time has now run out and my minutes have ticked to zero.

Thank you!
Dr. Ronald Heier presented the PDA Distinguished Service Award to Dr. Linda Himmelberger during the first ever PDA Business Meeting on April 25. It is a privilege to present the PDA Distinguished Service Award to Dr. Linda K. Himmelberger. This award is presented to a dentist whose contribution of time, energy and effort to the PDA has been exceptionally significant, and whose public life and activities have been of such a nature as to reflect great credit upon the profession. Linda’s contributions to dentistry greatly exceed these qualifications.

Dr. Himmelberger received her DMD degree from the University of Pennsylvania School of Dental Medicine. She started giving back to the profession almost immediately as a part-time pre-clinical operative instructor at Penn. It was here that we first met and our friendship began.

Linda started her ascent in organized dentistry through service as president of the Dental Society of Chester County and Delaware County. She moved up to serve on numerous committees and as president of both the Second District Dental Association and the Pennsylvania Dental Association. At the American Dental Association Dr. Himmelberger has served as a delegate for nine years and as a member of the Council on Dental Education and Licensure and as Chair of the Council on Ethics, Bylaws and Judicial Affairs. While finishing her term on CEBJA she also serves on the ADA Foundation Board.

What makes Linda so extraordinary is her ability to juggle her professional and charitable activities while practicing full time in Devon.

Linda became involved with the Disaster Mortuary Operational Response Team and was deployed to Baton Rouge to assist after Hurricane Katrina. She also participated in the identification of victims from three airplane crashes including Flight 93 near Shanksville after September 11. Linda is dedicated to upholding the standards of dental care in our Commonwealth and for six years Linda served on the Pennsylvania State Board of Dentistry and since 1993 has served on the North East Regional Board of Dental Examiners.

Dr. Himmelberger has been influential in the initial organization and the continued success of GKAS providing dental care for underserved children in Chester and Delaware counties. She is active in and has served on the boards of Bryn Mawr Presbyterian Church, The Emergency Aid Society of Pennsylvania and Goucher College.

Linda, it is with great pleasure that I present you with the PDA Distinguished Service Award.
Thank you, Ron, for those gracious remarks. Dr. Feinberg, Dr. Radack, PDA officers and trustees, colleagues, mentors, friends. I stand before you today, humbled and honored to have been chosen to receive this award. My thanks to the Annual Awards Committee, chaired by Dr. Andrew Kwasny, for selecting me as the recipient of this award for 2015. I would also like to thank my friends and colleagues in the Dental Society of Chester County and Delaware County and the Valley Forge Second District Dental Society for nominating me. Your encouragement and support and affection have made whatever I have done truly a labor of love. My involvement in organized dentistry began simply enough. I had been in private practice only a few years when the government proposed what would turn out to be only the first of many increasingly onerous regulations. I honestly don’t remember which initiative it was at the time, only that I was fired up and approached our local president at one of our general meetings and said “the dental society has to do something about this!” He looked me straight in the eye and responded, “YOU are the dental society; if you think something needs to be done, then get involved and make it happen!” The rest, as they say, is history!

McGurk, my hard-working and long-suffering business partner. I would not have been able to do those things for which I am being honored if he had not been willing to take on the burden of looking after our practice while I did my thing. This award is rightfully shared with him.

Ghandi said “The best way to find yourself is to lose yourself in service to others.” Thank you all for providing me the opportunity to lose myself and to gain so much in return. Thank you, again, for this recognition and very great honor.
Dr. Sara Haines presented the PDA Public Service Award to Dr. David Russell during the first ever PDA Business Meeting on April 25.

I am honored to present the Pennsylvania Dental Association Public Service award to Dr. David Russell. Many of you may know Dr Russell and may have worked with him over the years while he was serving organized dentistry as a past president of the Pennsylvania Academy of General Dentistry, and the Harrisburg Area Dental Society. Or you may have interacted with him while he was serving on the HACC Dental Hygiene Program Advisory Committee or serving the Pennsylvania Dental Association as a member and chair of the Continuing Dental Education Council. Or you may recognize his name as a member of the International College of Dentists, Christian Medical and Dental Society, ADA, Pierre Fauchard Academy, and member of the Executive Committee for that Harrisburg Dental Society. Or, perhaps you may work side by side with him at an outreach program.

I have had the privilege of working side by side with him for close to six years in our private practice in Millersburg and was aware that he had a long history of serving the world of organized dentistry, because there are little plaques all over our office walls that say so.

It was not until this winter when I was told he was nominated for this award and asked to help get his CV that I learned about all of the other community and dental service he has dedicated his life to. I knew he was a graduate of Temple University School of Dentistry because that’s on the wall too.

I also knew he served in the military after graduation from dental school and was stationed at the U.S. Air Force base Wright-Patterson Medical Center since that’s hanging on the wall too.

I even knew he was volunteering at the Bethesda Mission Dental Clinic since he didn’t come to the office on Fridays anymore.

I have learned a lot about him since this winter. I learned that he was a former associate professor for Hershey Medical School in Oral Pathology, he spoke to local groups and schools about oral care, he was a board member at Hillside Christian Fellowship and was even president of the Millersburg Volunteer Fire Company for six years! He is currently a board member of the Millersburg Ferryboat Association and was a past recipient of the Koser award for outstanding service from the Harrisburg Area Dental Society.
All of those things are really something worthy of an award, but it is his recent efforts at the Bethesda Mission that are truly inspiring. The Bethesda Mission is a shelter in Harrisburg that serves homeless men, women and children. They have been providing “hope and healing to hurting and homeless” since 1914. Their goals are rescue, redeem, restore. Rescue, “A soft pillow, a warm meal, and peace from life’s storms” is what Bethesda Mission can offer to men, women and children who walk through their doors.

Redeem, A brightly lit green cross helps people who are lost regain their humanity and redeem hope in life through Christian outreach.

Restore, restoring a guest’s ability to function in life.

In the process of supporting and rehabilitating the needs of those who enter the Bethesda Mission, restoration of their dental health is now a possibility thanks to the devotion of Dr. David Russell. Being redeemed from a past of dental neglect is an important part of feeling like a functioning member of society. It is removing a scar that we all know can have a profound effect on someone’s ability to get a job, have a positive self esteem or simply eat.

Around 2009 Dr Russell visited the Bethesda Mission and decided there was a void in their service to the community and identified a lack of dental care. He volunteered his time, and sometimes equipment that we were no longer in need of in our office, and started providing dental care to guests at the mission. The initial clinic was located in a former guest bedroom that is probably smaller than some of your closets. The clinic held two dental chairs, a statim, donated, used supplies and other used equipment. They obtained volunteer staff and focused primarily on urgent care. Through his volunteer efforts and an outpouring of support from the community, dental supply companies, health insurance carriers, and primarily private donors, a new medical and dental facility has been born. The facility is a 1.1 million dollar, 4,000 square foot facility that was bonded to the existing shelter and contains a full medical facility and a four-operatory dental clinic. The dental clinic is outfitted with brand-new state of the art equipment, digital charting and X-rays, and a dental lab. The David R. Russell Dental Clinic opened in June 2014 and has been staffed by Dr Russell and other volunteers since.

