Pennsylvania Dental Journal

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Pennsylvania Dental Journal

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Features

PDA Pennsylvania Dental Association

Departments

***The mission of the* Pennsylvania Dental Journal** *is to serve PDA members by providing information about topics and issues that affect dentists practicing in Pennsylvania. The* Journal *also will report membership-related activities of the leadership of the association, proceedings of the House of Delegates at the annual session and status of PDA programs.*

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Impressions

I See My Dentist On Odd Years Only

Maybe it's a sign of the times, or maybe it's just the English. No I'm not talking about the language. I'm speaking about that little island off the west coast of Europe. You know, the ones that lost that war against us 235 years ago.

It seems that the British government is unhappy with their dentists. They feel that the dentists are taking advantage of patients and overbilling the government. According to a 2004 National Institute for Health and Clinic Health (NIHCH) report of dental services, the traditional six-month checkup was reported unnecessary and replaced with a more contemporary (fiscally responsible) two-year recall instead.

Remember, these are the same people who represent all that is good in dental hygiene and care. From the Tudors to today's most popular, the legacy lives on. Go to your computer and look up images of Ricky Gervais or Amy Winehouse. What about Austin Powers? History is full of Brits with bad teeth and they are indeed the brunt of many bad jokes.

There are many reasons suggested for this national plague of plaque. Some say it's from all of the coffee and tea consumed. Others argue it is smoking cigarettes, cigars and, worst of all, pipes. I wonder if it's because only 10 percent of public water is fluoridated in the U.K.? Many argue that the National Health Services does not support good dental care. Researchers at the University of Bath say on average the NHS has less than four dentists for every 10,000 people. However, the U.S. figures vary from between 4 and 10 dentist for every

Dr. Bruce R. Terry

10,000 people with a national average of 6. That's not a very big difference.

Could it be that traditionally the Brits just don't care? If it were so important to them they would find a way to elevate the level of care. If any place needed a crash course in Oral Health Literacy it would be our friends across the pond.

Aside from the different way health care is delivered in the UK, they have many of the same problems that we have in this country. Many dentists prefer to work in larger urban areas and don't go into rural regions. In 1992 the British government financially supported the education of dentists and the country saw a 30 percent increase in practitioners, from 15,000 to 20,000. As of 2008, the government wanted to add another 5,000 dentists countrywide. At the same time the government is increasing the availability of care, they are also dictating how it is to be delivered. Relying on recommendations from national health studies, the government doesn't see the need for frequent dental visits for the healthiest dental patients. Those patients who have predisposing risk factors and prior history of dental problems are encouraged to return to their dentist more frequently than those with a healthy mouth. The government argues that by not having those with healthy mouths clogging the appointment calendars of dental offices, dentists can concentrate on those in real need of care. So much for the wellness idea.

In one simple statement the U.K. government has basically said they can't support wellness and must concentrate on those in need. Is this what could happen if we were to allow outside forces to dictate how we practice dentistry?

An Adult Dental Health Survey in 1998 found some interesting facts about the oral health of U.K. citizens. Full edentulism has dropped from 30 percent in 1978 to 13 percent in 1998. Young adults age 16-24 with caries free mouths increased from 6 percent in 1978 to 30 percent by 1998. So, maybe this dental drama is really a myth, like the idea that all Americans are fat and lazy.

Many adult patients are now seeking care from private dentists. Non-covered procedures like tooth whitening, bonding and other cosmetic restorations are not paid by the NHS and patients must see a private dentist for such services. In the U.K. most dentists accept both NHS patients as well as private patients. Their dental care is quite unlike ours. All working Brits pay into a national health care system. Much like a large PPO, the government

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has signed up nearly every dentist in the U.K. to provide dental care through the NHS program. If, for example, you are a U.K. citizen, you sign up with the NHS system and you are assigned a dentist in your area. You can then go to that office and get dental care at a set fee schedule. You pay a 20 percent copayment and the government pays the remaining 80 percent to the dental provider. The copayment for a level One treatment (exam, X-rays, diagnosis, prophy, varnish or sealants if needed) is $27. The Level Two treatment (fillings and root canal treatment) co-payment is $78, and the Level Three treatment (crowns, bridges, dentures) copayment is $335. Specialty care is through private payment.

Since the NHS system has many non-covered services such as resin fillings, veneers and implants, patients can go to a dentist who accepts non-NHS patients and then the patient pays in the traditional fee-for-service format. What's interesting is that dentists are free to see both types of patients. A patient needing a non-covered procedure like a veener can see the same NHS dentist, but the patient will pay the full fee charged by that dentist. I'm not really sure how this works but patients must choose to either be in or out of the NHS system.

The whole system seems complicated, but just like here in the U.S., patients find ways to make the system work. Nothing is perfect and many say that we are moving toward a national program. In the U.K. the statistics clearly show that bad teeth are a thing of the past. All statistics point to healthier mouths. But to get a Hollywood smile will cost one extra and to get a checkup more frequently than every than two years is just going to be impossible.

—BRT

Government *Relations*

On March 8, Governor Corbett released his proposed budget for fiscal year 2011-2012, triggering the start of hearings before the House and Senate Appropriations Committee. While much attention was focused on education funding, there is little doubt that the recession and revenue shortfalls will impact the entire budget, including health care expenditures. As of the time this *Journal* went to print, the legislature did not yet approve the budget. It remains to be seen whether the proposed cuts to adult dental Medical Assistance and other dental programs will take effect on July 1.

Following are some general highlights from the Governor's proposed budget:

- $438.7 million in total funds to provide health insurance coverage for 201,330 uninsured children, an increase of $6.2 million while serving 7,300 more children than last year.
- $13.5 billion in total funds to provide impatient, outpatient and capitation services for nearly 2.2 million Medical Assistance patients. There are 4.5 percent more enrollees in the program.
- Medical Assistance and long term living expenses comprise 24 percent of the general fund. Other services are divided as follows:
  - Other DPW human services programs: 17 percent
  - Higher education: 5 percent
  - Corrections/probations and parole: 7 percent
  - Debt service: 4 percent
  - Pre K-12 education: 33 percent
  - All other: 10 percent

PDA Weighs in on Proposed Medical Assistance Cuts

The Governor is proposing a reduction in Medical Assistance (MA) dental benefits for adults to allow for only one routine examination annually. Benefits for periodontal services, dentures and crowns would be eliminated. Gary Alexander, then acting director of the Department of Public Welfare, indicated that though there is a proposed reduction in services, Pennsylvania is fortunate because some states have cut adult dental MA benefits drastically or entirely.

PDA immediately began to communicate concerns about the reduction in MA services to members of the legislature and the Administration. Preventive care is paramount to maintaining patients' oral health and avoiding more costly treatment in the future. While understanding the necessity of balancing the budget and alleviating some of the burden on taxpayers, a loss of preventive services may eventually result in higher costs to taxpayers. Many legislators are receptive to our message that reducing dental benefits is not the right answer for balancing the budget.

Restoring Funding in the Donated Dental Services Program

In 2009, funding for Pennsylvania's Donated Dental Services (DDS) program was cut in response to the state's burgeoning fiscal crisis. This program connected some of Pennsylvania's most vulnerable citizens with dentists willing to donate their time and money to provide them with oral health care. Now, the elderly, disabled and medically-compromised are in danger of falling through the cracks of the state's dental delivery system.

For $150,000 a year (in addition to funding from the Richard K. Mellon Foundation and Dental Lifeline Network) the program was able to maintain offices in western and eastern Pennsylvania and hire coordinators to facilitate between patients and dentists. Since funding was cut, one office has closed and patients are left to fend for themselves trying to find dentists willing to donate care. Close to 600 patients are on a waiting list. Some of these patients face life-threatening illnesses if their dental needs are unmet.

Since 1996, the DDS program has provided $8,598,852 worth of care to more than 4,000 vulnerable patients. More than 700 dentists and 300 dental laboratories provide this care. Pennsylvania is one of 39 states that collectively generated $22.7 million in donated care for over 7,300 patients in 2010 alone. For every dollar spent, volunteers donated $10.49 in care, a significant amount for small business owners who have high overhead, expensive equipment and staff to pay.

PDA is lobbying Governor Corbett's administration and the legislature for a restoration of the funding. This was a priority as budget negotiations began in March in the hopes that funding will be restored by the time the budget is enacted in late June.

PDA Negotiates on Non-Covered Services Legislation

PDA has been involved in a number of meetings with legislative leaders to discuss one of our advocacy goals: to pass legislation prohibiting insurers from capping non-

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covered services. Sen. Kim Ward (R-Westmoreland) agreed to reintroduce this legislation on our behalf. Rep. Thomas Murt (R-Montgomery, Philadelphia) introduced its companion, HB 1537, in the House Insurance Committee. Discussions are ongoing to ensure that leaders in the House and Senate support the language so that the bill moves quickly through committee to both floors for a vote. Without such support from key committee chairs it is unlikely that this bill will pass the General Assembly. PDA faced this same challenge last session; ultimately, time ran out and the bill died.

In order to garner such support, PDA was asked to support a provision that would require dentists to charge discounted fees on covered services once patients reach a maximum allowance. Despite several meetings with PDA members, lobbyists and staff, key legislators strongly adhere to the belief that inclusion of this provision protects patients. The political reality that PDA faces is that without their support we risk not having the legislation pass at all.

After much deliberation and input from the Dental Benefits and Government Relations Committees, PDA's Board of Trustees made the decision to accept the amendment that would require dentists to charge the discounted fee for covered services after patients meet their maximum allowance. The PDA members who responded to our electronic survey about which direction should be taken on this issue reinforced this decision. Several additional factors were considered when making this decision:

- According to the National Association of Dental Plans, very few patients exhaust their maximum allowance in a given year. Five percent met this threshold in 2007, three percent in 2008 and 2.41 percent in 2009. The board considered the tradeoff between prohibiting insurers from capping non-covered services and having to charge patients discounted fees on covered services after their benefits are exhausted, and felt that the former had more of an impact on dental offices.
- Eight other states lobbying for this legislation eventually supported compromise language on maximum allowances. Pennsylvania is not the only state faced with this decision. Based on member feedback, the board believes that ensuring the likelihood that the bill will pass this session was of utmost importance and paralleled the sentiments of dentists nationwide.
- The National Conference of Insurance Legislators (NCOIL) passed model legislation that state legislatures are referencing when deliberating on this legislation.

The model legislation includes the following definition of covered service:

> *"Covered services" means dental care services for which a reimbursement is available under an enrollee's plan contract, or for which a reimbursement would be available but for the application of contractual limitations such as deductibles, copayments, coinsurance, waiting periods, annual or lifetime maximums, frequency limitations, alternative benefit payments, or any other limitation."*

To minimize the impact this provision will have on Pennsylvania dentists, PDA successfully limited the amendment to read as follows: *"Covered services are dental care services for which reimbursement is available under an enrollee's plan contract. The term includes dental care services for which a reimbursement would be available if not for the annual maximum."* The removal of several terms, including "or any other limitation" diminishes the insurers' ability to broadly interpret the definition of covered services.

Having addressed the political reality unique to the Pennsylvania General Assembly and its members, we are now in a better position to pass legislation prohibiting insurers from capping non-covered services.

Sen. Ward's legislation will soon be introduced to the Senate Banking and Insurance Committee for consideration. Rep. Murt's bill is before the House Insurance Committee for consideration.

PDA Lobbies for Amendment in Malpractice Insurance Legislation

Due to a pending lawsuit against a dentist practicing without liability insurance, there is momentum in the General Assembly to pass legislation requiring all dentists to carry this type of coverage. A deluge of media attention brought this issue to the attention of many legislators who question why dentists are one of the few health care professionals not required to carry this insurance.

