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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.

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

Associate Editor | Dr. Brian Mark Schwab
1021 Lily Lane, Reading, 19560-9535
(610) 926-1233 / brianmschwab@aol.com

Director of Communications | Rob Pugliese
P.O. Box 3341, Harrisburg, 17105
(800) 223-0016 / FAX (717) 234-2186 / rap@padental.org

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

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

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Just Saying

In October 2011, the Pennsylvania Department of Health and Human Services announced that it would no longer pay for many comprehensive dental services for adults previously covered through the Medicaid program. Explaining the reasons for the cuts, the department noted that two million residents receive dental benefits and the state would save an estimated $42 million dollars. The initial shock was felt by patients and providers alike, but there was little surprise as the state government was trying to balance a very expensive budget that was already deeply in the red.

In the current financial environment, many state and federal programs are being severely cut or eliminated in the name of “cost cutting” and “streamlining.” A more appropriate term might be, “not important enough”, or “who cares about dentistry?” Obviously, dentists and patients care, but there is a provider shortage, when in fact there are plenty of providers, just no funds to pay them for treatment. With so few dentists participating, some argue that certain segments of the state are underrepresented by providers and claim there is a provider shortage, when in fact there are plenty of providers, just no funds to pay them for treatment. The State’s answer was to limit the program only to children, and create further barriers to care.

Recent reports from other states show that some iniquitous providers are finding ways to make a living, and in some cases, a good living from Medicaid and traditional third-party dental programs. In a case from Oklahoma, the information alleges that from July 12, 2007 through December 31, 2010, a dental office engaged in a scheme to defraud Medicaid by submitting false claims for dental services that were never provided. Specifically, it is alleged that the provider recorded in the patient’s treatment notes that she had placed dental restorations on certain teeth when, in fact, she had not treated the teeth at all. It is also alleged that on other teeth, she recorded that she had placed dental restorations on the tooth when, in fact, she had not restored or recorded that she had placed a dental restoration on the tooth when, in fact, she had placed on the tooth a type of treatment that is non-reimbursable by Medicaid. If convicted, the dentist faces up to 10 years in prison and a $250,000 fine.

In another case in the Northeast, a dentist convicted in one state for Medicaid fraud just moved to another state to continue his schemes. “The indictment in Connecticut charges that this dentist previously practiced dentistry in Massachusetts and Rhode Island. A year after his 1997 conviction in Massachusetts for submitting false claims, federal regulators excluded him — and any practice with which he is associated — from participation in the Medicaid program. From 2009 until April 2011, the indictment charges that he owned and operated several Connecticut dental clinics that were licensed in the names of other dentists. The clinics, which he secretly owned or controlled, received nearly $21 million in Medicaid reimbursements from the Connecticut Medicaid program, the indictment said. This dentist, in turn, received more than $3 million in payments from the clinic.

At the time of the arrests in May, federal prosecutors said the dentist was involved in reviewing patient charts, suggesting dental procedures to be performed, reviewing billing records, reviewing income reports, interviewing and hiring dentists, and providing overall management direction to the offices.”

Some fraud is directed toward traditional third-party payers. In Los Angeles, a Beverly Hills dentist was arrested on a 101-count felony complaint alleging insurance fraud exceeding $300,000 in losses, according to the Los Angeles District Attorney’s office. The accused dentist and his partners boast a host of celebrity clients, among them Jim Carrey, Kathy Ireland, Adam Sandler, Keanu Reeves and Vin Diesel. Closer to home, Philadelphia has its own dental celebrity. A Philly dentist and his daughter are accused of bilking close to $5 million out of numerous insurance
companies by submitting falsified medical bills, according to Philadelphia’s District Attorney. A yearlong investigation by the grand jury and District Attorney’s Insurance Fraud Unit resulted in Dr. Owen Rogal, 71, of Philadelphia and Kim Rogal, 50, of Delaware being charged with corrupt organizations, criminal conspiracy, insurance fraud, and both theft and attempted theft by deception, according to officials.

Dr. Rogal and his daughter are accused of submitting fraudulent medical bills to insurance companies over the past decade. The Rogals used The Pain Center to run their alleged systematic fraud. Of the $5 million they billed to insurance companies, the Rogals personally pocketed more than $1 million, prosecutors said. Officials allege that the two billed 15 firms at least $4,800 for Radio Frequency Surgery pain treatments worth at most $800.4

If two years of Medicaid billing from three offices in Connecticut can produce $21 million dollars in revenue, you can see why insurance fraud is ripe for participation. However, we are just shooting ourselves in the foot! As these stories break in the news, the damage to our profession is irreversible. State agencies and insurance companies will hold us accountable and say things like, “This program is too expensive”, and “Dentists are falsely billing for work not performed.” How can we promote the need to reimburse trustworthy, hardworking dentists for dental services to the needy when we are infected by greed from within?

Just saying.

—BRT

REFERENCES
PDA Achieves Major Victory with Passage of Non-Covered Services Legislation

On October 16, the Pennsylvania House of Representatives passed SB 1144 with a 197-0 vote. The legislation prohibits insurance companies from capping dental services that they do not cover under their plans. Under certain provisions as outlined in the bill, insurance companies no longer have the discretion to dictate fees on uncovered procedures.

The bill passed in the House after PDA’s vigorous advocacy campaign throughout the 2011-2012 and 2012-2013 legislative sessions. The bill died an early death during the first session it was introduced because of strong opposition from the insurance lobby. PDA asked Sen. Kim Ward (R-Westmoreland) to reintroduce the bill the following session and lobbied Senate leaders, including Banking and Insurance Committee Chairman Don White (R-Indiana) for support. It is a testament to the strength of organized dentistry that these leaders listened to dentistry’s concerns and became committed to passing a bill on our behalf.

In March 2012, PDA was called to a meeting with staff representing several Senate leaders and lobbyists and representatives from Highmark, Delta Dental and the Insurance Federation. Senate staff members explained that their bosses would like to pass non-covered services legislation for the dental community, but that they wanted a bill that all parties could agree to either support or stay neutral and not actively oppose.

The Senate staff asked PDA and the dental insurers to each accept a compromise that would entail amending the definition of “covered dental services” with some language asked for by the dental insurers, but not all the language requested, out of deference to PDA. The amended definition reads, “Dental services for which any reimbursement is available under an insured’s policy, regardless of whether the reimbursement is contractually limited by a deductible, copayment, coinsurance, waiting period, annual or lifetime maximum, frequency limitation or alternative benefit payment.”

In exchange for PDA accepting this definition, the dental insurers would accept not including “and any other limitation,” which essentially opens the door wide open for the insurers to exploit. If all parties agreed to this compromise, the Senate staff indicated that their bosses would vote SB 1144 out of the Banking and Insurance and Appropriations Committees to the Senate floor for a vote. Mr. Jeff Album, vice-president of Delta Dental, indicated that not only would it stop opposing SB144, Delta would actively support an amended bill in order to bring uniformity with other states’ definitions in non-covered services legislation.

PDA’s Board of Trustees carefully deliberated on whether to support such a compromise, understanding that not doing so would end any chance of passing non-covered services legislation through the General Assembly. Other factors taken into consideration were how other states with laws define “covered dental services” and the provisions in participating providers’ existing contracts, which read essentially the same as the Senate staff’s proposed amendment. Of the 26 states already with non-covered services laws, 25 adopted definitions similar or the same to what PDA was asked to accept.

The board ultimately decided to support the amendment so that the non-covered services bill would have a chance to become law in Pennsylvania. In April, SB 1144 passed out of the Banking and Insurance Committee and Appropriations Committees. It then passed the full Senate on May 2 and was referred to the House Insurance Committee, which voted on the bill in June. When the General Assembly returned to Harrisburg in September, SB 1144 was poised to pass the House of Representative until one House member introduced an amendment that delayed a vote. PDA was successful in convincing the legislator to pull this amendment because it was not applicable to the legislation. Soon after, the House of Representatives unanimously passed the legislation. Governor Corbett signed SB 1144 into law on October 25, the date from which the law takes effect in 60 days.

PDA is proud to have passed a bill that was so strongly opposed by the insurance lobby when first introduced. After months of stalemate and some careful negotiations that both sides could agree to, the insurance industry decoded to no longer oppose SB 1144 and SB 1144 succeeded in passing. This language in this bill reflects the laws that have been enacted in most of the 26 other states which passed legislation.