It sounds crazy to me to show up at a shelter and say “sure, I could turn this closet into a dental office” but that’s what Dr Russell has done. The drive to just show up and serve where you are needed is the greatest gift to give. I know he couldn’t have done this without the support of many people, especially his loving wife Patricia Russell and his family. I am again honored to present this award to Dr. David Russell and I hope it inspires all of you volunteer your time, identify where there is need, and start something small that has the power to grow into something greater than you could imagine.

It has been my privilege and pleasure to be part of the Bethesda Mission outreach. Bethesda has a wonderful record and is now in its 100th year of treating and helping the homeless, those battling addiction, and those who have simply lost their way.
Dr. Russell's acceptance speech:

Thank you, Sara, for that wonderful introduction. In the essence of time, I am going to cut my speech rather short, so thank you so much.

First of all, I have got to say congratulations to the other award recipients today. I am happy to congratulate President Radack for a wonderful year as president of the Pennsylvania Dental Association. I have always been honored to be a part of organized dentistry and all its done; it has been a tremendous experience to be involved in organized dentistry.

Slightly more than a decade ago, we in organized dentistry were singled out to a certain degree in the political arena for not providing adequate access to care for the underprivileged. The vast majority of dental professionals knew this not to be true in their own personal practices, and since we are mostly a cottage industry, did not necessarily report or document the amount of pro bono work done. So, I decided to do a little something that I could do and went on some Mission of Mercy trips and went down to Appalachia. I enjoyed those trips; they were very rewarding, but they kind of lacked something for me.

There just wasn’t a personal connection, and my wife and I had been donating to the Bethesda Mission for many years and knew it to be a tremendously good organization. Therefore I wanted to go and see what they were doing and when I did go to the Mission, Mr. Dunwoody, who is here with us today, met me. The rest is history, so to speak. He gave me a tour and we talked about the little medical clinic there that helped take care of people in the community as well as the guests of the Mission. Sadly, there was no dental facility there at all. He shared that occasionally somebody would develop a dental abscess and end up going to the ER; well $1,500 later a tooth would have to be extracted. I thought that was unacceptable and we needed to find a way to remedy that and that is how my involvement with the Mission arose.

It has been my privilege and pleasure to be part of the Bethesda Mission outreach. Bethesda has a wonderful record and is now in its 100th year of treating and helping the homeless, those battling addiction, and those who have simply lost their way. The staff of this wonderful organization work tirelessly to be supportive and helpful and they are a pleasure to work alongside. They have a staff experienced in grant writing; currently, the dental clinic paid staff consists of one part-time dental assistant, one part-time hygienist and a part-time clinic coordinator. This paid staff and the dental supplies, equipment and maintenance have provided Bethesda Mission administration with a glimpse of dental office overhead.

I would also like to recognize one dental hygienist, Ms. Chris Kolanda, who was an incredible help in the original organization of instruments and equipment as well as providing hygiene services. I would also like to thank some of my fellow PDA members who have joined us at Bethesda to volunteer their services over the past two years: Dr John Mayes, Dr. Bruce Dietman, Dr. Doreen Gunder, Dr. Lance Pietropola, Dr. Frank Freistak, Dr. Warren Silvers, Sr. and Dr. John Ferry. If you have an opportunity to volunteer and offer your services in a setting like this, I urge you to do so. The blessings go both ways. If there is anyone here today who would like to join us as a volunteer, we would love to have your help. There are lots of folks in this area who could use your help and we are not opposed to extending treatment out to the community if we have the dental staff to help support that.

I would also like to thank my wife, Pat, and my family as family is everything. I would also like to thank my dental office family and as Sara has stated on more than one occasion, dental materials, supplies, and equipment have walked their way out of our office and found their way down to the Mission. I appreciate the fact she has turned her head the other way many times.

Again, thank you very much for everything and for this special award.
Dr. Nancy Rosenthal presented the PDA Recognition Award to Dr. Steven Jefferies during the first ever PDA Business Meeting on April 25.

It gives me great pleasure to present Dr. Steven Jefferies as the 2015 recipient of the PDA Recognition Award.

Dr. Jefferies currently is a Professor in the Department of Restorative Dentistry at the Maurice H. Kornberg School at Temple University. He holds the Donald and Cecelia Platnick Professorship in Restorative Dentistry and serves as both the Director of the Biomaterials Research Laboratory in the Department of Restorative Dentistry and the Director of Clinical Research for the School of Dentistry.

Prior to his current academic position, Dr. Jefferies completed nearly 20 years of service with Dentsply International; having served as Corporate Vice President for Advanced Technology, Vice President of Corporate Product Development, and as Director of Clinical Research for Dentsply’s Caulk Division. He also held the appointment of Associate Clinical Professor in the Advanced Education in General Dentistry Program of the Department of Health Promotion and Policy, Dental School, University of Maryland at Baltimore. After completing a General Practice Residency in the United States Public Health Service, Dr. Jefferies was in full-time private general practice for almost six years. He has been an inventor or co-inventor on 29 issued U.S. Patents and 63 Worldwide Patent Disclosures; an author or co-author on over 60 scientific articles and abstracts, including three book chapters; and has delivered over 80 oral presentations on various clinical and scientific topics, in North America and International venues. His educational credentials include: a DDS from the University of Maryland, Baltimore; an MS (Chemical and Biochemical Engineering) from Rutgers, The State University of New Jersey – New Brunswick; a PhD (Dental Materials/Operative Dentistry) from the Medical University of South Africa; and a BA in Biology/(Coursework in Mechanical Engineering) from The Johns Hopkins University, Baltimore, Maryland. Steve and his wife Karen are parents to a daughter who will be matriculating to college in the fall. Dr. Jefferies is the 2014 IADR recipient of The Ryge-Mahler Science Award which recognizes scientists who throughout their careers have made outstanding contributions to clinical research in dental materials.

In choosing Dr. Jefferies for the PDA Recognition Award, the committee chose a candidate who is a trifecta when meeting the goals of the selection. He is outstanding as an educator, researcher and clinician. Please join me in celebrating Dr. Steven Roland Jefferies achievements as he receives this year’s PDA Recognition Award.

Continues...
Thank you, Nancy, for this very kind and generous award and introduction. I am deeply touched and appreciative to receive this honor from the Pennsylvania Dental Association. I want to thank President Radack, Dr. Kwasny, Dr. Rosenthal, Dr. Heier and members of the House of Delegates, and members of the Awards Committee who were so gracious to give me this award. I would also like to recognize the members and the staff of the PDA and give thanks for the support they give us as members, and the support they give to the profession here in the state of Pennsylvania and also nationally.

I am humbled and honored to receive this award. Humbled because, quite honestly, there are so many other clinicians and researchers and clinician researchers that I know who would be equally deserving of this award; and who have worked so hard and diligently in dentistry and oral health for the benefit of our patients and the advancement of clinical and scientific basis of our profession. Please know, however, that I am greatly honored to receive this from my peers here in Pennsylvania, which by the way is also my birth state. I have resided here now for 20 years even though I have been somewhat of a nomad, had a nomadic existence in professional dentistry.

I hope the efforts I have made over the years are truly deserving of this recognition. I will be quite candid, I will be very remiss if I didn’t say that a large basis for whatever I achieved in the profession is because of all the dedicated individuals and outstanding individuals I had the pleasure of working with over the years. I have learned and benefited greatly from all of them and whatever success I have as either a clinician, a technologist or a researcher, in large measure, is because of what I learned from them and from what I observed from them in so many different ways.