Sen. Patricia Vance (R-Cumberland) introduced SB 388, legislation that would require all licensees to carry a specified amount of coverage. If passed, this bill requires all those licensed to practice dentistry to maintain liability insurance coverage in the minimum amount of $1,000,000 per occurrence or claims made and $3,000,000 per annual aggregate. A licensee must show proof of having purchased insurance to the State Board of Dentistry (SBOD) within 60 days issuance of the policy.

PDA met with Sen. Vance to discuss several concerns, mainly whether an exemption can be made for those

dentists who are retired and hold volunteer licenses. We also suggested that the provision calling for an immediate revocation of a dentist's license if he or she does not purchase insurance is excessive and that the SBOD should determine the appropriate penalty. Sen. Vance expressed her willingness to work with PDA on amending her legislation.

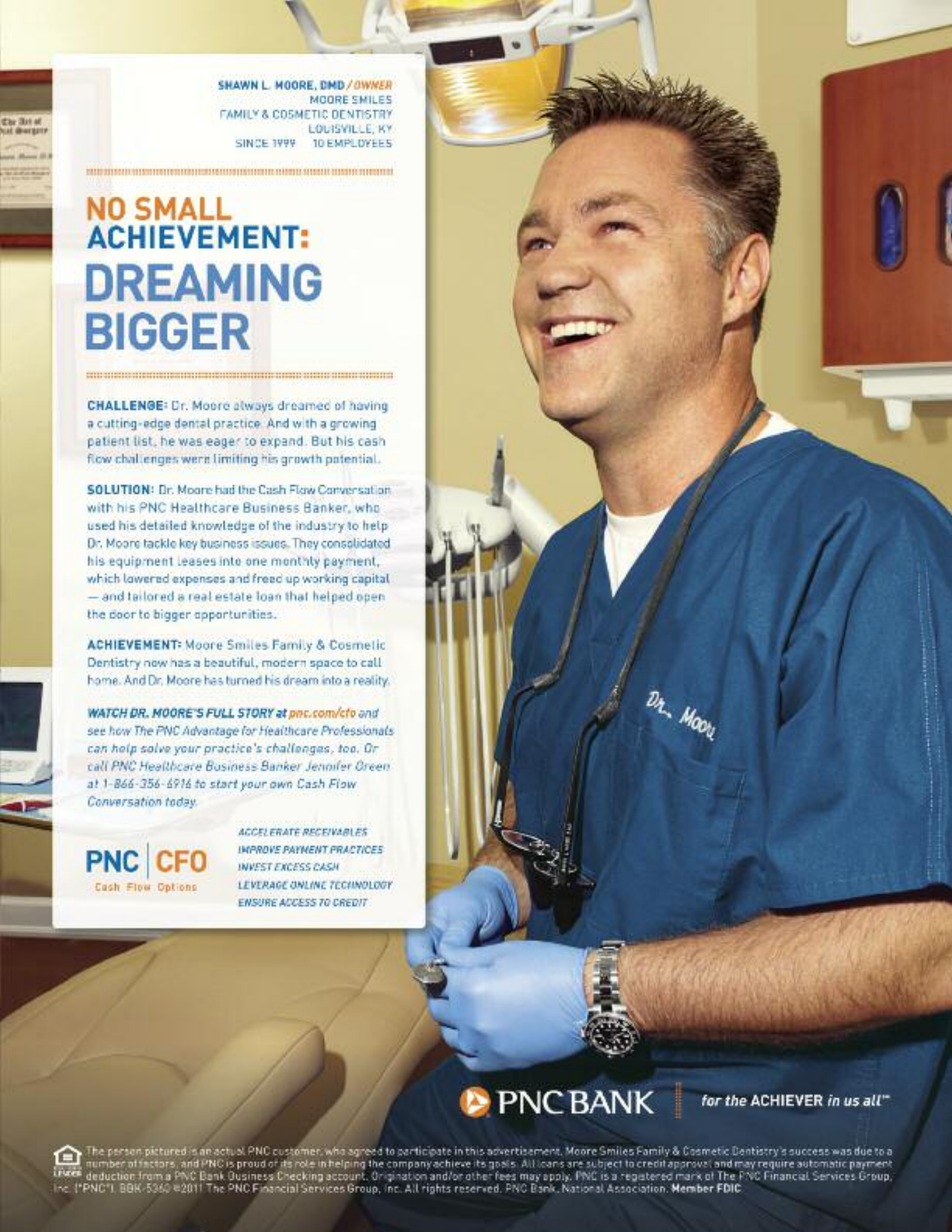
PDA Lobbies for Changes to the Health Care Practitioner Loan Repayment Program

Sen. Edwin Erickson (R-Chester, Delaware) introduced SB 278, legislation that provides loan repayment to general dentists enrolled in the state's Health Practitioner Loan Forgiveness Program to practice in designated health professional shortage areas (HPSAs). Dentists may be reimbursed up to 100 percent of their dental student loans, or no more than $75,000, whichever is less for serving seven years in a HPSA. Another provision in the bill stipulates that dentists must agree to practice a total of ten years (including the seven years when dentists are eligible for loan repayment) in the Commonwealth in order to be eligible for loan repayment.

PDA is generally supportive of this bill as an attempt to improve access-to-care in underserved areas of the state by placing dentists in the communities themselves, rather that have patients seek care far from their homes. However, PDA will address its concerns about whether the overall time commitment that a dentist must practice in Pennsylvania in order to receive the full loan repayment would be a deterrent for dentists. Most other states only require a three to four year commitment in an underserved area.

PDA met with Sen. Erickson to ask if he would reduce the years of service to four (which is the current requirement for dentists) and if he would consider expanding the eligibility requirements to include dental specialists. Sen. Erickson agreed to consider PDA's proposed amendments.

Log on to PDA's website at www.padental.org and click on "Advocacy" for more information about our goals and a complete listing of legislation we are monitoring on your behalf. Or contact Marisa Swarney, director of government relations, at (800) 223-0016 or mss@padental.org, for more information.



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Preparing for the Next Generation

By Toria Rineer, Membership Coordinator

'Tis the season for family vacations, picnics, barbeques and graduation parties. Let us celebrate and recognize the achievements of the dental school graduating seniors and their advanced counterparts for completing post-doctoral residency programs. As we welcome the next generation of dental practitioners to the PDA family, let's take a moment to review recruitment and retention methods and also how to create a warm, welcoming environment for the new faces of organized dentistry.

Creating a Welcoming Atmosphere

Networking comes easier to some; for others, the mere thought of mingling with strangers can be pretty intimidating. Even those who are accustomed to networking can be uncomfortable at times. Anything we can do to give members confidence and set the tone of the gathering as welcoming and inviting is worth the effort.

Make it personal. Standard methods of communication for inviting members and non-members to meetings or group functions include e-mails, letters and even faxes. But what about the personal outreach of a phone call? It takes only minutes but the impact can last a lifetime. Pick up the phone and invite your new or prospective members by name and personally let them know their attendance is requested or consider inviting them as your personal guest. Not only will you be increasing your attendance but you'll be providing a valuable, friendly service, as well.

Don't shy away from meeting new people. There is enormous value and joy of getting to know others, both by making new acquaintances and getting to know old friends in new ways. Step out of your comfort zone by volunteering to assist with the event planning or execution. When someone has an assigned role, task or responsibility, they are less likely to feel intimidated and more likely to succeed.

Utilize support systems. Ask district and local society leaders to position themselves near the entrance and distribute throughout the room so they can easily introduce themselves to new guests, as well as anyone who looks a bit lost or is ready to engage in conversation. Nothing is quite as unwelcoming or intimidating as a group of people chatting amongst themselves with their backs turned to newcomers. Appoint a "social butterfly" for the evening to ensure everyone is properly introduced and made welcome.

Make time to network. Take the time to find commonalities and mutual interests in order to develop a strong, productive relationship. Skip small talk such as weather and discuss families, hobbies, interests, challenges, successes, etc. You'd be surprised how much you can have in common with your colleagues; more than just teeth!

Use food to your advantage. Make it a habit to provide a variety of food options, including vegetarian or kosher meals, and offer the opportunity for guests to notify you of special dietary needs on invitations or RSVPs. Restaurants and venues are often accustomed to accommodating special requests. Offering guests food and beverage choices can aide in conversation and contribute to the welcoming atmosphere by understanding the needs of attendees.

Make it fun. Professional meetings and events provide valuable opportunities to learn new things and meet new people. If people are having fun it makes socializing easier, allows others to be drawn into conversations and encourages the sharing of thoughts and ideas. Remember, the opportunity for networking is a key reason why people attend local dental society meetings.

Recruitment

Now that you've successfully made the new joiner feel welcome and comfortable around his or her peers, how do you introduce the importance of membership? Some non-pressuring ways include mentioning a benefit or service you recently discovered or used in your office or everyday life. Follow up by asking what needs they currently have and explain how organized dentistry addresses those needs. Or simply mention that without organized dentistry, the meeting or event you both are attending would probably not have occurred!

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Membership *Matters*

Get a Member, Get $100 In addition to increasing the number of dentists PDA represents at the state capitol, you can add $100 to your wallet for recruiting a new member! Contact Mary Donlin, director of membership at (800) 223-0016, ext. 131, or visit www.padental.org/100 for more information.

Retention

It's no surprise that the more involved a member is within the organization, the more likely he or she is to renew and maintain membership. It can be a delicate balance to allow new members to become involved, while honoring long-standing volunteers' goals. Consider creating a "deputy" or "trainee" for officer positions, so when experienced volunteers progress through the leadership structure, adequate replacements are ready to keep the society flourishing. Think of it as succession planning for the future. Similarly, you can create new positions by dividing up responsibilities, such as a New Dentist Chair or Membership Chair, Event Scheduler, Website Manager, etc. Volunteer positions are not limited to President, Secretary, Treasurer, etc.

Empower the new faces of organized dentistry by encouraging them to take pride and participate in their profession to ensure the future meets their expectations. As you already know, the next generation is an eager, enthusiastic and dedicated bunch. Let their strengths shine, while guiding and mentoring them as they transition into their volunteer roles. Your profession is as great as you make it; make it a welcoming and inviting one.

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.

Firas Alcheikh Ali, DMD
Tufts University
DuBois

Ashley R. Burdett, DMD
University of Pittsburgh
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Jennifer L. Bush, DMD
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University of Washington
Wilkes Barre

Jeffrey W. Goldfine, DDS
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Temple University
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Hatfield

Heather Larrimore, DMD
NOVA Southeastern
Lititz

Riina Lobanov, DMD
Temple University
Philadelphia

Victoria L. Martin, DMD
University of Pennsylvania
York

Roberto C. Michienzi, DMD
University of Pittsburgh
Pittsburgh

Kimberle I. Monda, DMD
University of Pittsburgh
Wexford

Robert Obradovich, DMD
University of Pittsburgh
Murraysville

Jessica J. Owens, DMD
University of Pennsylvania
Philadelphia

Stephanie A. Porter, DDS
West Virginia University
Coraopolis

Shashidhar Ramchandrareddy, DMD
Boston University
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Temple University
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Jeffersonville

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ADA's Council on Dental Benefit Programs

By Dr. Lauri Passeri

I am currently a member of ADA's Council on Dental Benefit Programs (CDBP) for our Third Trustee District. Of course, as the name implies, the council has the important role of helping ADA members and their staff with needs and concerns of dental benefit programs, which in most cases involves third party payers.