We want to thank all PDA members for responding to our action alerts to contact lawmakers, and those of you who took the extra steps of participating in our annual Day on the Hill and Legislative Checkup Week events. Your advocacy efforts ensured the passage of this important insurance reform!
Senate Bill 144
AN ACT

Amending the Act of July 2, 1996 (P.L. 514, No.85) entitled “An act providing for certain health insurance benefits to aid the health and well-being of mother and child following the birth of a child; and prohibiting certain practices by insurers,” defining “covered dental services”; and prohibiting insurers from setting fees for non-covered dental services.

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows:

Section 1. Section 2 of the act of July 2, 1996 (P. L. 514, No. 85) known as the Health Security Act, is amended by adding a definition to read:

Section 2. Definitions.
The following words and phrases when used in this act shall have the meanings given to them in this section unless the context clearly indicates otherwise:
“Covered Dental Services.” Dental services for which reimbursement is available under an insured’s policy, regardless of whether the reimbursement is contractually limited by a deductible, copayment, coinsurance, waiting period, annual or lifetime maximum, frequency limitation or alternative benefit payment.

Section 2. The act is amended by adding a section to read:

Section 4.1. Fees for non-covered dental services. An insurer’s contract with a dentist may not require that the dentist provide services to the insurer’s insured at a fee by the insurer unless those services are covered dental services.

Section 3. The addition of section 4.1 of the act shall apply to insurance policies issued or renewed on or after the effective date of this section.

Section 4. This act shall take effect in 60 days.

PDA Thanks Senator Kim Ward for Her Commitment to SB 1144

When approached by PDA in 2010, Sen. Ward readily agreed to sponsor non-covered services legislation on dentistry’s behalf. Until the bill finally passed the General Assembly on October 16, Sen. Ward continuously championed the cause with colleagues in both chambers and orchestrated discussions between all stakeholders to improve its chances of passing.

When asked why she agreed to sponsor SB 1144, Sen. Ward responded, “Some insurance companies were forcing dentists, by way of not including them into their network, into contracts that prohibited the dentists from setting their own fees for services that weren’t covered by some insurance plans. There is no way an insurance company should be able to dictate what any dentist, or any practitioner for that matter, charges for services an insurance plan doesn’t cover. My bill, Senate Bill 1144 — which will soon to be signed into law — fixes this.”

Sen. Ward, a Republican from Westmoreland County, was first elected to the Senate in 2008. She is the first woman ever elected to the 39th Senatorial District seat and in four short years rose through the ranks to become chair of the Aging and Youth Committee and Vice Chair of the Banking and Insurance Committee. She is also a member of the Consumer Protection and Professional Licensure, Public Health and Welfare and Veterans Affairs and Emergency Preparedness Committees. Practically every bill of concern to PDA is assigned to one of the committees to which she belongs, so PDA values its friendship with and support from the Senator.

Monitor Your Lawmakers Through PADPAC!

The start of Harrisburg’s new legislative session year is nearing and a new cast of lawmakers will descend upon the Capitol following November’s elections. 2013 will be another crucial year to help the Pennsylvania Dental Association Political Action Committee (PADPAC) build relationships with both incumbents and newly elected freshmen lawmakers. Navigating the legislative process to protect dentists and patients cannot be done without your help.

You can make a difference for your profession’s future by donating to PADPAC. Include a contribution when paying your 2013 dues or visit PADPAC online (www.padental.org/padpac).

A voluntary amount with your PDA membership dues is essential to monitoring how lawmakers vote during session. Any amount is greatly appreciated and many members donate under the following contribution levels:

- President’s Club $2,500+
- Liberty Club $1,000+
- Capitol Club $500+
- Keystone Partners $250
- Century Partners $170
- Century Club $120

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JOIN YOUR COLLEAGUES, SPOUSES AND STUDENTS

Day on the Hill

June 4, 2013

Help shape the future of the dental profession or it will be shaped for you!

NEW THIS YEAR
REGISTRATION DEADLINE: MAY 14
Due to time constraints with scheduling appointments, reserving buses, etc., PDA will no longer accept late registrations. No exceptions.

REGISTRATION AT THE RADISSON HOTEL IN CAMP HILL
Registration, along with pick-up and drop off for the Capitol, will take place at the Radisson Hotel in Camp Hill, NOT the PDA Central Office. Registration begins at 8:30 a.m., and the lobbyists will begin speaking promptly at 8:50 a.m. We will begin boarding buses at 9:15 a.m.

LEGISLATIVE ASSIGNMENTS
PDA will assign you to a team of four or five members, spouses and dental students and schedule legislative appointments in advance. Your team is responsible for meeting with key leaders and committee members. We also will make every effort to assign your team to visit your own legislators. If your legislators are not part of your team's assignments, please feel free to break away from your team to stop by their offices on your own and rejoin your team at another time. All appointments must take place between 10:30 a.m. and 1:00 p.m.

Talk with Pennsylvania's representatives and senators about the issues that pertain to you as a small business owner and those workforce issues that will impact you as the individual held liable for the health and safety of your patients.

WWW.PADENTAL.ORG/DAYONTHEHILL
Visit PDA's website to access all the information you will need:

- schedule
- maps
- background information
- talking points on our issues
- your team assignments

Attendees will no longer receive packets in the mail prior to this event, so please check the website frequently for updates.

PDA staff will email your team's legislative appointment schedule the day before Day on the Hill.

Thanks to your ongoing support, PDA has had many legislative victories, such as:

PASSING legislation expanding the scope of practice for expanded function dental assistants.

PASSING legislation prohibiting insurers from capping non-covered dental services.

PASSING legislation requiring insurers to cover general anesthesia costs when treating young children and patients with special needs.

...and MANY MORE!

@PADENTALASSN #DayOnTheHill

REGISTRATION WILL TAKE PLACE ONLINE ONLY AT WWW.PADENTAL.ORG/DAYONTHEHILL
HELP SHAPE THE FUTURE OF THE DENTAL PROFESSION OR IT WILL BE SHAPED FOR YOU!

Schedule Note: Tuesday may be a bad day of the week for you, but Tuesday is the best guarantee that you will see your legislator at the Capitol. The General Assembly is only in session Monday-Wednesday.

PDA makes every effort to schedule Day on the Hill for a day that the legislature will most likely be in session. However, there may be unforeseen circumstances in which your legislator may be called out of the office. Should this happen, you will be able to meet with legislative staff. We appreciate your understanding and cooperation should this occur. Oftentimes, meeting with legislative staff is just as effective. No matter what, the presence of hundreds of dentists, spouses and dental students at the Capitol will be noticed!

"I think it’s very important to build relationships with legislators because they have a lot of comments coming from many different perspectives that they’re getting input from. I think it’s important we come down here to represent not only our interests but those of our patients."
Dr. Drew Carlin, Erie

"I’ve been participating in Day on the Hill since I was a dental student. It’s evolved a lot and we have a bigger presence now. We work with the legislators and give them direct information. I’ve noticed that over the years we have been able to have more face time with the legislators versus the staff, not that that is any less important. It’s always nice to meet them face to face and to meet your own representative, which not everybody gets a chance to do. It’s definitely improved and changed a lot over the years."
Dr. Sara Halpern, Millersburg

"I decided to attend Day on the Hill because it’s really important to be involved in organized dentistry. It’s important to be involved in these types of legislative decisions that influence how we can better serve our patients and make dentistry a better career overall."
Jessica Scontamaglia, Temple University | 2014

Day on the Hill schedule

8:30 - 9:15 a.m.
Continental breakfast and legislative briefing by PDA lobbyists. Please arrive at the Radisson Hotel in Camp Hill no later than 8:30 a.m. to meet with your team.

*Legislative briefing begins at 8:50 a.m.*

9:15 a.m.
Board buses for the Capitol.

10 - 10:30 a.m.
PDA press conference and rally on the staircase of the main Rotunda.

10:30 a.m. - 1 p.m.
Team visits with legislators or staff. PDA will schedule your team visits in advance.

1 p.m.
Depart Capitol for return to the Radisson Hotel in Camp Hill. [Buses located at rear entrance of the Capitol on Commonwealth Avenue].

1:15 p.m.
Boxed lunch and briefing by PDA’s lobbyists.
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.