I think as dentists and providers of oral healthcare, we are very distinctive with respect to the areas of technology and science. We have been leaders in technology development and the implementation of technology far more than the public fully realizes. Certainly the public is aware of what we contributed in the area of prevention, because now it almost seems routine the various areas of prevention and also treatment of oral disease. I think there are other examples where perhaps many individuals don’t realize the leadership position we have in science and technology. One of which I will illustrate is in the area of regenerative therapy and tissue engineering where our leadership position has been at the forefront, and much of what we developed has been shared with our colleagues in medicine and in the various disciplines, for example orthopedic surgery and organ and tissue transplantation. That is just one illustration where I think we have contributed to the overall field of medical science and healthcare.

One thing I often say to my students and that I have mentioned to my colleagues is that I don’t know of any discipline in the healthcare field that draws from so many areas of technology as we do. If you really think about it, the general dentist and the dental specialist has to now command some sort of knowledge from areas as diverse as chemistry, physics, polymer science, engineering, computer science,
pharmacology, molecular biology and genetics. If we don’t keep pace or at least have some understanding of those various areas, it makes it much more difficult for us to practice today. In the final analysis, though, any new treatment concept or technology is going to be only as good as the long-term benefits and the true benefit it provides our patients. So our challenge as clinicians, I think, if there is one moral I could leave you this afternoon, is that we remain as highly educated and aware as we can be of these new developments and remain critical evaluators of these new technologies for the ultimate health benefits they may provide to our patients and the public in general. With respect to the people I need to thank for this, there are so many I can’t individually list them. I would say, first off, my colleagues and associates that I met in private practice, in industry and in academics have been a huge source of knowledge, inspiration, and support for me. Additionally, I want to thank my fellow faculty and staff at Kornberg School of Dentistry. When I arrived there, they greeted me warmly, they accepted me, and they gave me such complete support throughout the time I have been there. I continue to look forward to working with them every day. The support of my family, my wife’s family was very instrumental throughout my career. As an aside, I remember I didn’t have money for my equipment kit at Maryland and my wife’s mother cosigned on the note and I was able to stay in dental school. Lastly, and most importantly, I have got to say my love and gratitude to my wife, Karen, and daughter, Betsy for their unwavering love and support. Quite honestly, I probably wouldn’t be standing here today if it wasn’t for my wife’s wisdom, selfless love and profound insight about me that gave me the courage to consider leaving private practice to pursue a career in industry and product development. So again, I want to thank you so very much for this award and honor. I hope you all strive each day to advance and enhance our profession as all of you do so much by your involvement and that benefit for our patients will also translate to the public, our nation, and the world community in which we live.”

“I hope you all strive each day to advance and enhance our profession as all of you do so much by your involvement and that benefit for our patients will also translate to the public, our nation, and the world community in which we live.”
Dr. Ronald Bushick Receives Pierre Fauchard Award

Dr. Ronald Bushick received the Pierre Fauchard Award from his Second District colleague Dr. Linda K. Himmelberger at during the first ever PDA Business Meeting on April 25. Dr. Bushick served as PDA president in 19990-2000.

Dr. Wade I. Newman,
Incoming President, Addresses PDA’s Annual Meeting

Good afternoon, everyone. I am happy to see so many familiar faces, and I am even happier to see some unfamiliar ones. I think it is starting to work.

It is with a great deal of honor and a whole lot of pride that I stand ready to accept the duties and responsibilities of president of the Pennsylvania Dental Association. But first, I have to take a moment and thank the soon-to-be immediate past president. If ever there was the right person, at the right time, to lead our organization into unchartered waters with the sweeping changes that we made last year, I’m glad it was you.

Under Dr. Radack’s leadership, he got us moving in the right direction. With his, “let’s get this done” attitude and along with our board, we have laid the groundwork to guide the PDA for the next several years. Our membership owes you a debt of gratitude and I, my friend, need to thank you for your tireless efforts for organized dentistry.

So now it is my turn to continue the momentum that Dr. Radack started. It is going to be an exciting year with lofty goals. This is going to be the first year since 2002-2003 where we’re going to see an uptick in our membership market share. That is a tall order, I know, but we can get it done.
The ADA says, “membership first.” I like it; they also say, “the power of three.” Well, that is not us; that is not the PDA. We are the fantastic four, right? We have the locals that are going to provide the personalized contact that is needed with help from the districts. In districts where the locals are lacking, they need to step in and step up. They will get help from the PDA, as we are going to get help and guidance from the ADA. By working in harmony, we are going to make that goal a reality.

I know there are a lot of other BHAGs [big hairy audacious goals] that Dr. Radack started that I need to continue and we’ll get there, but none more important than our membership numbers. One of the first things I see that I need to do is to provide consistent coordination throughout the state. I know we have a calendar, but we need a master calendar that has all the events going on throughout our state so everyone can see it. So, I am going to need your help. If you’ve got something planned, let us know so we can put it on our calendar. Everyone needs to see it, so we can mobilize our volunteers and attend these events en masse. Imagine that? This will help us.

We also need to take this consistent coordination into our advocacy arena. I need to reach out to all the other dental groups that have a legislative agenda, so we are on the same page. We can’t afford to make a mistake. If we are working for the same goal, we must be synergistic. The legislators already see us as one team. The PDA needs to remain the voice of the dentist in Pennsylvania. This is why our membership numbers are so crucial.

I hope everybody is enjoying this weekend as much as I am, as we transition from a meeting to a convention. To add member value, we are going to be moving to the Hershey Lodge next year and we will slide the time into May. There are some posters scattered about as a sneak peak, please take a look and also save the date.

Our Annual Session committee is working hard because we have some great ideas to keep things educational, but more importantly, fun. We have to be fun! We have to project fun because camaraderie is a huge member value. We have it here! We need to exploit it and let everybody else know. As the minutes of my presidential term set ready to start and tick away, I just want to let everybody know you are going to get my best. I am going to try my hardest to make sure PDA remains strong, viable, relevant and welcoming to everybody. Thank you very much.
Meet Your PDA President – Dr. Wade Newman

By Rob Pugliese, Director of Communications

Three words that provide a sense of the vision and approach that Dr. Wade Newman has brought to his work as PDA president.

Seeking to build further momentum from what was a whirlwind transition year for the organization, Dr. Newman has not shied away from directly and specifically spelling out what he wants to see during his presidency. He made that clear in his remarks at PDA’s Business Meeting on the first day of his term when he stated, “This is going to be the first year since 2002-2003 where we’re going to see an uptick in our membership market share. That is a tall order, I know, but we can get it done.”

Dr. Newman is a general dentist from Bellefonte in Centre County, where he has practiced for the last 15 years. He has taken a unique path to advance to this point of his career. A graduate of Penn State University and the West Virginia University School of Dental Medicine, Wade was a police officer for the State College Police Department before deciding in 1994 to pursue his career in dentistry. After earning his DDS in 2000 and joining Bellefonte Family Dentistry, it didn’t take him long to get involved in his local society, Centre County Dental Society, where he served in every officer position, including Centre County president in 2003.