The council is divided into four subcommittees:

1) Subcommittee on the Code
2) Snodent/Electronic Health Record
3) Dental Benefit Insurance Services (DBIS) and
4) Quality Assessment and Improvement (QA & I).

Subcommittee on the Code

This subcommittee supports the council's responsibility for ADA intellectual property that includes the dental claim form and the Code on Dental Procedures and Nomenclatures (Code).

The code is published in the CDT manual and is the taxonomy that is used by dentists to document services provided in a patient's clinical record and on claims. There is a formal process in place that a dentist can use to request a code addition or revision and detailed information is available online at ada.org/goto/dentalcode — or by contacting the ADA Member Service Center. The code is maintained by the Code Revision Committee (CRC), which includes six ADA representatives who are current and past members of CDBP. All code change requests are reviewed in detail by the Subcommittee on the Code and its recommendations on each — to accept or decline — are presented to the council prior to each CRC meeting. The council's action on these recommendations represents the ADA's position in each request, which are brought forward at the CRC meeting.

All change requests submitted don't necessarily make it into the code. There were 118 requested changes to the Code during the review and revision cycle just completed and the CRC approved 27: 8 additions (4 for diagnostic category, 1 for endodontics, 2 for oral and maxillofacial surgery and 1 for implants) along with 19 revisions and 0 deletions. The review and revision cycle leading to the next version of the code effective January 1, 2013, is now underway. There were 41 code change requests in the first batch presented at the February CRC meeting.

The council and its staff are working towards having additional Code and claim submission content posted online. This work includes posting the CDT 2011-12 glossary on the members-only portion of ada.org. That will be enable an easier update and enable easier access. The council is also interested in posting additional CE Online programs, building upon the "Introduction to the Code" that was posted in mid-2010, and is currently available at no cost to dental students and dentists in practice. This program is a great introduction on how to use the code in your private office.

SNODENT/Electronic Health Record

Systemized Nomenclature of Dentistry (SNODENT) is a set of diagnostic codes designed to serve the field of dentistry for the up and coming Electronic Health Record (EHR). It is ADA's effort to create terminology that addresses the needs of clinical dentistry and make dentistry interoperable with the rest of the EHR.

DBIS

The primary goal of the DBIS subcommittee is to provide assistance to members and their staff who have questions or concerns with third party payers. DBIS promotes fee for service, freedom of choice dental benefit plans. It is the primary resource for plan sponsors and patients in need of assistance designing and choosing effective dental plans.

Another aspect of DBIS, in conjunction with the legal division, is Contract Analysis. Thinking of signing up to be a participating provider with a third party payer? Please do not sign on the dotted line until you have utilized the ADA Contract Analysis service. It is free to members (you MUST submit it through your state society first to take advantage of this ADA benefit) and can weed through all the legal speak and tell you exactly what you should be aware of before signing. The legal team at the ADA will not advise you whether to sign or not; that is a personal decision. They can guide you into helping to understand what you are signing.

DBIS subcommittee members meet annually with two major third party payers. We ask them questions that are important to our membership and keep a congenial relationship with

(continued on page 16)

them. The carriers and the questions asked change annually. If you have a question for a particular carrier, let me know — if we meet with that particular carrier in August, I'd be happy to get your question answered.

As an aside, your Committee on Dental Benefits for the PDA also meets with third party payers annually.

Another function of DBIS is the National Dental Benefits Conference, which is held at the ADA headquarters in Chicago each August. In 2011, the date is Friday August 5. The agenda is not quite finished yet but the conference has been worthwhile in the past.

QA & I

Quality assessment is a methodology that obtains data that is used to evaluate the effectiveness of health care services and delivery. One methodology that is commonly used is a survey. The objective is to determine what quality improvement actions may be appropriate.

A new initiative being led by the ADA is the Dental Quality Alliance. This is a multi-stakeholder group whose purpose is to develop quality measures for dentistry, initially to be used to evaluate Medicaid programs.

Also part of QA & I is a peer review workshop. A member of this subcommittee will come to a state or district upon request and review how to perform a peer review evaluation. There is also a peer review workshop online at ada.org.

I feel privileged to belong to this council and will be happy to answer any questions you may have. You may email me at lpdmd92@epix.net. Thank you to my Council Director Dr. Dave Preble and Mr. Frank Pokorny, Senior Manager Dental Codes Maintenance and Development for help with this article.

GET INVOLVED: Senior Dental Care Program

You can make a difference in the lives of Pennsylvania's senior citizens.

Pennsylvania ranks near the top among states with the largest elderly population, currently tied for third with senior citizens aged 85 and over. Pennsylvania is also ranked fourth with senior citizens aged 65 and over. Those numbers are increasing every day. The largest numbers of Pennsylvania's senior citizens are between 65 and 75. As our seniors grow older, their need for quality oral heath increases greatly. We don't want our seniors falling between the cracks of various government health care programs and having none at all.

You are invited to join the ranks of more than 800 members who volunteer to participate in our Senior Dental Care Program. The program works very simply. PDA will refer a senior citizen to a participating member dentist who practices in closest proximity and notify the dentist when a referral takes place. The senior citizen will be sent a letter detailing the eligibility requirements and the minimum discount to expect for their dental services.

Participating dentists agree to reduce their fees a minimum of 15 percent on all dental services for senior citizens meeting the eligibility requirements. They must be age 65 or older with no private dental insurance and must not be receiving federal, state, or other dental health assistance. Also, they must not have a total annual household income exceeding $14,500 for a single person or $17,700 for a married couple.

This program is a perfect way for you to show that PDA members care about the oral health of senior citizens throughout the state of Pennsylvania. Joining would also show our state legislature that in very difficult economic times, PDA members are actively doing your share to help those in need. Please fill out the enrollment form and join today. If you have any questions, please call Ivan Orlovic at (800) 223-0016, ext. 105, e-mail at iio@padental.org.

PDA Senior Dental Care Program Referral Dentist Application

Name: _____

Address: _____

_____

Phone number: _____

E-mail address: _____

I wish to be designated as a referral dentist for the Senior Dental Care Program and to treat patients referred to me by PDA. I will base the minimum 15 percent discount on my usual fees and will provide treatment consistent with accepted professional standards. I will report completed cases to PDA on the appropriate form presented by the patient.

Please check the boxes that apply to your area(s) of practice:

❑ General Dentistry ❑ Periodontics

❑ Oral Surgery ❑ Endodontics ❑ Prosthodontics

Signature: _____

Date: Fax #: _____

RETURN TO:
PENNSYLVANIA DENTAL ASSOCIATION
P.O. BOX 3341
HARRISBURG, PA 17105
Fax: (717) 232-7169

Please return the enrollment form to the PDA Central Office. Thank you for your consideration and commitment to improving the oral health of Pennsylvania's senior citizens.

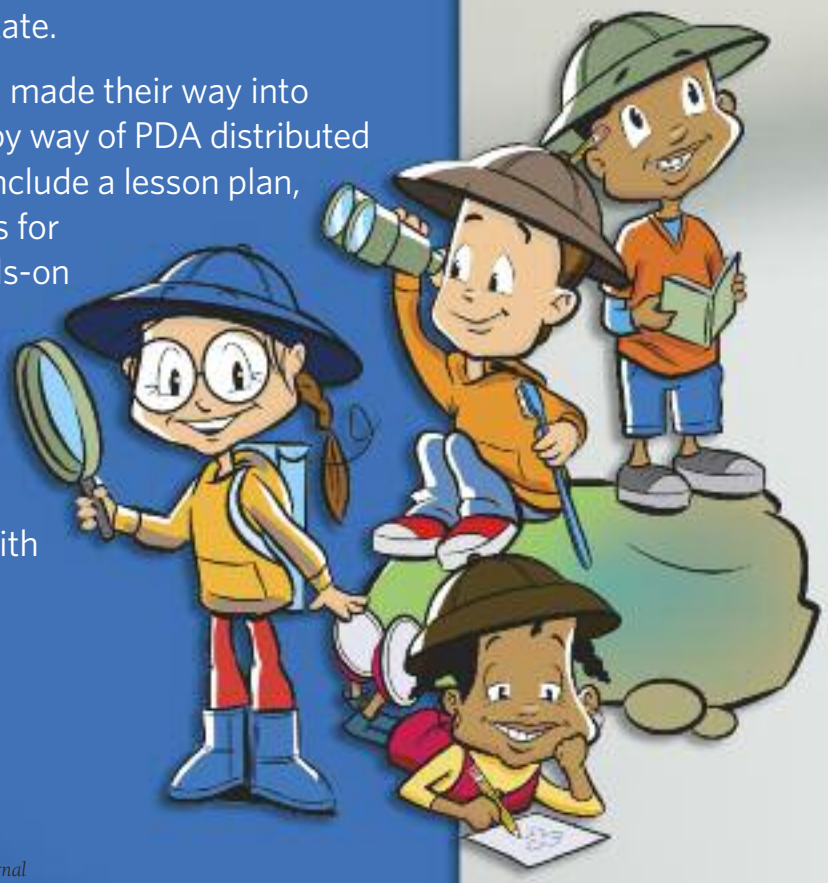
National Children's Dental Health Month:

Healthy Smiles Easy to Find in Pennsylvania

By Amber Wickard, Communications Coordinator

Flossy and Buck McGrinn weren't the only twins on the block to promote National Children's Dental Health Month (NCDHM) this year. Joined by their twin neighbors, Den and Gen Smiley, the rambunctious foursome ran, jumped and skipped their way into classrooms and dental offices throughout Pennsylvania. Known for their sparkling smiles and healthy lifestyles, the ADA-created characters helped promote NCDHM to tens of thousands of kids in our state.

Flossy, Buck, Den and Gen made their way into more than 3,000 schools by way of PDA distributed lesson plan kits. The kits include a lesson plan, complete with instructions for engaging students in hands-on science experiments and interactive games. Activity sheets featuring a crossword puzzle, math puzzle and mad lib were included in the kit along with a classroom poster.



Third-Grade Poster Contest

Also included in the lesson plan kit were instructions for entering the PDA-sponsored, third-grade poster contest. PDA annually awards $1,750 in educational savings bonds to the students who design the top three posters. The winning poster is reproduced on bookmarks and distributed to public libraries across the state. PDA district chairs sent more than 60 posters to the Central Office for judging.

Bailey Ritchey, a third-grader at Burchfield Primary School in Allison Park, won first place in this year's poster contest. Her winning poster, "Keep Your Choppers Clean," depicts a friendly beaver brushing its "choppers" with a toothbrush made from a tree branch. Bailey will receive a $1,000 educational savings bond. Dr. Sharon Davis will present the bond, a framed poster and bookmarks at a school assembly on June 1.

"Find a Healthy Smile by Brushing Twice a Day" is the theme of second-place winner Thalia Irofuala's poster. Thalia, a third-grader at Smithfield Elementary in East Stroudsburg, drew a picture of a bright-eyed doll holding a toothbrush and toothpaste. Thalia will receive a $500 savings bond.

