PDJ
PENNSYLVANIA DENTAL JOURNAL

National Children's Dental Health Month

Achieves Gold in Pennsylvania

PDA Pennsylvania Dental Association
MAY/JUN 2013 / v80, n3

Participate in our quick online survey and be entered into our

Dental Associations Gadget Giveaway!

The New iPad

MacBook Air

42" TV

Get a free demo today!

800.210.0355

Demandforce

Proud to be working with

Endorsed By PDA Pennsylvania Dental Association

ENTER TO WIN: demandforce.com/gadgetgiveaway

800.210.0355 demandforce.com/pda

Protecting dentists.

It's all we do.®

For more than three decades, we've had a singular focus on protecting dentists. Which is why we insure nearly 18,000 of the profession's finest and are endorsed by the Pennsylvania Dental Association. We offer:

- Professional Liability insurance
- Office Property insurance
- Exclusive Risk Management seminars
- Dedicated Risk Management Advice Line
- New dentist program

TDIC is Rated A (Excellent) by A.M. Best Company.

A.M. Best Company rating effective March 2012. For the latest rating, www.ambest.com

Endorsed by PDA

For a quote, contact PDAIS
877.732.4748
thedentists.com

The Dentists Insurance Company tdic®

Officers

Dr. R. Donald Hoffman (President) ☆▲✷
105 Penhurst Drive, Pittsburgh, 15235
(412) 648-1915 • rdh2@pitt.edu

Dr. Stephen T. Radack III (President-Elect) ☆✷▲
413 East 38th Street, Erie, 16504
(814) 825-6221 • stradack3@aol.com

Dr. Bernard P. Dishler (Imm. Past President) ▲▲
Yorktowne Dental Group Ltd.
8118 Old York Road Ste A • Elkins Park, 19027-1499
(215) 635-6900 • dishyork@aol.com

Dr. James A.H. Tauberg (Vice President)
224 Penn Ave., Pittsburgh, 15221
(412) 244-9044 • taubergmd@aol.com

Dr. Peter P. Korch III (Speaker) ●●
4200 Crawford Ave., NorCam Bldg. 3
P.O. Box 1388, Northern Cambria, 15714-1388
(814) 948-9650 • soth.pda@gmail.com

Dr. Jeffrey B. Sameroff (Secretary) ●✷
800 Heritage Dr., Ste 811 • Pottstown, 19464-9220
(610) 326-3610 • jeff.sameroff@gmail.com

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

Trustees By District

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

2nd | Dr. Ronald K. Heier | 2015 ▲
Drs. Graff & Heier, LLC
100 Deerfield Lane #290 • Malvern, 19355-2159
(610) 296-9411 • RonHeier@verizon.net

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

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

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

6th | Dr. John P. Grove | 2014 ●
PO Box 508, Jersey Shore, 17740-0508
(570) 398-2270 • jpgdds@verizon.net

7th | Dr. Wade I. Newman | 2014 ●
Bellefonte Family Dentistry
115 S. School St., Bellefonte, 16823-2322
(814) 355-1587 • win_dds@hotmail.com

8th | Dr. Thomas C. Petraitis | 2015 ☆
101 Hospital Ave., DuBois, 15801-1439
(814) 375-1023 • tpetraitis8th@gmail.com

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

10th | Dr. Herbert L. Ray Jr. | 2015 ☆
Univ of Pittsburgh School of Dental Med
3501 Terrace St., 3063 Salk Annex
Pittsburgh, 15261-2523
(412) 648-8647 • hrayendo@yahoo.com

ADA Third District Trustee

Dr. Charles R. Weber
606 East Marshall Street, Ste 103
West Chester, PA 19380-4485
(610) 436-5161 • crweberdmd@comcast.net

PDA Chairs

Communications & Public Relations
Dr. Tamara Brady

Dental Benefits Committee
Dr. Tad S. Glossner

Government Relations
Dr. Andrew Mramor

Membership Committee
Dr. Lawrence Montgomery III

Access to Oral Health Care
Dr. Gary Davis

Annual Awards Committee
Dr. Thomas W. Gamba

Concerned Colleague
Dr. Bartley J. Morrow

Environmental Issues
Dr. Wilbert H. Milligan III

New Dentist Committee
Dr. Sara L. Haines

PDA Central Office

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

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

Mary Donlin
Director of Membership
med@padental.org

Marisa Swarney
Director of Government Relations
mss@padental.org

Rob Pugliese
Director of Communications
rap@padental.org

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

Leo Walchak
Controller
ltw@padental.org

Board Committees Legend

✷ Executive Committee	✷✷ Chairman
☆ Budget, Finance & Property	☆☆ Chairman
● Bylaws Committee	●● Chairman
▲ Strategic Planning Committee	▲▲ Chairman

Editorial Board

Dr. Daniel Boston
Dr. Allen Fielding
Dr. Marjorie Jeffcoat
Dr. Kenneth G. Miller
Dr. Andres Pinto
Dr. Deborah Studen-Pavlovich
Dr. James A. Wallace
Dr. Charles R. Weber
Dr. Gerald S. Weintraub

CONTENTS

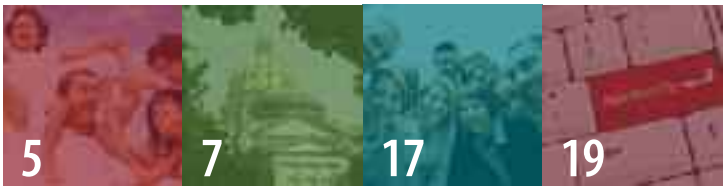
PDA Pennsylvania Dental Association

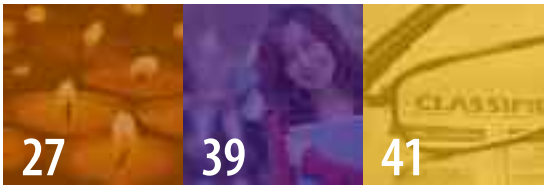
The Official Publication of the Pennsylvania Dental Association

MAY/JUN 2013 | *v80, n3*

***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.*

DEPARTMENTS





FEATURES

PENNSYLVANIA DENTAL JOURNAL (ISSN 0031-4439), owned and published by the Pennsylvania Dental Association, 3501 North Front Street, Harrisburg, 17110, is published bi-monthly: Jan/Feb, Mar/Apr, May/June, July/Aug, Sept/Oct, Nov/Dec. Address advertising and subscription queries to 3501 North Front Street, P.O. Box 3341, Harrisburg, 17105. Domestic subscriptions are available to persons not eligible for membership at $36/year; International subscriptions available at $75/year. Single copies $10. Periodical postage paid at Harrisburg, PA. "The Pennsylvania Dental Association, although formally accepting and publishing reports of the various standing committees and essays read before the Association (and its components), holds itself not responsible for opinions, theories, and criticisms therein contained, except when adopted or sanctioned by special resolutions." The Association assumes no responsibility for any program content of lectures in continuing education programs advertised in this magazine. The Association reserves the right to refuse any advertisement for any reason.

POSTMASTER: Send address changes to **Pennsylvania Dental Association**, P.O. Box 3341, Harrisburg, PA 17105.

MEMBER: American Association of Dental Editors AADE American Association of Dental Editors

By Dr. Bruce R. Terry
Editor

Facts and Fallacies: Why Isn't Pennsylvania the Worst State?

How is it possible that the state that brought you scrapple and cheesesteaks does not have the worst eating habits when compared to the other 49 states? Can't we be No. 1 in anything?! Or, is that No. 50?

Recently, Dr. Harold Katz from Minnesota, a bad breath expert and columnist to the Huffington Post, compared two studies to produce some interesting findings. In February 2011, the journal *The Lancet* published a report ranking the states with the poorest eating habits. In June 2012, The Kaiser Foundation published a study that ranked U.S. states for their dental health. Dr. Katz found that some states appeared on both lists, raising the question that poor eating may also be related to poor dental health?

Rather than take his word for this supposed link I reread each study. His assumptions may be a stretch in coincidence, but it's great fun to imagine the possibilities.

The top 5 states with the highest percentage of fully edentulous adults 65 yrs or older are:

West Virginia	36 percent
Tennessee	33 percent
Kentucky	27 percent
Mississippi	27 percent
Louisiana	26 percent

States like Oklahoma, Mississippi, West Virginia, Montana and Arkansas have reported annual dental visits at less than 61 percent.

The Kaiser study looked at three metrics: How many residents live in a Health Professional Shortage Area (HPSA), how many visited a dentist in the past year, and who over 65 years old is completely edentulous.

To see where our great commonwealth stands, Pennsylvania ranked 32nd out of 50 states, with 18 percent of adults 65 years or older fully edentulous. We ranked 23rd, with 72 percent seeing a dentist in the past year, and 28th for 14 percent living in a HPSA. How on earth can they eat a cheesesteak? Maybe they just eat the wiz.

And how is it possible that Pennsylvania has the second lowest per capita fast food expense when compared to all other states? In this study, states were ranked by the amount of grocery stores available, the average amount of money spent on fast food per capita, the gallons of soft drinks purchased per capita and the pounds of sweet snacks purchased per capita. Mississippi topped the list as the state with the worst eating habits in the country, and only 8.8 percent of adults there consume the recommended amount of daily fruits and vegetables. The state also has the highest rates of type II diabetes (12.8 percent) and adult obesity (34.4 percent). The per capita consumption of soft drinks is 82 gallons. That's right! The average Mississippian consumes 82 gallons of soda each year. That's more than 1 liter per day per person.

According to *The Lancet* the states with the most spent on fast food include: Nevada, Texas, California, Arizona and Georgia. California, are you kidding me? I thought California was the land of alfalfa sprouts and avocado. Who knew it was really the land of fried chicken and burritos?

When comparing the 10 worst states in each list, one can see that Oklahoma, New Mexico, Mississippi and Alabama appear on each list.

So is Dr. Katz correct in his assertion that the appearance of four states on both lists link poor eating to poor oral health? Probably not. This association is often referred to as fallacy. This type of thinking is similar to someone taking an antibiotic for infection-like symptoms. When the symptoms go away logic says that it must have been the antibiotic when the symptoms may have gone away without the antibiotic?

Fallacies and pseudo-science drag down evidence based health care. How can we help the public when so much information is pulled and commingled as in these two studies?

In a simple search online for birth rate in the U.S. I found that the same states that spend the most on fast food have some of the highest birth rates per capita: Oklahoma, New Mexico, Arkansas, Nevada, Arizona. Does that mean that eating fast food increases your chances of getting pregnant? Shows you what I know.

The increasing amount of information that is presented in books, newspapers, journals and online is creating opportunity for scrutiny as well as conjecture. Facts are twisted and taken out of context in order to prove a point. Politicians, scientists and others are all guilty of mixing up the truth. One must review the source and decide for themselves what the truth might be.

Just look at the current debate on the Affordable Care Act (aka Obamacare). If you try to find out how large it is you get anywhere from 2,700 to more than 6,000 pages. You can imagine how many different ideas are pulled from such a large document. Nobody really has a good idea of what it will do. As much as I want to know I am not about to read 6,000 pages of government policy. So I am going to have to take someone's review.

But I digress. Let's get back to our great state of Pennsylvania. So we don't have the best dental care, but also not the worst. We don't have the best diets, but also not the worst. Pennsylvania is one of the worst states in which to do business, according to a May, 2013 report in *Chief Executive* magazine. WeAreCentralPA.com says that Pennsylvania is the worst state to retire in. But *U.S. News and World Report* says we have some of the best schools. And several agencies report that Pennsylvania has some of the best state parks.

So, in culling all of the data it would appear that it's better to grow up in Pennsylvania than in many other states. Better to eat but not work here. And you should move out of the state either before you retire or lose all of your teeth, whichever comes first!

—BRT

145th Annual Session

PHOTOS AVAILABLE

As we did last year, for those of you who attended the 2013 Annual Session at The Hotel Hershey, we are making available the photos from Annual Session. You can go online at **socphoto.com/pda2013** to browse and order prints from Socolow Photography. If you have any questions, you can email **socphoto@verizon.net**.

GOVERNMENT RELATIONS

As the winter/spring legislative session wraps up and legislators soon return to their districts, we must ask: Where do we stand on our issues now that 2013 is already half over? PDA's legislative initiatives are off to a slow start, partly because the legislature is gridlocked over budget negotiations, but also because dentistry was given a lot of attention last legislative session with the passage of two insurance-related bills. PDA will continue to work hard to achieving our legislative priorities for this current session: passage of assignment of benefit legislation to benefit non-participating providers and a reinstatement of funding in the Donated Dental Services program.

The progress we made so far is due in large part to the participation of more than 100 members, spouses and dental students who attended Day on the Hill on June 4. Stay tuned for more information about this successful event in the July/August issue.

Assignment of Benefits (SB 520)

Senate Bill 520, which would require insurance companies to directly pay dental providers for a patient's treatment, is currently pending in the Senate Banking and Insurance Committee. SB 520 was introduced by Senator Kim Ward, and the bill has 12 co-sponsors, including Sen. Dominic Pileggi, who serves as Majority Leader.

Donated Dental Services Funding (SB 290)

Sen. Edwin Erickson (R-Chester/Delaware) introduced SB 290, legislation that would restore funding to the Donated Dental Services (DDS) program, which was cut in 2009 due to the state's fiscal crisis. The DDS program helps to provide dental care to Pennsylvania's most vulnerable populations who cannot afford necessary treatment, but are ineligible to receive Medical Assistance. For them, the DDS program serves as a last resort.

By restoring funding in the amount of $150,000, the DDS program can reinstate both of its program coordinator positions, and take patients off the waiting list that currently exists. The Dental Life Network currently funds one program coordinator position, who works remotely from another state; however this is not a sustainable source of funding and both coordinators are needed to manage the program and facilitate care for the entire state.

None of the funding is distributed to the volunteer dentists or dental laboratories, who will provide more than one million dollars in free dental care to hundreds of Pennsylvanians. Hundreds of Pennsylvania dentists and dental laboratories are willing to donate care, but without financial support for treatment coordination, the program is in jeopardy.

SB 290 was referred to the Senate Public Health and Welfare Committee.

Foreign-Trained Dental School Faculty (HB 272)

Rep. Bernie O'Neill (R-Bucks) introduced HB 272, legislation that would change licensure requirements for foreign-trained dentists teaching in Pennsylvania dental schools. Currently, these dentists must obtain a Pennsylvania license within four years of teaching at the dental school. HB 272 would allow most foreign-trained dentists unlimited renewal of a restricted faculty license until they are able to obtain a Pennsylvania license, and the dental schools will be able to recruit and retain qualified faculty members.

Under the legislation, those applying for a restricted faculty license must have successfully completed a specialty dentistry program, or advanced dental training in a clinical field, that is approved by the ADA Commission on Dental Accreditation. Those holding a restricted faculty license will be able to renew on a biennial basis and will be required to complete 30 credit hours of continuing education each renewal period. HB 272 was referred to the Senate Consumer Protection and Professional Licensure Committee.

Volunteer Dentistry (HB 1056)

Rep. Keith Gillespie (R-York) introduced HB 1056, which allows the State Board of Dentistry (SBOD) to issue temporary volunteer licenses to dentists who are in good standing in another state or territory so that they may volunteer at charitable events or provide care during emergencies in Pennsylvania. At present, dentists from other states are prohibited from volunteering at events such as Missions of Mercy and Give Kids a Smile, which provide direct access to dental services. PDA supports HB 1056 as a measure that will expand Pennsylvania's volunteer capacity to treat individuals without routine access to dental care.