“I want to have some say in what happens to my profession. Standing on the sidelines has never been my forte,” Dr. Newman said. “My background as a police officer and being in the military is what motivated me to belong to PDA. I have seen firsthand how standing together as a profession enables more and better things to get accomplished…If you’re going to belong to something then make it better for those who come after you.”
Wade has served as a member of PDA’s New Dentist Committee and Seventh District trustee on the PDA Board of Trustees. During his time on the Board he served as trustee liaison to the Membership Committee and was a member of the Bylaws Committee.

In three major pillars of focus – PDA’s membership market share, advocacy efforts and governance structure – Dr. Newman realizes that the future of the organization will be greatly impacted by progress achieved this year.

“Our Assignment of Benefits bill is at the doorstep, we just need to push it through. More and more we are seeing how our state government passes legislation that directly impacts our profession. We must remain vigilant in the advocacy arena.

“I am also focused on the new governance that we as an association have undergone, trying my absolute best to ensure that PDA remains the voice of dentists in Pennsylvania. Our change in governance structure is going to allow PDA to change with the times. Our strategic plan will help guide the future of our association to ensure long term viability.”

In considering long-term trends, continuing to recruit dental students from our state remains a top priority.

“Our membership strike force team must remain active. We have to engage our dental student population and new dentists to ensure our message that we are here to help in every phase of their career,” he said. “If the students have any questions I encourage them to just ask us.”

Students from the University of Pennsylvania, Temple University and the University of Pittsburgh had the opportunity to see Dr. Newman’s leadership up close as he delivered PDA’s message to state legislators at Day on the Hill on June 2.

“Each of the senators and representatives we spoke with were engaged in our discussions and interested to hear what they can do for our profession. I believe that our issues were heard and they seemed eager to act,” he said. “Great things happen when we band together for a common cause.”

“Band together” circles back to his overall philosophy of leadership, of leading by example rather than pushing too much on others at the outset.

“I approach issues as a ‘servant leader,’ providing the information and the tools necessary for a team to reach the right conclusion, and then they can carry out the workload to completion,” Dr. Newman said.

When asked his opinion about the most valuable benefits of being a PDA and ADA member are, he emphasized the wide array of member services.

“Advocacy and membership go hand in hand. We can’t do one without the other.”
There is no shortage of benefits: practice management tools, HIPAA and OSHA manuals, Continuing Education, patient information, scientific journals, up to date information on key state and national issues such as Medicare, amalgam separators, child abuse regulations, radiographic regulations and CE requirements," he said. At the same time, he pointed out that new members provide a benefit back to the association that goes well beyond just the financial boost of their dues income. "The organization needs fresh ideas and perspectives to continue to keep up with the professional and governmental environment. The more we have fresh ideas and continued interaction, the better our association will be," Dr. Newman said. "Being an active member has enriched my life, helped the business of my practice, and has given me a sense of accomplishment. It is amazing how your colleagues become your friends and your friends change your life.

The most valuable benefit about being part of the PDA is the camaraderie with my colleagues who have become close friends. To be able to pick up the phone and talk with someone who I can bounce ideas off of is invaluable. I utilize many of the member benefits that PDA offers to help my practice. When I have a need I turn to PDA first."

With such a diverse membership, Dr. Newman knows becoming a member of organized dentistry is a personal decision and everyone has their own reason to belong. "Some just want to belong to something bigger than themselves, others want to protect the profession, and there are a million other reasons," he said. "By joining it gives me the strength to work for you. I'll do the work and hopefully you will see the fruits of my labor and want to help. I know that some members are more 'vibrant' than others. But all members bring something to the table. There are only 10,000 of us in Pennsylvania. We must stick together for the protection of our profession."

Outside of all his work for his profession, Wade serves our country as a Lieutenant Colonel in the Air National Guard as the Chief Dental Officer for the 193rd Special Operations Medical Group and has been teaching at the American Society of the Advancement of Anesthesia and Sedation in Dentistry since 2003.

He is an avid hunter, and especially enjoys traveling with his friends from dental school to different parts of the country to experience a hunt together. With everything else going on in his life, Wade also enjoys spending a lot of time with family. "I come from a large extended family and we all live close by," he said.

"Our membership strike force team must remain active. We have to engage our dental student population and new dentists to ensure our message that we are here to help in every phase of their career."

Dr. Newman with his son Jordan at Christmas 2013.
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Dr. William Y. Ott
Pittsburgh
University of Pittsburgh (1954)
Born: 1929
Died: 5/9/2015

Dr. Joseph L. Barretta
Meadville
University of Pittsburgh (1965)
Born: 1935
Died: 5/13/2015

Dr. Amberson C. Bauer, Jr.
Butler
University of Pittsburgh (1968)
Born: 1942
Died: 5/31/2015

Dr. William D. Keane
White Oak
University of Pittsburgh (1970)
Born: 1942
Died: 5/26/2015

Dr. Philip F. Golden, Jr.
Collegeville
Temple University (1949)
Born: 1924
Died: 3/27/2015

Dr. John W. Siegal
Harveys Lake
Northwestern University (1943)
Born: 1918
Died: 5/25/2015

Dr. Francis P. Donatelli, Jr.
Stroudsburg
Temple University (1958)
Born: 1934
Died: 5/4/2015

Dr. Serges J. Salivonchik
Whitehall
Temple University (1964)
Born: 1938
Died: 3/12/2015

Dr. Anthony J. Fareno
Feasterville
Temple University (1968)
Born: 1944
Died: 4/3/2015

Dr. Leonard DeDuke
Equinunk
New York University (1960)
Born: 1933
Died: 4/6/2015

Dr. David Bresler
Philadelphia
Temple University (1979)
Born: 1953
Died: 3/21/2015

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Friday
May 20, 2016
ADHESIVE DENTISTRY

Learn contemporary options for dentin bonding; causes and solutions for composite failures; bioactive adhesives and composites and effective post and core strategies for endodontically treated teeth from:

- **Dr. Ed Swift**, Associate Dean for Education at the University of North Carolina School of Dentistry.
- **Dr. Mark Latta**, Dean and Professor of General Dentistry at Creighton University School of Dentistry.
- **Dr. John Burgess**, Assistant Dean for Clinical research at the University of Alabama at Birmingham.
- **Dr. Rick Walter**, Clinical Associate Professor in the Operative Dentistry Department at the UNC School of Dentistry.
- **Dr. Steven Jeffries**, Professor in the Department of Restorative Dentistry at Kornberg School of Dentistry.
- **Dr. Alan Atlas**, Co-Chairman of the Department of Preventive and Restorative Sciences and Co-Director of Restorative Dentistry Clinics at the University of Pennsylvania School of Dental Medicine.

Saturday
May 21, 2016
ENDODONTIC PROGRAM

Review conventional endodontic treatment; re-treatment of endodontic failures and implants from outstanding practitioners including:

- **Dr. Martin Trope**, former Director of the American Board of Endodontics and Editor-in-Chief of Dental Traumatology and Endodontic Topics.
- **Dr. Sam Kratchman**, Clinical Associate Professor of Endodontics at the University of Pennsylvania School of Dental Medicine.
- **Dr. Frank Setzer**, Assistant Professor of Endodontics and Director of Predoctoral Endodontics at the University of Pennsylvania School of Dental Medicine.