Minti Agarwal, DDS
University of California, San Francisco ’12
Corning, NY

Tarlan Arshian, DMD
Temple University ’12
Upper Chichester

Craig S. Bair, DMD
University of Pittsburgh ’10
Pittsburgh

Bethany Bannon, DMD
University of Pittsburgh ’07
Belcamp

Gregory A. Beggs, DMD
Temple University ’12
Stoneboro

Melissa A. Bergmaier, DMD
Temple University ’98
Devon

Bhalchandra G. Bhatt, DMD
Washington University ’90
Philadelphia

Michele A. Bonnevie, DDS
University of Buffalo ’11
Camp Hill

Michael A. Cuddy, DMD
University of Pittsburgh ’95
Carnegie

William J. Dempsey, DMD
Temple University ’12
Clifford Township

Joellen Drosinski, DDS
Howard University ’12
Dunmore

Troy R. Eans, DMD
University of Pittsburgh ’12
Pittsburgh

Michael Eisenbrock, DDS
Temple University ’76
Bensalem

Amir K. El Hassan, BDS, DDS
University of California, San Francisco ’04
Harrisburg

Matthew S. Etter, DMD
Temple University ’08
Philadelphia

Adam Feuer, DMD
University of Pittsburgh ’12
McMurray

Gregory P. Gates, DMD
University of Pittsburgh ’88
Coalport
NEW MEMBERS continued

Robert B. Hackman, DMD
University of Pittsburgh ‘11
Pittsburgh

Brooke F. Hamilton, DDS
The Ohio State University ‘11
Bradford

Levi Hamilton, DDS
The Ohio State University ‘10
Pittsburgh

Adam J. Hammerlee, DMD
University of Pittsburgh ‘12
Erie

Edward P. Heinrichs, DMD
University of Pittsburgh ‘72
Greensburg

Jessica Hershman, DMD
Temple University ‘12
Gwynedd Valley

Brent P. Kanar, DMD
University of Pittsburgh ‘12
Duncansville

Lawrence R. Leggiere, DDS
Baltimore College of Dental Surgery ‘83
Hughesville

Joseph C. Liu, DMD
University of Pittsburgh ‘12
Pittsburgh

Phillip J. Louie, DMD
Temple University ‘11
Philadelphia

Angela M. Lucarini, DMD
University of Pennsylvania ‘12
Shippensburg

Nicholas A. Mangini, DMD
University of Pittsburgh ‘10
Pittsburgh

Fredric C. Mazza, DMD
UMDNJ ‘08
Easton

James F. Moses, DDS
University of Michigan ‘08
Danville

Jason G. Nataupsky, DMD
Temple University ‘12
Philadelphia

Satyaprasad C. Nayak, BDS, DMD
University of Pennsylvania ‘12
Philadelphia

Alyssa R. Nielubowicz, DMD
University of Pennsylvania ‘12
Philadelphia

Niral Parikh, BDS, DDS
The University of Michigan ‘07
Breiningsville

Julee C. Plastow, DMD
University of Pennsylvania ‘10
Hazleton

Heather J. Platt, DMD
UMDNJ ‘11
Chesterbrook

Lisbeth M. Pulaski, DMD
Temple University ‘12
Norristown

Mary T. Rust, DDS
Temple University ‘83
Lafayette Hill

Kaushal J. Shah, DDS
University of Maryland ‘11
Blue Bell

Laura F. Shapiro, DMD
University of Southern California ‘09
Philadelphia

Jason L. Shoe, DMD
Harvard University ‘05
Hanover

Drayton L. Smith, DMD
Temple University ‘12
Conshohocken

Michael D. Sock, DMD, MD
Temple University ‘06
Hatboro

Michael T. Spadafora, DMD
University of Pittsburgh ‘12
Richboro

Megan M. Stock, DMD
University of Pittsburgh ‘12
Pittsburgh

Daniel M. Stoner, DMD
Temple University ‘12
Philadelphia

Deanna L. Thomas, DMD
University of Pittsburgh ‘94
Sharpsville

Vanaeyah Tran, DMD
Temple University ‘12
Tower City

Sujani Vellanki, DMD
UMDNJ ‘11
Mickleton, NJ

Rose Ogada Wadena, DMD
University of Pennsylvania ‘97
Havertown

Katelyn M. Woods, DMD
University of Pittsburgh ‘11
Pittsburgh

Jamie M. Yum, DMD
Temple University ‘12
Philadelphia
We continue our 105th year of camaraderie and education as one of the oldest dental societies in the region!

Upcoming Events

Fall All Day Program: Friday, September 21, 2012
Valley Forge Casino Resort, 1210 First Avenue, King of Prussia, PA
“21st Century Marketing: How Dentists Can Thrive in the New Economy”
Presented by Dr. Leonard Tau:
The Internet has become the main way that potential patients search for a dentist. Dr. Tau will teach you the ways your office can become the “go to” office in your area during this content rich course. Dr. Leonard Tau maintains a full time private practice in northeast Philadelphia focusing on general, cosmetic, reconstructive, and implant dentistry. Dr. Tau lectures nationally to fellow dentists on Internet marketing and social media.

Fall Dine Around: Wednesday, November 7, 2012
Paloma, 763 South 8th Street, Philadelphia, PA
“Practice Transitions”
Presented by Phil Cooper, DMD, MBA
Founded American Practice Consultants in 1985 to provide guidance for dentists in practice appraisals, practice sales, and partnership agreements. He has worked with hundreds of dentists throughout all types of practice transfers over the years and is well known and respected within the greater Philadelphia and New Jersey region.

Winter Entertainment Event: Thursday, January 17th, 2013
Del Frisco’s Steakhouse 1426 Chestnut Street, Philadelphia, PA
Come and join us in “The Vault” at Philadelphia’s premier steakhouse with a night of fine fare, music, drinks and entertainment.

Spring Dine Around: Wednesday, March 20, 2013
La Veranda, 30 North Columbus BLVD, Philadelphia, PA
“Cement Retained vs. Screw Retained Implant Restorations”
Presented by Jeff Carlson CDT
A noted international speaker, trainer, and author. He teaches dental technicians and dentists how to “simplify the complex”. He is the co-creator, along with his wife Kashi, of The Implant Consortium, a patient centered group of dental professionals dedicated to the advancement of tooth replacement. Jeff will discuss the criteria for determining which option is best securing implant restorations for the patient based upon: the patient’s expectations, the doctor’s expectations, biomechanical factors, and overall physiologic considerations.

Spring All Day Program: Friday, May 3rd, 2013
The Buck Hotel, Feasterville, PA
“STEP: A Predictable Protocol for Treating the Worn Dentition”
Dr. Woodwell and Passaro graduated from the University of Maryland Dental School Class of 1981. They have practiced together for over thirty years and maintain a practice of Restorative and Esthetic Dentistry in Feasterville, Maryland. In 2010, Drs. Woodwell and Passaro launched the Chesapeake Dental Education Center where they teach other practitioners how to achieve more efficient and predictable treatment outcomes with greater case acceptance.

Annual Golf Outing: June, 2012
Philmont Country Club

For more information on Eastern Dental Society, please contact Dr. Michael Salin at Info@Eastern-Dental.org or (215) 322-7810, or visit us online at www.Eastern-Dental.org
The PDA of the

By Dr. Bernie Dishler
PDA President
We have reduced our overhead. We have had to reduce our staff by 20 percent. We analyzed every program and operation. We cut back or eliminated some programs that have had limited usage by our members. The Board of Trustees reduced the number of its meetings and their individual expense reimbursements. We streamlined our committee operations. We eliminated most of the face-to-face meetings and went to telephone conference calls and our Social Network.

And, we are studying different models of governance. We have a Governance Task Force that is designing a model that hopefully will be more effective and more efficient. Our present governance was adopted 90 years ago. We don’t practice dentistry the way we did then and we should not run our association the way we did at that time. If you want to read more about the challenges to all associations, I recommend reading “Race to Relevance,” by Mary Byers. Mary addressed our President-elects Conference in July, and she worked with the Governance Task Force on this important process.

We are building the PDA of the Future. Stay tuned...

This is not 1970. This is not the PDA of your fathers. And, dentists don’t join organized dentistry like they did in 1970.

We have not had a balanced budget in the last half dozen years. We have continued to start spending the next year’s dues earlier and earlier each year. Our membership decreases by about 1 percent per year. As members retire or die we don’t replace them with quite as many as we lose.

That’s the bad news. The good news is that we are still viable. We are very active in the State Legislature. Three bills that we have been working on for awhile have passed this year. We have a very professional staff that continues to help us be innovative. One of our members is running for president-elect of the ADA.

Further good news — we have a plan. We decided to withdraw enough money from our healthy reserves to pay all of our bills for 2012. We will have a balanced budget next year, 2013. It will mean a raise in dues, $38, the first rise in several years. This could be a challenge to our members. The ADA is also expected to raise its dues this year by about $30. ADA is also planning a $50 assessment for Capitol improvements of our Chicago real estate. I hope our members will continue to support us as we become more fiscally responsible.
Where We’re Headed:

A Look At PDA’s 2013 Budget

By Dr. Samuel Selcher
PDA Treasurer

The balancing of PDA’s 2013 budget will require a dues increase of $38. The decision to increase the dues is never an easy one and was arrived at after numerous meetings to reduce spending.