HB 1056 will allow the SBOD to issue these temporary licenses to individuals who meet the following criteria:

- Holds an active license in another state or territory.
- Is current on all continuing education requirements.
- Demonstrates medical professional liability insurance coverage in the amount required by Pennsylvania law.

The SBOD may issue one 30-day temporary volunteer license per applicant or up to three 10-day temporary volunteer licenses per applicant per year.

The House Professional Licensure Committee approved HB 1056 on April 9.

Health Practitioner Student Loan Forgiveness (HB 542)

Rep. William Kortz (D-Allegheny) introduced HB 532, legislation to increase the funding available for dentists enrolled in the state's health practitioner loan forgiveness program.

Currently, the Pennsylvania Department of Health pays up to $64,000 toward the cost of a dentist's student loans in exchange

for the dentist serving in a designated health professional shortage area for four years. HB 542 would establish the Loan Forgiveness for Dentists Program, to be administered by the Pennsylvania Higher Education Assistance Agency (PHEAA). PHEAA may forgive 50 percent of the loan, not to exceed $100,000, if the dentist enters into a contract that requires him or her to practice full-time in an underserved are for four consecutive years.

HB 532 was assigned to the House Education Committee. It has not yet received consideration.

Clarification on Act 94: General Anesthesia Coverage for Eligible Patients

Act 94, which passed in July 2012, requires insurers to cover the cost of general anesthesia when needed to provide dental care to children seven years of age and younger and patients of any age with special needs. Though requiring the coverage, Act 94 does not dictate that the coverage must apply in every setting in which general anesthesia may be administered by law. An insurer must provide the coverage but its policies can dictate that the service be provided in a hospital or ambulatory surgical facility, rather than a dental office. Some insurers will provide the coverage regardless of where the service is provided, including dental offices. Please check with insurers directly to inquire about their policy on general anesthesia coverage.

PADPAC Update

A dental office may seem far removed from the corridors of Harrisburg's Capitol, but PDA monitors what happens in the General Assembly on a daily basis because legislators regularly introduce bills that directly impact the future of dentistry and how you manage your practice. Passively observing how the legislative process unfolds is not an option. We actively engage with legislators and educate them on the necessity of ensuring Pennsylvania remains an appealing place for dental graduates to live and practice as dentists and small business owners.

PDA has recently enjoyed major and wide-ranging successes, which has improved Pennsylvania's professional climate and expanded patients' access to care. Through our lobbying efforts, we have passed laws that require insurance companies to cover general anesthesia costs for young children and disabled patients. We also won the fight to prohibit insurance companies from controlling what a dentist may charge for services not covered by dental benefit plans.

This legislative session, PDA has a significant fight as we attempt to pass Assignment of Benefits legislation (SB 520). Passing this legislation has been an uphill battle, but we are optimistic that we can earn another victory. Our legislative victories cannot be earned without support from PADPAC contributors.

As a voluntary, non-profit, unincorporated group of dentists, their spouses, and others who care about advancing dentistry, PADPAC supports candidates for state office and monitors the legislative records of those currently serving in the General Assembly. PADPAC is not affiliated with any political party. Thanks to your contributions, the PADPAC board determines which legislators—usually House and Senate leaders and members of key committees addressing dental issues—receive campaign funding.

All contributions are broken into "hard" and "soft" dollars. Personal contributions ("hard dollars") can be used to support state legislative candidates and corporate contributions ("soft dollars") can be used only for PADPAC administrative purposes. The total dollars raised in 2012 was $100,974 ($60,312 in hard dollars and $40,662 in soft dollars). The fundraising goal for 2013 is $200,000, and the total budgeted this year for campaign contributions is $138,000.

The following chart reports the percentage of all PDA members (active and retired) who contributed to PADPAC in each district (as of March 28, 2013):

District 1 6%	District 5 15%	District 8 15%
District 2 9%	District 6 12%	District 9 16%
District 3 15%	District 7 15%	District 10 9%
District 4 13%		

We thank all of you who have made a contribution to PADPAC in 2013! This is a major legislative year for PDA in trying to pass assignment of benefits legislation. Your donation matters.

If you haven't donated yet, please consider doing so—any amount is appreciated, or you can join at the club levels listed below. Or, consider bumping up to another level if you're already contributed.

PADPAC Membership Categories	
Century Club	$120-$149
Century Partners	$170-$199
Keystone Club	$200-$249
Keystone Partners	$250-$499
Capitol Club	$500-$999
Liberty Club	$1,000-$2,499
President's Club	$2,500

You may donate online at **www.padental.org**, or by calling Marisa Swarney at (800) 223-0016, extension 116, or **mss@padental.org**, or Charles McElwee, extension 108, or **cfm@padental.org**.

YOUR PDA SOCIAL MEDIA

Connect with us!

Facebook

FACEBOOK.COM/PADENTALASSN

The top four cities in Pennsylvania with the most people who like our page

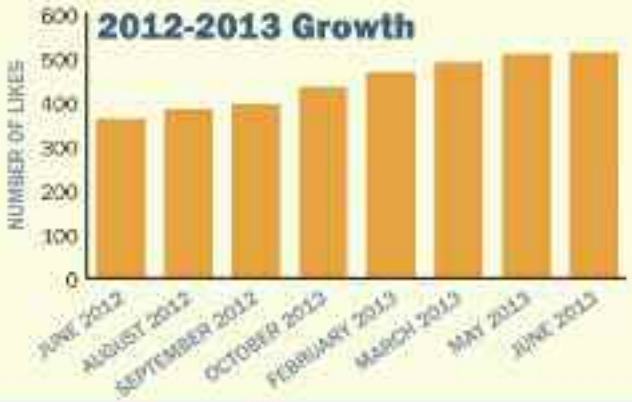
65	Philadelphia
33	Pittsburgh
28	Harrisburg
8	Erie

Our number of likes increased by 42 percent in just the last four months.

Half of the people who like our page are female and half are male.

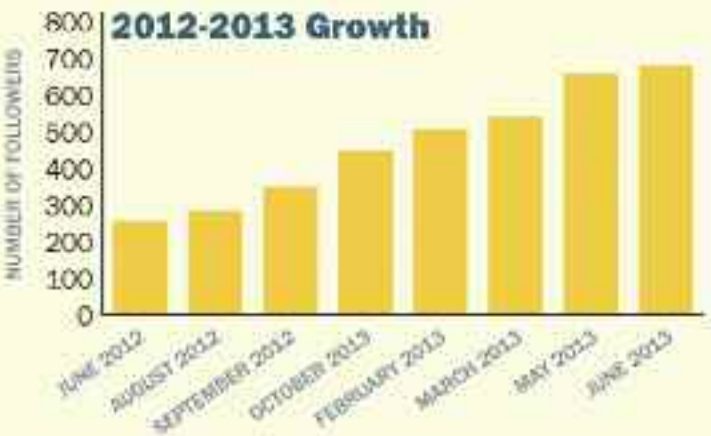
Number of Likes from the Top Five Countries

391	United States of America
25	Egypt
13	Saudi Arabia
12	India
10	Pakistan



Twitter

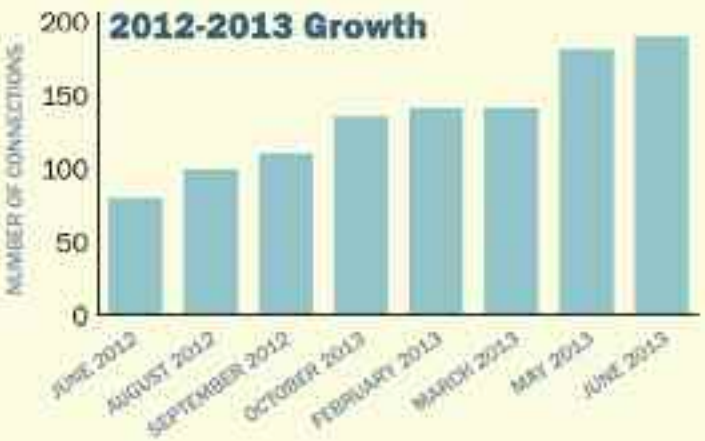
TWITTER.COM/PADENTALASSN
(@PADENTALASSN)

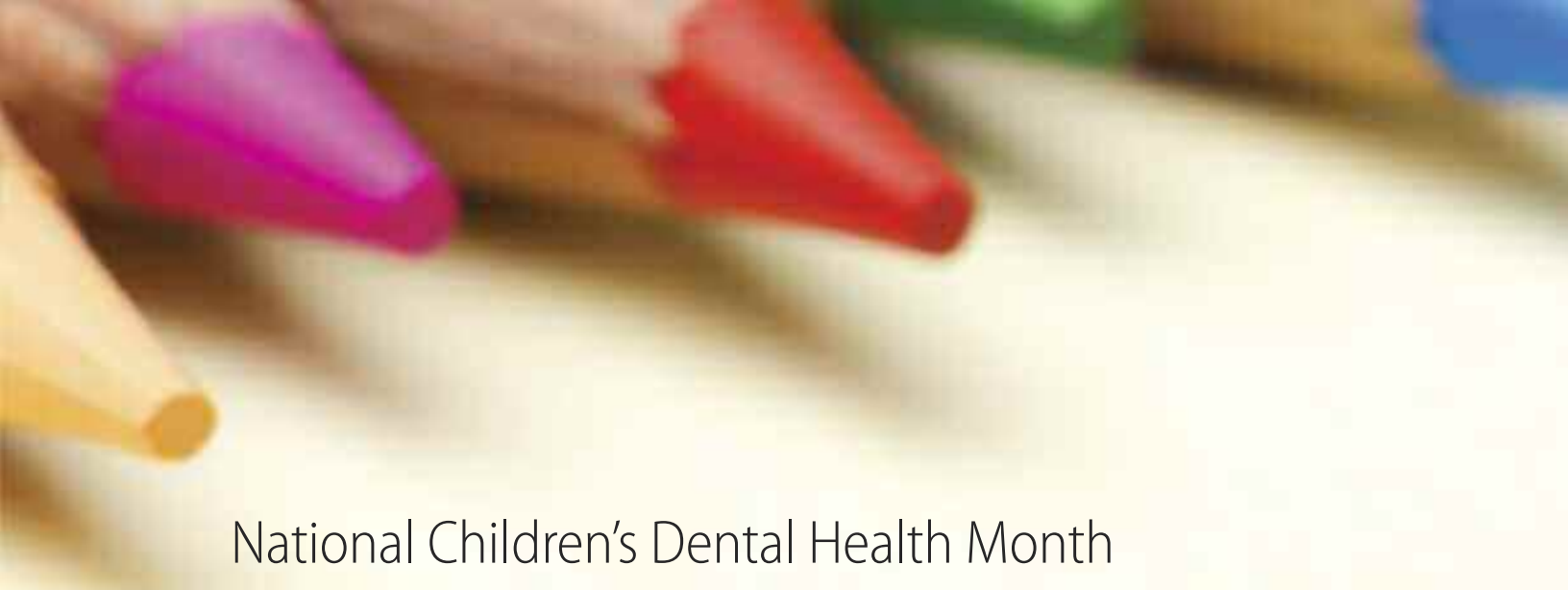


LinkedIn

LINKEDIN.COM/IN/PADENTAL

137% increase from June 2012





National Children's Dental Health Month

Achieves Gold in Pennsylvania

By Sara Mattrick, *Communications Coordinator*

Motivated and exuberant, the American Dental Association's (ADA) renowned set of twins Flossy and Buck McGrin and their counterparts Den and Gen Smiley, set out to achieve gold this year in promoting National Children's Dental Health Month (NCDHM). In classrooms throughout Pennsylvania, the twins celebrated their award winning oral health habits by encouraging students to join them in going the distance to strike gold—a gold medal smile that is.

PDA modified the program this year to focus more on online materials. By way of the PDA website, lesson plan kits were made readily and easily accessible to more than 3,000 schools. The kits contained a lesson plan featuring dental health discussion topics, fun classroom activities, interactive games and activity sheets. A complimentary "Get a Gold Medal Smile" poster was offered to each classroom featuring the ADA's winning team of twins.

***Mason Gray**, age 8 of Linglestown Elementary, Linglestown, was our 1st place winner.*

THIRD-GRADE POSTER CONTEST

The lesson plan kits also contained instructions for entering the PDA-sponsored, third-grade poster contest. PDA annually awards $850 in monetary prizes to the students who design the top three posters. More than 200 well designed and creative posters were submitted to the PDA Central Office for judging.

Mason Gray, a third-grade student at Linglestown Elementary in Dauphin County was this year's first place winner. With a shiny, white tooth proudly positioned between a red-caped tooth brush and toothpaste, her superhero themed "Fighting Every Day to Defeat Tooth Decay" poster delivers a powerful message encouraging good oral health. Mason will be presented with her framed winning poster by a PDA member dentist, at an upcoming school awards assembly. Linglestown Elementary and Mason's teacher, Mrs. Sherri Fetterhuff also will receive $250 each for participating in PDA's contest.

Second-place winner, Ellie Matson, a third-grade student of Kathryn D. Markley Elementary in Chester County, colorfully depicted her poster with the "5 Steps to a Winning Smile." Ellie numbered and illustrated the five steps—brush, floss, rinse, checkups and healthy foods—below a gold medal necklace displaying "#1" and a bright, white tooth on the medallion. Ellie will receive a $250 prize.

"Shoot for 2: Brush for 2 Minutes 2 Times a Day" was the theme of third-place winner, Savannah Lorenc's poster. She drew a soccer player kicking a ball into a detailed soccer goal, uniquely equipped with tooth netting, toothbrush posts and a toothpaste crossbar. Savannah, a third-grader at Sheridan Terrace Elementary in Westmoreland County, will receive a $100 prize.

The following students were among the Top 10 entries and will receive an Honorable Mention:

- Khryztelle Alferez, Age 9, Notre Dame Elementary, East Stroudsburg
- James Bartolucci, Age 8, Holy Family School, Nazareth
- Carley Fisher, Age 8, Resica Elementary, East Stroudsburg
- Christian Maccarrone, Age 9, JM Hill Elementary, East Stroudsburg
- Maison Smith, Age 9, Mountain View Elementary, Harrisburg
- Lucas Robbins, age 8, Elk Lake Elementary, Dimock
- Olivia Williams, Age 8, Canton Elementary, Canton

It is estimated that 20,000 third-grade students across Pennsylvania participated in this year's poster contest.

NCDHM EVENTS

Our member dentists contribute to the success of NCDHM by promoting awareness through outreach to the children and parents who reside within our local communities. A wide variety of events and activities focused on educating children about the importance of oral health, are sponsored and held by district and local dental societies, dental offices, community organizations and elementary schools.

"I am proud of how NCDHM promotes dental health through humor and intellectual stimulation. As evidenced by the posters presented to us, these 8, 9 and 10-year-olds really do understand what the PDA and

dentistry is promoting," said Dr. Samer Mansour, statewide NCDHM chair. "NCDHM has and will continue to evolve, bringing a small but important element into the lives of impressionable third graders."

The following are just a few examples of the many ways that PDA member dentists contributed to the 2013 NCDHM program.

First District

- The students of the Art of Growing Nursery School in Holmes received toothbrushes and enjoyed an educational dental health film from Dr. Nancy Koshetar, who also educated the teachers with information to prepare their own oral health presentation for the children. To show their appreciation, the students sent Dr. Koshetar a handmade "Thank you!"