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<td><strong>October 23</strong></td>
<td><strong><a href="http://www.dental.upenn.edu/TMJ2015">www.dental.upenn.edu/TMJ2015</a></strong></td>
<td><strong><a href="http://www.dental.upenn.edu/TMJ2015">www.dental.upenn.edu/TMJ2015</a></strong></td>
</tr>
<tr>
<td>Jewels You Can Use on Monday: Restorative Techniques You Can Use to Increase Productivity</td>
<td><strong>November 14</strong></td>
<td><strong>November 20-21</strong></td>
</tr>
<tr>
<td>Marc M. Gottlieb, DDS</td>
<td><strong>TMJ A to Z</strong></td>
<td>Nitrous Oxide/Oxygen Analgesia Certification</td>
</tr>
<tr>
<td><strong>October 24</strong></td>
<td><strong>Initial Management Strategies, Approaches and End-Stage Disease</strong></td>
<td><strong>Initial Management Strategies, Approaches and End-Stage Disease</strong></td>
</tr>
<tr>
<td>Surgical Crown Elongation – Limited Attendance</td>
<td><strong>Course Director:</strong> Eric Granquist, DMD, MD</td>
<td><strong>Course Director:</strong> Eric Granquist, DMD, MD</td>
</tr>
<tr>
<td>Pauran Famili, DMD, MDS, MPH, PhD</td>
<td><strong><a href="http://www.dental.upenn.edu/TMJ2015">www.dental.upenn.edu/TMJ2015</a></strong></td>
<td><strong><a href="http://www.dental.upenn.edu/TMJ2015">www.dental.upenn.edu/TMJ2015</a></strong></td>
</tr>
<tr>
<td>Dr. Ali Seyedain, DMD, MDS</td>
<td><strong>November 14</strong></td>
<td><strong>November 20-21</strong></td>
</tr>
<tr>
<td><strong>October 30</strong></td>
<td><strong>TMJ A to Z</strong></td>
<td>Nitrous Oxide/Oxygen Analgesia Certification</td>
</tr>
<tr>
<td>Beyond 32 Teeth: The Mouth as an Overall Health Indicator</td>
<td><strong>November 14</strong></td>
<td><strong>November 20-21</strong></td>
</tr>
<tr>
<td>Lisa L. Knowles, DDS</td>
<td><strong>TMJ A to Z</strong></td>
<td>Nitrous Oxide/Oxygen Analgesia Certification</td>
</tr>
<tr>
<td><strong>November 13</strong></td>
<td><strong>Initial Management Strategies, Approaches and End-Stage Disease</strong></td>
<td><strong>Initial Management Strategies, Approaches and End-Stage Disease</strong></td>
</tr>
<tr>
<td>A Review of Radiologic Procedures for the Dental Professional: DEP Recommendations</td>
<td><strong>November 20-21</strong></td>
<td><strong>November 20-21</strong></td>
</tr>
<tr>
<td>Jill Beach, RDH, MS</td>
<td><strong>TMJ A to Z</strong></td>
<td>Nitrous Oxide/Oxygen Analgesia Certification</td>
</tr>
<tr>
<td>Marie George, RDH, MS</td>
<td><strong>Initial Management Strategies, Approaches and End-Stage Disease</strong></td>
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<tr>
<td><strong>November 20</strong></td>
<td><strong>November 20-21</strong></td>
<td>Nitrous Oxide/Oxygen Analgesia Certification</td>
</tr>
<tr>
<td>An Introduction to Rotary Endodontics: A Hands-On Simulation Experience (Limited to 7 participants)</td>
<td><strong>November 20-21</strong></td>
<td>Nitrous Oxide/Oxygen Analgesia Certification</td>
</tr>
<tr>
<td>Marin Mandradjieff, DMD, Med</td>
<td><strong>November 20-21</strong></td>
<td>Nitrous Oxide/Oxygen Analgesia Certification</td>
</tr>
<tr>
<td>Herbert Ray, DMD</td>
<td><strong>November 20-21</strong></td>
<td>Nitrous Oxide/Oxygen Analgesia Certification</td>
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<tr>
<td><strong>December 4</strong></td>
<td><strong>November 20-21</strong></td>
<td>Nitrous Oxide/Oxygen Analgesia Certification</td>
</tr>
<tr>
<td>Introduction to Digital Dentistry – Hands On/Limited Attendance</td>
<td><strong>November 20-21</strong></td>
<td>Nitrous Oxide/Oxygen Analgesia Certification</td>
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<tr>
<td>Thomas Kunkel, DMD</td>
<td><strong>November 20-21</strong></td>
<td>Nitrous Oxide/Oxygen Analgesia Certification</td>
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<tr>
<td><strong>December 11</strong></td>
<td><strong>November 20-21</strong></td>
<td>Nitrous Oxide/Oxygen Analgesia Certification</td>
</tr>
<tr>
<td>Why Partials Fail and What to Do about It</td>
<td><strong>November 20-21</strong></td>
<td>Nitrous Oxide/Oxygen Analgesia Certification</td>
</tr>
<tr>
<td>Michael P. Woliszewski, DDS, MsD</td>
<td><strong>November 20-21</strong></td>
<td>Nitrous Oxide/Oxygen Analgesia Certification</td>
</tr>
</tbody>
</table>
### Wellsboro
- **Tokishi Training Center**
  - Contact: Rebecca Von Nieda, PDA (800) 223-0016, ext. 117
  - **September 25**
    - Problem Solving with Composite - Unique Solutions to Everyday Practice Solutions
    - Robert N. Obradovich, DMD
  - **October 16**
    - Medical Emergencies in the Dental Office
    - R. John Brewer, NREMT-P

### Danville
- **Geisinger Medical Center, Hemelright Auditorium**
  - Contact: Rebecca Von Nieda, PDA (800) 223-0016, ext. 117
  - **September 9**
    - Oral & Systemic Health: Viral Infections & Dieting Trends
    - Betsy Reynolds, MS, RDH
  - **October 14**
    - Antibiotic Prophylaxis & Oral Mucosal Disease
    - Thomas P. Sollecito, DMD, FDS, RCS
  - **November 11**
    - Practical, Predictable Prosthodontics
    - Nels Ewoldsen, DDS, MSD
  - **December 9**
    - Problem Solving with Composite—Unique Solutions for Everyday Practice
    - Robert N. Obradovich, DMD

### Chambersburg
- **Chambersburg Hospital Lecture Center**
  - (new location & new format)
  - Contact: Rebecca Von Nieda, PDA (800) 223-0016, ext. 117
  - **September 11**
    - Cavity Free Kids in Your Community
    - PA Head Start Association
  - **October 9**
    - Oral Mucosal Disease
    - Thomas P. Sollecito, DMD, FDS, RCS

### The Institute For Facial Esthetics
- **Fort Washington**
  - Contact: Linda Maroney, CE Coordinator
  - (215) 643-5881
  - **September 14-15**
    - Teeth In A Day®
    - Thomas J. Balshi, DDS, PhD, FACP
    - Glenn J. Wolfinger, DMD, FACP
    - Stephen F. Balshi, MBE
  - **October 5**
    - All-On-4 and More
    - Thomas J. Balshi, DDS, PhD, FACP
    - Glenn J. Wolfinger, DMD, FACP
    - Stephen F. Balshi, MBE
  - **November 9**
    - Advanced Guided Surgery with Zygoma
    - Thomas J. Balshi, DDS, PhD, FACP
    - Glenn J. Wolfinger, DMD, FACP
    - Stephen F. Balshi, MBE
  - **November 14**
    - Dental Assisting in the Implant Practice
    - James R. Bowers, DDS
    - Hillene Swinehart, EFDA
  - **December 7**
    - Severely Atrophic Maxilla
    - Thomas J. Balshi, DDS, PhD, FACP
    - Glenn J. Wolfinger, DMD, FACP
    - Stephen F. Balshi, MBE