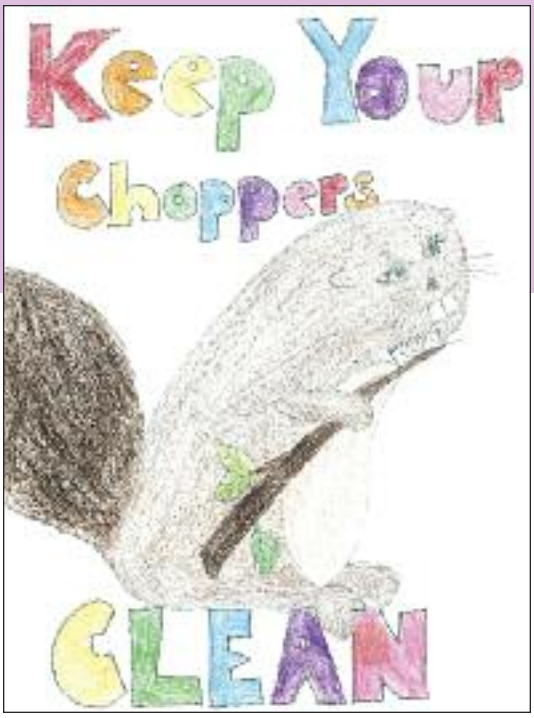
The third-place winner is Olivia Roback of St. Margaret Mary School in Harrisburg. With the slogan "Brush but Don't Rush," Olivia drew a self-portrait in which she is seen brushing angry cavities from her teeth. Olivia will receive a $250 educational savings bond.

National Children's Dental Health Month Events

Many PDA member dentists chose to observe NCDHM by reaching out to the children in their communities. District and local dental societies, dental offices, community organizations and elementary schools sponsored a wide variety of events aimed at educating children.

"NCDHM is a great opportunity to educate children and their parents about the importance of dental health not only for good oral hygiene, but also for their overall health and well being. We had many great opportunities to get our message out this year with the wonderful support of the Scranton Dental Community," Dr. Stephanie Hanyon, Scranton District Dental Society (SDDS) NCDHM co-chair said.

Both SDDS and the Luzerne County Dental Society (LCDS) have had tremendous success in past years hosting NCDHM events. This year was no different. Between the two societies, six events were held that provided much needed oral care and education to children and even garnered local media attention. SDDS and LCDS prove that NCDHM events are a great way to make a difference in our communities.



The following are just a few examples of the many ways that PDA member dentists contributed to the 2011 NCDHM program.

Third District

- LCDS held its annual NCDHM event at the Wyoming Valley Mall in Wilkes-Barre. More than 200 children attended to receive dental exams, participate in coloring contests and prize giveaways and meet the Tooth Fairy. Drs. Laura Holena, Liz Joseph, Larry Shire and Luzerne County NCDHM Chair, John Evans participated in the event. Students from the Dental Assistant Program at Luzerne County Community College volunteered their time to the event. Children took home free balloons, toothpaste, toothbrushes, coloring sheets and coupons to area restaurants.

  Dr. Evans said of the event, "This year was one of our biggest ever. We had numerous kids entering the coloring contest and having their photos taken with the Tooth Fairy. The prize giveaways were a big hit

The group of volunteers at the LCDS NCDHM mall event included (from left to right) Colleen Evans, Drs. Laura Holena, Liz Joseph, Larry Shire and John Evans.

and served to draw both parents and children in to learn about the importance of good dental health."

The event and an interview with Dr. Larry Shine was featured on several local television newscasts including WNEP-TV (ABC), WBRE-TV (NBC) and WYOU-TV (CBS).

- SDDS awarded the first baby born in Scranton during the month of February with a silver, engraved "Tooth Fairy" box. Dr. Jessica Falk, SDDS NCDHM co-chair, presented the proud mother and baby with the gift at Moses Taylor Hospital.

- Drs. Jessica Falk, Stephanie Hanyon, Todd Angelo, J.R. Karam and Larry Shine were featured on the "Leckey Live" television show on WNEP-TV. On February 3, from 5 a.m. to 8:30 a.m. the doctors were interviewed by host, Ryan Leckey about various NCDHM events taking place throughout the month and about the importance of good oral health.

  SDDS was also featured during "Call the Doctor" on WVIA-TV (PBS).

- SDDS hosted Tooth Fairy Day at the Lackawanna County Children's Library. Dr. Stephanie Hanyon gave a presentation on good oral health before children were treated to a visit from the Tooth Fairy, face painting and stories. Each child received a gift if they checked out at least three library items that day. More than 80 children attended the event.

- SDDS held NCDHM events at two local McDonald's Restaurants. On hand for the occasion were Ronald McDonald, Grimace and the Tooth Fairy. Children posed for pictures with the characters after being treated to a magic show. Two hundred kids were in attendance at the McDonald's on Keyser Avenue.

From left to right, SDDS members Dr. Matt Zale and Dr. Jessica Falk with Ronald McDonald, the Tooth Fairy, McDonald's owner Christina Curran, and McDonald's Manager Bobby Kollara.

- SDDS members visited schools and daycares in Lackawanna County to give oral health presentations and distribute oral health goodie bags. 4,000 goodie bags were distributed to children during these school presentations.

The Tooth Fairy meets Abi Jones and Bradley Cox at the Children's Library.

Dr. Falk said, "NCDHM was a tremendous success for us in the greater Scranton area this year. We are very grateful for the wonderful response we received at all of our events, school visitations and media coverage. We look forward to making next February an even larger success!"

Fifth District

- Dr. Nicole Yingling visited Franklin Township Elementary in Gettysburg to give six 20-minute "Tooth Talks." The presentation covered topics such as visiting the dentist, proper hygiene and the importance of making healthy food choices. Each student was given a toothbrush, floss and an NCDHM bookmark. This was Dr. Yingling's eighth year participating in NCDHM presentations at Frankling Township Elementary.

Healthy Smiles Easy to Find in Pennsylvania

Dr. Robert Berstecher of Lancaster visits a third grade classroom for a presentation using cardboard costume cutouts.

- Dr. Robert Berstecher visited seven third grade classes at Breckhock Elementary and Blue Ball Elementary in Lancaster County to present "Healthy Snacks for a Healthy Mouth and Body." His presentation included games using cardboard costume cutouts, how to decide between healthy and unhealthy snacks and a Dudley video. Children received goody-bags filled with a toothbrush, floss, NCDHM bookmark and a pamphlet on healthy snacks.

  Dr. Berstecher said, "This was the 29th year the third graders in Eastern Lancaster County School District have heard this presentation. The students and their teachers all have a lot of fun while they learn about healthy snacking and how it relates to good oral health."

- The Alliance to the Lancaster County Dental Society, lead by project-chairwoman, Brenda Coffin, held its annual dental kit distribution on February 3. The dental kits, including toothbrushes, toothpaste and floss were sent to shelters throughout Lancaster County. In addition to the Alliance's own donations, donations were solicited from major dental product companies.

  In total, 1,800 kits were assembled and donated. The families of PDA member dentists, Drs. Lawrence Coffin, Todd Feddock, William Funk, George Georgelis, Todd Grambau, Eric Howard, Manish Lamichane, Jason Phillips and John Voler were on hand to assemble the kits. Boy Scouts Troop 99, Cub Scouts Pack 93 and Brownie Troup 233 also helped assemble the kits. Additional funds were donated to the Water Street Rescue Mission's dental clinic and to St. Joe's Ministries for the Brush, Brush, Smile! bus.

Dr. Albert Stush with children at the Cooperative Preschool in Union County.

Sixth District

- Dr. Albert Stush, and his office manager and wife, Janet, visited the Cooperative Preschool in Union County to give a classroom presentation on the importance of oral health.

Tenth District

- Dr. Bryan King visited second graders at Marshall Elementary and gave a presentation on how to brush and floss.
- Dr. S. Rand Werrin visited a first grade class at O'Hara Elementary School to give a presentation about healthy habits for good oral health.

Dr. S. Rand Werrin visits a first grade class at O'Hara Elementary.

More than 80 kids attended the "Tooth Fairy Day" at the Lackawanna County Children's Library to hear Dr. Stephanie Hanyon speak on good dental health and meet the Tooth Fairy.

Dr. Laura Holena performs a free exam at the LCDS NCDHM mall event.

Dr. Larry Shire is interviewed by WNEP-TV (ABC affiliate) during the LCDS NCDHM mall event in Wilkes-Barre.

National Children's Dental Health Month

National Children's
DENTAL HEALTH MONTH

GIVE KIDS A
SMILE®

Hygienist Bonnie Barr with patient Ashanti Buie at the GKAS day at the office of Drs. Jennifer Davis and Frederick Johnson.

In addition to National Children's Dental Health Month, many PDA members chose to donate their time to Give Kids a Smile®, ADA's national program which provides access to care to low-income families. Although GKAS is traditionally celebrated the first Friday in February, GKAS events occur throughout the year.

The Dental Society of Western Pennsylvania (DSWP) proved that Give Kids a Smile events don't have to be limited to February. Dr. Mary Ann Davis, chair of the DSWP GKAS events, said that bad weather during the month of February has led to the cancellation of GKAS events in past years. To increase the number of patients treated at these events and to bypass the threat of inclement weather, DSWP held their 2010 GKAS events this past November.

Held at the Children's Museum in Pittsburgh, 237 children turned out for a free dental screening. In addition to the great turn-out, a large number of dental students from the University of Pittsburgh School of Dental Medicine volunteered their time and skills to help make the event a success.

Volunteer dental hygiene students from Luzerne County Community College pose for a picture at the LCDS NCDHM mall event in Wilkes-Barre.

THANK YOU FOR VOLUNTEERING

The University of Pittsburgh School of Dental Medicine's ninth annual Give Kids a Smile Days, sponsored by its Department of Pediatric Dentistry in conjunction with the student chapter of the American Academy of Pediatric Dentistry and the American Student Dental Association, were held February 4 and March 18, with more than $12,000 of free dental care in the Pediatric Dentistry and Dental Hygiene Clinics. Pitt has long been at the forefront of our state's efforts to provide much needed care to children, many of whom might otherwise not have access to care.

Teams of faculty and students provided fluoride treatments, cleanings, radiographs, restorations, extractions and sealants to uninsured children and adolescents. Dental hygiene students provided patients with a brief instruction about how teeth are used and led an interactive discussion about what a dentist does. The patients also had the opportunity to learn valuable information about taking care of their teeth, as GKAS volunteers guided them through educational stations about plaque, radiographs, tooth loss, brushing, nutrition and fluoride.

Drs. Jennifer Davis and Frederick Johnson of Cleona held their second annual GKAS day on February 26. After giving oral health screenings in their local school district, letters were sent home to children who had decay inviting them to attend the GKAS event. The event also was advertised on a local radio station, prompting listeners to call and schedule a free appointment for their children. In total, $3,700 worth of dental services was donated to children that day.

PDA would like to thank its members who generously supported this year's NCDHM program. No matter how big or small, every contribution made a difference in the oral health of Pennsylvania's children. It is through your continued efforts that care has become increasingly accessible to those in need.

PDA would like to thank the following individuals for volunteering as either district or local chairs during the 2011 NCDHM campaign. These positions are crucial to the program's success.

Statewide Chair
Dr. Joseph Ross

District 1
Dr. Michael Koumaras

District 2
Dr. David Igelwicz

Montgomery Bucks Dental Society
Dr. Christine Landes

District 3
Dr. Jessica Guy

Hazleton Area Dental Society
Dr. John J. Brady

Luzerne County Dental Society
Dr. John Evans

Scranton Area District Dental Society
Drs. Stephanie Hanyon & Jessica Falk

District 4
Dr. Valerie Deibler

District 5
Dr. Leigh Coulson

Lancaster County Dental Society
Dr. Ben Chikes

Cumberland Valley Dental Society
Dr. Michael Wolter

District 6
Dr. Constance Wilson

District 7
Dr. G. Matthew Kremser

Huntingdon County Dental Society
Dr. Donald Oakman

District 8
Dr. Jason Nedzinski

District 9
Dr. Drew Carlin

Crawford County Dental Society
Dr. Douglas Smith

District 10
Dr. Sharon Davis

Indiana County Dental Society
Dr. Brian Petras

Temple and Pitt Students Honored at National Awards

Temple's Nippa Thakkar, national ASDA Delegate of the Year and ASDA District 3 trustee, and Pitt dental school graduate Dr. Jim Martin, the former ASDA District 3 trustee.