Second District

- "Healthy Children, Healthy Teeth," is Dr. Dilshad Sumar's slogan during the month of February. Throughout the month she paid special attention to her younger patients and explained to them during their visits how they can keep their teeth healthy. The NCDHM poster was displayed in her office and she distributed goodie bags to patients that each contained a toothbrush, toothpaste, stickers and coloring pages. To educate pediatricians more on the importance of oral health, she also made visits to family practices in the Sacred Heart Hospital in Allentown.
- Dr. Thomas Watson talked with more than 90 students in grades K-2 at Villa Maria Academy in Malvern on March 15. He shared an educational video, held a Q&A and handed out goodie bags containing activity sheets, a toothbrush and toothpaste.
- The Valley Forge Dental Association and the Montgomery Bucks Dental Society partnered with the Abington Police Athletic League to sponsor a free local teeth screening and sealant day for children on February 23. The event was hosted at the offices of Drs. Jay Freedman and Cary Limberakis, and for a second year approximately $7,000 of free services were provided to the township's at-risk children.
- With more than 20 years of participation in promoting NCDHM, Dr. Joel Fromer handed out posters to patients he treated throughout the month of February and also delivered them to the local school nurses. The nurses displayed the posters in their schools in observance of the month. Dr. Fromer said, "The nurses always thank us for thinking of them during National Children's Dental Health Month. They really appreciated the posters."

Third District

- Dina Fisch and Regina M. Karoscik, hygienists for Dr. Nancy E. Willis, visited nine schools in Scranton to educate children about the importance of oral health. Topics discussed included brushing and flossing, the importance of fluoride, good snacks vs. bad snacks and visits to the dentist. Video clips were shared from "Casey Dental Interactive," "Buddy and Andy Brushing" and "Buddy and Andy's First Visit to the Dentist." After the videos, each child had the opportunity to practice what they learned by brushing the teeth of a few plush dental animal friends Fisch and Karoscik brought along.
- The Luzerne County Dental Society (LCDS) held its annual NCDHM event at the Wyoming Valley Mall in Wilkes-Barre. The free community event was held on February 16. The event featured dental screenings for children, games and a visit by the Tooth Fairy.

Fourth District

- Dr. Dwight Davis conducted screenings for approximately 70 seventh graders in Mount Carmel Area School District for NCDHM. Students were examined for signs of cavities and overall dental health.

***Ellie Matson**, age 10 of K.D. Markley Elementary, Malvern, was our 2nd place winner.*

***Savannah Lorenc**, age 9 of Sheridan Terrace Elementary, North Huntingdon, was our 3rd place winner.*

Fifth District

- The Alliance of the Lancaster County Dental Society held its annual dental kit distribution on February 7. The dental kits, including toothbrushes, toothpaste and floss were sent to shelters throughout Lancaster County. In total, 1,800 kits were assembled and donated. The families of PDA member dentists were on hand to assemble the kits, in addition to Boy Scout Troops 93 and 99. The Alliance has distributed dental kits for 15 years.

Sixth District

- Throughout the month, Dr. John Lazur displayed posters in his office advertising oral health awareness and encouraging the observation of NCDHM.

Eighth District

- Dr. Jeremy Jewell visited schools during NCDHM educating children about the importance of dental health. He worked hands-on with students in classrooms between pre-kindergarten and third grade at Clarion Elementary, Immaculate Conception and Keystone Elementary Schools located in Clarion.

Ninth District

- Posters were hung throughout NCDHM in the office of Dr. Carla Orlando as a reminder of the importance of practicing good oral hygiene for children.

Tenth District

- "I look forward to working with the elementary schools to help educate children on good oral health," said Dr. Michael Korch of the visits he made during NCDHM elementary schools in Hampton Township School District, located in Allison Park. He was invited to speak to first-graders during an assembly in celebration of the month. He delivered a presentation, answered questions, demonstrated how to brush your teeth and shared an educational video. In addition, a table displaying X-rays and extracted teeth was set-up for students to explore. Students left the presentation with goodie bags filled with a toothbrush, timer, toothpaste, floss, pencils, bookmarks and posters.
- Dr. David Spokane visited about 40 local elementary schools to lecture the importance of oral hygiene. When visiting the schools, a gift was presented to the school nurses, thanking them for caring for the children. In addition to school visits, coloring contests were sent out to all area schools and distributed to office patients in grades K-5. Dr. Spokane advocates to the community the importance of observing NCDHM by supplying information and advertisements to his local newspapers.

Give Kids a Smile®

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

As part of their annual "Sealant Saturdays," Harrisburg Area Dental Society (HADS) worked with the Harrisburg Area Community College (HACC) Hygiene Department to organize a free clinic day held on February 26 for local uninsured children. Comprehensive exams were performed and treatments were given by HACC hygiene students under the supervision of several HADS dentists.

Dr. Andrew Gould, a HADS member dentist said, "It was great to see so many smiling kids leaving the HACC Hygiene clinic with clean teeth!"

1


2


3

4


5


6

7


8


9


10

1. *A thoughtful hand-crafted thank you card was sent to Dr. Nancy Koshetar by the students of the Art of Growing.*
2. *Manor College EFDA students treating a patient at the office of Dr. Jay Freedman for a teeth screening and sealant day.*
3. *A group shot of the volunteers who helped in making the partnered NCDHM event of Valley Forge Dental Association, Montgomery Bucks Dental Society and Abington Police Athletic League a success.*
4. *A family who attended the teeth screening and sealant day with Dr. Jay Freedman and Lt. Pat Malloy, Abington Police Athletic League coordinator.*
5. *Dina Fisch and Regina M. Karoscik, hygienists for Dr. Nancy E. Willis, pose with students after an education presentation at the All Saints Academy in Scranton.*
6. *Students of Summit Christian Academy practice brushing on a two plush animal friends Dina Fisch and Regina M. Karoscik, hygienists for Dr. Nancy E. Willis, brought along to help students learn the importance of good oral health.*
7. *Presentation of $1,000 donation from the Pennsylvania Dental Association Foundation to the American Academy of Pediatric Dentistry, Student Chapter to support their GKAS "Sea our Smiles" outreach activities. From left to right: Aaron Schmick (Pitt Dental student), Dr. Donald Hoffman (Faculty member SDM and Pennsylvania Dental Association President) and Ashley Larson (Secretary, American Academy of Pediatric Dentistry, Pitt Chapter).*
8. *Third year dental student Anthony Miller examines 10-year-old Reilly Vicznesky at the "Sea our Smiles" GKAS event.*
9. *Mark Shaw, a Pitt Dental student, and his patient give a thumbs up for the Healthy Smiles Program and Give Kids a Smile.*
10. *Pitt Dental student, Kara Achille smiling with one of her patients of the day during the Healthy Smile Program at the Children's Museum of Pittsburgh.*

St. Joseph's Dental Services Department and the Keystone Farmworker Health Outreach Program planned six free Saturday clinics to run once monthly from January through June. These scheduled clinics are part of their 14-year-old involvement in GKAS. Since their initial participation in the program, they have provided free dental care to more than 2,000 disadvantaged children in Berks County. St. Joseph residents, private-practice dentists, assistants and hygienists and students from the dental assistant program at Berks Technical Institute volunteer to provide services for children whose families don't have dental insurance or are underinsured.

The University of Pittsburgh School of Dental Medicine held its 10th annual Give Kids a Smile Days on February 1 and March 22. The program this year was themed "Sea our Smiles," and provided free dental care for more than 100 children and adolescents living in the Pittsburgh area. Teams of faculty and students provided fluoride treatments, cleanings, radiographs, restorations, extractions and sealants. Children were engaged in interactive learning by visiting an on-site education station that contained learning modules on how proper diet and oral habits affect teeth as well as lessons on good oral hygiene. Informational packets, posters and visual aids geared specifically to their age group were distributed to patients. Over the last decade alone, the university has provided $100,000 in free care to children in need.

The Dental Society of Western PA (DSWP) held its annual GKAS days from October 30 – November 3, at the Children's Museum in Pittsburgh. During these days, dental screenings were provided for 341 pre-school and Head Start children who visited from the Pittsburgh area as part of the Healthy Smiles Program hosted by and held at the museum. Children were treated to a visit by the Tooth Fairy and received a backpack full of "goodies" to take home. Parents received advice about their children's dental care along with handouts and information on local dental clinics, as needed. The event was spearheaded by DSWP members, Dr. MaryAnn Davis and Dr. Sharon Davis. Representatives from Henry Schein, University of Pittsburgh Medical Center, Aetna and dental students from the University of Pittsburgh lent a hand to the event. A special thank you was extended to Yvonne Atkinson of the Children's Museum for her help and organization, to Henry Schein for providing the chairs for screenings and Donna Byers for her many years of help.

Thank You for Volunteering

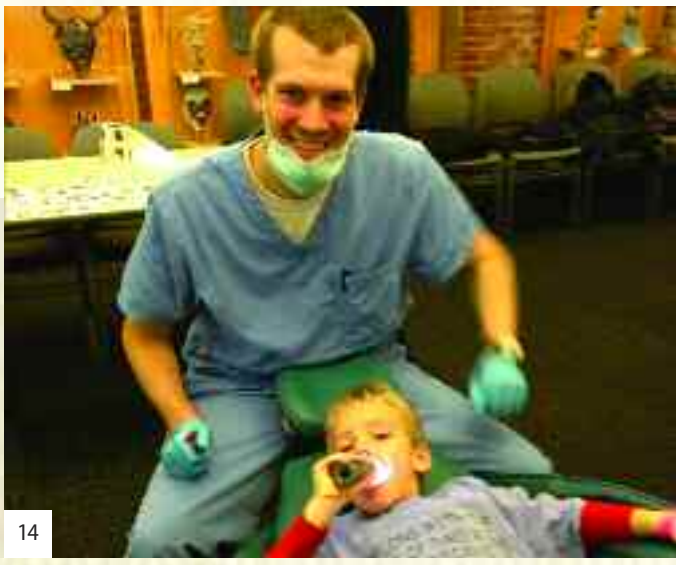
PDA would like to thank its members who generously supported this year's NCDHM program. No matter how big or small, every contribution made a difference in the oral health of Pennsylvania's children. It is through your continued efforts that care has become increasingly accessible to those in need.

PDA would like to recognize Dr. Samer Mansour for his role as the NCDHM advisory group chair. Dr. Mansour's help was crucial to the program's success in its transitional formatting this year.

11

12

13



14

11. Dr. David Spokane answered questions during one of his visits to local elementary schools.

12. Students were engaged in fun learning during an NCDHM presentation by Dr. David Spokane.

13. An aquatic decor theme of was carried through this year's 10th annual Give Kids a Smile Days, titled "Sea our Smiles," held by the University of Pittsburgh School of Dental Medicine.

14. Pitt Dental student, Aaron Schmick's patient lit the way for him to examine his teeth at the Children's Museum of Pittsburgh

NEW MEMBERS

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.

Joshua R. Alter, DMD
Temple University '12
Philadelphia

Dr. Marwan B. Bassil, DMD
University of Medicine and Dentistry (UMDNJ)
Easton

Daniel W. Cassarella, DMD, MS
Harvard University '08
Philadelphia

Andrew Sung Cho, DMD
Temple University '08
Philadelphia

Alexis D. Corbitt, DDS
University of North Carolina '11
Philadelphia

Kimberly Dondici-Chermol, DMD
Temple University '91
Media

Eric Ecker, DMD
University of Pittsburgh '12
Pittsburgh

Anas M. Fatayer, DMD
University of Pittsburgh '12
Aspinwall

Paul J. Gleason, DMD
University of Pittsburgh '86
Pittsburgh

Emily C. Halle, DMD
University of Pittsburgh '12
Butler

Michelle J. Hudson, DDS
Howard University '90
King Of Prussia

Andrew Kang, DMD
Temple University '12
Cherry Hill, NJ

Elyce E. Link-Bindo, DMD
Temple University '11
Huntingdon Valley

Steven C. Lorenzo, DMD
University of Pennsylvania '94
Lansdale

Farhaj Mirza, DMD
Temple University '12
Philadelphia

Marc T. Moyer, DMD
Temple University '03
Reading

Dongha Oh, DMD
University of Pennsylvania School of Dentistry '07
Glenside

Brad Martin Radlosky, DMD
NOVA Southeastern '07
Pittsburgh

Morgan S. Rutledge, DMD
University of Louisville '08
Pittsburgh

Navdeep K. Sandhu, DMD
University of Pennsylvania School of Dentistry '12
Reading

Panagiota Stathopoulou, DMD, PhD
Foreign Trained '03
Philadelphia

Michael R. Toohey, DMD, MS
University of Pennsylvania '72
Cape May

New Affordable Care Act Section

In early March, we developed the Affordable Care Act (ACA) section of the website, highlighting some of the potential changes that will most likely occur in the near future due to the federal health care law. Aspects of the ACA impact dentists not only as health care professionals, but also as small business owners and consumers of medical care.

Visit **padental.org/ACA** to learn how the ACA will affect the following:

- Medicaid
- Health Care Delivery/Financing
- Health Insurance Exchanges
- Taxes and Limits on Tax Preferred Accounts
- Dentists as Employers
- Dentists as Consumers

This new section also provides information to help you, your staff and patients understand the impact of the medal devise excise tax. In addition, you can conveniently access ADA's list of taxable dental devises in just one click.

The full impact of the ACA on dentistry remains uncertain at this stage, but we will continue to monitor and report how the ACA will affect dental providers and their patients in the coming months. Please visit the ACA section frequently, as we will update it as more information becomes available.

What the Non-Covered Services Law Means for You

PDA, working in conjunction with the dental insurance carriers, supported SB 1144, which was signed into law Oct. 25, 2012 and took effect Dec. 25, 2012. The Act applies to all dental insurance contracts written in Pennsylvania after that date.

PDA supported SB 1144 because some insurance carriers wanted to limit dentists from billing their full amount for services that are not covered under the terms of the patient's contract. In order to obtain some protection from the insurance carriers' policy, PDA and the insurance carriers agreed to a compromise that stipulates a dentist can be held to the insurance carriers' allowances only under specific circumstances.

According to the Act, if a dentist signed an agreement with an insurance carrier, the dentist is obligated to accept the insurance carrier's allowance — even if the insurance carrier does not make payment — if the reason for nonpayment is based on one of the following scenarios:

- Deductible has not been satisfied
- Co-insurance is applicable
- Patient reached a lifetime or annual maximum
- Service is limited by frequency
- Payment was made for an alternate form of treatment

However, even if a dentist signs an agreement with an insurance carrier, the dentist can bill up to his/her charge for services that are **not covered under the terms of that particular patient's contract.**

For example:

- If a patient has coverage for basic, diagnostic and preventive services, but does not have coverage for prosthetics, the dentist can bill his/her own fee for crowns and other prosthetic services.
- On the other hand, if the same patient's coverage provides for only one prophylaxis a year and the patient has two, even though the carrier will not pay for the second, the dentist is limited to collecting from the patient the amount of the carrier's allowance.
- And, if the dentist places a composite restoration and patient has coverage for both amalgam and composite restorations, the insurance carrier may make an allowance for an amalgam under the alternate treatment provision and the dentist may bill up to the carrier's allowance for a composite.

Further, the Act stipulates that insurance companies **may not require** a participating dentist to limit their charge to patients for non-covered services. Rather, dentists are to be given the option to do so.

If you need further clarification, please contact Vince Pinnozotto at (800) 223-0016 or **vjp@padental.org**.