### Dental Society of Chester County and Delaware County
- **DKU Continuing Dental Education**
  - Springfield Country Club, Delaware County
  - Contact: Dr. Barry Cohen (610) 449-7002
  - **November 20**
    - Differential Diagnosis of Oral Lesions: An Interactive Lecture
    - John Alonge, MS, DDS
    - **February 3, 2016**
    - The Winner in You: Raising the Bar on Patient Care and Customer Service
    - David Weber
    - **April 14, 2016**
    - Essences of Anterior Implant Esthetics: The Perio-Ortho-Restorative Connection
    - Joseph Kan, DDS, MS
    - **May 5, 2016**
    - The Christensen Bottom Line – 2016
    - Gordon J. Christensen, DDS, MSD, PhD
    - Those taking the full DKU series will receive a bonus course: October 21, Medical Update for the Entire Dental Team, Barbara Steinberg, DDS

### Lehigh Valley Health Network
- **Allentown**
  - Contact: Charles Kosteva, DDS (610) 969-4839
  - **September 2**
    - Saving Lives and Growing Your Practice Through Sleep Apnea
    - Dr. John Tucker
  - **October 7**
    - Bioactive Restorative Materials
    - Dr. Steven Jeffries
  - **November 13**
    - Technology in Your Dental Practice – A Review of Your Current Products and a Look into the Future
    - Dr. Paul Feuerstein
  - **January 13, 2016**
    - Prevention
    - Ms. Casey Hein
  - **February 5, 2016**
    - Oral Pathology
    - Dr. John Svirsky
  - **April 15, 2016**
    - Communication
    - Ms. Joy Mills
  - **May 4, 2016**
    - The Christensen Bottom Line – 2016
    - Dr. Gordon Christensen

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**Note:** The schedule includes various events and courses designed to enhance professional development in dentistry.
THE DENTAL SOCIETY OF CHESTER COUNTY AND DELAWARE COUNTY
proudly presents
DKU Continuing Dental Education
Springfield Country Club, Delaware County

Friday, November 20, 2015

John Alonge, MS, DDS – Erie, PA – “Differential Diagnosis of Oral Lesions: An Interactive Lecture” Development of a working differential diagnosis is one of the most difficult tasks in the diagnostic sequence. You can build your confidence with the diagnosis of oral lesions by spending a day with Dr. John Alonge, a talented surgeon and teacher with over 30 years of experience. Clinical case presentations focused on one of the key of pathologic conditions and the use of an audience response polling system will help engage you in the decision making process. Biopsy techniques, treatment and prognosis of various lesions will also be reviewed. You will leave this program with a fresh perspective of oral pathology and the information needed to identify and diagnose oral lesions encountered in daily practice. Through your participation in this course, you will be better prepared to recognize the diagnostic process required to formulate a differential diagnosis on soft tissue and radiographic lesions. Utilize a practical classification scheme to refine your clinical diagnosis; recognize the etiology and management of various oral pathologic conditions; and determine when to biopsy and when to refer for treatment. Dr. Alonge, a Diplomate of the American Board of Oral and Maxillofacial Surgery and a Diplomate of the National Dental Board of Anesthesiology, is currently in private group practice in Erie, Pennsylvania. Dr. Alonge has extensive experience in all subspecialty areas such as dental oncology surgery, dental implants, corrective jaw and facial surgery. This course is supported by educational grants from Dodd Dental Lab and Hayes Handpiece.

Friday, December 11, 2015

Jane Soxman DDS – Pittsburgh, PA – “Know When to Hold ’Em, When to Fold ’Em, and When to Do ’Em” The transformation of the pediatric patient’s dentition and oral structures through the primary, mixed and early permanent dentition may result in various problematic presentations. Identification and timely intervention will assure not only the child’s developmental well being but may also minimize future treatment costs. This course begins with findings during the clinical examination including anomalies, pathology and various soft tissue presentations including upper airway obstruction, specific treatment recommendations for eruption disturbances, mandibular incisor crowding, space maintainers, and parafunctional habits. Dentists, assistants and hygienists will derive strongly enhanced diagnostic and treatment skills for their youngest patients. This fast and fun course in pediatric procedures that includes interoral therapeutic restorations, indirect pulp therapy for young permanent molars and pulp therapy for primary molars. Full coverage stainless steel and esthetic crowns for primary molars, extraction of primary dentition and local anesthesia techniques are also presented. Course Objectives: Perform vital pulp therapy in primary molars with appropriate indications and medications and full coverage restorations for primary molars; Insure optimal clinical skills for administering local anesthesia for the pediatric patient; Improve technique for extraction of primary teeth; Recommendations and management for pathology and anomalies in the developing dentition; Identification and management of upper airway obstruction and appropriate use of space maintainers and intervention for parafunctional habits. Dr. Soxman is a diplomate of the American Board of Pediatric Dentistry, a seminar instructor for general practice residencies, and editor of the Handbook of Clinical Techniques in Pediatric Dentistry. She maintains a private practice in Pittsburgh. This course is supported by educational grants from Dodd Dental Lab and PNC Bank.

Wednesday, February 3, 2016

David Weber – Marietta, GA – “The Winner In You: Raising the Bar on Patient Care and Customer Service” In a crazy, what truly separates one practice from another may very well be the attitude, professionalism and the level of service being provided to patients! We live in such a fast paced, that it’s easy to forget the impact that actions, behaviors and perceptions have on the overall treatment experience and the patient. This fast, fun, and highly interactive seminar zeroes in on the critical basics needed to meet and exceed patient expectations, and gets everyone in an office recharged to do the “right” things. Learning outcomes: 1) Learn the top 14 characteristics of professionals; 2) Develop a greater understanding of the impact of attitude and communication; 3) Understand what ‘best in class’ patient service looks like and feels like. Dave Weber CEO/President, Weber Associates is an internationally recognized speaker, author, and trainer in helping people make progress on purpose. In addition to presenting on the motivational speaking circuit, Dave is the author of Sticks and Stones Exposed: The Power of Our Words. This course is a must for the entire staff and spouses. This course is supported by educational grants from Dodd Dental Lab.

Thursday, April 14, 2016

Joseph Kan, DDS, MS – Loma Linda, CA – “Ancestral Essential Implant Esthetics: The Perio-Ortho-Restorative Connection” Achieving anterior implant esthetics is a challenging and demanding procedure. Common implant restorations include angular or rounder implant crowns that emulate nature’s is a science and art. Understanding the biologic and physiologic limitations of the soft and hard tissue will facilitate predictability in simple to complex esthetic situations. This course is designed for the Restorative Dentist, Periodontists, and Oral Surgeons focusing on current implant treatment philosophies and methodologies for replacing currently missing teeth and the management of patients who will be losing a tooth or teeth in the esthetic zone. Emphasis will be placed on evidence based diagnosis and treatment planning, and surgical and prosthetic management of soft and hard tissue for optimal anterior implant esthetics. You will learn: Prognostic keys for predictable esthetic implant treatment, Immediate vs. Delayed vs. Early placements Indications, Contraindications Management of the implant socket gap. Bone grafting & Soft tissue grafting concepts. Papilla management for implant vs. natural tooth. Management of interproximal gaps. Management of gingival and peri-implant complications; and Preclinical and surgical esthetics. Dr. Kan completed Prosthodontics and Implant Surgical training from Loma Linda University School of Dentistry where he is a Professor of restorative dentistry and maintains a private practice limited to implant surgery and prosthodontics. He lectures worldwide. This course is supported by educational grants from Dodd Dental Lab, Hayes Handpiece and PNC Bank.