In the rest of this article I will try to explain what was discussed in the process and how we arrived at the many necessary decisions.

I began my term as treasurer last April realizing we had some financial concerns coming our way. Our previous treasurer, Dr. Don Hoffman, has been warning us of the challenges for a number of years. The membership numbers have been decreasing and our aging members are moving into retired membership status.
In 2003, the House of Delegates began balancing a PDA deficit budget by using reserves. This number rose from $100,477 in 2006 to $471,726 in 2012. Investment returns have been good over the last few years. So as not to remove money from the investment accounts, amounts that could have been paid from reserves during these years instead were paid with available cash. This practice was a good business decision, but the cash came from dues money remitted for the following year being used in the current year. By June this year, we had run out of available cash and dues for 2013 had not yet been collected.

CEO Camille Kostelac-Cherry and controller Leo Walchak developed a plan to get us through the 2012 fiscal year and to get our finances in order for a fiscally sound future. The plan was endorsed by our auditor, Lisa Ritter, as well as Fisher Financial, PDA’s investment managers. Briefly the plan mandated the development of a balanced budget, living within the approved budget, and funding that budget with dues money collected for the same fiscal year. This plan required us to decrease spending in 2012 and propose a balanced budget for 2013.

To implement the plan, in July the Board of Trustees approved the liquidation of $1.3 million from PDA reserves in order to cover operating expenses through 2012. This action allowed us to pay anticipated bills for the remainder of the year and still keep within the stated policy requirement to maintain in reserves 50 percent to 75 percent of the annual budget. It also allowed PDA to segregate following year dues to be spent in the year for which they were collected. With the advice of our auditor, the board adopted a policy that no more than two months income from the subsequent year’s dues could be used in a current year. Our CEO previously had presented a plan for downsizing staff by 20 percent by December 31, 2012. She took the additional step of instituting a hiring freeze for all unfilled vacancies through December 31, 2012.

The next job was to decrease spending in other areas for the remainder of 2012. The board first eliminated the $40 per diem for attending board meetings. The funding for committee meetings for the remainder of 2012 was limited to conference calls or electronic means unless otherwise approved by the Executive Committee. Meetings were held with all departments to analyze where cuts could be made in program and department expenses in the current fiscal year with the least amount of damage done to the operation of the association. The recommendations then were analyzed individually by the Budget, Finance and Property Committee and the following recommendations resulted.

The full-time PAC coordinator position was retooled to more closely mirror the legislative/regulatory responsibility performed by the director of government relations, with only 25 to 30 percent of the coordinator’s time spent on PAC fundraising activities. The new SoftEdge GR tracking software allows every member dentist to be treated as a “contact” dentist, rendering the old grassroots system unnecessary. The PADPAC district coordinator positions have been eliminated with communication now directly to district presidents and secretaries. The three member PADPAC Board will remain.

It will be recommended to the Governance Task Force that the following PDA committees be eliminated: Government Relations Committee, Dental Benefits Committee, Communications and Public Relations Committee, Concerned Colleague Committee, Access to Oral Health Care Committee, and Environmental Issues Committee. In their place, advisory groups should be developed. The groups will be populated with members who express an interest, and those identified by staff as knowledgeable and engaged in the relevant subject matter and activities. Advisory group members will communicate electronically through PDA’s Social Network.
The board decided that PDA should transition out of insurance assistance to PDA members. After reviewing the statistics on the number and nature of the calls requesting PDA assistance, BFPC determined that a FTE staff position devoted entirely to insurance-related inquiries is no longer warranted. Instead that position will be reconfigured to deal more directly with insurance-related legislative and regulatory issues.

A part-time independent contractor has been available to PDA for nine hours per week. He will continue to respond to PDA member inquiries and will develop insurance information for the PDA website and Journal. When the current employee leaves PDA, staff will no longer respond to member inquiries. The insurance liaison program and the contract analysis program will remain.

An analysis of the Patient Relations program revealed that there was no return on investment (ROI) to PDA for this program. Only 15 components maintain a patient relations committee. There is no way for PDA to ensure that committee members are properly trained. A significant amount of staff time is needed to administer program details. The decision has been made that PDA will no longer support a patient relations program. However, staff will continue to update the PDA website to ensure that correct referral information is posted, and will direct patient calls and email to the website.

The Senior Dental Care program is another where there is no ROI, little to no legislative clout gained, and minimal traffic to member dentists from this program, according to the statistics gathered. This program will be eliminated.

The National Children’s Dental Health Month promotion will be shifted into an electronic mode for 2013 to decrease the cost of the program. Staff will transition the NCDHM program materials so that electronic communication will be used as much as possible.

The CE courses provided by PDA will be planned as revenue neutral events. Some increases in registration fees may be necessary.

Staff will attend only one day at each of the three regional dental conferences to decrease cost to the association.

Our major cost centers for the association are the ADA and PDA annual sessions and the BOT costs. The board made significant cuts to staff and reduced board expenses. Now the HOD needs to consider cuts to the ADA reimbursement line, and streamline the format of the PDA Annual Session. If we are to survive as a viable organization into the future, we must change or face extinction. We must come up with more cost effective ways to run the governance of our organization and do it while we can still afford to have relevant programs. We need to seriously evaluate the upcoming report of the Governance Task Force and act with prudence.

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MEMBERS RESPOND

to Communications Survey and Discussion Groups

By Rob Pugliese
Director of Communications
In our ongoing efforts to enhance two-way communications with you, our members, the Pennsylvania Dental Association recently completed a member communications survey and follow-up focus groups.

With the assistance of PRworks, Inc., a third-party research firm, we sought to gain insight about the strengths of PDA publications and communications tools, as well as potential areas where we can increase the effectiveness and relevancy of our efforts. Through the survey and subsequent focus groups, we explored perceptions about preferred communications methods and formats, the frequency and volume of those efforts, the most valued content and our growing social media outreach.

PRworks was very pleased with the member response rate to the survey. The overall impression from both the survey and the focus groups is that PDA’s member communications efforts are highly effective.

“Two important elements came together for the web survey and the member discussion groups — the passionate desire of the PDA communications and membership team and the willingness of members to take a few minutes to provide their opinions and direction. At PRworks we are extremely pleased with the number of members who participated in the web-based survey. The excellent response numbers from members will give PDA leadership solid direction going forward,” said Robert Saline, APR, Fellow PRSA and President/CEO of PRworks, Inc.

Some of our key findings are as follows:

- The use of email is vital for two-way communications. We will continue to communicate via email as much as possible. Twice as many survey respondents preferred communicating with PDA via email rather than by telephone.

- While 91 percent of you said PDA communicates with you sufficiently, and a plurality preferred monthly communication, there was a significant segment of members who would like weekly contact with PDA. In response to this, we continue to ramp up our use of social media. It is so important for you to connect with us via Twitter, Facebook, LinkedIn and our own private social network (SoNet).

- The Pennsylvania Dental Journal received very high ratings and continues to be the linchpin of all of our publications and backbone of our overall communications efforts. 83 percent of survey respondents read at least half of the Journal, with 64 percent reading most or all of it. In 2012 we have worked to streamline the page count and give readers the most important information. Focus group respondents confirmed this is an effective approach.
“It is good to know that members value the communications to and from PDA leadership. It is even more reassuring to see the true desire of the PDA communications and membership teams wanting member input and direction on how to constantly improve the quality and value of information to and from members. We all so often hear, ‘it was a failure to communicate’ but at PDA all members and leadership have a voice,” says Saline.

• In both the survey results and the focus groups, we continue to find that members value legislative updates and information on government and regulatory issues that could impact dental practices more so than any other content.
• The monthly eNews Update, received via email by all members, graded very highly and is viewed as highly useful for getting time-sensitive news or updates.
• There remains a consensus among our members of all age groups that a solid majority prefer print publications over electronic.
• In our focus groups, a reoccurring theme we heard from members was the need for resources to help them connect with their colleagues. We will work toward that as we continue to stress the opportunities you have on the PDA private social network (SoNet) to network with your peers, both in your own community and throughout the state.

Saline continued, “One of the most interesting findings hinted at in the web survey and repeated more boldly and clearly in the member discussion groups was the feeling of isolation owners of smaller practices may experience. We hear the theme repeated in distinct statements and very personal stories. Hearing this concern demonstrates how powerful the numerous PDA communications channels can be in print, via e-mail (e-mail blasts) and the growing social media options provided to members by the PDA.”