Members Benefit from PDA Webinar on Affordable Care Act

On May 14, PDA hosted a webinar on the Affordable Care Act (ACA), the sweeping federal health care reform law enacted in 2010. The purpose of the webinar was to provide members and their staff with information about how the ACA impacts the practice of dentistry in regards to patient care, as well as its impact on dentists as small business employers. The panelists covered a number of topics, including:

- health insurance exchanges
- dental insurance
- pediatric essential benefits
- taxes on supplies
- small business tax credits
- IRS reporting
- penalties for non-compliance
- employer responsibilities

The distinguished panelists included Jeff Album, vice president of public and government affairs for Dental Dental; Kurtis Shook, director of health care reform exchanges for United Concordia Dental; and, David Vassilaros, Esquire, director of health care reform and regulatory affairs at Capital BlueCross. All three panelists used their wealth of expertise in the various aspects of the ACA to talk about how the ACA will change insurers' practices and dentists' responsibilities as provider and employer.

The webinar is available to members as a power point presentation. Simply log on to PDA's website at www.padental.org and click on the Affordable Care Act tab under "Advocacy." Or contact PDA's government relations staff at (800) 223-0013, and we will send it to you.

More than 100 members participated in the webinar, illustrating that there is an overwhelming need for PDA to continue to inform members as more health care reform provisions are implemented in Pennsylvania within the next few years. Stayed tuned for more information—we will schedule another webinar to provide updates on breaking developments, most likely in the fall or in early 2014.

WHY AM I A DENTAL EDUCATOR?

Many of our members teach full or part-time at one of our three dental schools in Pennsylvania. It's a hard choice to make these days. With the cost of student loan repayment, most students want to get away from dental school and start to work as soon as possible.

I completed my residency in endodontics in 1988. After only one year away from the school I was pulled back in to teach one day per week. I have continued now for over 24 years. For me it was an easy choice. I am close to the Kornberg School of Dentistry at Temple University. I love to teach the residents in the graduate program. My participation forces me to stay current in my profession and alert to new ideas. I often joke that I get as much from coming to teach each week as I give.

I don't do it for the money. We all know it's tough to make a living as a dental school professor. But it's the intangible rewards that can't be valued in dollars. Having students comment on what they liked or remembered about a lecture. Answering questions or giving advice. Telling them about the "real world" of dentistry. Helping to teach a skill that for me has become second nature, but to the student struggling seems like such a challenge.

I enjoy learning each day. In one course that I co-lead we review current literature weekly. Because of this course I continue to modify my techniques and procedures all the time. We read and critically discuss articles that challenge the way I practice and suggest new methods with better outcomes. The residents learn the old ways and newer techniques while in the program. I learn not to get too attached to any single best way to practice.

In this issue of the *Journal* I asked three part-time faculty members to share why they choose to teach. They will tell you what it means to them, what difficulties they encountered and what they get from being part of dental education. I hope you enjoy their stories and maybe it will push some of you to do the same.

—BRT

Why should you teach part-time?

By Thomas Deem, DMD, Temple University Kornberg School of Dentistry

If you asked me in the beginning why I returned to teach, I would have said that I wanted to support my dental school and give back to the profession. If you ask me now, why I stay after 22 years of part-time teaching, the answer has much more depth.

Teaching at the dental school has provided a richer quality to my professional life that simply would not have been possible in a solo practice. In addition to the reward of a smiling patient, working in academics provides benefits of student interaction, collegiality with faculty and opportunities to serve the profession beyond the dental school.

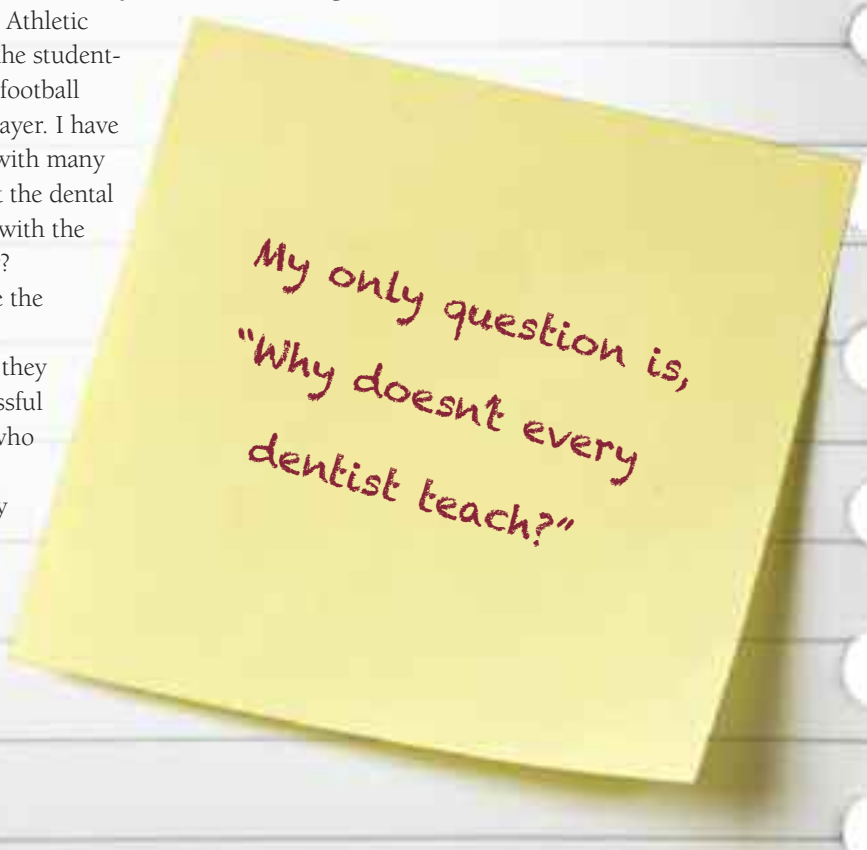
Temple University School of Dentistry is the second oldest, fourth largest dental school in the country. The activity of 280 clinical third and fourth-year dental students accompanied by their patients filling the clinics is energizing. My days with the students are spent responding to their almost constant demands for attention and need for instruction, while ensuring quality care for the patients; many who come from one of the most vulnerable populations in this country. The faculty teaches students how to translate skills they acquired in pre-clinic on plastic teeth and rubber mouths to living, breathing, and sometimes, bleeding patients. The transformation of early clinical students (nervous, frightened and tentative) to graduating seniors (confident and professional) is remarkable. The fact that I helped in that transformation is itself transformative to me. Time flies, and the personal gratification that I have at the end of the school day is so different from a typical day in my suburban office.

As a part-time faculty member, I participate in weekly case presentation seminars attended by all specialists, to discuss patients with complex treatment plans. Exposure to discussion, debates, and evidenced-based dentistry contribute to my professional development and support my private practice, and additionally helps in my teaching ability. Faculty members regularly discuss ideas and consult with each other on patients from within, and outside the school. These faculty members are dedicated, professional and collegial. I value the professional and personal relationships that I formed with both part-time and full- time faculty over the years, as we share in the common interest of education and patient care. I have on many occasions said that sometimes I feel as though I learn more than the students.

Finally, as a result of my teaching affiliation with the dental school, I have been able to expand my professional experiences beyond day-to-day patient care. As a North East Regional Board (NERB) Educator Consultant Examiner, I have tested NERB candidates for the past 12 years, and have had interesting experiences outside of the exam. After a long day of testing at the University of Buffalo, I viewed Niagra Falls at night. Following a large exam at New York University, I went to a Broadway show; and in Boston, after the test, I called my dad from Fenway Park at a Red Sox game.

I am actively involved with the Temple University Athletic Department, where I volunteer my services to help the student-athletes: whether it's fabricating a mouthguard for a football player or restoring a fractured tooth for a lacrosse player. I have established personal and professional relationships with many of the coaches and players, because of my position at the dental school. How many dentists can say they are friends with the College Hall of Fame coaching legend, John Chaney?

So if you ask me now why I teach, I would phrase the answer similarly to the MasterCard commercial - Witnessing a student have the "Aha" moment when they learn a technique I taught them; celebrating a successful completion of a NERB examination with a student who I helped prepare for the test; writing letters of recommendation to support applications to specialty programs … Priceless.



Bring in the Closer

by Mark A. Koup, DMD, FAGD
Clinical Associate and Co-Director, Introduction to Clinical Dentistry, Penn Dental Medicine, Private Practice, Malvern

It is often said that you truly don't understand something until you teach it to someone else. This certainly rings true for our profession.

As the clinic sessions draw near to close at 40th and Spruce, our students will often invoke the time honored baseball tradition of "bringing in the closer" to get the final three outs of a ballgame. This is where the fun truly begins. We, their esteemed faculty, will run in from the bullpen to save the day. It can be a routine save or a bases loaded jam with no outs on the scoreboard. All dentists experience the latter from time to time in their own practices. The great thing about being a dental student is that a closer is readily available on demand. As I pondered the question of why I teach at Penn I realized how rewarding it is to be able to "be the closer" for a student in need.

I have always wanted to be a part of higher education in some aspect. I initially joined the faculty at Penn for one day a week after my General Practice Residency in 2005. As the years progressed, I picked up another teaching day, as well as an elective course and a co-assignment running a second year course. I can unequivocally say that I have gained as much from this experience as my students.

When I was a dental student, we had a professor that felt that students had to be able learn in the "abstract." While learning in the abstract is important for board examination preparation it isn't the whole answer when training to become a dentist. I also resist the notion that higher education has to be a combative environment. My goal in teaching is to strive to provide an educational experience that is appropriate and memorable in a good way. It would be great if our students can look back on their dental school years with fondness.

Practicing dentists often lament the lack of "how to run a business" training in dental school. I discovered early a fundamental non-understanding of personal finances among dental students. I started offering an elective course on personal finance that covers FICO scores, appropriate use of credit, home and auto loans and retirement savings. It is my hope that this information stays with our students for a lifetime and will provide a solid footing when our graduates have to manage finances on a larger scale.

The average age of a student entering dental school is around 23 years old. Admittedly, my age (35) is an advantage in relating to this demographic. In order to relate and be effective educators we need to speak to their experience. What this means for this current generation of dental students includes multi-media presentations (replacing the old-school 35mm slide lectures) that are fast paced and maintain their interest. Lecturers now must compete with Facebook, Twitter and other Web-based applications all going on during lectures as WI-FI is available everywhere on campus. Our current dental students are very comfortable with multi-tasking; our charge is to be the one application going on in that hour that they choose to most focus on. The days of choosing between a crossword puzzle or listening to a lecture are long gone.

Our second year course "Introduction to Clinical Dentistry," along with a recently reintroduced "Dental Auxiliary Utilization" course run by two outstanding colleagues, serve to bridge the students from the lectures and labs of the first two years into the clinics of the third and fourth. We also try to incorporate topics that are frequently covered on the national boards. This is generally the time when students start to realize that they will very soon be responsible for the direct delivery of dental care to real humans. This brings a range of reaction from them ranging from absolute terror to "bring it on!" I'm sure that many remember that time in our dental school careers. I consider it a privilege to help this transition run as smoothly as possible.

It is often said that you truly don't understand something until you teach it to someone else. This certainly rings true for our profession. I cannot overstate how much I have continued to learn as a result of my affiliation with Penn Dental Medicine in the years since my graduation. Bouncing treatment plans off colleagues, sharing new materials and commiserating about challenging patients are all great advantages for dental school faculty. We truly learn from each other as every person brings a unique perspective to the field. Teaching students and preparing for lectures enables us to review our own "gaps" which makes us better clinicians in our own practices.

We need more part-time and full-time faculty in our dental schools. It is true that the compensation in higher education is not commensurate with private practice earnings. What we as faculty get from teaching is of great value on so many levels personally and professionally that it, in my humble opinion, makes up for the potential earnings missed. It is my hope that more of our colleagues will consider joining us on the faculty of one of our three outstanding Pennsylvania Dental Schools.

"The Closer" was in great demand one recent February day. After wrestling out four custom impression trays that "got stuck," sectioning a bridge for a student that "forgot," it was necessary prior to extraction and seating an open-tray implant impression coping for a #18 site in a patient of limited opening ability and macroglossia (don't ask), I met with a first year dental student whom I am mentoring. As I encouraged her to hang in during the hard times I realized that I can make a difference in our profession. Perhaps you will consider joining us.

There's room in the bullpen!

"...Sometimes life gets in the way!"

By Maribeth Krzesinski, DDS, University of Pittsburgh School of Dental Medicine

Currently I am a faculty member three days a week at the University of Pittsburgh School of Dental Medicine. I am an Assistant Clinical Professor of the Prosthodontic Department on assignment to the Department of Restorative Dentistry. I am the Director of the Advanced Education in General Dentistry Program. I assumed that position in August of 2002.

I graduated Dental School in 1986 from Georgetown University School of Dentistry in Washington, DC. I also married my husband, Gregory Semashko in 1986 – he is a 1985 alumni of Georgetown Dental School. We moved to New Jersey where I did my GPR (general practice residency) at Jersey City Medical Center.

In 1987- 1990 we became the first civilian contract dentists to USADENTAC – the Army's Dental Corps – as part of an experimental program that is still in place today. We were encouraged to specialize by both mentors in the Army and my father, Edwin P. Krzesinski, DDS, a general dentist in New York State. We applied to post graduate programs and were lucky enough to both be accepted into post graduate training programs at University of Medicine and Dentistry of New Jersey (UMDNJ) – Greg into Endodontics and I was accepted into Prosthodontics.

In 1992 we moved to Pittsburgh where I entered the Maxillofacial Prosthodontic Residency at the University of Pittsburgh. I enjoyed it so much I stayed a second year as a fellow. My fellowship year was more of a precursor into teaching. Dr. Husain Zaki, the Director of the MFP residency, was my mentor. I was also in a private practice associateship with Dr. Howard Charlebois whose practice was the consummate role model of a successful, professional private practice. I remained in this part-time position in varying degrees for five years.

After leaving the fellowship Dr. Peter Guevara asked me to volunteer assisting him teaching dental materials to freshman dental students at Pitt. What I did not realize was that during this year, he was teaching me the fundamentals of how to teach and educate young dentists. During this same period Dr. Zaki hired me as a part-time faculty member teaching Maxillofacial Prosthodontics. This eventfully led into a full-time position that I held until 1998.

My husband kept busy working for an Endodontic group practice in Pittsburgh, teaching at Pitt and establishing his own Endodontic practice. We were both working six days a week so there was little time for a personal life or to grow a family.

In 1998 I left academics for a new associateship which ended quickly. There was no place for me at Pitt. I had resigned my position and it was filled. We quickly came to realize that two private practices in one household would be very difficult. So I worked in retail, temping in dental offices as both a dentist and hygienist, and was occasionally asked to give a guest lecture at Pitt.

In 2002 I returned to Pitt and eventually met Dr. Donald Hoffman who interviewed me and hired me as the AEGD Director. Dr. Hoffman has been an exceptional mentor in teaching me about the administrative side of dental education.

From past experience, my husband and I made a life choice to reduce our time commitment to part time – we found that sometimes life gets in the way!

So, on the whole I am happy. If I had one thing to do over, I would not have left academics in 1998, but instead gone part time.

Academics offers me regular hours, benefits, and it gives my husband his world in private practice and I have my world at Pitt. We live in the world of dentistry, but two different aspects. I found that I do enjoy interacting with the students and watching them grow in their lives. All my AEGD residents know I call them "my children" or "the kids," not in a derogatory way, but in a caring way. I have now reached the age where I am as old as their parents! I care about each one and want them to succeed. When I see an article about one of them I save it! I am proud of their accomplishments! I try to keep in contact with as many past residents as possible. In the setting that I am in I can also interact with the patients, supervise care and develop a relationship with them. Although there is always a business aspect, it is not like private practice. I did not like that about private practice. I am not as isolated as in private practice. I can interact with other dentists. I belong to a study club and see private practitioners sharing cases and ideas once a month. I have the luxury to do so daily.