Thursday, May 5, 2016

Gordon J. Christensen DDS, MSD, PhD – Provo UT – “THE CHRISTENSEN BOTTOM LINE-2016” This fast moving “bottom line” course includes the areas of dentistry with the most activity and change today. It is easily understood and has numerous summaries that help attendees to interpret the ongoing advancements in the profession. The course encourages audience participation, questions and answers is presented in an enjoyable and humorous manner. The hottest aspects in the following topics will be included: Endo, Implants, technology, fixed pros, lasers, operative, esthetics, equipment, radiology, and periodontics. On the completion of this course attendees should be able to: List the most important and useful new technologies in these topics; List the most important and useful materials discussed in these topics; List the most important and useful new concepts discussed in this course; and Implement those aspects of the course most applicable to your practice. Gordon J. Christensen is President of the Executive Councils (PCO) of the Academy of General Dentistry (AGD) and a Practicing Prosthodontist in Provo, Utah. Since 1976, he and his wife Rilla have conducted research in all areas of dentistry and published the findings to the profession in the well-known CRA Newsletter now called CLINICIAN’S REPORT. This course is supported by educational grants from Dodd Dental Lab, Hayes Handpiece, PNC Bank and VOCD.

Those taking the full DKU Series will receive a Bonus Course

Wednesday, October 21, 2015 BONUS: Barbara Steinberg, DDS: “Medical Update for the entire Dental Team” at the Valley Forge Casino & Convention Center (Lower Level)

All meetings will be held at the Springfield Country Club on Route 320, Springfield, Delaware County, PA, except for the Bonus Course. Registration for all courses 8:15 AM. Lecture 9:00 AM – 4:15 PM. Continental breakfast and lunch included for all DKU courses.

FEES

<table>
<thead>
<tr>
<th>Fee Type</th>
<th>Course Description</th>
<th>Individual Price</th>
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<tbody>
<tr>
<td>Other ADA Members</td>
<td>Entire Series plus bonus Course</td>
<td>$645</td>
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<tr>
<td>Individual Courses</td>
<td>$195</td>
<td>3 Courses</td>
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<tr>
<td>Non-ADA Members</td>
<td>Entire Series plus bonus Course</td>
<td>$765</td>
</tr>
<tr>
<td>Individual Courses</td>
<td>$225</td>
<td>3 Courses</td>
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</table>

Staff members accompanied by a doctor will be $95 per course per person with reservation at least one week in advance. $100 per course per person at door.

Cancellations and Refund Policy: No refunds will be made without notice at least one week prior to course date. (A $25 administrative fee will be deducted.)

For information please contact: DKU • c/o Barry Cohen, DMD • 4750 Township Line Rd • Drexel Hill, PA 19026 • 610-449-7002 • DKUDental@aol.com
The quality of leaders is reflected in the standards they set for themselves.
Classified Advertisements

**General Dentists Needed**

Dental Dreams desires motivated, quality oriented general dentists to work in our busy Pennsylvania practices. At Dental Dreams, we focus on providing the entire family superior quality general dentistry in a modern technologically advanced setting with experienced support staff. Because we understand the tremendous value of our associate dentists, we make sure that their compensation package is amongst the best. Our competitive compensation package includes: minimum guaranteed salary of $150,000 with potential to earn up to $300,000, visa sponsorship, and health and malpractice insurance reimbursement. **Make Dental Dreams a reality for you!** To apply, please email CV to humanresources@dentaldreams.org or call (312) 274-4520.

**Love Doing Dentistry?**

SmileBuilderz is a comprehensive dental practice offering a full array of dental services, specialties, and walk in emergency care! We provide a professional support staff, excellent facilities, and advance dental technologies to allow each of our doctors to shine. As a rapidly expanding practice we are looking for exceptional doctors to join our team! Please contact our human resource department to learn more about our opportunities by email at Christi@smilebuilderz.com, call Christi at (717) 481-7645 ext. 1084, and visit our site at www.smilebuilderz.com.

**Practice Opportunity**

Pittsburgh - Merit Dental is seeking dental candidates for a practice opportunity near Pittsburgh. Our philosophy of preserving and supporting the traditional private practice setting provides a great work-life balance, excellent compensation and benefits, and unlimited opportunity for professional development. Our comprehensive support team takes care of the administrative details, providing you the freedom to lead your team while focusing on your patients and skills. If you possess a passion for providing quality care and are looking for a rewarding practice opportunity near Pittsburgh, please contact Brad Smith at (715) 590-2467 or email bsmith@mymeritdental.com. Visit our website at www.mymeritdental.com.

**Wanted**

Associate Dentists, Hygienists, EFDA’s, Dental Assistants, Office Managers and Front Desk Staff. Be a part of the fastest growing large group dental practice firm in Pennsylvania with a solid, exciting and predictable future! A private fee-for-service group, is growing and expanding rapidly. We have top compensation, daily guarantee, health insurance with great patient flow with no administrative headaches and professional management. We also buy dental practices and create exit/transition strategies for Selling Doctors. If you would like to be a part of a winning team, please email your CV/Resume to lindam@lifetimedentalusa.com or call (717) 283-1992.

**Dentists Needed**

General and Specialists to join our team at our two locations in Meadville and Corry. Please view our ad on Monster.com for more information call Jeremy at (814) 616-5044 or email affsmilesinc@gmail.com.
Associate Dentist Wanted
We are a thriving private practice located in the heart of North Central PA near Williamsport. Our practice has been in business for 23 years providing comprehensive and quality dental care. We are seeking a Dentist to partner with us that has strong interpersonal skills and the desire for professional growth. This is a golden opportunity for the right candidate who is interested in hitting the ground running. We are a state-of-the-art facility with 11 treatment rooms plus a mentor Doctor with over 32 years of experience. Mail resume and cover letter to: Dr. Larry Leggieri, Apple Dental, 929 Lycoming Mall Drive, Pennsdale, PA 17756. Email: DrLeggieriL@comcast.net.

OPPORTUNITY AVAILABLE – Oral Surgeon & Ortho part-time for fast growing, upscale dental practice in Montgomery County. Practice limited to PPO and FFS patients only. Interested doctors please contact the office at (610) 489-8889 or by email at info@confidentsmiledental.com.

Associate Partner Wanted
Full-time associate/partner position immediately available in our family-oriented community of Punxsutawney, with a managed team trained to educate on complete health dentistry! Please call (734) 507-9086 or email jvanittersum@gmail.com for details about our long-established private practice.