Pennsylvania's dental schools were standout stars at the American Student Dental Association's 41st Annual Session in Anaheim, California in March.

Students from Temple University and the University of Pittsburgh received several honors.

Temple's ASDA president Nipa Thakkar won ASDA Delegate of the Year and Temple received the award for Most Improved Chapter. Pitt brought home ASDA awards for Involvement with Organized Dentistry & Involvement with Predental Membership.

We congratulate all those Pennsylvania students who made positive things happen this year on a job well done.

University of Pittsburgh dental students accepted two awards at ASDA's Annual Session in March.

Foundation Awards $5,000 to LVHN

The Pennsylvania Dental Foundation recently awarded a $5,000 grant to Lehigh Valley Health Network to support its "Miles of Smiles" mobile dental clinic. The clinic provides critically needed dental care and oral health education to children in the Lehigh Valley who lack access to care due to financial and transportation barriers.

Taking part in the check presentation were (left to right) Dr. Charles Weber, ADA Third District trustee, Dr. Bernie Dishler, PDA Second District trustee, Dr. Charles Incalcaterra, Lehigh Valley Health Network residency program director; Dr. Stephen Gschrey, Lehigh Valley Dental Society president, and Dr. William Spruill, PDA president.

>IN MY VIEW

College Students Practice Dentistry in Third World Countries

By Dr. Lisa P. Deem, Temple University
Kornberg School of Dentistry

International dental mission trips have become increasingly popular among college students aspiring to become dentists. In an attempt to demonstrate the desire to attend dental school and a commitment to community service, increasing numbers of college students are participating in international outreach efforts. Unfortunately, the level of participation extends to the actual practice of dentistry. Applicants are so unaware of the ethical and professional obligations to patients that they proudly disclose their activities on dental school applications.

> *"By the second week, I had successfully administered an inferior alveolar block and extracted my first tooth on a boy named Jonathan."*

Jonathan is an orphan in Costa Rica. Jonathan's oral surgeon is a college student on a dental outreach mission. Stunning activities like this are occurring throughout some international outreach efforts, advertised specifically to pre-dental students. The dental team experience, as advertised on one website, includes "dental exams, teeth cleaning, extractions, and fillings." College students are administering anesthesia, performing extractions, placing sealants, preparing teeth and otherwise practicing dentistry in all capacities on the world's most vulnerable populations.

As an admissions officer at one of the largest dental schools in the country, I have the opportunity to read too many personal statements detailing the escapades of college students that are frightening: *"Utilizing my elevator, I loosened the periodontal ligament around #12 and after lightening-fast minutes, I held a premolar in my hand that represents the culmination and validation of years of anticipation, perseverance and sacrifice."* Whose sacrifice?

The activities described above are disturbing on several levels. In an attempt to address the disparities in health care in third world countries, activities such as these actually define disparate treatment of people from underserved, impoverished nations. Supervising dentists and eager students equally share in the responsibility of treating patients from third world countries in a way that would not only be inconceivable in developed countries, but illegal. The scenarios described should give all of us pause.

The dentists who accompany students on the outreach trips facilitate, and ultimately condone the behavior by teaching technical procedures, and allowing care to be rendered. While those dentists may contend they are doing "good," potentially they may be doing harm. Extraction of teeth by untrained personal has been practiced for centuries. However, in this century we understand the potential complications and long-term harm that could result from this practice. The students, our future health care providers, demonstrate questionable ethics, poor decision-making and a lack of understanding of the profession. They are working under a misguided ethical and professional understanding of the field of health care. They presume that any care is better than no care. In many cases, no care is indeed better than harmful care. The orphans and others who line up for miles in pain, waiting in sweltering heat in underdeveloped countries for desperately needed health care wait for competent, experienced "foreign" or American dentists. They may not be informed that they are being used to provide experience for a college student who intends to apply to dental school to become a dentist. They are not given a choice. It is our duty to ensure that all people are treated with the same professionalism, compassion, and standards of care as the most prominent patient in the wealthiest country.

International humanitarian outreach activities are an excellent way for the most fortunate to give back to the underserved. Dentists who participate in outreach efforts that place them in risky, often uncomfortable situations should be commended for their beneficence. However, some dentists are willing to disregard their ethical obligations to patients and the practical aspects of proper training, as soon as they cross the borders. Dentists must recognize the value of a dental education and take no part in enabling the practice of dentistry without one. Undervaluing the requirement of a dental education in the profession in the name of access to care has become increasingly common. Procedures that have been historically within the sole domain of highly educated, well trained dentists are being delegated to other, less qualified oral health care team members in an answer to address the needs of the underserved. It appears that the slippery slope continues all the way to college students practicing dentistry on orphans in third world countries because treatment delivered below the standard of care must be better than no care at all.

In order to solve the increasing problem of college students practicing dentistry in undeveloped countries during dental missions, we must first educate the dentists who are supervising the practice. While those dentists facilitating the unacceptable practice of dentistry are in the minority, those who allow the behavior exist in large enough numbers that many applicants from across the U.S. report practicing dentistry during dental missions on their dental school applications.

For most dentists it is self-evident that showing a college student how to perform extractions and supervising the activity is problematic. For those who do not have a personal or professional problem with the concept, organized dentistry could take the lead by reminding dentists who participate in dental outreach of their ethical obligations to their patients whether at home or abroad. Similarly, the American College of Dentists could post a policy statement on the issue, which reflects its mission of advancing excellence, ethics, professionalism, and leadership in dentistry.

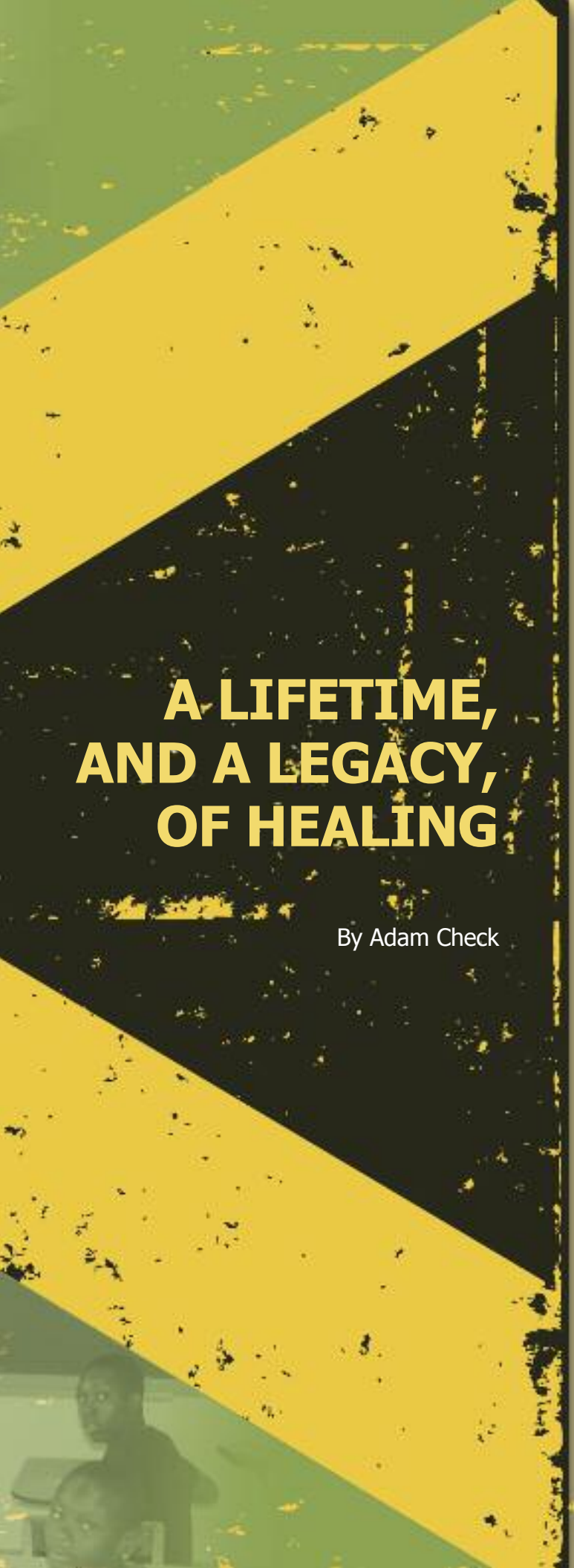
Additionally, continuing education classes on ethics and professionalism could include the issue as a component of the course. Finally, state boards of dentistry should notify licensees that delegating duties to a person that the dentist knows is not competent or authorized to perform is considered unprofessional conduct and disciplinary action can be taken against the license.

The high value that dental schools place on community service in considering applications may be, in part, the cause of college students stretching their service to include the actual practice of dentistry. Applicants think that international outreach activities serve them as being demonstrative of both their altruism, as well as their newly acquired dental skills. However, some schools are rejecting otherwise academically qualified applicants based on the questionable ethical integrity and self-serving behavior of outreach participants. College students must be informed of the unacceptable act of practicing dentistry without training. The students must be educated in the ethical principals of the profession. This can be accomplished through a policy statement published by the American Association of Dental Educators, which is actively discussing the topic. Additionally, the National Association of Pre-Health Advisors has been notified of the activities of their students and has reached out to dental school admissions officers for advice.

Addressing access to care issues, minimizing health care disparities and serving the poor are missions that we should adopt personally as health care professionals. As dentists, we have rich opportunities to give back to society, both locally and globally. We assume a position of trust in the communities we serve within our borders and beyond. It is our responsibility to ensure that the trust we enjoy from of all members of society, especially those from the most vulnerable populations is not misplaced.

The dentists who accompany students on the outreach trips facilitate, and ultimately condone the behavior by teaching technical procedures, and allowing care to be rendered. While those dentists may contend they are doing "good," potentially they may be doing harm.

Dr. Lisa P. Deem is an Associate Professor in the Department of Dental Public Health Sciences, and Associate Dean for Admissions, Diversity, and Student Services at Temple University Kornberg School of Dentistry. She received a Doctor of Dental Medicine degree from Kornberg School of Dentistry and a Juris Doctor Degree from Temple University School of Law. Dr. Deem is a member of the Pennsylvania State Board of Dentistry.



A LIFETIME, AND A LEGACY, OF HEALING

By Adam Check

The following piece, written by Adam Check, tells the tale of nearly 50 years of selfless commitment and service by his grandfather, Dr. Thomas Check. In Adam's own words, "this is my observation of the work my grandfather has been doing in Jamaica, and is told semi-journalistically from my point of view." Dr. Check, a PDA member from Norristown, is a spectacular example of how one person can literally change thousands of lives.

For most people, Jamaica induces thoughts of luxury and relaxation. However, if you peer beyond the well-manicured coast, the reality is quite different. Although I had known this for years — as I was always aware of the yearly trips my grandfather, Dr. Thomas Check, made to the island — I only truly realized it five years ago. That year, my senior year in high school, I had the opportunity to accompany him to the small island in the Caribbean where he has travelled every year since 1964 to care for the teeth of orphaned, abandoned and abused children.

Those who know Dr. Check know that he is deeply motivated, highly spiritual and extremely focused. His dedication to his community is admirable, yet it is no surprise to them that he has extended his service beyond the confines of his own community, establishing a dental clinic at Alpha Boys School in Kingston, Jamaica in 1964, and another at St. John Bosco in Mandeville, Jamaica in 1983. It is also no surprise to them that he has returned to Jamaica for 46 consecutive years to monitor the progress made, and to administer dental care to underprivileged children who live there.