“At PRworks, we are convinced that the PDA SoNet communications channel can grow to afford members information, peer contact and serious support structures as you provide patient care and operate your practice.”
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Connect with Your Colleagues
PDA’s Social Network (SoNet)

If you haven’t yet logged on to the PDA Social Network, we encourage you to do so. This network gives you the ability to have increased communication with PDA leaders and staff, as well as endless opportunities to connect with your colleagues. Some highlights of the network include:

- Open forums for discussing dental office equipment and products, legislative topics and practice management issues.
- A library for you to search and share documents, as well as provide product reviews and share testimonials.
- Public and private groups that serve as an electronic mailing list.
- A personal profile for sharing and connecting with colleagues.

There is all of this and much more. The new communication possibilities provided by the social network are endless. To get started, visit www.community.padental.org and download the first time user instructions by clicking on the link on the homepage.

If you have any questions about the Social Network, please contact PDA at (717) 234-5941.
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Overview of the CDHC Program

The American Dental Association developed the Community Dental Health Coordinator (CDHC) pilot program to evaluate a new dental team and workforce model to improve access to dental care and promote oral health in underserved communities. The CHDC project came to Philadelphia when Dr. Amid Ismail, who was part of the project from the beginning, became the Dean at Temple University, Maurice H. Kornberg School of Dentistry.

There are now three CDHC graduates in Federally Qualified Health Centers (FQHCs) in North Philadelphia: Christina Rosario and Tiffany Collins work at Quality Community Health Care, an FQHC with several school-based satellites, and Calvin Hoops works at the Esperanza Health Center in Hunting Park, a faith-based FQHC that serves the local Hispanic community. The 18-month CDHC Pilot educational program includes approximately 670 hours of online didactic work through Rio Salado College, 160 hours of in-person clinical experience and assessments at Temple School of Dentistry and 1,040 internship hours inside the FQHC and in outreach locations. The 50 credit hour college-level program leads to a Certificate of Completion in Community Dental Health Coordination granted by Rio Salado College, in Tempe, Arizona. The CDHC’s are invaluable to the FQHC’s due to their training in areas such as health promotion, community development and networking, cultural competency and public health.

There is a second cohort of Pennsylvania students who are currently in their internship: LaKecia Graham (a dental hygienist), Adrian Pratt and Rhonda Collins are at Greater Philadelphia Health Action clinics across Philadelphia, and Lori Wood, also a dental hygienist, works at Together for Health Dental Center in Honesdale, a rural community.
**CDHC Scope of Practice**

The CDHC pilot program is designed to add a new member with a specific role within the dental team. The CDHCs scope of practice focuses on prevention, recognition of disease, community health promotion and oral behavior management. CDHCs are always supervised by the dentist in all their activities. As with other members of the team, after the CDHC takes a medical and dental history and conducts a general screening, a dentist must review all radiographs before any services are performed.

“**I can’t legally diagnose, but I can look at something and say, ‘I think you need to see the dentist and then have the dentist read the X-rays that I take.’**”

— Lori Wood

“As CDHCs, we can provide certain services like supragingival scaling, sealants, fluoride varnish treatment, screenings, x-rays, and prophy cup polishing,” Hoops said. The prophy cup polishing is done with a slow speed handpiece and the CDHC can also remove specks of supragingival calculus or stains and temporize cavitated teeth. The CDHC cannot remove decay or drill teeth and cannot extract any teeth. The CDHCs are supervised by dentists either directly, indirectly or through general supervision, depending on the clinical setting. “We still need supervision and a treatment plan by a supervising dentist since I can only recognize, not diagnose disease,” said Rosario. Hoops underscored the fact that CDHCs “don’t act independently, but can act remotely. We also can provide nutritional counseling and tobacco cessation counseling.”

He continued, “Our job is to work on prevention and to educate and connect people with dental services. If the patient has disease, we can schedule them at the clinic or have a recall system at that remote site for follow up if the patient does not have disease.”

Hoops also discussed Dean Ismail’s plan for a CDHC/Public Health Hygienist team, which Hoops hopes to implement in the near future as Esperanza brings in more dental staff members. He also mentioned the opportunity of having a dentist who will travel with the CDHC and/or Public Health Hygienist team to some locations.

Lori Wood, a current CDHC student who is starting the fifth month of her internship, is also a Public Health Dental Hygienist.

“When I am going off-site, I will be providing educational and preventive services. Our dentist at Together for Health Dental Center will review the X-rays, and then I will make the follow-up call to schedule the patients in our office,” Wood said. “As a Public Health Dental Hygienist, I can provide all preventive services without a dentist present.”

Wood’s role as a hybrid CDHC/Public Health Dental Hygienist is somewhat different from the other CDHCs, who are Expanded Function Dental Assistants (EFDAs) only.

“I can’t legally diagnose, but I can look at something and say, ‘I think you need to see the dentist and then have the dentist read the X-rays that I take,’” she said.

**CDHCs: Who are They and How do They Work?**

All of the current CDHC graduates had dental team experience prior to starting the CDHC program.

Christina Rosario has been a dental assistant for 6 years, working for 4.5 years at Quality Community Health Center and 2.5 years in a private practice. Tiffany Collins has worked as a dental assistant for 10 years at several offices in Philadelphia, both public and private. Shortly after graduating from college in Philadelphia, Hoops became a dental assistant at Esperanza in 2008, where his fluent Spanish skills helped him better serve the local community. All of the CDHCs in the program who were not dental hygienists have also been trained as EFDAs.

CDHCs embody the definition of a patient advocate. Rosario and the other CDHCs were trained by Sylvie Naar-King, an expert in Motivational Interviewing at Wayne State University, to help them empower patients to achieve positive oral and overall health outcomes. Rosario defines her role as “the liaison between the clinic and the community,” conducting screenings and scheduling follow-up visits at remote sites two days a week in the community. She coordinates outreach events with Collins and assures that patients know about the dental services at Quality. Collins often meets patients when they come in so they feel as comfortable as possible, and she helps patients with their current insurance or determining their eligibility for insurance.

“People on the street recognize you!” she said with a smile and a hint of confidence. “We form good relationships with schools, principals, and Senior Centers.” Collins and Rosario call their patients to remind them of their appointments, and the patients are extremely happy and receptive. It is not uncommon for patients to say, “Oh my gosh, you’re a life saver,” or “You go above and beyond for me,” Collins smiled and said. “It’s just my job! I call them to see if they went to their oral surgeon to get the extraction they needed, or if they no-show, I call them to follow up.”

Hoops is integrated into his organization as an outreach coordinator for the dental department with the Health and Wellness department at Esperanza.
“I’ve been able to do both in-reach and outreach as a CDHC,” he says. “We [Esperanza] didn’t just want to focus on oral health access outside the organization. We want our own medical patients to use our oral health resources. So we identified vulnerable patient populations, such as the HIV, diabetic, prenatal and pediatric populations. Currently, I’m working with a local non-profit and their HIV/AIDS services to fulfill the Ryan White grant requirements for their patients. I’m in the process of delivering oral health education to their HIV support groups of 15-20 people and helping arrange dental appointments for these individuals to seek treatment at Esperanza. I meet them at their appointment and address their questions. Also in September, I am giving a presentation to a prenatal class to help young mothers, who are really willing to listen. A dietician is going to talk about nutrition and I’ll be talking about oral health.”

The CDHCs address a key problem with access to dental care, especially in rural areas. Lori Wood elaborates on the access to care issue: “For people to travel to our office [in rural Honesdale], it can take up to two hours because there is nowhere else that participates in public health insurance. People come from far distances. By doing preventive services off-site, it makes a huge difference for people in my community because we don’t have transportation similar to the Philadelphia region.”

Lessons Learned

Regarding the training program if the CDHC program continues, Hoops said, “I thought the training was pretty good in terms of provision of services and education and gave us a strong foundation to work with through our internship and beyond.”

“Everything we do, the CDHC program touched on. More in-person lectures would have been helpful, though,” Collins said. Hoops went on to suggest some additions to the curriculum. “I’m not originally from the community and being relatively young, it might even be good to have other community health workers, public health dentists and others involved in public health come and speak to the CDHC students,” he said. “I can tell people to floss a million times, but there may be a better way to communicate. For example, having someone come in and give us some communication tips, like ‘here’s a trick that I learned.’”