FOR SALE

Practices Available/Western Pennsylvania
Merger opportunities to practices grossing over 1 Million annually. Visit our website at www.paragon.us.com or contact David A. Moffa, DMD, MAGD (724) 244-9449 or dmoffa@paragon.us.com.

Adolescent Practice
Western PA Adolescent practice grossing over $560,000, overhead only 40%. Nearest pediatric practice 30 miles away. 4 oversized operators, computerized, situated on a very busy road. Ideal for Pediatric Dentist or General Dentist that wants to treat children. Contact David A. Moffa, DMD (724) 244-9449 or dmoffa@paragon.us.com.

For Sale
McKESPORT/HOMESTEAD: Family general practice for sale, gross collections over $500,000 with well designed treatment areas – well established practice with long time patients and loyal employees. Contact PDI at (412) 373-7044 for confidential information.

For Sale
SOUTH HILLS: Well established general practice with loyal employees, fee for service with $260,000 in collections – senior doctor willing to stay to introduce patients, also willing to treat patients at a limited capacity. Contact PDI at (412) 373-7044 for confidential information.

For Sale
NORTHWEST WASHINGTON CO: Well established family dental practice of 40 years, located in rural Western PA, with over 15,000 patient records. Contact PDI at (412) 373-7044 for confidential information.

For Sale
PERIODONTAL PRACTICE: East suburbs of Pittsburgh, PA with 4 treatment areas in a beautiful office space. Great periodontal practice with steady recalls and great potential for continued growth. Owner is ready to help buyer with introductions to the patients and the referring doctors. Contact PDI at (412) 373-7044 for confidential information.

For Sale
DELMONT/MURRYSVILLE, PA: Newly equipped dental office for rent/purchase/time share to develop your own specialty or general satellite office. All equipment, instruments available for Endodontic, Periodontics, Oral surgery, Orthodontics, or Implant Dentistry. Staff is available to help. Contact PDI at (412) 373-7044 for confidential information.

Lehighton
Busy 3 operatory, general dentistry practices. Real estate, with additional 2 income residential rentals, for sale or rent. Call (610) 377-4719 or email cchawk@ptd.net.

Western Pennsylvania / Greater Pittsburgh Area
Numerous practices available with Collections ranging from $242,000 to $5,000,000:

PA (#s are collections):
GENERAL DENTIST - Altoona $242,000; Carnegie $485,000; Clarion County $571,000; Greensburg $500,000; Harrison County $820,000; Western Pennsylvania $400,000; McMurray $260,000; North Western $1,300,000; Pittsburgh-North Hills area $300,000; Pittsburgh-Squirell Hill $547,000; Venango County $243,000.

PERIODONTAL - Bryn Mawr, PA $500,000. Marlboro, New Jersey $339,000; Memphis, Tennessee $5,000,000; Warrick/Narragansett, Rhode Island $2,300,000.

We offer formal Valuation Services in case of divorce, business planning, estate planning, retirement planning, help in determining exit strategy, partner “buy out”, etc. As always, we treat these matters with the highest amount of confidentiality and any contact with United Dental Brokers of America will be kept completely confidential. Please contact Bob Septak at (412) 931-1040 or e-mail bob@udba.biz.

Register your email address at www.UDBA.biz for new dental listings.

LEHIGH VALLEY DENTAL PRACTICE FOR SALE
Well established and modern cosmetic & family dental office with 4 ops and over 3,000 active patients. Great location, patients and staff. Practice has much positive growth opportunity. **Confidential information** RNR4155@gmail.com or call (610) 217-5573.

PRACTICES FOR SALE
MARYLAND, DC AND VIRGINIA: No buyer’s fees. P.G. COUNTY - 3 ops, grossing $500K with high net; SOUTHERN MARYLAND PRICE REDUCTION - 3 ops grossing $580K. 3 day week. Near Naval Base; EASTERN SHORE PEDIATRIC grossing $1.7 Million. FREDERICK - 3 retiring grossing $350K PT RESTORATIVE. Call for more. POLCARI ASSOCIATES, LTD (800) 544-1297. info@polcariassociates.com.

Home Office with Dental Equipment for Sale
Home office with parking lot in award winning school district. Located on busy Baltimore Pike in Media. Includes 2 Ops, hygiene room, sterilization lab, N20 plumbed, and compressor. Good opportunity for establishing or relocating a practice. Terms negotiable. Contact Dr. Claire Field at clairefield@verizon.net or (610) 209-5573.

For Sale
Lehighton
For Sale State College Area

MUST-SEE FACILITY: This is an exceptional general practice that has been well-established in the community for close to 30 years. Currently grossing approximately $420,000 per year on a 28 hour week. This practice provides few specialty services, allowing for great growth potential. Four treatment rooms and one more plumbed. Great opportunity for a motivated doctor in a beautiful, well-designed office with a very stable patient base. Call AFTCO today: (800) 232-3826.

ORTHODONTIC Practice #PA-1214: Lancaster County.

OMS Practice #PA-1229: Monroe County.
2 Operatories. Price: $75,000. Average collections $172,745. Great potential for growth. Close to NYC, Philadelphia, Lehigh Valley & Wilkes-Barre-Scranton areas. For details contact Dr. Bernie Kowalski, NPT (National Practice Transitions) (215) 437-3045 x233, b.kowalski@NPTdental.com or register for FREE on our website (www.NPTdental.com).

Practice Sale

Bucks County - This 100% FFS general practice is uniquely located in busy shopping center of an affluent town. Boasts Adec equip, Schick sensors, and Eaglesoft. Seller recently remodeled interior. Collections were mid $800's in 2014. An engaging staff will be a huge asset through transition. Please contact Henry Schein Professional Practice rep: Sharon Mascetti (484) 788-4071 or Sharon.mascetti@henryschein.com. #PA155.

Practice Sale

Chester County - Extremely well-run, well-established, 6 op, digital, general practice. GR $1,500,000. Owner dr. will stay. Very strong hygiene program. All FFS. Leased space in upscale great area. Contact Henry Schein Professional Practice Transitions: Donna Costa at (800) 988-5674, or donna.costa@henryschein.com. #PA149.

Practice Sale

Germantown Area - Very busy, well located and well established 2 op, part time practice! Eaglesoft, Digital, free parking in large lot. Leased space. Great satellite or practice start up-DR MOTIVATED!!! Contact Henry Schein Professional Practice Transitions representative: Donna Costa at (800) 988-5674, or donna.costa@henryschein.com. #PA136.

Practice Sale

Western PA - Your chance to buy this progressive, general practice. Located just 85 miles northeast of Pittsburgh in a college town, this practice has it all. E4D, (cad cam) Hard & Soft tissue lasers, places implants, Digital X-ray, Cone Beam, Intra Oral Cameras. Excellent hygiene & soft tissue management programs. Contact Henry Schein Professional Practice Transitions representative: Mark Sirney at (724) 778-8000 or mark.sirney@henryschein.com. #PA142.

Practice Sale

Berks County. Busy office located on 2,100 sq/ft w/room to expand. Diverse group of patients; PPO’s, HMO’s & Medicaid. Intraoral cameras, digital X-ray, and a patient education system in all 4 operatories. About 30 new patients per month. Lots of opportunity to grow this, currently, 28 hours per week office. Please call or email Sharon Mascetti at (484) 788-4071 or email: Sharon.mascetti@henryschein.com. #PA151.

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has acquired the practice of

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