Dr. Check had always wanted to use his skills to help others, but only after he was in a good position to do so. When he was 37, with an established dental practice, a stable income and a wife who shared his commitment to charity, he decided that it was time to act upon his desire. At roughly the same time, in 1962, Jamaica had won its independence from Britain, presenting Dr. Check an opportunity for service when the Alpha Boys School in Kingston made a request to the U.S. Catholic Mission Board for a dentist who would provide both dental care and a program to "save the children's teeth." After seeing this request, Dr. Check knew that he had found his outlet.

At that time, Dr. Check and Dr. Hugh Day, a Public Health Dentist based in Philadelphia, researched the literature for a program that would meet the request to "save the children's teeth." After much research and deliberation, they decided to institute a program based on the U.N. World Health Organization's "Incremental Care Program," which had been found to be very effective in both communities in the United States and Brazil.

This program involves a "DMF study," which measures the number of Decayed Missing and Filled teeth in each of the children. This DMF study requires that each child be examined for two consecutive years, with the first year measuring the intensity of the dental disease and the number of decayed teeth affected, and the second year determining the increase in the number of teeth affected by the decay.

After arriving at Alpha orphanage in Kingston in 1964 to institute the program, Dr. Day set up the clinic with a barber's chair, an overhead light and basic instruments in an empty farm shed. He spent two months starting the Incremental Care Program before returning to the United States. Dr. Check arrived the next year, and with his wife, Elizabeth, pointing a flashlight into the mouths of his patients, continued the implementation of the Incremental Care Program.

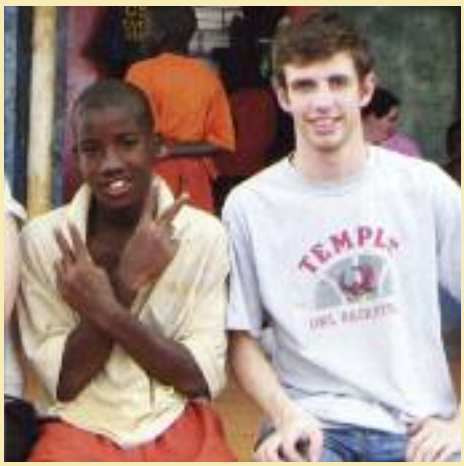
What they found was staggering. During the initial examination, they found only one filling in the 600+ children, with many decayed and missing teeth. The local habit of chewing raw sugar cane and the lack of access to care, with the exception of extraction, had led to an average of 10 teeth lost per child by the time they left the orphanage at age 18. In addition, the initial "second year" examination by Dr. Check showed that each child had, on average, an increase of 1.2 teeth affected by dental disease each year.

In the years to come, Dr. Check began to see drastic improvements in the children's dental health. His results earned him recognition, and in 1977, with donations flowing in, construction of a new two-operatory dental clinic became possible. Later, in 1983, he was able to expand his program to include the children at St. John Bosco, an orphanage about two hours outside of Kingston. By 2009, his most recent trip, there was only one tooth lost for every 10 children, a significant improvement in the children's dental health.

Dr. Check has been to Jamaica for 45 consecutive years. While the response from the local population, especially the boys whose teeth he has been saving, has been overwhelmingly positive, visiting the newly independent island has not always been easy. Despite brief periods of political turmoil, Dr. Check has remained devoted to his clinics and to his original mission, and has returned to the island every single year. He firmly believes that continuing to return to his clinics each year has been the best way to make a difference, because by doing so he has ensured that the children's teeth have continued being saved.

After agreeing to accompany him and his dental team, I didn't quite know what to expect. Would I be able to relate to the boys, or would they be hostile to an American boy? Would I be safe? Could I really make a difference in their lives? These questions, along with many others, were swirling through my mind when I boarded the flight, packed with stereotypical "spring breakers," in Philadelphia for Montego Bay. When we landed, we were accidentally herded with the rest of the tourists towards immigration. However, we were still due to fly into Kingston — we were one of, if not the only group from the Philadelphia flight to continue on. The slight mishap was sorted out, and we were soon boarding a small plane for the short flight to Kingston.

Upon our arrival in Kingston, Sister



Susan, a middle aged and outgoing nun who runs St. John Bosco Boys Home, our ultimate destination, greeted us in a large van. After driving nearly three hours over bumpy mountain roads, we had finally arrived. As I got out of the van, I noticed the large, multicolored school building to my left, as well as a large play area made of clay dirt and grass, which included one functional basketball hoop (the other was missing the rim) on a small dirty court, and two red soccer goals, each without a net. We had arrived during a break time in the school day, so many of the 120 boys ran over to the fence of the play area,

“wah gwan”

offering help and greeting Dr. Check.

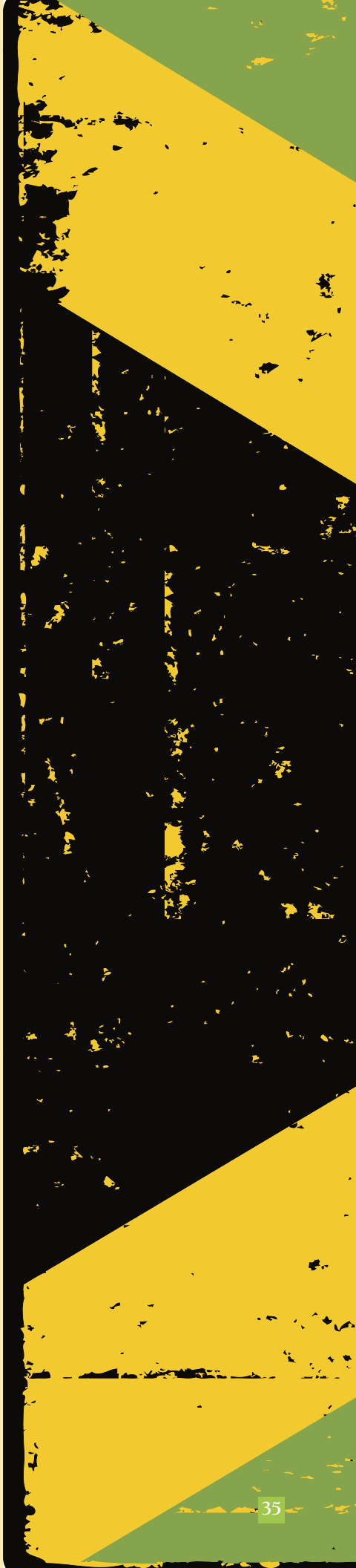
Our accommodations were the perfect size for our group of five, a pink one-story guesthouse with a den, including a functional TV, a kitchen, four small bedrooms and two bathrooms. After unpacking, we walked about a quarter of a mile to dinner in the convent. Like our living arrangements, the convent was suitable, but in no way luxurious. The chef, Newton, who had grown up at the boys home and now worked there, had made us a savory dinner, with most of the ingredients coming from either the greenhouse or the slaughterhouse on campus. After eating, we walked back to our guesthouse, and I went to bed, anxious for what was sure to be a busy second day.

I awoke at approximately 7 a.m., with just enough time to shower and eat a hurried breakfast before reporting to the convent. As I walked briskly down the path, I saw many boys and staff members, who showered me with smiles and the Patois (a language unique to Jamaica) greeting “wah gwan.” When I arrived at the convent, I was informed that I would be working in the kitchen that day, helping to prepare lunch for guests during the day, and the dinner for the dental team and the nuns. Although I had not been known for my cooking skills before my trip to Jamaica, that day I helped make things ranging from pumpkin soup to rum cake. It all tasted delicious, but even more importantly, I had a great time doing it. Both the staff and the boys were helpful, and I was easily able to relate to the boys, most of whom were the same age as me.

In the days to follow, I spent time in the butcher shop slicing meat, I taught a household budgeting class to children about to turn 18 and leave the orphanage home, and I spent numerous days painting old furniture. I also got a chance to assist my grandfather in his dental clinic, a two operatory building that was painted bright yellow and royal blue. Although I did little more than hold the evacuation tube for clearing up saliva and blood in the mouth, I enjoyed this experience very much. Aside from teaching the basic budgeting class, this was the only time that I felt that I was truly contributing to the children's lives in a way that would not have been possible had I not been there. Although some of the children were visibly terrified by the dental instruments, most seemed relatively open to the idea of treatment, and almost all were thankful and gracious after their procedures (and even more so in the following days).

The positive impact we had on the children was obvious, but they also had a tremendous impact on me. Although the boys I met were orphaned, abused, and/or abandoned, nearly all of them were nevertheless hard working, jovial, and ambitious. This stood in stark contrast to how I had feared their attitudes might be before traveling there, and what most Americans are taught to believe — that they would be sullen and bitter that they were not born to a more stable family, in a richer country. Being, exposed to this often neglected, human, aspect of poverty was personally revolutionary, and something that I think everyone should experience.

Finally, both he and I feel that making the annual journey is a win-win situation as the children get the dental care they need, and we are deeply immersed in a culture that relatively few Americans get to experience. Sure, relaxing on the beaches of Jamaica at American owned resorts is fun, but traveling beyond the coast is certainly a much more rewarding experience. So rewarding, in fact, that I will be accompanying my grandfather again this year, my sixth consecutive trip to the small island in the Caribbean.



STRENGTHENING THE BACKBONE OF OUR FINANCIAL SYSTEMS

By Lisa Philp, RDH, CMC
President, Transitions Group

There are 44 systems at work in every practice that keep the practice running smoothly on a daily basis. Some of the most important are the five or six financial management systems. The financial management systems are the ones that contribute to the revenue engine of the practice and include financial arrangements, insurance claims management, pre-determination management, treatment planning and accounts receivable. But the backbone of the financial management systems is the written financial policy.

Unfortunately, many practices that have a financial policy, may not be including the right options, the right level of detail and using the policy in the right way to enhance patient communication. Without a written financial policy, and team collaboration and understanding of the different options patients have to pay for their dentistry, it is challenging to achieve patient clarity regarding your payment expectations and the case acceptance that's possible. But, when there is a consistent policy that everyone can communicate, there is less stress, less leniency and less chaos. Let's take a look at what an effective financial policy should include and how it should be used.

An Effective Financial Policy Should Be Specific

In basic terms, a financial policy is a list of the different ways patients can pay for care, clearly communicating payment options and responsibilities. But to maximize patient understanding, clarity and case acceptance, the financial policy should be very specific. First, your financial policy should list all payment options available. One of the biggest benefits of a written financial policy is it immediately shows patients all of their choices and makes it easy for them to see you have a solution that will serve their needs. The more time they have to focus on cost, the harder it will be for you to address their concerns. So, you would list cash and checks and include an accounting reduction for prepayment if allowed by your state law. You would also list all the major

consumer credit cards you accept such as Visa, MasterCard, Discover and American Express. If you allow payment by appointment, be sure to provide detail on payment expectations and your cancellation policy. Also remember to list all of your patient financing programs along with the specific plans available.

An Effective Financial Policy Should Be Used

A financial policy cannot do its job as one of the most important financial systems within the practice if it's left to languish in a drawer. Again, the sooner you communicate to patients you have financial solutions that help them get the dental care they need, the more they will regard you as their oral health advocate and have greater satisfaction with your practice. So, put a copy of your financial policy in your new patient welcome kits and post one in your office. The only place I recommend not posting your financial policy is on your website. I believe the money conversation should only take place when there is a relationship built on trust. We do not have a relationship with patients until they call our office, not when they are seeking information on our site. What you should include on your website, though, is a statement of your commitment to finding both clinical and financial solutions that enable patients to enjoy oral health.