Rosario indicated that the transition from the internship to everyday practice was difficult, and in general, the FQHCs would benefit from more direction on how to best schedule the CDHCs in the community and the clinic. Dr. Hussain, who supervises Rosario and Collins, described the transition from the training period to their formal role as CDHCs as challenging at first. Dr. Hussain hired two dental assistants to replace them while they were in the community, as their outreach has been profitable enough to bring on more dental team members. Other team members sometimes questioned why the CDHCs were “privileged” and, with the CDHC not being a recognized position, the CDHCs questioned – “is there job security?”

“Good communication within the whole team and the need for the CHDCs to come back and work with the original team is important. The CDHCs cannot be handled in an isolated way,” Dr. Hussain said.

Benefits to the Dental Practice and Local Community

When asked about how her job interacts with that of the dentist and hygienist, Collins mentioned that the CDHC and the dental hygienist have a “great working relationship.” Rosario noted that the CHDCs help the hygienists at Quality “get a lot more patients” as she and Collins are out in the community conducting screenings and scheduling patients to come into the clinic. With the CDHCs, the patient turnaround time is faster and there is more space in the schedule specifically for them to assess what is needed for patients and to provide services.

“We are constantly bringing in new patients for the hygienists,” Collins added.

The CDHCs play an important role in bridging the gap between cultures. Dr. Hussain said that, “When you are from the community, you can relate to the needs and problems of the patient base. The CDHCs’ outreach is essential and is a more effective way to recruit dental patients.”
Dr. Hussain mentioned that patients come into the clinic specifically asking for the CDHCs, as the CDHCs have created a bond with the patients before any work is done. Also, the no-show rate of the patients Collins and Rosario schedule in the community is unusually low. Dr. Hussain is highly pleased with their work in the community.

“Tiffany and Christina do most of the legwork for us, which is much appreciated. It saves us a lot of time,” Hussain said. “For a busy practice, having Christina and Tiffany is invaluable and also makes sense in terms of productivity.”

**Future of the Program**

For the future, Hoops noted that it is imperative to address the billing concerns and the sustainability of the program. The success of the program is “based on the assumption that insurance companies will recognize you as a member of the dental team,” he said. “There is much opportunity to make the program sustainable and be creative to get revenue. Also, in the midst of the CDHC’s certain limitations, we are trying to maximize our effect on the community so that the medical/dental clinicians can have a more significant impact. As Dean Ismail said, ‘We are not going to ‘drill and fill’ our way out of the oral health problem.’ The CDHCs are proving to be a valuable addition to the dental team that can focus on oral disease prevention. That is why this program is so important and should continue into the future.”
Wednesday, November 7, 2012

Michael Glick, DMD - Buffalo, NY - "The Role of Dentists in the Care of Medically Complex Patients" Dentists play an important role as primary healthcare providers. They need to screen and monitor patients for underlying medical conditions and are required to render dental care to an array of medically complex patients. Pertinent medical assessment of patients has become an essential part of dentistry, as are the most common medical problems that require modifications to routine dental care. Preventing oral healthcare for patients in today's rapidly changing medical environment is a daunting responsibility. This course will simplify the tasks by reviewing common medical conditions and explaining and applying clinical protocols for dental care of medically complex patients. Participants in the course will learn how to obtain further health information on a patient's medical condition: how to adjust dental care according to patient's medical condition: and how to adjust dental care according to patient's medical condition: and how to adjust dental care according to patient's medical condition.

This course is co-sponsored by an educational grant from Dukldental Lab and BMDS.

Thursday, December 13, 2012

Martin Jablow, DMD - Middlesex, NJ - "What's New in High Tech Dentistry" The goal of this lecture is to give dentists and their staff the information to succeed in integrating the latest high tech products and software into their practices. You will learn about state-of-the-art technology, high-tech equipment, and software applications. You will learn about the latest in digital imaging, computer-aided design and manufacturing, as well as how to use these technologies to improve patient care.

This course is co-sponsored by an educational grant from Dukldental Lab and BMDS.

Friday, January 18, 2013

Edward McLaren, DDS, MDC - Los Angeles, CA - "Esthetics and Materials: What? Where? When?" The goal of this lecture is to give dentists and their staff the information to succeed in integrating the latest high tech products and software into their practices. You will learn about state-of-the-art technology, high-tech equipment, and software applications. You will learn about the latest in digital imaging, computer-aided design and manufacturing, as well as how to use these technologies to improve patient care.

This course is co-sponsored by an educational grant from Dukldental Lab and BMDS.

Friday, April 5, 2013

Stephen Chu, DMD, MSD, CDT - New York, NY - "The Latest Advances & Techniques to Maximize Anterior Implant Esthetics" The goal of this lecture is to give dentists and their staff the information to succeed in integrating the latest high tech products and software into their practices. You will learn about state-of-the-art technology, high-tech equipment, and software applications. You will learn about the latest in digital imaging, computer-aided design and manufacturing, as well as how to use these technologies to improve patient care.

This course is co-sponsored by an educational grant from Dukldental Lab and BMDS.

Wednesday, May 22, 2013

John McGill, CPA, MBA, JD - Charlotte, NC - "Achieving Financial Independence" The goal of this lecture is to give dentists and their staff the information to succeed in integrating the latest high tech products and software into their practices. You will learn about state-of-the-art technology, high-tech equipment, and software applications. You will learn about the latest in digital imaging, computer-aided design and manufacturing, as well as how to use these technologies to improve patient care.

This course is co-sponsored by an educational grant from Dukldental Lab and BMDS.

Those taking the full DKU Series will receive both Bonus Courses at the Valley Forge Radisson Hotel

Wed., Oct. 10, 2012 BONUS #1: Harold Croxley DDS, PhD, "Know Your Patient's Medications & Their Impact on Dental Treatment"

Wed.-Fri., March 7-8, 2013 BONUS #2: Members choose one course from the Valley Forge Dental Conference

All meetings will be at the Springfield Country Club on Route 320, Springfield, Delaware County, PA, except for the Bonus Courses held at the Valley Forge Radisson Hotel, Registration for all courses 8:15 AM. Lecture 9:00 AM - 4:30 PM. Continental breakfast and lunch included for all DKU courses.

FEES

Dental and Dental Society Members - Entire Series plus both Bonus Courses - $605; Individual Courses - $195, 3 Courses - $530, 4 Courses - $615

Other ADA Members - Entire Series plus both Bonus Courses - $745 Individual Courses - $210, 3 Courses - $570, 4 Courses - $665

Non-ADA Members - Entire Series plus both Bonus Courses - $815, Individual Courses - $225, 3 Courses - $605, 4 Courses - $715

Student members accompanied by a doctor will be $295 per course per person with reservation at least one week in advance. $110 per person per day. Cancellations and Refund Policy: No refunds will be made within 30 days of course date. A $25 administrative fee will be deducted.

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**Attack of the Email Zombies!**

If you have ever been told by a friend or colleague that you sent them an abnormal email that might be spam, there is a good chance that your email has been hacked and is now acting like a zombie. A zombie email will send periodic spam messages to your contacts, from you, until you take action to stop it.

Recently this problem has affected many email accounts in the regional dental community. Let’s take a look at what actually happened and how you can recover from being an email zombie.

**What happened?**

The most likely cause of zombie spam from your email is that your email password was hacked. A password can be hacked in a number of ways, but the three most common are:

1) You had a simple, weak password, and the hackers guessed your password.
2) You received seemingly innocuous email from someone you knew that included a link. When you clicked on the link, it asked you to log into your email account again and nothing happened. That email was spam and when you thought you were logging in, you were actually giving the hackers your password.
3) One of the computers you used to access your email was infected with a key logger virus that recorded you entering your email login and password, and sent it to the hackers.

Once the hackers have your password, they easily open your email, insert a message, and blast it out to everyone in your contact list, as well as anyone you have ever sent or received an email from. They will keep doing it too, until you secure the account.

**How do I recover my account?**

You will need to change your password; however, first and foremost, you must ensure your computer is secure. If you are still infected with a key logger virus, changing your password will only send the new password to the hackers again. Start by completing a total virus and spyware scan. I recommend a tool from [www.malwarebytes.org](http://www.malwarebytes.org) to sweep your system. Download and install the software and update it to the latest version. With all other programs closed, run the full system scan. After the scan completes, reboot your computer. If you know how to go into safe mode, it is even better to scan.
Did you know that PD A’s website offers a wealth of information for patients of all ages? In addition to being an excellent dental resource for the general public, children can learn about the importance of good oral health by visiting our Kids’ Corner, and we also have a variety of resources for educators in our Teachers’ Corner.

Take a moment to visit the Patient Resource Center, **www.padental.org/patientinformation**, for an extensive listing of oral health topics, some of which feature videos. If you have a suggestion for a new topic, we’d like to hear from you. Please submit suggestions to **jm@padental.org**.