The one big negative: I do not like when I have to discipline or judge the student. I want to give them the benefit of the doubt.

REACH NEW PATIENTS ONLINE – *We Make it Easy!*

"My website consultant was friendly and the set-up process was very easy. If you have been thinking about adding a website to your practice, I strongly recommend ProSites."

– Stephen T. Radack, III, DMD
Treasurer, Pennsylvania Dental Association
Insurance Services, Inc. (PDAIS)

THE ULTIMATE WEBSITE SOLUTION™

Simple Set-up
Your website includes patient-focused content, educational videos, interactive features, and more!

Added Value
You frequently receive new upgrades and can add unlimited pages at any time, free of charge.

Edit Instantly
From uploading new photos and videos to changing your entire design, you can edit your website at any time, with a simple "point and click."

Proven Results
We have helped thousands of doctors generate new referrals and new patient appointments through our leading website solutions.

SPECIAL DISCOUNT FOR PDA MEMBERS

Endorsed by PDA

PROSITES
Website Design and Internet Marketing

Start Your Free Trial Today!
Call 888.496.9493
Visit ProSites.com/PDA

IN MEMORIAM

Dr. David S. Wagner

David S. Wagner, D.D.S., of Hazleton and Palm Beach, Fla., passed away February 9 after a brief illness.

Dr. Wagner served as Pennsylvania Dental Association president in 1980-81. A lifelong Hazleton resident, he practiced dentistry for more than 50 years. As an active member of the Hazleton community, Dr. Wagner served as president of the boards of the St. Joseph Hospital and MMI Preparatory School and president of the Hazleton Rotary Club and the Hazleton Dental Society. He also served as a director on the boards of the Peoples First National Bank and the First Eastern Bank of Wilkes-Barre. Dr. Wagner was a director emeritus of the Penn State Hazleton Council and a vice president of the Jewish Home of Northeastern Pennsylvania.

He was active in numerous dentistry organizations, serving as secretary and president and secretary of PDA and chairman of the Commission on Dental Accreditation for the American Dental Association. He was a fellow of the Academy of General Dentistry, the International College of Dentists and the American College of Dentists.

"Dave Wagner was a friend of mine for many years. He was always active in the Third District Dental Society and is the only dentist from the Hazleton region to serve as PDA president," said Dr. Nick Saccone, former PDA president (1983-84) from the Third District. "Dave was a credit to our profession. A great friend."

Dr. Wagner was an active member of Agudas Israel Synagogue of Hazleton and Temple Emanu-El of Palm Beach, Fla. After graduating from Hazleton High School in 1942, he attended Penn State University and graduated from Temple Dental School in 1948.

He served as a dentist in the Navy before opening his practice in Hazleton. He always said that the crown jewels of his life were his family - his wife, Edith, to whom he was married for 55 years, and his two daughters, Audrey and Barbara.

He is survived by his wife, Edith (Oberson); daughters, Audrey (Craig Harris), Acton, Mass., and Barbara (David Stern), Blue Bell, and a sister, Elinor Calmenson (Kenneth), Boca Raton, Fla.

Dr. Richard A. Allias
Waynesboro
University of Pittsburgh (1958)
Born: 1930
Died: 3/10/2013

Dr. Adam F. Andrews
Media
University of Pennsylvania (1955)
Born: 1930
Died: 2/5/2013

Dr. David C. Cooper
Glenside
University of Pennsylvania (1952)
Born: 1925
Died: 2/1/2013

Dr. Anthony J. D'Angelo
Kennett Square
University of Pennsylvania (1989)
Born: 1962
Died: 12/3/2012

Dr. Andrew J. Fabian, Jr.
McMurray
West Virginia University (1969)
Born: 1942
Died: 2/17/2013

Dr. James R. Lynch
Whitehall
Temple University (1981)
Born: 1952
Died: 2/27/2013

Dr. Thomas M. Nardozzo
State College
University of Pittsburgh (1958)
Born: 1934
Died: 2/12/2013

Dr. Richard L. Reichel
Erie
University of Pittsburgh (1957)
Born: 1931
Died: 11/10/2012

Dr. Lester Rosenbloom
Pittsburgh
University of Pittsburgh (1943)
Born: 1919
Died: 3/19/2013

Dr. Robert K. Sassaman
Hellertown
University of Pennsylvania (1943)
Born: 1921
Died: 3/22/2013

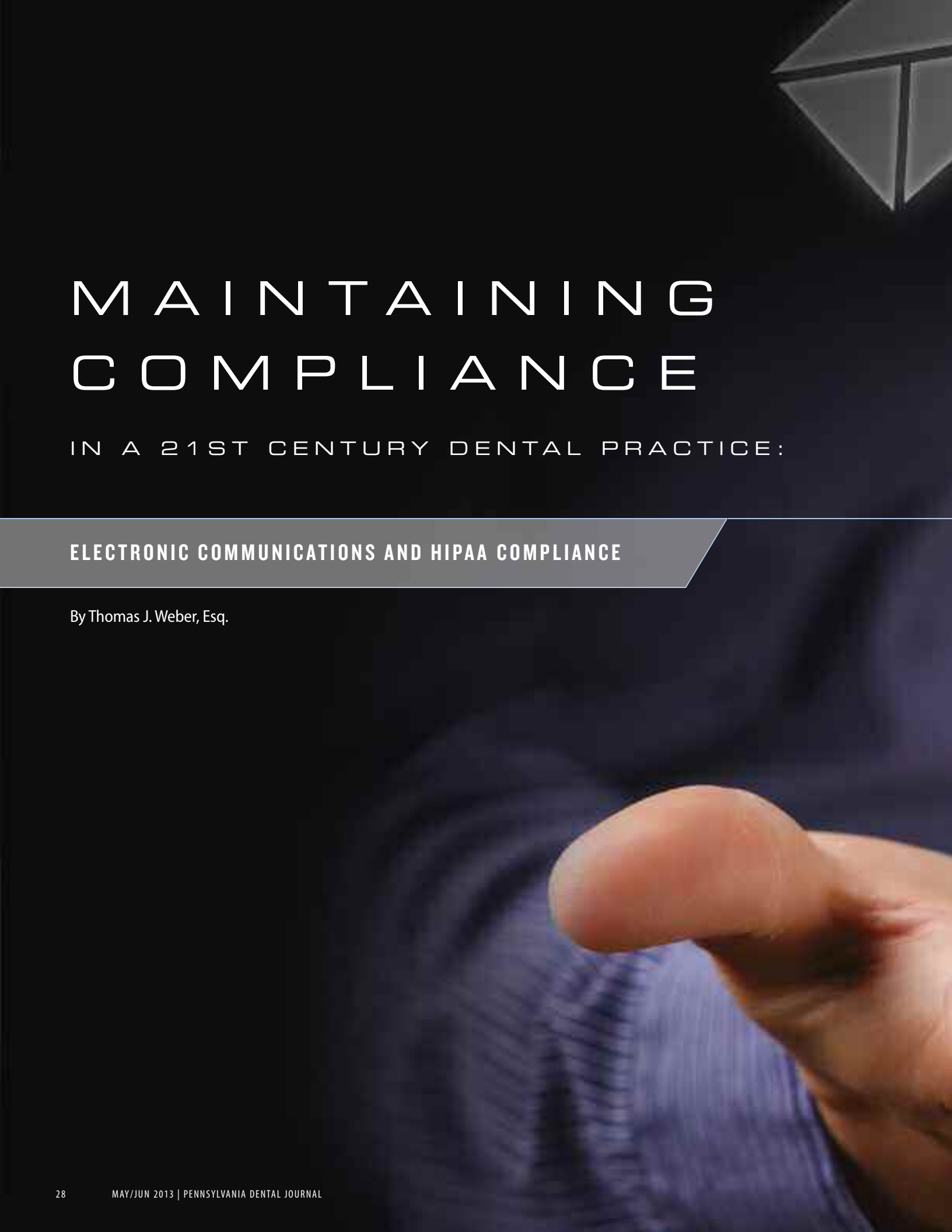
Dr. Arthur L. Wool
Wyomissing
University of Pennsylvania (1954)
Born: 1928
Died: 3/9/2013

MAINTAINING COMPLIANCE

IN A 21ST CENTURY DENTAL PRACTICE:

ELECTRONIC COMMUNICATIONS AND HIPAA COMPLIANCE

By Thomas J. Weber, Esq.



I. INTRODUCTION

As technology continues to advance and invade more aspects of our everyday lives, it is no wonder that more and more health care practitioners, including dentists, have discovered the great benefits and convenience technology has to offer when integrated into one's practice. Even before the inception of the Internet, electronic mail (or email), was a useful method of exchanging digital messages faster than a mail courier. Today, for many Americans, email has become integrated into our everyday lives, especially since the advent of the smart phone, and its use has become second nature. However, with these benefits come hidden dangers for any health care practitioner who uses email to communicate; all thanks to the federal government and HIPAA.

This article begins by briefly discussing the federal laws and regulations applicable to health care practitioners as implicated by the use of electronic communications in the health care setting. Next, the article will address the topic of electronic communication and aspects of data encryption as it relates to HIPAA compliance. Finally, the article will conclude by providing some general tips and strategies that can be used when emailing health care practitioners or patients.[1]

II. OVERVIEW OF HIPAA AND THE HITECH ACT

Since the enactment of the Health Information Portability and Accountability Act (HIPAA), the U.S. Department of Health and Human Services (HHS) has developed regulations to protect the privacy and security of certain health information; the HIPAA Privacy Rule and HIPAA Security Rule. The Privacy Rule applies to all forms of protected health information, including oral, paper and electronic, and establishes the national standards for the protection of certain health information. Addressing only electronic protected health information (ePHI), the Security Rule establishes the national security standards for protecting the privacy of individually identifiable health information a covered entity creates, receives, maintains or transmits in electronic form.[2]

A. HIPAA Security Rule

In general, the Security Rule requires covered entities to implement and maintain reasonable and appropriate administrative, technical, and physical safeguards for protecting ePHI. Specifically, a covered entity is charged with the following responsibilities:

1. Ensure the confidentiality, integrity, and availability of all ePHI the entity creates, receives, maintains or transmits;
2. Identify and protect against reasonably anticipated threats to the security or integrity of the information;
3. Protect against reasonably anticipated, impermissible uses or disclosers; and
4. Ensure compliance by their workforce.[3]

In recognition that covered entities can range from multi-state health plans to solo practitioners, the requirements of the Security Rule are meant to be flexible and allow each entity to analyze their own needs and implement the solutions best suited for their specific business or practice. In recognition of this, each of the safeguards within the Rule contains a number of standards, which, in turn, are comprised of a number of implementation specifications that are either required or addressable. If an implementation specification is "addressable," the covered entity must assess whether it is a reasonable and appropriate safeguard in the entity's environment based on the likelihood of protecting the entity's ePHI from reasonably anticipated threats or hazards. If the entity chooses not to implement an addressable specification, it must document the reason and, if reasonable and appropriate, implement an equivalent alternative measure. Over time, an entity must continue to review and modify their security measures in order to maintain protection of ePHI, and thus, maintain compliance with the Security Rule.

B. The HITECH Act

In February 2009, Congress passed the Health Information Technology for Economic Clinical Health Act (HITECH Act)[4] as part of the American Recovery and Reinvestment Act of 2009 to stimulate and incentivize healthcare providers to use electronic health records (EHR) and supporting technologies. One way the HITECH Act seeks to accomplish this goal is by offering financial incentives to healthcare providers who demonstrate meaningful use of EHR. These "incentives" will be offered until 2015,[5] at which time penalties may be levied upon healthcare providers who fail to demonstrate such use.

C. Recent Changes to HIPAA

Recently, on January 17, 2013, HHS released its highly-anticipated final HIPPA rule, which significantly expands certain obligations for healthcare providers and their business associates ("Final Rule").[6] The Final Rule has been described as the most sweeping changes to the HIPAA Privacy and Security Rules since they were first implemented, some of which were brought about by the HITECH Act. In general, the Final Rule: 1) expands HIPAA obligations for business associates and their subcontractors; 2) revises the requirements regarding the use and disclosure of patient information; 3) expands patient rights; 4) clarifies the content of Notice of Privacy Practices to be provided by healthcare providers; 5) modifies the breach notification requirements; and 6) expands enforcement provisions and penalties. The Final Rule is effective March 26, 2013, and health care providers and business associates have until September 23, 2013 to achieve compliance.

III. ELECTRONIC COMMUNICATION

When it comes to HIPAA and emails, the answer as to what is required is not concrete. Under many of the HIPAA regulations, the standards call for reasonability: reasonable safeguards, reasonable approaches, reasonable polices, etc. But what is considered "reasonable" is subjective; what may be reasonable policies and procedures for one covered entity may not be for another. For this reason, the Security Rule is flexible and each provider must consider their own practice resources.

The security risks for email commonly include unauthorized interception of messages en route to their recipients and messages being delivered to unauthorized parties. The specific standards and implementation specifications affecting email systems can be found in the Technical Safeguards section of the Security Rule.[7] These standards, which apply to both covered entities and business associates, include:

1. **Access Controls.** Requires policies and procedures limiting access to databases containing ePHI only to those who have been granted access rights.
2. **Audit Controls.** Requires the implementation of hardware, software, and/or procedural mechanisms that record and examine activity in information systems that contain ePHI.
3. **Integrity.** Requires policies and procedures to protect ePHI from improper alteration or destruction.
4. **Person or Entity Authentication.** Requires procedures to verify that a person or entity seeking access to ePHI is the one claimed.
5. **Transmission Security.** Requires the implementation of technical security measures to guard against unauthorized access to ePHI that is being transmitted over an electronic communications network.

Each health care provider using email services must determine, based on the technologies used for electronic transmission of ePHI, how the security standards are to be met by their entity. Depending on the technology and devices used in your practice, the Security Rule articulates several technical safeguards ranging from the use of a unique user name and/or number (required) to automatic logoff procedures after a period of inactivity (addressable). The Rule also includes the use of data encryption as an "addressable" implementation specification.

A. What is Data Encryption?

Data encryption is a form of technology that uses complex mathematical algorithms to scramble readable text that can no longer be read unless the reader or recipient has the "key" to unlock, or convert, the information back to its readable form. Any kind of data can be encrypted, whether it is plain text, PDF documents, spreadsheets, images, or even database information and information on back-up media. Encrypted data is much better protected than if it is left in a readable format, even if protected by a computer login or password.

Using computer programs or other tools to encrypt a file, folder, or an entire drive, is considered to be one of the easiest and most practical methods of protecting data stored and transmitted electronically. Encryption can be used to protect data "in motion" (for example, data being transmitted from provider to provider), as well as data "at rest" (stored on a laptop, smart phone or hard drive). When files or information is encrypted, any breach or wrongful disclosure is not subject to the HIPAA Breach Notification Rule as that information is considered "unusable, unreadable or indecipherable."

Software is available to encrypt data on any type of hard drive or thumb drive. In fact, some hard drives offer automatic full-disk data encryption that requires very little effort to install and manage.

Encryption can be done in multiple layers. At its broadest, domain-to-domain encryption, also known as "Boundary Encryption," creates a secure network between an organization and nominated business partners with a Transport Layer Security (TLS). All emails sent and received within the network are encrypted. The second layer, "policy-based" encryption, establishes rules and parameters that will automatically encrypt emails based on words and phrases found within the email (for example, "patient" or "SSN"). These parameters can be established by the entity, tailored to their practice. The third is user-based encryption which will allow a user to decide which emails should be encrypted. While this last method requires additional effort on the part of the user, it also serves as an additional safeguard to ensure an email is secure.