Most importantly, when the treatment plan is created and the patient is taken to a private environment to sit down and discuss the investment that's associated with the recommended dentistry, it's our obligation to inform before we perform. One of the top three breakdowns in patient relationships is improper explanation of fees when the patient is in an upright and coherent state. So one of the best ways we can ensure patient understanding is using a written financial policy during the treatment and fee discussions. This allows patients to both hear and read their payment choices, enhancing learning and information retention. Remember, 85 percent of adult learning is done visually.

An Effective Financial Policy Should Include a Patient Payment Agreement Form

Once the patient has committed to the dentistry and has chosen his or her preferred payment option, documenting the conversation with a patient payment agreement form is critical. This form ensures the patient understands what he or she is agreeing to and is meant to protect both the patient and the practice. The patient payment agreement form should detail the payment option chosen and the patient's payment responsibilities, including amounts and the dates payment is expected. Patients should sign the agreement form and keep a copy for their records. The other copy should be filed in their patient file. In the unlikely event that a patient is reluctant to sign the patient payment agreement form, the practice should not move forward with care. One of my favorite phrases in dentistry is, "we will wait with you."

"Mrs. Jones, I understand there are times when saying 'Yes' is just not possible. If anything changes in your life before we see you again, please don't hesitate to call. We are happy to wait with you until the time for care is right."

An Effective Financial Policy Should Benefit the Patient and Practice

There are many ways a written financial policy benefits your patients and practice. First, there is more clarity in communication, so patients are happier. There are fewer unanswered questions. Patients don't have to try to "remember" what you said and what they committed to after they've left the practice because they have it in writing. Second, a financial policy demonstrates to patients that you are committed to finding a way for them to get the care they need. For your practice, a financial policy will make dentistry affordable, increasing case acceptance. You will also have more consistency, fewer "special cases" where patients are allowed to pay in a manner that is not beneficial to the practice because they are "friends" of one of the team members or because of their particular circumstances. You'll also find you'll have lower accounts receivable. If you currently do not have a written financial policy and patient payment agreement form, it should be at the top of your "to do" list. Get the team involved and pay attention to detail. There are some great resources available to help you. For example, CareCredit has a customized financial policy and patient payment agreement form available to practices that offer their program (for information go to carecredit.com/financialpolicy).

Your financial policy is the backbone of your financial systems. When you and your team create and use a strong financial policy you not only keep your practice healthy, but keep your patients happy and healthy.

About the Author

As CEO of Transitions Group, Ms. Lisa Philp works with dentists and their teams on a daily basis, solving problems and streamlining systems and processes within the practice. Lisa is a certified effectiveness trainer, certified facilitator in Integrity Selling and a Certified Management Consultant. Ms. Philp is an authentic and engaging speaker and author who shares her passion for dentistry and practical, real-life solutions.

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What's Appening??

By Brian M. Schwab, DMD
Associate Editor

Almost everyone I know has a smart phone. Smart phones have infiltrated every age demographic, from young to old.

A recent survey by ComScore estimated that in the United States alone there are nearly 50 million smart phone users. This means that 1 out of every 4 people with a cell phone have a smart phone. In contrast to a normal cellular telephone, smart phones allow their users to go well beyond simple voice calls and games. Smart phones connect us to the information superhighway known as the World Wide Web where we can do most of the same things we can on a computer. They also allow us to instant message our friends, text away the hours and play games with graphics as good if not better than a laptop computer. Many dentists are using their smart phones for business purposes. From banking, to checking their up-to-the-minute portfolio data, or using their smart phone in direct patient education or care, dentists are finding that smart phones are helping to take some of the stress out of their day-to-day lives.

In this column, we are going to be focusing on the thousands of apps that are available for download and use on your hand held smart phone. First, what is an app? An app, or application, is a term used to describe a program that a smart phone user can download. Much like software, an app has a set function and usage in a very specific area. For example, there is an app for the New York Times and once you download it, you have the *New York Times* at your fingertips. You can browse the myriad of sections of the newspaper, check out the NYC arts scene, or read a recent review of a new BYOB in TriBeCa, all without having to go to your computer or carry around a newspaper. How convenient!

I believe there may just be an app for everything. I'd like to introduce you to some of the apps that are of relevance to the practice of dentistry and organized dentistry. A recent search of medical and dental apps for an iPhone yielded over 1,000 results. A search of the Android apps yielded similar results.

Here are some of my personal favorites:

The New England Journal of Medicine. (Free) iPhone and Android
This is a must have for anyone in a health profession. Updated weekly and great to browse, this app has the latest clinical and scientific updates relating to all aspects of clinical medicine. The NEJM costs $159 for a yearly paper subscription but is free on your smart phone.

Epocrates (Free) iPhone and Android
In an age where medications come and go like the wind, how can a dentist possibly stay abreast of the interactions, uses and contraindications of all the medicines our patients are using? Epocrates is a free, user-friendly app that lists all the information you need to know about a drug. Every dentist should have access to this application. Unlike the PDR, Epocrates is updated constantly so you have access to only the latest and most useful drug information.

Dental Spanish ($2.99) iPhone
It is the responsibility of the dentist to ensure that the patient understands the procedures and risks, regardless of their language ability. If you do not offer a translation service to your patients, you are opening yourself up to potential liability should something go wrong. This particular app offers audio files that an English-speaking practitioner can use with a Spanish-speaking patient to explain a procedure and gain the proper consent. There is a one-time fee of $2.99 for this app. Not all apps are free. You can use this app one time or a thousand times, and there are no additional charges.

National Board Dental Exam (NBDE) part I and II
($12.99) iPhone and Android
When I was in dental school and was studying for my national boards, I bought boxes upon boxes of flash cards to review all the areas covered by the NBDE. Now, students can purchase a super review series and have it at their fingertips. A must have for anyone taking the boards, this app offers a comprehensive review for the NBDE and is not a bad buy for only $12.99.

DAT Dental Exam ($0.99) iPhone
Remember taking this exam? Here's a handy review. Now that the entire exam is computerized, why bother practicing with paper and pencil? Practice online or on your smart phone using this excellent, affordable app and you will be better simulating the exam since it is not available on paper anymore.

ADA Annual Session App (Free) iPhone and Android
Yes, the ADA has an app for the Annual Session. Launched in 2010, this app has received super reviews from those who used it last year. From convention maps, schedules, and even an alarm to remind you of a course you signed up for, this app will hopefully be used in force when the ADA convenes this October in Las Vegas.

There are also a host of apps that can be helpful aids for your patients.

Brush Buddy ($0.99) iPhone
This is a really nice app for the patients whom you know are not brushing for two minutes. Younger patients like it more than the traditional egg-timer or stop watch even though it functions much the same way. Not only does this app play music while they brush for two minutes, it also has a visual component that shows them what teeth they should be brushing throughout the two minutes, so no area of the mouth is neglected. Finally, it has a mouthwash timer to help finish the job with precision and accuracy.

MyBraces ($3.99) iPhone
Think of this app like a Facebook only for those people undergoing orthodontic treatment. As a social networking site, this app allows orthodontic patients to chat, engage, educate and gain excitement about their treatments. I think this app will become free at some point because the price is a little steep for what they offering but overall the reviews are very positive.

Smart phones are definitely changing our lives. We have access to more information that ever before, and we can and should use that information to make our lives, both personally and professionally, more productive. I hope that if you are thinking about purchasing a smart phone, you'll take the plunge and do so. If you have a smart phone, take a few minutes to check out the many apps that are available to you. If none of the former peek your interest for the moment, take the opportunity to educate your patients about the many dental-related apps that are available for their perusal. It will add that high-tech edge to your practice and your patients will like that. Next on the list of new apps: The *Pennsylvania Dental Journal* app? Just maybe…

Fixed Income Investing (Part 4)

By Mark J. Funt DMD

In this article, I finish my fixed income series on investing by taking a look at several more investment risks, bond terminology and investment strategies.

First, I need to discuss several more terms regarding bond investing.

Duration

Duration is a measure of sensitivity to price changes of a fixed income investment as it relates to interest rates. Duration is expressed in years. For example, a bond portfolio with duration of three years means that the bond value will fall 3 percent for every 1 percent increase in interest rates. The flip side is the portfolio will increase 3 percent for every 1 percent decrease in interest rates. If you believe interest rates are going to increase, keep your duration low.

Interest Rates

There are several types of interest rates you need to be aware of when you are purchasing a bond. These rates include the coupon rate, the present yield, the yield to maturity and the yield to call.

The first is the coupon rate. For example, GE makes a new issue of bonds. They are issued at par ($1,000) at a coupon rate of 5 percent. As mentioned previously, $10,000 worth of bonds will pay out $500 per year. Your $10,000 bond has a coupon of 5 percent. Once the bond hits the secondary market, the bond will increase or decrease in value. Regardless of the value of the bond, it will always pay out $500 per year. Let's say interest rates decrease and the bond is worth $11,000. Although the coupon is still 5 percent, the yield is now $500/$11,000 = 4.5 percent. Let's say you bought 10 GE bonds at par ($10,000) at the initial public offering. Two years later your bonds are worth $11,000. You have already collected $1,000 in coupon payments and your bond has appreciated $1,000, for a total return of $2,000 or 20 percent over two years. You decide to sell your bond and I decide to purchase it. I will still collect the $500 per year coupon rate, but the yield on the bond is only 4.5 percent. If I hold the bond to maturity, I will only get back $10,000. Therefore, my total return when the bond matures will be less than 4.5 percent because I will lose the $1,000 premium or 10 percent I paid for the bond decreasing my "yield to maturity." How much less depends on how long I keep the bond. The longer to maturity I hold the bond, the closer my yield to maturity will be to the present yield of 4.5 percent. The shorter to maturity, the lower my yield to maturity will be. You may ask yourself, why would I ever want to a buy a bond at a premium that offers me a lower yield to maturity than the coupon rate? The first thing you need to keep in mind is that my bond is yielding 4.5 percent for a reason. Chances are if I went into the market to buy a new bond, I would probably only be able to get 4.5 percent or even less. I may believe that interest rates are not going up any time soon or will actually be falling, which will not only increase the value of my bond but also allows me to lock in a pretty decent interest rate at the time.

Finally, there is an interest rate referred to as the yield to call. Let's say I bought the $11,000 bond with a 5 percent coupon rate, a yield of 4.5 percent, a yield to maturity of 4.25 percent that matures in 20 years (2030). Some issuers want the right to buy their bonds back at an earlier date. For example, GE may want to have the right to call back their bonds in 2020. I now only have 10 years to collect the $500 coupon and my yield to call may only be 4.1 percent. It's important to know the yield to call because you want to know how many years you have of call protection. The longer the call protection, the higher the ultimate yield to call will be. The company wants the option to call back their bonds if they feel they can re-issue them at a lower interest rate or they just want to pay off the debt. It doesn't mean the issuer will call the bonds back but they have the option to do so. Most of the time, if the issuer calls their bonds back, they will pay par for them. In some rare cases, they will pay a slight premium to par.

The opposite is true for bonds you buy at a discount. If you buy your 10 bonds at $9,000 with a coupon rate of 5 percent, your present yield will be $500/$9,000 = 5.5 percent. At maturity you will receive par $10,000 and your yield to maturity will be higher than 5.5 percent, because of the extra $1,000 or 11 percent you will receive for the bond.

I know it is a little confusing, but to be a savvy bond investor you need to know the coupon, the present yield, the yield to maturity and the yield to call.

Now that you are familiar with all the different types of bond yields, there are two other risks you need to be aware of when investing in bonds.