Please assist us in spreading the word about our website by letting your patients know about this helpful resource, available to them 24/7.

Also, if your office has a website, consider adding the PDA logo and hyperlink. The PDA logo is available for download from **www.padental.org/logo**. If you need assistance, contact the communications department at (717) 234-5941.
Dr. Thomas G. Lopatofsky

Thomas G. Lopatofsky, DMD, 50, of Wellsboro, died suddenly on Sept. 9, in Binghamton, N.Y., participating in a Hare Scramble race. Dr. Lopatofsky was a longtime leader in organized dentistry, having served his profession as Sixth District’s trustee on the PDA Board of Trustees as well as a stint as Sixth District Dental Society’s president.

He was the husband of PDA member Nicole Quezada, DMD, whom he married on Oct. 26, 1991. Dr. Lopatofsky was born April 28, 1962, in Troy, the son of George J. and Catherine Karamis Lopatofsky.

Tom and his wife Nicole opened their Complete Family Dentistry practice in 1990, in Wellsboro. Tom was a graduate of Notre Dame High School in Elmira, N.Y., Keystone Junior College, University of Scranton and Temple University School of Dentistry. He was a member of St. Peter’s Catholic Church, Wellsboro. In addition, Tom was a member of the American Motorcycle Association; NRA; past president of Wellsboro Rotary; Fellow in Academy of General Dentistry; Fellow in Academy of Oral Implantology; member of American Dental Society of Anesthesiology; board member of the Laurel Health Tioga Dental Clinic; Southern Tier Enduro Riders; Armenia Mountain Debating Society; Wynoa Riding Association member. He had received the PDA Presidential Citation and Rotary Paul Harris Fellows awards.

Tom was an umpire for the Wellsboro Little League. The Lopatofsky family hosted several Rotary exchange students over the years. His “Secret Recipe” made the Rotary chicken BBQ a success and his unique designs of the Rotary float won first prize in the Laurel Festival parade, more than once. A true outdoorsman, Tom loved not only hunting, fishing and skiing, but he was also a skilled dirt bike racer with the Western New York Offroad Association. Tom was an integral part of the Wellsboro community making the lives of those who knew him much richer. He had a great sense of humor but was also compassionate and caring of all who he came in contact with.

Surviving in addition to his wife; son, Eric Lopatofsky and daughter, Taylor Lopatofsky, both of Wellsboro; are his mother, Catherine Driscoll of Towanda; three sisters, Debra Lopatofsky (Bruce Bense) of Troy, Sandra Behman of Exton, Catherine Rumsey (Todd) of Troy; brother-in-law, Pierre Quezada (Christopher Sutherland) of Milton, Mass.; father-in-law, Rafael Quezada (Ingrid) of Shrewsbury, N.J.; several nieces and nephews. His father and a sister, Susan Lopatofsky, preceded Tom in death.

Memorials may be made in Tom’s name to Laurel Home Health Hospice, 24 Walnut St., Wellsboro, Pa. 16901.

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Dr. Richard W. Abel
Sewickley, PA
Univ. of Pittsburgh (1952)
Born: 1928
Died: 5/30/2012

Dr. Edward F. Flood
Levittown, PA
Temple Univ. (1951)
Born: 1922
Died: 7/30/2012

Dr. Kenneth C. Fordham, Sr.
Avalon, NJ
Univ. of Pennsylvania (1953)
Born: 1928
Died: 7/17/2012

Dr. John G. Hewson
Wilmington, NC
Temple Univ. (1946)
Born: 1924
Died: 6/26/2012

Dr. Edward G. Holteen
Ambler, PA
Univ. of Pennsylvania (1956)
Born: 1930
Died: 7/13/2012

Dr. Julius Levin
Rockville, MD
Temple Univ. (1952)
Born: 1929
Died: 3/29/2012

Dr. Joseph V. McGinniss
Philadelphia, PA
Temple Univ. (1953)
Born: 1926
Died: 7/3/2012

Dr. Morton B. Parmet
Allentown, PA
Univ. of Pennsylvania (1942)
Born: 1915
Died: 8/20/2012

Dr. Adolph W. Styer, Jr.
Reading, PA
Univ. of Pittsburgh (1954)
Born: 1927
Died: 4/23/2012
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MOM-n-PA: You Can Help!

Mom-n-PA Foundation is a 501(c)(3) non-profit foundation with the sole purpose of conducting an annual Mission of Mercy two-day event providing free dental care to the indigent in Pennsylvania.

Pennsylvania’s first MOM-n-PA clinic will be held in Philadelphia on Friday and Saturday, May 31 and June 1, 2013, at the Liacouras Center at Temple University.

Mom-n-PA expects to provide 2,000 patients with at least one million dollars worth of free dental care, along with dental aids such as toothbrushes, floss, etc. and Oral Health Literacy information and suggestions for follow-up care.

Mom-n-PA will be renting from America’s Dentists Care Foundation (ADCF) 100 portable dental units and chairs along with all of the necessary support systems (air compressors, suction units and sterilization equipment). ADCF is a non-profit that supports these Missions of Mercy in more than 20 states with quality equipment and logistical expertise.

The primary mission is to relieve pain and infection. This will include extractions, root canal treatment and restorations, in addition to dental hygiene scalings and some partial dental services. However, MOM-n-PA cannot provide comprehensive dental care for most of the patients.

Volunteer dentists, dental hygienists, EFDAs, dental assistants and dental students, as well as EFDA, hygiene and assisting students, will provide the professional care. Volunteer lay members of the community will provide logistical support. There will be volunteer translators for various ethnic groups.

A wide-scale fundraising effort is now ongoing to raise the estimated $175,000 that will be needed to administer this charitable event. Much of the fundraising will be “in-kind” donations.

Here is how you can help: you can make a donation to MOM-n-PA and/or volunteer your services (staff members are welcome, too) for one or both days of the event. For more information, visit the website at www.mom-n-pa.com.
New for 2013: NCDHM is going electronic!
Preparations for the 2013 National Children’s Dental Health Month’s (NCDHM) promotion are underway. We are modifying the program and focusing more on online materials this year.

The 2013 lesson plan, activities and statewide poster contest information are only available through PDA’s website. Visit www.padental.org/ncdhm to download the materials. The NCDHM promotional posters are still available for you to order. There may be a postage fee depending on the quantity.

PDA’s Social Network which is open to all interested members. PDA staff also will be a part of the NCDHM advisory group. The new advisory group will play an integral role in the statewide poster contest and is responsible for judging the poster contest entries.

In order for another successful campaign, PDA needs your help. Please visit www.padental.org/ncdhmgroup or complete the form below to sign up for NCDHM’s advisory group by December 31, 2012.

www.padental.org/ncdhm

NCDHM Advisory Group
Check all that apply:  ○ Please sign me up  ○ Please sign up my colleague

Your Name __________________________
Address ____________________________
City __________________ State _______ Zip Code __________
Email ________________________________

Your Colleague’s Name __________________________
City __________________ State _______ Zip Code __________
Email ________________________________

Posters  Quantity _______ Date by which you them _______

Credit Card (REQUIRED for shipping & handling fee)  ○ Visa  ○ MasterCard  ○ American Express  ○ Discover
Credit Card Number __________________________ Exp. Date __________
Name on Card __________________________ Signature __________

Promotion Type  ○ Mail event  ○ School visit  ○ Other
Promotion Sponsor  ○ District/local society  ○ Individual  ○ Both  ○ Other