B. Is Data Encryption Mandatory?

No. The Security Rule makes the use of encryption an addressable implementation specification, and therefore is not mandatory if implementation is not a reasonable and appropriate safeguard in the entity's environment.

However, while data encryption is not required, there are many reasons why some advocate that it should be. One often cited reason by individuals in the medical industry as to why data encryption is not, and should not be, required under HIPAA is that doing so would place an unfair financial burden on covered entities. But when you consider the initial front-end cost of data encryption in relation to the potential for significant monetary penalties later, this argument may not be valid. Consider the following examples:

In 2011, the HHS Office for Civil Rights (OCR) received notification from a hospice facility in Idaho that a laptop computer had been stolen which contained unencrypted ePHI of 441 of individuals. An OCR investigation revealed that the facility had not properly conducted an accurate and thorough analysis of the risk to the confidentiality of ePHI on an ongoing basis, as required under the HIPAA Security Rule. Among the violations cited, OCR noted that the facility failed to evaluate and implement appropriate security measures to address potential risk to the confidentiality of ePHI maintained and transmitted using portable devices. As a result, the facility agreed to pay HHS $50,000 to settle the potential violations.[8]

More recently, in 2012, what began as a Massachusetts provider complying with the HIPAA Breach Notification Rule, later resulted in a pricey $1.5 million dollar settlement with HHS for potential violations of the HIPAA Privacy and Security Rules.[9] The Massachusetts entity notified HHS of a potential breach of its unsecured ePHI after an unencrypted personal laptop containing data of patients and research subjects was stolen. The notification to HHS sparked a thorough investigation into the provider and revealed what HHS believed to be several potential HIPAA violations. Similarly, the Alaska Department of Health and Social Services settled for $1.7 million dollars in 2012 after it notified HHS that a portable storage device potentially containing ePHI was stolen from a vehicle belonging to one of its computer technicians.

Following the settlement with the Idaho hospice facility, OCR Director Leon Rodriquez was quoted in an HSS news release as stating: "This action sends a strong message to the health care industry that, regardless of size, covered entities must take action and will be held accountable for safeguarding their patients' health information. Encryption is an easy method for making lost information unusable, unreadable and undecipherable."[10] After the Massachusetts hospital settled for $1.5 million dollars, Rodriquez stated: "In an age when health information is stored and transported on portable devices such as laptops, tablets and mobile phones, special attention must be paid to safeguarding the information held on these devices. This enforcement action emphasizes that compliance with the HIPAA Privacy and Security Rules must be prioritized by management and implemented throughout an organization, from top to bottom."

What these three entities have in common is that each chose to forego the use of data encryption on their portable devices and, as a result of theft, found themselves in the midst of an HHS investigation and facing significant penalties for potential HIPAA violations. As remarked by the Chief Security Officer for the Alaska Department of Health and Social Services, "With the benefit of hindsight we could have saved millions of dollars." In fact, had the hard drives for the stolen laptops been protected by data encryption, any loss of data need not be reported. In essence, the use of data encryption is a "get-out-of-jail free card."

IV. TIPS AND PRACTICE STRATEGIES

In addition to considering whether to use data encryption for the transmission or storage of data, there are several areas to explore when it comes to communicating electronically with other practitioners or patients.

A. Communicating with other Practitioners

When it comes to communicating with other health care professionals, whether it be within your practice or externally, there is an abundance of software packages and tech companies available to help you become HIPAA compliant with little to no effort on your part.

Depending on the frequency of sending ePHI over the Internet, or as a general safe practice, a practitioner may want to opt for Boundary Encryption, as previously discussed. A secure email domain can be purchased from many third-party tech companies at a relatively low fee, some as low as $ .50 per month, per user. This would provide the broadest of encryption protection when emailing between users within the domain. If emails containing ePHI are frequently exchanged between providers, the use of a secure domain with user accounts given to frequently contacted practitioners may be an ideal practice. In addition, many of the encryption methods previously discussed are not limited to desktop computers, and can be used on any portable device such as a laptop or smart phone.

It is important to note that when considering using a smart phone to email and/or store ePHI, practitioners should be cautious of downloading or using third-party applications (or "apps") as they may compromise the security and integrity of the information stored on the device.

B. Communicating with Patients

As with other aspects of daily life, patients are becoming more comfortable using email to communicate with their physician. Whether it is to schedule or cancel appointments, discuss laboratory results or request medication refills, many patients are encouraging their physicians to use electronic communication for the sake its ease and convenience. If conducted properly, using email to communicate with patients can be an effective and efficient means of communicating with patients. As previously discussed, HIPAA does not prohibit the use of email; rather, the standards call for reasonable safeguards, reasonable approaches, reasonable policies. What is reasonable for one provider may not be necessary for another. When it comes to communicating with patients, consider the following:

First, consider implementing the use of conspicuous notices, both online and in the office, that warn patients about the potential security risks of transmitting PHI by email over a non-secure portion of the internet.

Second, even if the patient contacts you through email, you should not assume that he or she consents to receiving PHI by email. Before continuing the email communication with a patient, considering obtaining written consent from the patient to ensure that he or she understands the risks of sending and receiving such emails. Part of your patient intake procedure should include obtaining from the patient their consent as to the form of communication your office may have with them.

Third, recall that an individual has the right under the Privacy Rule to request and have a provider communicate with him or her by alternative means, if reasonable.[11] If a patient requests to receive

appointment reminders via email, rather than a postcard or letter, a provider should accommodate this request if email is a reasonable alternative means to communicate with the patient. Likewise, if using unencrypted email is not acceptable to a patient, other more secure means of communicating, whether it be secure electronic methods or by mail or telephone, should be offered and accommodated.

C. General Security Measures

At a minimum there are some basic security measures you should be following. These include:

1. Make sure your computer is password protected;
2. Periodically change all users passwords;
3. Implement a policy prohibiting the sharing of passwords;
4. Disable any former employees access to the system immediately upon their separation regardless of the reason for separation;
5. Set your computer to log off or "go to sleep" after a relatively short period on no activity.

V. CONCLUSION

In summary, HIPAA does not prevent the use of email to communicate with patients or other health care providers, but certain safeguards and standards must be met to protect the integrity and confidentiality of ePHI that is shared over open networks. The safeguards and standards required to comply with HIPAA is subjective to each covered entity. When it comes to communicating electronically, the use of data encryption may be a logical solution that cost much less than the millions of dollars in potential fines that may arise in the future.

REFERENCES

1 This article is intended to provide a summary overview of the issues associated with electronic communications. It is not intended, nor should it be relied upon, as an exhaustive examination of all legal issues. For specific guidance you should consult with an attorney.

2 The Security Rule can be found in Title 45 of the C.F.R. at Part 160 and Subparts A and C of Part 164.

3 45 C.F.R. § 164.306.

4 The HITECH Act, codified at 42 U.S.C. §§ 201 et seq.

5 Given the prerequisites to receiving the incentives, it is unlikely a dental practice will qualify. However, if interested an individual analysis of your practice should be conducted.

6 The Final Rule is available at http://www.gpo.gov/fdsys/pkg/FR-2013-01-25/pdf/2013-01073.pdf.

7 45 C.F.R. § 164.312(a)-(e).

8 For more information on this case, see http://www.hhs.gov/ocr/privacy/hipaa/enforcement/examples/honi-agreement.html.

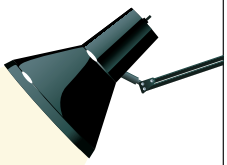
9 More information on this HIPAA breach and Resolution Agreement can be found on the HHS website at http://www.hhs.gov/ocr/privacy/hipaa/enforcement/examples/meei-agreement-pdf.pdf

10 This News Release is available at http://www.hhs.gov/news/press/2013pres/01/20130102a.html.

11 45 C.F.R. § 164.522(b).

Endorsed Vendor Corner

Beginning in 2011, PDA and PDAIS teamed up to offer our members secure, high-quality products and services at competitive prices through the PDA Endorsed Program. PDA and PDAIS are committed to increasing the value of your membership and to reduce reliance on dues income. Endorsements generate royalties for PDA, based on member participation. Non-dues income is used to fund vital membership programs and benefits. The cost of endorsed products is never inflated to generate royalties for PDA.



VENDOR SPOTLIGHT

Conservative Environmental Services, Inc.

Waste Management | PDA Endorsed since 2012
Mike Heidelbaugh | 717-554-6343 | mahces@comcast.net

PDA has negotiated exclusive member pricing for cost effective, efficient and reliable disposal/recycling of all of your office's infectious and hazardous wastes. CES and PDA have a new relationship that can benefit you significantly. It is not unusual for customers to save 50 percent or more over higher-priced, national competitors! For a free cost comparison, call CES today!

VENDOR SPOTLIGHT

Bank of America

Credit Card | PDA Endorsed since 2004

Support the Pennsylvania Dental Association while earning more cash back for the things you buy most.

Apply for the new **Pennsylvania Dental Association** BankAmericard Cash Rewards™ Visa Signature® credit card that rewards customers with up to 3% cash back on certain purchases, all while supporting PDA initiatives. In addition to earning cash back rewards for yourself, use of this card benefits the PDA at no extra cost to you!

To apply or for more information, visit *www.pdais.com/CreditCards*

For more information on our endorsed vendors, visit **www.pdais.com/vendors** or contact Brenda L. Kratzer, Director of PDA Endorsed Programs, **bkratzer@pdais.com** or (877) 732-4748.

MANDATED DENTAL SCREENINGS:

What State Governments Should Consider

(Part 2 of 2)

Part 1 appeared in the January/February 2013 issue

By Sita Patel
Maurice H. Kornberg School of Dentistry
Temple University

Statistics showing that dental caries have become five times more prevalent than asthma and cause children to miss over 51 million hours of school each year illustrate that children's oral health is an issue that can no longer be ignored.[1] In an effort to curtail the advance in dental caries, many states have adopted mandated screening programs which require children to be screened for any signs of oral health disturbance. It is commendable that the states and the supporters of dental health are taking initiative and bringing the issue of oral health into the spotlight by creating these school dental screening requirements. The issue needs to be brought to the forefront, but before any action is taken, the effects need to be considered.

Of the 50 states, 12 have passed such screenings laws. Although a few are decades old, most have been passed in recent years. Different states have formulated laws with much variety. For example, the frequencies with which the screenings occur vary: Pennsylvania law specifies three grade levels in which a child should be screened, while Nebraska has no such specifications.[2] There are also many different policies regarding health care professionals who can conduct the screenings. These range from a dentist to a nurse. As was discussed in the first of this two part series, this vagueness and variety can lead to misinterpretations.

Part One discussed the misguided origins of these laws, lack of evidence of their effectiveness and public health issues. In this part the individualized impact on children, states and providers will be considered. Again, it is crucial to state that the purpose of this critique is not to discourage such laws but to urge their improvement and change. Dental health is often overlooked and great strides need to be taken to support its development towards positive outcomes.

Screenings and the Effect on Children's Dental Health

It is evident that these laws are attempting to improve the oral health of their respective communities, but they could potentially be doing more harm than good. One downfall of these programs is that they are methods of secondary prevention, not primary, which would have the most benefit. The mandated screenings currently in place in the 12 states previously mentioned are used to identify dental caries in early stages and, hopefully, to halt and prevent further progress. If the oral health of a community is to be bettered, more primary prevention programs need to be implemented, such as the use of sealant placements. This sort of primary prevention is one of the Healthy People 2020 goals. Of the many oral health-related objectives, Objectives OH-7 and OH-8 both focus on the preventative aspect, especially for children (OH 7: Increase the proportion of children, adolescents, and adults who used the oral health care system in the past 12 months. OH 8: Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year). Another objective is a decrease in the percentage of children with dental caries experiences and untreated caries.[3] If caries have already progressed far enough to be noticed by visual inspection, it means that the process of demineralization has already begun and can be an indication of poor oral hygiene or subpar oral health education. If the focus was put on primary prevention habits and education, the occurrence of caries would be reduced, allowing communities to reach the Healthy People 2020 goals, which fall in line with the intended goals of the state dental screening programs.

Inadvertently, these state-mandated screenings can also lead to an eventual negligence toward a child's health. In a British study, results show that parents oftentimes mistake the screening visits as an appropriate amount of care for their child's dental health.[4] It was also found that, while parents thought that the dental screenings were valuable, they did not place their child's dental health as a top priority. Studies show that many parents would choose to leave an asymptomatic carious tooth untreated.[5] The evidence here shows that the screenings are not improving the occurrence of caries or the frequency of treatment. These screenings would be especially harmful if parents believe the screenings are a substitute for proper dental examinations.

Thorough dental examinations are so important because dentists are able to check a wide range of conditions instead of limiting the inspection to the occurrence of caries. In a dentist's office, a child can have the proper radiographs taken, which allow a dentist to follow the progress of such things as interproximal caries and proper dentition and jaw development. A case study was done regarding a middle aged woman with developmental disabilities. She was unable to have a panoramic x-ray taken for some time due to equipment incompatibilities. When the proper machinery was finally made available, the radiographic

image was able to reveal a bony enlargement that would have become life threatening if left untreated.[6] Although the case presented here is an extreme example, it serves to illustrate the potential effects of incomplete dental examinations. In a similar sense, malocclusion and other orthodontic problems may go undetected if a thorough examination is not conducted. Taking into account the potential risks such as those exemplified here, these screenings can result in the negligence of a child's oral health which directly opposes the goals of the state dental screening laws.

States, Providers, and Liability Issues

Related to the negligence issues, a myriad of liability issues are uncovered with the school dental screening laws. Many legal issues, such as the states' limitation of power or intrusion into a child-parent relationship, can be introduced with these screenings but will not be discussed in detail here. As mentioned above, many parents do not consider regular dental treatment for their children a priority. If, after a screening, the parent does not attempt to get the child the proper follow-up care that was recommended by the screening professional, is the parent acting in a negligent manner by leaving the child at risk for a more severe infection?[7] If so, this would leave states to deal with many negligence cases since parents who do not take their children for regular dental screenings are more likely to have children with dental caries, and less likely to take them in for treatment, even after a screening.[5] To keep track of the dental care parents acquire for their children, the states would have to implement extensive follow-up methods which are not currently part of any of dental screening law in any state.

Assuming that treatment of dental caries is the ultimate goal of the state-mandated screenings, these follow-up methods, as mentioned above, must ensure that the proper treatment is received for the screenings to be effective. Aside from sending parents the initial notice of whether their child has any instances of caries or not, no follow-up measures are taken in most of the state statutes. Although it will not be further discussed here, one must consider the ethical implications of telling a child, parent or any patient that they have some sort of ailment (in this case, dental caries) while doing nothing in regards to treatment.[8] States must consider whether it is in their hands to ensure treatment for caries is received since it was they that initiated the screening which led to the discovery of the caries.

Next, it is important to consider the liability of the health care provider who is completing these screenings. As was previously discussed, the state-mandated screenings are not thorough examinations of a child's oral health, therefore it would be easy to overlook and more difficult to detect certain problems such as interproximal caries. When they are performing these screenings, providers most likely do so with the knowledge that there is a gap in their exam and their patient is not receiving a proper dental office exam. If it is a dentist's obligation to provide the best care for his or her patient, one would think that a form of primary prevention would be better suited to that goal. Of course, a dentist cannot make a parent bring their child in for treatment if she is not willing to, but if they are coming in for a screening, it would behoove all parties involved if some sort of preventive action was taken in addition to a visual screening of dental caries. If this is not done, can it be suggested that the health professional, a dentist in particular, is not providing the best care for her patient?