Reinvestment risk refers to the interest rate you will be able to reinvestment your money, not only as you receive your payments but when your bond becomes due. Bonds have a good news bad news scenario. If you bought a bond with a 5 percent coupon and the present interest rates are at 3 percent, you will only be able to reinvest your money at 3 percent. Conversely, if interest rates go up to 7 percent, you will be able to reinvest your money at that higher interest rate. Remember the scenario earlier in the article when I bought your bond that had a coupon of 5 percent but a yield of 4.5 percent? Interest rates are lower, so where are you going to reinvest your $11,000? Can you receive a high enough interest rate to compensate you for losing the 5 percent you were getting on that bond? It's always a numbers game to figure out if it is actually worth it to sell the bond and collect the premium as opposed to just holding the bond until maturity and collecting the 5 percent coupon.

Finally, there is time and/or inflation risk. Although you are paid a higher interest rate for the risk you are taking going long, you are also taking on the risk of inflation. For sake of argument, let us say you bought a 20-year bond yielding 4.2 percent. As long as inflation runs less than 4.2 percent you are winner. However, once inflation goes (interest rates) go above 4.2 percent you are losing purchasing power. The further you go out on the yield curve in terms of maturity, the greater the risk of inflation.

Investing Bond Strategies

The most common strategy of investing in bonds or CDs is called laddering. With laddering, you build a portfolio of individual bonds with staggering maturities. For example, you may buy a bond that matures in two-year increments over 20 years. If that was the case, you would allocate 10 percent of your fixed income portfolio each time you buy a bond. For example, let's say you have $100,000 to spend. You would buy $10,000 worth of bonds that mature in 2013, $10,000 worth of bonds that mature in 2015, and $10,000 worth of bonds that mature in 2017 until you purchase your last $10,000 worth of bonds that would mature in 2031.

When your bond matures in 2013, you would take that money and buy a bond with the longest maturity, a bond that matures in 2033. Basically, you do not want your bonds to come due at the same time. The advantage of this strategy is that you are collecting variable interest rates along the yield curve and as bonds become due, you can either keep the money or invest it back into the longer end of the yield curve taking advantage of higher interest rates unless you have a flat or inverted yield curve. If rates fall when it is time to reinvest, you will receive a lower yield, but the rest of your bond portfolio will be yielding above average returns.

A second strategy is known as a barbell strategy. In this strategy you invest in bonds only with short term and long-term maturities, leaving out the intermediate term bonds. In this strategy, you lock in the higher rates of your long-term bonds and as your short-term bonds become due, you can decide what you want to do with the money. If rates are higher, you may want to consider purchasing more bonds at the longer end or if rates are down, considering an alternative investment or putting your money in cash to wait for another opportunity.

The final strategy is called the bullet strategy. In this strategy, bonds are bought at different times but all with the same maturity date (year). This is a great strategy if you need a lump sum of money for a particular event or a particular time (college, retirement etc.) Let's say you need the money in 10 years from now. All bonds will have a maturity date of 2021 but they are all bought at different times. Therefore, some bonds will be bought today with a 10-year maturity date, some will be bought in one year with a 9-year maturity date and some will be bought in 3 years with a 7-year maturity date. They will all become due in 2021. The idea is to minimize the impact of interest rate fluctuations. In some ways, this may seem counter-intuitive because as we shorten our maturities on the yield curve, interest rates traditionally go down. However, if you believe interest rates are trending up between now and your target date, this may be a good strategy. Let me give you an idea of how interest rates can change. On October 8, 2010, the yield on the 10-year Treasury bond was 2.38 percent. On February 4, 2011, the 10-year bond closed at 3.64 percent. That is a 50 percent increase in yield in only 4 months.

Finally (I hear a collective sigh of relief out there), what is the best strategy to invest in bonds today? As with any asset in investing, no one really knows for sure. What we do know is that interest rates cannot go any lower, they can only go higher. Of course we do not know how quickly or how high they will go or how long any trend may last. Because of all the liquidity flooding the economy, the increase in prices of commodities and the continual rise in the price of gold, the general consensus is that inflation is on its way. As I wrote before, one of the main jobs of the

fed is to fight inflation by raising interest rates.

Because no one really knows, it is always a good strategy to ladder your bonds. Presently, the yield curve is normal sloping predicting higher interest rates. Some "experts" are recommending minimizing the amount of money going out long term on the yield curve so you will have more money available when interest rates increase. It certainly seems like a good idea to shorten the duration of your fixed income portfolio.

As mentioned previously, if you are saving a lump sum for a particular target date, the bullet strategy may not be a bad strategy at this time.

TIPS (Treasury Inflation Protected Securities) are another alternative to investing in an inflationary period. These are inflation-indexed bonds whose principal is adjusted to the Consumer Price Index (CPI). As the CPI increases with inflation, the principal of your bond increases as well. Although I haven't discussed mutual funds (next article), there are floating rate funds that actually are designed to appreciate when rates increase.

Finally, many advisors are recommending dividend-yielding stocks in this low yielding fixed income environment. Their argument is that even if the stock goes down, you will still be paid a nice dividend, while you wait for the stock to rebound and there is always the possibility of capital appreciation of the stock. With money market rates and CDs yielding in the 1-2 percent range, there are many very conservative stocks yielding more than that.

The key to successful investing is not always being in the right asset at the right time but having a diversified portfolio with the proper asset allocation for your risk tolerance and goals.

Dr. Mark Funt is a Board Certified Oral and Maxillofacial Oral Surgeon who maintains a full-time practice in Elkins Park. He received his MBA from Temple University in 1994. Since that time, he has lectured and written articles on practice management and investing topics.

Observations

By Dr. Alex J. McKechnie

Worth repeating from the ADA News, December 13, 2010: Debts for New Dentists — if graduated 1998-2001 ($101,770), graduated 2002-2004 ($138,990) and 2005-2007 ($164,280).

Jaw muscles can contract with a force as great as 55 pounds of pressure on anterior incisors and 200 pounds of pressure on back molars.

The American Academy of Pediatrics recommends that children get a dental checkup at one year of age (or within 6 months of their first tooth, says an ADA spokesperson). Tooth brushing twice a day is essential as soon as the first teeth begin erupting. Parents should also start weaning children off pacifiers at age one.

Less than 10 percent of adults over age 65 have lost their teeth. Athletic trauma, fights or accidents cause the most tooth loss in people under 35 years of age. The cause of most tooth loss in people over 35 is periodontal disease. During the dark ages (400-1400 AD) it was a popular belief that one could grow a lost tooth by obtaining a tooth from someone else — ideally from a hanged person.

On September 20 each year, China celebrates "Love Your Teeth Day," which is a National Holiday promoting oral awareness among its over 1.2 billion people.

If you do not floss, you miss cleaning 35 percent of your tooth surfaces.

Recently an article appeared in a newspaper that identified dentistry as playing one of the vital parts in identifying a WWI veteran after 92 years of his identity being unknown. Pvt. Henry A. Weikel from Pennsylvania was long ago forgotten when his grave marker was lost. He was killed in 1918 in France and his remains were recovered by French Nationals using medical detectors. Military Forensic experts used dental records, DNA and other methods to establish his identity. More than 100 people, including a couple of his relatives, attended his burial in the Indiantown Gap National Cemetery.

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ADS

In *Memoriam*

Dr. Mark J. Piacine, 78, of Pottstown, passed away on March 9, one week after suffering a massive stroke while on vacation in Southern California with his wife, Barbara.

Dr. Piacine was a long-time leader in organized dentistry, having served as president of both Second District Dental Society and Montgomery-Bucks Dental Society.

Mark was born in 1932, the third of four children in Hamburg, Pennsylvania, the son of a Reading Railroad passenger conductor. He married the former Barbara Kirst of the same borough in 1961.

His early achievements included becoming an Eagle Scout in 1949 and serving a four-and-a-half year stint in the U.S. Air Force (1954-57) as a 1st Lt. navigating B-36s and KC-97s. He attended Gettysburg College (1957-58) and graduated from Temple University School of Dentistry in 1962, working his way through the latter as a radio announcer with WEEU in Reading.

He sang with the Pottstown Band and Glee Club (1958-69). From 1966 until 2006 he was the narrator and emcee for the Pottstown Symphony Orchestra's Pops Concert held each May. His other musical activities included acting as field announcer for the Philadelphia Eagles Football "Sound of Brass" musical half-time contingent (1966-68) and Master of Ceremonies for Reading's Sweet Adeline Pagoda Chapter.

In 1962, Dr. Piacine chose Pottstown to establish his practice in General Dentistry. Early in his career Dr. Piacine became active in organized dentistry and served on many committees. He was elected president of the Montgomery-Bucks Dental Society (1975-76), then director to Second District (1977-1986) before serving as Second District president in 1988-89. He was a delegate in PDA's House of Delegates from 1973 to 1991, and at the state level served on many committees, chairing the "Polishing Your Professional Image" public speaking program from 1986 to 1989. At the national level, he was a delegate to ADA annual meetings in 1989 and 1990, and was a member of the ADA's Joint Commission on National Examinations from 1986 through 1990, acting as vice chairman in 1990.

During his dental career, Dr. Piacine was awarded Fellowships in the Academy of Dentistry International (1982), the Academy of General Dentistry (1983), the International College of Dentists (1985) and was a member of the prestigious Pierre Fauchard Academy. He also participated in the PDA sponsored Donated Dental Services Program providing dental treatment to needy people.

Dr. Piacine played golf in the mean 110s (on a lucky day!), loved to ski those wide open, blue trails and enjoyed traveling. His hobbies included music, photography, theater, comedy, trains, playing "Mr. Fixit," and was well known for a few memorable practical jokes. He is survived by his wife Barbara; their two children, Suzette and Andrew, of Pottstown. He dearly loved his family (especially the four-legged ones), his friends, his patients and his country. His laughter and enthusiasm were infectious as he truly enjoyed life to the fullest, inspiring all with whom he connected to do the same.

Dr. Vincent J. Buono
Drexel Hill
Temple University (1943)
Born: 1/12/1918
Died: 3/25/2011

Dr. David W. De Grange
Conneaut Lake
University of Pittsburgh (1956)
Born: 2/12/1931
Died: 2/13/2011

Dr. Raymond D. Haslam
Hamburg
Baltimore Coll. of Dental Surgery (1957)
Born: 9/30/1932
Died: 3/5/2011

Dr. George K. Haudenshield
Pittsburgh
University of Pittsburgh (1943)
Born: 6/11/1920
Died: 2/19/2011

Dr. W. Edmund Magann, Sr.
Stroudsburg
Temple University (1951)
Born: 1/2/1922
Died: 3/16/2011

Dr. Sydney Make
Wynnewood
Temple University (1943)
Born: 2/15/1918
Died: 1/23/2011

Dr. John N. Waddell
Allentown
University of Pittsburgh (1969)
Born: 12/4/1943
Died: 2/22/2011

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Dr. Michael N. Sobel

November 17
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Jack Shirley, DDS

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Howard Golan, DDS, JD

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Turning Assessments into Action
Brian B. Nový, DDS

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A Partial Course on Partial Dentures with Hands On RPD Framework Design Principles Workshop (Hands On)
M. Nader Sharifi, DDS,MS

November 9
Impression Techniques, Concepts and Technology (Hands On)
Marc Gottlieb, DDS

November 18
Drugs and Dentistry Including Herbals and Nutraceuticals
Richard L. Wynn, PhD

Wellsboro

Pennsylvania College of Technology, North Campus
Contact: Rebecca Von Nieda, PDA
(800) 223-0016, ext. 117

September 16
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Lance E. Kisby, DMD

October 21
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Lillian Obucina, DDS, JD

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