Mail or fax form to: Pennsylvania Dental Association, Attn: NCDHM, P.O. Box 334, Harrisburg, PA 17105-3341 Fax: (717) 234-2186
<table>
<thead>
<tr>
<th>University of Pittsburgh</th>
<th>Temple University</th>
<th>Philadelphia County Dental Society</th>
<th>Dental Society of Chester County and Delaware County</th>
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<tr>
<td>Contact: Lori Burkette</td>
<td>Contact: Nicole Carreno</td>
<td>Contact: Teresa F. Ravert</td>
<td>DKU Continuing Dental Education Springfield Country Club</td>
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<td>Administrative Secretary</td>
<td>(412) 648-8370</td>
<td>Executive Director</td>
<td>Delaware County</td>
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<td>December 7</td>
<td>(215) 707-7541/7006</td>
<td>(215) 925-6050</td>
<td>Contact: Dr. Barry Cohen</td>
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<tr>
<td>Interdisciplinary Clinical Case</td>
<td>(215) 707-7107 (Fax)</td>
<td>Fax (215) 925-6998</td>
<td>(610) 449-7002</td>
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<td>Presentations: Radiology, Pathology, and Surgical Management</td>
<td>Register at <a href="http://www.temple.edu/dentistry/ce">www.temple.edu/dentistry/ce</a></td>
<td>e-mail: <a href="mailto:philodont@aol.com">philodont@aol.com</a> or visit the website at <a href="http://www.philodont.org">www.philodont.org</a></td>
<td><a href="mailto:DKUdental@aol.com">DKUdental@aol.com</a></td>
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<td>Limited Attendance</td>
<td>December 8</td>
<td>December 8</td>
<td>December 13</td>
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<td>Anitha Potluri, BDS, DMD, MDS</td>
<td>Advanced Lawsuit Protection and Tax Reduction Strategies</td>
<td>Possibilities in Dentistry: Cosmetic, Restorative, Implant Dentistry &amp; How to Implement Them into Your Practice</td>
<td>What’s New in High Tech Dentistry</td>
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<td>Elizabeth Bilodeau, DMD, MD, MSED</td>
<td>G.K. Mangelson, CFP, Author, Senior Advisor</td>
<td>Dr. David Little</td>
<td>Martin Jablow, DMD</td>
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<td>Sarah Davies, DDS, MD</td>
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<td>Danville</td>
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<td>Michael A. Cuddy, DMD</td>
<td>R. John Brewer, NREM T-P</td>
<td>Michael A. Cuddy, DMD</td>
<td>Edward McLaren, DDS, MDC</td>
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<td>December 15</td>
<td>Update of Local Analgesics: Review for Permit Renewal</td>
<td>Update of Local Analgesics: Review for Permit Renewal</td>
<td>April 5, 2013</td>
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<td>Limited Attendance</td>
<td>Limited Attendance</td>
<td>Joseph A. Giovanniitti Jr., DMD</td>
<td>The Latest Advances and Techniques to Maximize Anterior Implant Esthetics</td>
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<td>Paul A. Moore, DMD, PhD, MPH</td>
<td>Paul A. Moore, DMD, PhD, MPH</td>
<td>Stephen Chu, DMD, MSD, CDT</td>
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<td>February 9, 2013</td>
<td>Matthew Cooke, DMD, MD, MPH</td>
<td>May 22, 2013</td>
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<td>Advanced Anesthesia Update: Review for Permit Renewal</td>
<td>Michael A. Cuddy, DMD</td>
<td>Achieving Financial Independence</td>
<td>John McGill, CPA, MBA, JD</td>
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<td>February 9, 2013</td>
<td>Joseph A. Giovanniitti Jr., DMD</td>
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<td>March 2, 2013</td>
<td>Michael A. Cuddy, DMD</td>
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<td>Update in Medical Emergencies and Advanced Airway Techniques for Permit Renewal</td>
<td>Paul A. Moore, DMD, PhD, MPH</td>
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<td>Hands-On/Limited to 20 participants</td>
<td>Joseph A. Giovanniitti Jr., DMD</td>
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<td>Michael A. Cuddy, DMD</td>
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<td>March 4, 2013</td>
<td>Paul A. Moore, DMD, PhD, MPH</td>
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<td>What’s Hot and What’s Getting Hotter (T. F. Bowser Memorial Lecture)</td>
<td>Joseph A. Giovanniitti Jr., DMD</td>
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<td>Howard S. Glazer, DDS, FAGD, FACD, FICD, FASD</td>
<td>Matthew Cooke, DMD, MD, MPH</td>
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<td>May 10, 2013</td>
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<td>Dose Response Relations &amp; Avoiding Adverse Drug Interactions</td>
<td>Elliott V. Hersh, DMD, MS, PhD</td>
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<td>Greensburg</td>
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<td>Contact: Rebecca Von Nieda, PDA</td>
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<td>(800) 223-0016, ext. 117</td>
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<td>March 15, 2013</td>
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<td>Conscious Sedation, Deep Sedation and General Anesthesia Update for Dentists</td>
<td>Dole A. Baur, DDS</td>
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<td>Dale A. Baur, DDS</td>
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<td>April 12, 2013</td>
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<td>Salvaging Hopeless Teeth</td>
<td>Edward M. Feinberg, DMD</td>
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<td>March 14, 2013</td>
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<td>Dr. Maxwell Adams &amp; Dr. Scott McCurley: “Your Dentist Did What??- Tales from the ED”</td>
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jazz up your practice with this exciting line-up of speakers:

Wednesday, MARCH 6 2013
Dr. Henry Lee • Justice Through Science... Lessons Learned from High Profile Cases
Dr. Howard Glozer • What’s Hot and What’s Getting Hotter... Materials & Techniques
Dr. Jon Suzuki • Emerging concepts of Periodontics and Oral Implantology

Thursday, MARCH 7 2013
Dr. Kirk Behrendt • 7 Breakthrough Steps to Create Your Best Year Ever
Dr. Edward Feinberg • Diagnostic Considerations and Restorative Management of Difficult Cases
Dr. Scott DeRossi • Non-Odontogenic Toothache: A Guide to Accurate Diagnosis (AM); The Oral Medical Connection (PM)
DOCS EDUCATION • N20 Single Dose Conscious Sedation
AAFE • Botox Use in Dentistry - Lecture and Hands On, Part 1

Friday, MARCH 8 2013
Dr. Tiaraona Low Dog • Your Best Medicine; A Practical Guide to Health and Well Being (AM); Nutrition for the Dental Team (PM)
Dr. Paul Child • Technology Trends and Techniques—Implants, Esthetics, Ceramic Crowns and more
Dr. Rita Zamora • Social Media Marketing Success Strategies
DOCS EDUCATION • N20 Single Dose Conscious Sedation
AAFE • Dermal Fillers in Dentistry - Hands On, Part 2

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Lancaster County Dental Practice is looking for quality oriented general dentists to work in our growing, state of the art practice. We offer “the ultimate customer experience” to our patients, through quality dentistry, education and convenient hours. If you are interested in joining our team and want to learn more, please send your cover letter and resume to PDA Box N/D 1.

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Lancaster County Dental Practice is looking for quality oriented general dentists to work in our growing, state of the art practice. We offer “the ultimate customer experience” to our patients, through quality dentistry, education and convenient hours. If you are interested in joining our team and want to learn more, please send your cover letter and resume to hr@smilebuilderz.com. Your can also go to our website at www.smilebuilderz.com to apply. EOE
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Dental Dreams seeks an experienced Dental Office Manager for our Harrisburg or York location. You MUST have at least 1 year of prior dental experience and prior management experience. The dental office manager will provide general supervision to all business aspects of the practice. We offer a great compensation package with a base salary plus a monthly bonus potential of $1000. Benefits also include individual medical insurance, free dental care at our clinics and paid vacation.

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PA - (#’s are collections) Erie $1,800,000, Erie $1,000,000, Multiple Offices-Pittsburgh area $2,500,000, North Hills $1,000,000, Moon Twp. $500,000, Tri State Periodontist $600,000, Robinson Twp. $670,000, Grove City $430,000, Mercer County $155,000, NW PA, Erie area $640,000, Franklin $360,000, Washington County $500,000, Oakland $300,000, Beaver County $760,000, Beaver County Pediatric $600,000, Plum $400,000, Mercersburg $530,000, Altoona $275,000, East Pgh. Prosthodontist $400,000.
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Long standing general practice with 3 operatories, 950 active patients and producing $300K per year. This is a great starter or merger opportunity for an instant influx of new patients. Contact jbruner@paragon.us.com.

Practice for Sale
Central PA - 5ops - high end dentistry, strong hyg. FFS, Rev. $865K, 2,800 s/f, condo avail for sale. Donna (800) 988-5674. www.snydergroup.net

Practice for Sale
Bucks County - High end FFS looking for peri-prosth. 6 ops, 2,800 s/f - digital - over 1,800 active patients. Donna, (800) 988.5674. www.snydergroup.net.

Practice for Sale

Practice for Sale
Lackawanna County -General - 19 y/o practice on busy street. Very strong hygiene program. 50% FFS, 50% PPO patients. 5 ops, Dentrix, cameras, digital X-ray, patient ed + a pan. 1,600 active patients. The practice shows very well. Contact: Sharon Mascetti (484) 788-4071.

Practice for Sale

For Sale
General practice, Huntingdon, near Lake Raystown, college town, 500K rev. on 34 hr/wk. 1,200 s/f, 4 Ops, turnkey. Buy or rent building with 3 BR apt. upstairs. Doctor’s row, shared parking lot. Doctor will stay to introduce. Reply: calderbreyden@verizon.net.
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