These kinds of questions could lead eligible screeners to shy away from such a practice due to its potential to lead to a malpractice suit. A study of dentists' views on chairside medical screening was conducted and the results showed that most of the participants included liability as one of the important issues to consider before conducting such screenings.[9] Similar risks would apply to these state-mandated dental screenings; therefore, one might predict liability to be an issue that dentists would consider before conducting the dental screenings. To help ensure dentists' participation, it has been suggested that states could consider waiving the dentist's liability when performing such screenings.[10]

In a module discussing dental caries prevention that was released by the National Maternal and Child Oral Health Resource Center and Ohio's Department of Health, the preparation and filling of dental caries is equated to a surgeon dealing with a patient with tuberculosis. It is suggested that if, after the proper diagnosis, a surgeon performs a lobectomy, sends the patient home and then performs another when the patient returns with further issues, the surgeon would be subject to malpractice allegations due to her disregard to the bacterial origins of tuberculosis.[11] In the same sense, a dentist who fills a cavity without treating the underlying bacterial causes might be subject to malpractice charges. The mandated state dental screenings make it more difficult for dentists to properly care for their patients. The dentist is unable to establish a proper relationship if the child does

not come in for repeated visits and she is also unable to assess the risk of dental caries and the potential risk factors. This could lead to more "drilling and filling" of caries, leaving the bacterial sources unaddressed, opening the door to negligence and malpractice issues.

The many liability issues illustrated here serve to show how a simple screening can become very complicated if not thought out properly. It could potentially create tension between parents, health care providers and state governments.

Discussion

Many of these issues stem from the child's lack of a "dental home," which is crucial for continued and preventive care.[12] Having an established relationship with a community dentist is of great benefit to any patient's dental health. It allows the dentist to address the patient's individual dental needs. The current screening programs do cause children to be taken to a dentist at least once, but states should consider implementing programs that further strengthen this relationship. As was referenced in Part One of this discussion, the United Kingdom's National Screening Committee's checklist can be used as a guideline to create applicable and appropriate screening programs in any community.[8]

As was also discussed in detail in the first part of this two part analysis, these laws are inconsistent from state to state, not always addressing the needs of that particular community. Also, their purposes are not always defined, leading to miscommunications between health care professionals and lawmakers. If the reasons for these screenings are not explained, the desired outcomes cannot be expected. The intentions of the governing authorities and interpretations of the health care providers will inherently differ due to the discrepancies in background, education and expertise, unless clearly stated. Also, if the basis of these laws is not founded from the appropriate facts and sources, the results will not be as expected. Political evangelism is not an appropriate reason to implement a program that has no proven effectiveness. If a program to better oral health is passed, it should be proven effective. In this way, it will have the most benefit for the states' children and will use monetary funds (if funds are given for this purpose) most efficiently. These two goals can also be achieved by primary prevention methods instead of the current secondary prevention screening programs.

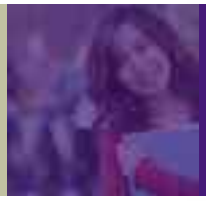
One must also ask, what is being done with the data that is being collected? It is oftentimes, such as in the case of Pennsylvania, left up to each school district on how they want to collect and store data. It would improve states' public health information greatly if the data from the screenings that are already in place was compiled to form a picture of the dental health status of the state, as the Pennsylvania Dental Association has sought to do.

States should also consider that the visual inspection of caries is not a full oral health check-up. Many conditions can be missed, leading to a wide variety of legal issues between states, parents and health professionals. A key point for states and lawmakers to consider is the repercussions of instituting a program that has no evidence of effectiveness.

Sita Patel is a sophomore at Temple University's Kornberg School of Dentistry.

Author's Note: I would like to thank Dr. Lisa Deem for her guidance, advice and careful review of this article.

1. US Department of Health and Human Services. Office of the Surgeon General. National Call to Action to Promote Oral Health. Washington DC. Available at: [http://www.surgeongeneral.gov/topics/oralhealth/nationalcalltoaction.html] Accessed on: December 23, 2011.
2. Association of State and Territorial Dental Directors (ASTDD) and the Children's Dental Health Project. "Emerging Issues in Oral Health." October 2008. www.astdd.org/docs/FinalSchoolScreeningpaper10-14-08.pdf.
3. U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at [http://www.healthypeople.gov/2020/topicsobjectives2020/ objectiveslist.aspx?topicId=32]. Accessed [December 22, 2011]
4. Preston S T, Davies G M, Craven R. "An investigation of parents' attitudes to dental health and school dental screening." Community Dent Health 2001; 18: 105.
5. KM Milsom, et al. "The effectiveness of school dental screening: dental attendance and treatment of those screened positive." British Dental Journal 2006; 200: 687–690
6. Carlton V Horbel and Sanford J Fenton. "The Importance of Dental Radiographs: A Case Report." The Exceptional Parent; 2004; 34: 5
7. US Department of Health and Human Services. Office of Child Abuse and Neglect. Child Neglect: A Guide for Prevention, Assessment, and Intervention. Available at [http://www.childwelfare.gov/pubs/usermanuals/neglect/ chaptertwo.cfm#fnb10]. Accessed on: December 22, 2011.
8. KM Milsom, et al. "Is School Dental Screening a Political or Scientific Intervention?" Journal of Dental Research. 2008; 87: 897
9. Barbara L. Greenberg, MSc, PhD, et al. "Dentists' attitudes toward chairside screening for medical conditions." JADA 2010;141: 52-62
10. Dianna Gordon. "Nothing to Smile About." State Legislatures 2004: ProQuest Political Science, ProQuest. Web. December 26, 2011.
11. Anderson MH, Bales DJ, Omnell K. "Modern management of dental caries: The cutting edge is not the dental bur." JADA 1993; 24(6):36–44
12. Dental Home AAPD Online Resource Center. What is a Dental Home? (2007) American Academy of Pediatric Dentists. December 16, 2011. <http://www.aapd.org/dentalhome/>



CONTINUING EDUCATION

University of Pittsburgh

Contact: Lori Burkette
Administrative Secretary
(412) 648-8370

Off Campus Courses

Bradford

September 26
Modern Endodontics - From Theory to Practice
Martin Trope, BDS, DMD

October 24
New Modalities in the Treatment of TMD
John E. Pawlowicz, DMD

Johnstown

October 16
Drugs in Dentistry - Including Herbals and Natural Products: Most Current Information Affecting Your Practice
Richard L. Wynn, PhD

November 14
Can I Do That, and Get Paid, and Enjoy It?
Robert N. Obradovich, DMD

Reading

September 13
Options for the Restoration of the Dental Implant
Steven J. Kukunas, DMD

October 11
Porcelain Laminate Veneers - The Whole Story!
Steven P. Weinberg, DMD

Temple University

Contact: Nicole Carreno
(215) 707-7541
(215) 707-7107 (Fax)
ncarreno@temple.edu
Register at
www.temple.edu/dentistry/ce

June 17 – 21
Surgical and Prosthetic Oral Implantology — A 5 Day Introductory Course
(Part 2 in September, see site for info)

June 22 – 29
7 Day Alaska Cruise and Learn
(Please visit the website for more details.)

June 29 - July 6
7 Day Hawaiian Cruise and Learn
(Please visit the website for more details.)

September 23 - 27
Advanced Surgical and Prosthetic Oral Implantology – A 5 Day Advanced Course

October 4
Orthodontics: What the General Dentist Needs To Know
Dr. Harold Slutsky

October 25
Extraction Socket Grafting for the General Dentist, Making It Easy and Profitable
Dr. Jeffery Wheaton

November 1
3rd Annual Straumann Lecture: New Strategies for Implant Case Planning
Dr. Jeffrey Ganeles

November 8
Esthetic Inlays, Onlays and All Ceramic Posterior Restorations – How To Bring High Quality, Productivity and Fun Back Into Your Dental Practice
Dr. Mark Pitel

Course Info:
http://dentistry.temple.edu/continuing-ed

Wellsboro

Tokishi Training Center
(New Location!)
Contact: Rebecca Von Nieda, PDA
(800) 223-0016, ext. 117

September 6
Salvaging Hopeless Teeth
Edward M. Feinberg, DMD

October 4
Advanced Technology Update: Emerging Options in Materials, Diagnostics and Devices for Dentistry
Steven R. Jefferies, MS, DDS, PhD

Chambersburg

The Orchards Restaurant
Contact: Rebecca Von Nieda, PDA
(800) 223-0016, ext. 117

October 11
Patient Health, Not Just Oral Health
Richard H. Nagelberg, DDS

November 15
Untangling The Confusion of Today's Restorative Materials
Edward J. Swift, DMD

PDA & PDAIS Sponsored Courses

Contact: Rebecca Von Nieda, PDA
(800) 223-0016, ext. 117

Bedford

November 22
Medical Emergencies in the Dental Office: The Six Links of Survival
Larry J. Sangrik, DDS

Montgomery-Bucks Dental Society

Normandy Farm, Blue Bell
(215) 234-4203
mbdsdr@comcast.net

October 11
The Latest Protocol for the Denture and Implant-Retained Overdenture Patient
Dr. Joe Massad

November 15
Current Scientific Evidence in Endodontic Therapy: Hands-On Endodontic Training
Dr. Joe Camp

January 24, 2014
Untangling the Confusion of Today's Restorative Materials
Dr. Ed Swift

March 21, 2014
Successful Soft Tissue Enhancement in Implant Aesthetics
Dr. Christian F.J. Stappert

YES!

I FOUND D-MMEX, CASHED IN AND WOW... WHAT A RETURN!

Maximize the worth of your precious scrap metal on a regular basis and you can actually increase your income!

Getting started is easy! Here's what you can send:

- Failed crowns and bridgework • Silver alloy powder
- Partials • Grindings • Casting flashes • Platinum foil • Extractor bags • Floor sweepings • Jewelry

Current Rates:

- 97% Gold
- 90% Platinum, Palladium and Silver

PDA Members earn a 5% premium. We have also earned endorsements from 16 dental associations, or their affiliates. These endorsements provide you added trust.

D-MMEX provides you with a free, insured shipping kit with sealing containers. We do all of the melt and assay, all element analysis, then give you the complete analysis report. You will enjoy the fast payment via check settlement in about 10 days.

Now that's smart!

D-MMEX

REFINING EXCELLENCE

Endorsed by

PDA

Pennsylvania Dental Association

Call or go online today for a free shipping kit!

800 741 3174

www.easyrefine.com

CLASSIFIED ADVERTISEMENTS

Rates: $45 for 45 words or less, $1 for each additional word. $1 for each word set in boldface (other than first four words). $10 to box an ad. $5 for PDA Box number reply. One free ad to deceased member's spouse.

Website: All *Journal* classified ads will be posted on the public section of the PDA website, unless otherwise requested. Ads will be posted within 48 hours of receipt, but no earlier than one month prior to the date of the *Journal* issue. Ads will be removed at the end of the two months of the *Journal* issue.

Deadlines: Jan/Feb Issue — Deadline: Nov 1 • Mar/Apr Issue — Deadline: Jan 1 • May/Jun Issue — Deadline: Mar 1 • Jul/Aug Issue — Deadline: May 1 • Sept/Oct Issue — Deadline: Jul 1 • Nov/Dec Issue — Deadline: Sept 1

Payment: Upon submitting ad.

Mailing Address: Send ad copy and box responses to:
PDA Dental Journal • PO Box 3341 • Harrisburg, PA 17105

Classified Advertising Policy: The Pennsylvania Dental Association is unable to investigate the offers made in Classifieds and, therefore, does not assume any responsibility concerning them. The Association reserves the right to decline to accept or withdraw advertisements in the Classifieds. The *Journal* reserves the right to edit classified ad copy.

How to reply to a PDA Box Number:

Your Name
& Address Here

Pennsylvania Dental Journal
PO Box 3341
Harrisburg, PA 17105

Attn: Box M/J____

OPPORTUNITIES AVAILABLE

Orthodontist Wanted
General dentist seeking FT orthodontist to join busy practice. Pocono Mountain area. Please email resume to **mjtdmd@ptd.net** or fax to (570) 629-4300.

Associateship Leading into Ownership
Central PA: Master cosmetic/reconstructive dentist seeks qualified associate to learn to *"work smart, not hard."* Offer includes 4-operatory high-tech "cash practice" and well-maintained 3-story building including a 2 bedroom apartment. *"Formal education will earn you an income, but self education will earn you a fortune."* Serious inquiries only. Please respond to 6059 Allentown Blvd., Box 186, Harrisburg, PA 17112.

Outstanding Career Opportunities
In Pennsylvania, providing ongoing professional development, financial advancement and more. Positions also available in FL, GA, IN, MI, VA and MD. For more information contact Jeff Dreels at (941) 955-3150, fax CV to (941) 330-1731 or email **dreelsj@dentalcarealliance.com**. Visit our website: **www.Dentalcarealliance.com**.

Lancaster Group Practice
Associateship or Associate to Partnership in Lancaster. Large group dental practice. Income potential of $150,000 to $300,000 plus. Must be a multi-skilled, excellent dentist. This may be one of the best dental practices in the state! Call (717) 394-9231 or email **SJRDMD@aol.com**.

Associate Needed
Seeking general dentist for associateship leading to partnership. Our group is located in the Central Susquehanna Valley near Bucknell and Susquehanna Universities. We are seeking a general dentist capable of a wide range of procedures for our continually growing practice. To learn more about this rare opportunity call (570) 742-9607, email **copdha@sunlink.net**, or fax your CV to (570) 742-6397.

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

Associate-General Dental Practice
Beaver County Pennsylvania (Pittsburgh area) extremely busy general practice seeking quality long term associate or buy in candidate. Contemporary practice is computerized and has all digital X-rays. Experience in all phases of general practice including endo, implants and crown and bridge preferred but will consider a recent, qualified graduate. Established practice includes experienced staff, modern equipment, great location, and doctors willing to make this a win-win situation. Contact office at (724) 775-4115 or email **mfddmd@comcast.net**.

Dentist Wanted
HOLLIDAYSBURG - Two dentist general practice seeks replacement for retiring dentist. Be busy Monday through Friday earning high income in modern office that attracts 55 new patients per month, has excellent staff, digital x-ray equipment and a Lab technician. Contact Dr. Roger Cutt at (717) 652-5570 or **rogercutt@comcast.net**.

General Dentist Wanted
Pennsylvania dental practice seeks full-time dentist. Excellent salary/fringe benefits to include malpractice. Modern working environment. Family oriented community two hours from major cities. Reply: Practice Manager, PO Box 20103, Scranton PA 18501.

Dentist Wanted
Full Time Dentist needed for thriving family dental practice located in rural Pa (Johnsonburg). Must see all ages. Experience preferred. Vacation, sick, personal, health and CME benefits. Competitive salary. Send CV and letter to Administrator, PO Box 270, Emporium, PA 15834. Position available 06/01/13.

Dentist Wanted
To all applicants, we are seeking a p/t to work at least 2-3 consecutive days in **Pottsville** (Schuylkill CO 17901). About our office: Patient pool is majority Medicaid patients, we accept private insurances; General Dentistry; Staff includes: EFDA, Dental Assistant, Front Desk; 3 operatories. Work includes: Endodontic treatment, Prosthodontics, crown/bridge, Periodontics, Invisaline, treatment planning for implants & orthodontics. We work closely with **Child Development Inc.** Team playing is a must! Contact Arthur (General Manager) at (215) 914-2157 or fax (215) 914-2298.

Dentist Wanted
Midwest Dental is seeking candidates for the Erie area. Since 1968, our philosophy of supporting doctors and staff has lead to unmatched consistency and paved the way for future growth. We pride ourselves on providing doctors the ability to practice in a traditional, non-HMO practice environment coupled with the flexibility and rewards that a group can offer. We are currently working on new opportunities in Erie. We'd enjoy the opportunity to learn about your practice philosophy, career goals and expectations. To learn more, please contact Laura Anderson Laehn by phone at (715) 225-9126 or email at **landerson@midwest-dental.com**. You may also visit us online at **www.midwest-dental.com**.

Associate Wanted
Looking for an associate for a general dentistry practice in central Maine. Great location on a busy road with great visibility. Enjoy clean air and less traffic while being surrounded by everything Maine has to offer. Excellent compensation structure, great staff and plenty of patients. Only fee-for-services and PPO payments accepted; no Medicare or Medicaid. Healthcare plan and flexible spending account available. Malpractice insurance is covered and there is an allowance for CE. Please email CV to **tomainedds@yahoo.com** or call (330) 651-2265.

Endodontist Wanted
This is truly a unique opportunity. We are located in Glen Mills, an area of unprecedented growth near West Chester, Philadelphia and Wilmington Delaware. Our facility is brand new, high tech and well equipped. You will have everything to meet your needs.
Our practice consists of four general dentists, a Periodontist, Oral Surgeon and Orthodontist. We currently have over 8,000 active patients and are experiencing rapid growth. At this time we can utilize an Endodontist one or two days a week. Please contact our office manager, Myra Reid to schedule an interview. Fax your Curriculum Vitae to (610) 459-8290 or email **mreid1955@yahoo.com**.

Hygienist Wanted
Paxton Family Dental is looking for friendly and caring **Hygienists** to join our growing practice. Applicants must demonstrate exceptional patient care and be willing to work some extended hours. Starting wage is $32.00/hour. Office mission is on our web site at **www.paxtonfamilydental.com**. Please fax resumes to (717) 526-6111 or call (717) 526-2000.

Financial Officer Wanted
Paxton Family Dental is looking for a highly motivated full time **Financial Officer** with experience with medical/dental insurance, billing and claims. Must be professional and caring person with patients and staff. Must be proficient on computers. A degree in business administration or finance a plus. Wages will be based on experience and ability. Office mission is on our web site at **www.paxtonfamilydental.com**. Please fax resumes to (717) 526-6111 or call (717) 526-2000.

FOR SALE

For Sale
Pittsburgh east & west suburbs – pediatric dental practices, active long-time established. Everything in place to continue a successful career. (412) 673-3144, **stanpoll@aol.com**.

For Sale
General Practice – Schuylkill – near Philadelphia, Wilkes Barre – well established excellent facility, staff, equipment, patient base, opportunity (412) 673-3144, **stanpoll@aol.com**.

For Sale
Multi-disciplined Dental Practice in a new 6,000 square foot, fully-computerized professional building, located in an affluent location in the Greater Philadelphia, Southeastern PA area. Visit: **dentalpracticesforsaledelawarecountypa.com**.

For Sale
PENNSYLVANIA: General practice, Poconos, 1,500 active patients. Collections 400K. Doctor transitioning to retire. 28 hrs per week. Tremendous opportunity for growth. Call (570) 856-0905 or email **toothman@ptd.net**.

PRACTICE SALE
Harrisburg Area - 4 ops plumbed - refers endo, perio, surgery, and ortho. Great starter or satellite practice with growth potential. Call Tom (410) 218-4061 or **tjbonsack@hotmail.com**.

RENT DENTAL OFFICE SPACE (MAIN LINE)
Share state of the art dental office on prestigious main line with unlimited use of three fully equipped operatories. Digital x-ray (dexis), network computer system, chair/unit (pleton/crane), computer with 2 monitors and three 32inch flat screen TV's. The office is equipped with lasers, bleaching light, digital panoramic machine and a 3m digital scanner. Dental staffing is available. Contact F. Alan Dickerman, 139 Montgomery Ave, Bala Cynwyd, PA 19004, (610) 667-0588, **www.baladental.com**, **fdickerman@baladental.com**.

Practice for Sale
Scranton. Excellent opportunity for young dentist. 2 ops, with potential to expand. Digital radiography. Gross 250,000 by first year Dentist, four days a week. Option to rent or purchase real estate. Reply to Joe at (570) 650-5150.

For Sale
General dental practice and office building for sale in Western PA. Building consists of four operatories, waiting, reception and computer rooms, two business offices and a one bedroom apartment. Email **jwedentist@verison.net**.

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

POLCARI ASSOCIATES, LTD.
PRACTICES FOR SLAE – MARYLAND, DC, VIRGINIA: No buyer's fees. Including Laurel – 3/4 ops, Gross $475K Condo. CHARLES County near National Harbor grossing $1 Million, Lanham, digital 4 ops gross $500K. ANNE ARUNDEL – 3 OPS SHOPPING CENTER. FREDERICK COUNTY free standing. Country practice. Call for more. POLCARI ASSOCIATES, LTD (800) 544-1297.

Western Pennsylvania / Greater Pittsburgh Area / Eastern PA
Numerous practices available with collections ranging from $155,000 to $2,500,000

PA – (#'s represent Collections)
Philadelphia $7,000,000, **Pittsburgh** $2,500,000, **Erie** $1,700,000, **Pittsburgh Periodontist** $1,500,000, **Cleveland Periodontist** $1,200,000, **Erie** $1,000,000, **Beaver County** $750,000, **Robinson Twp.** $670,000, **Tri State Periodontist** $600,000, **Washington County** $500,000, **Harrisburg** $500,000, **Beaver County Pediatric** $460,000, **Mercer County** $410,000, **Plum/Murrysville** $400,000, **East Pittsburgh Suburb Pediatric** $400,000, **Franklin** $360,000, **North Hills** $300,000, **Monroeville** $240,000.

We offer formal **Valuation Services** in case of divorce, business planning, estate planning, retirement planning, help in determining exit strategy, partner "buy out", etc.

Please contact Bob Septak at (724) 869-0533 or email **bob@udba.biz**, WWW.UDBA.BIZ.

As always, we treat these matters with the highest amount of confidentiality and any contact with United Dental Brokers of America will be kept completely confidential.

FOR SALE/RENT
Doylestown Boro, free standing office bldg – 4 plumbed operatories – 1,500 sq/ft, additional occupied upstairs rental, 9 parking spaces-park view (215) 262-9697 or (215) 262-9201.

Dental Practice Sale
York County - 5 ops - R/E available, Rev $450K. Refers all Endo! Call Donna (800) 988-5674. **www.snydergroup.net**.

Dental Practice Sale
Berks County - 4ops - R/E available. Refers Endo. Rev. $475K. Call Sharon (484) 788-4071. **www.snydergroup.net**.

PRACTICE FOR SALE
Central PA – Well established 5 ops. Rev. $755K. R/E avail. Call Donna (800) 988 5674. **www.snydergroup.net**.

Practice Sale
Atlantic County, NJ - Great Area!! Fee for Service, 3 ops, 28 hrs/wk. Leased space. Rev $600K. Call Donna (800) 988-5674.

Dental Office for Sale
Very modern dental office in Berks County. Four (4) treatment rooms with digital radiography, Dentrix computer, staff lounge and large sterilization area. Free-standing building on large lot. Much expansion available. Will sell practice with or without building. No brokers please. Call (610) 644-2818 or email to **kjsj1001@aol.com**.

For Sale near Mechanicsburg
Practicing collecting over 1M on 4 days a week, newly remodeled 6 ops, over 1,800 patients, building also being sold, call Paragon Dental Practice Transitions TODAY! Jennifer Bruner (614) 588-3519.

Practice for Sale
Philadelphia – Northeast – 70 Y/O established practice, building and equipment for sale. Excellent high population density location. Turnkey operation with hospitals nearby. Contact at (215) 886-9376.

MISCELLANEOUS

DR. FILL-IN "Dentists helping Dentists"
Dr. Fill-in was established 5 years ago to match qualified dentists with dentists who are looking for temporary or permanent dental coverage. We serve the Pennsylvania and New Jersey area to keep your office open while you are away. For more information, please visit our website at **www.doctorfillin.com** or if you prefer contact us by phone at (610) 216-2899.

PROFESSIONAL SERVICES

Practice Transitions
We specialize in Practice Sales, Appraisals and Partnership Arrangements in Eastern Pennsylvania. Free Seller and Buyer Guides available. For more details on our services, contact Philip Cooper, DMD, MBA America Practice Consultants, (800) 400-8550 or **cooper@ameriprac.com**.

PRACTICE TRANSITIONS
SELLING – BUYING – MERGING – ARRANGING AN ASSOCIATESHIP – EXITING practice. Contact the Transition Specialists: Professional practice Planners, 332 Fifth Avenue, McKeesport, PA 15132. (412) 673-3144 or (412) 621-2881 after normal hours) or **stanpoll@aol.com**. Brokerage sale commission reduced to **7.5%!** **CERTIFIED APPRAISALS FOR ALL PURPOSES BY Master Certified Appraiser.**

Consulting Services
CPA having 25+ years' experience (including with AFTCO Associates) offers independent dental advisory services involving Buying, Selling, Mediation, Valuation, Expert Witness or Tax Planning. Joseph C. Bowers, MBA, CPA/PFS, (610) 544-4100 or email **jcbowers@verizon.net**.

Financial Services
Fischer Financial Services, Inc. is an independent money management firm located in Harrisburg. As a "Registered Investment Adviser" with the U.S. Securities and Exchange Commission, the firm specializes in money management for institutions and individuals. To learn more, call (888) 886-1902 or visit **www.fischerfinancialservices.com**.

HAVING ACCESS TO CASH THAT ALLOWS YOU TO FINANCE YOUR GROWTH.

With Cash Flow Options™ from PNC and a dedicated Healthcare Business Banking team, we can help you take advantage of everyday untapped opportunities. Like helping ensure access to credit. So you can make improvements, expand, purchase or buy into a practice. For uncovering opportunities to help improve your cash flow and to learn more about PNC Advantage for Healthcare Professionals, ***visit pnc.com/cfo, stop by a branch or call 1-855-PNC-4DDS.***

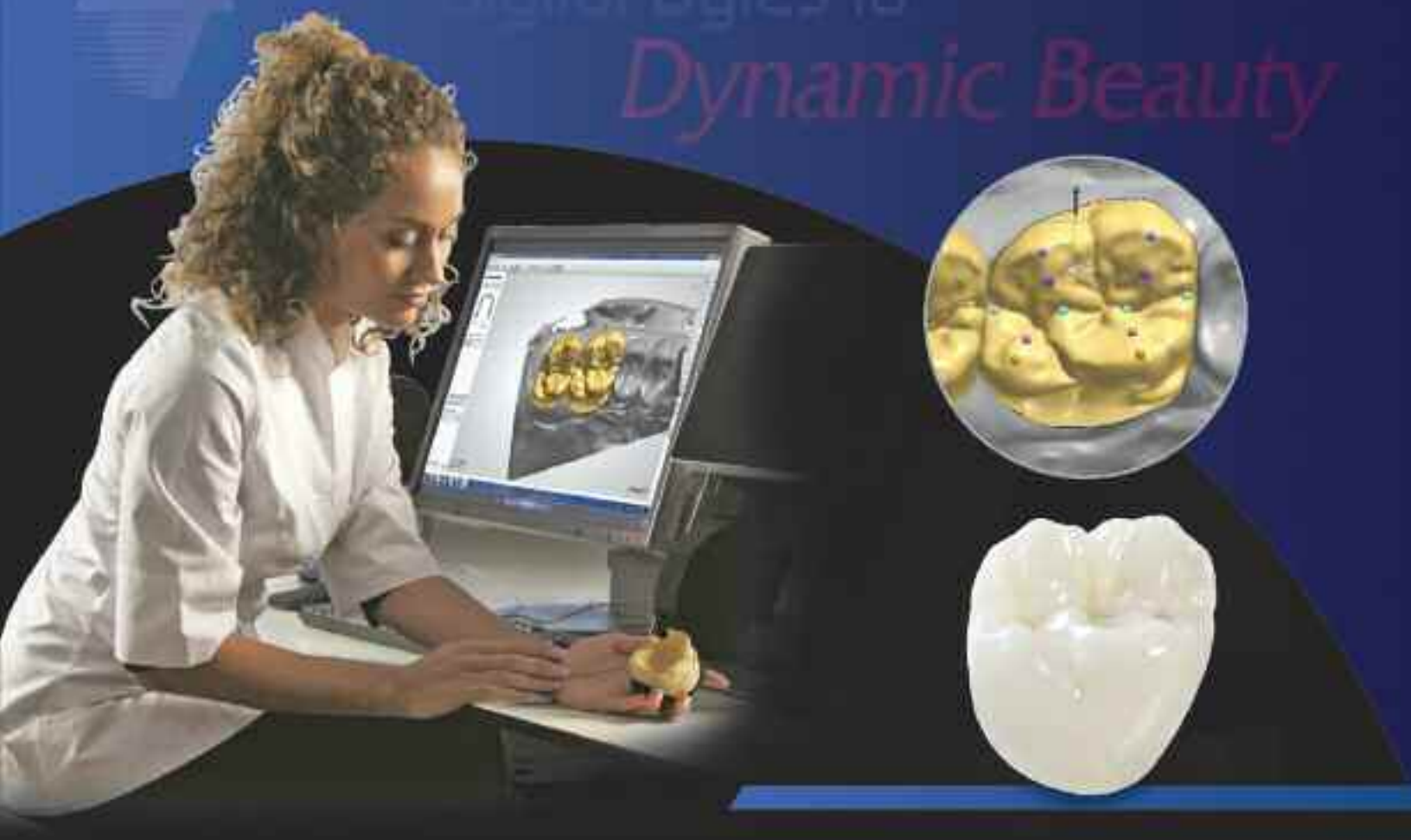
PNC | CFO®
Cash Flow Options

ACCELERATE RECEIVABLES
IMPROVE PAYMENT PRACTICES
INVEST EXCESS CASH
LEVERAGE ONLINE TECHNOLOGY
ENSURE ACCESS TO CREDIT

for the achiever in you™ PNC BANK

Lic/Equal Housing Lender

Digital Bytes to Dynamic Beauty



CAD/CAM restorations are growing at an unprecedented rate. As *"Your Partner in Mastering New Technologies®,"* Thayer Dental Laboratory was an early adopter with CAD design and CAM milling – with over 10 years' experience as a digital dental laboratory. Our CAD designers are experienced dental technicians and CDT's who design full contour monolithic restorations for milling and pressing; zirconia substructures for milling and layering porcelain; printed wax patterns for casting copings and bridgework; and the design of patient specific implant abutments and bars.

CAD/CAM technologies have allowed Thayer Dental Laboratory to provide more consistent quality tolerances and quicken fabrication times for a wide array of restorations – including virtual restorations without a physical model. Thayer is a Sirona® Connect laboratory and can also accept digital impressions from your Cadent iTero®, E4D, Lava™ COS, 3M™ Tru Def, or Trios® scanner. Discover how we can help you grow your practice with CAD/CAM technology by calling us at 800.382.1240.

CERTIFIED DENTAL LABORATORY

CLEARMATCH LABORATORY

MADE IN USA

THAYER DENTAL LABORATORY, INC.

800-382-1240

www.thayerdental.com