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On the Cover
The first MOM-n-PA dental clinic was held May 31 and June 1 at the Liacouras Center in north Philadelphia. Volunteers saw more than 1,800 patients and provided more than $850,000 in free dental services.

Photo by Sean Connolly, The Bravo Group

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The air is humid and warm. The first heat center in North Philadelphia at 3:30 a.m. Helping Hands Saturday. The first MOM-n-PA dental Mission of Mercy was underway. have to tell everyone that we had reached more than 1,000. By 9 a.m. we would I can already see a line of more than 200 31, 2013, and we are about to see 1,000 Philadelphia, with a high temperature of 94 degrees predicted for today. It is May A DA Annual Session when a small group of Pennsylvania delegates learned about the Mission of Mercy movement. As one of his goals as president of the PDA, Dr. Bernie Dishler wanted to have a large dental clinic. With the help of the America’s Dentists Care Foundation (ADCF), we were getting ready to see nearly 2,000 dental patients over the next two days. And what an amazing two days it was. During that time we treated nearly 1,800 dental patients. The totals of what was done include:

- 1,820 patients registered
- 1,745 treated - many had medical complications that were referred to the appropriate facility - over 50 had undiagnosed high blood pressure
- 324 prophys
- 171 full mouth debridements
- 662 restorations
- 55 root canals
- 19 partial dentures
- 1,213 extractions
- 52 children seen
- Estimated value of services - $850,000

The scope of what was done during these two treatment days was amazing. Henry Schein was able to secure five panoramic machines and five Dexis sensors to help with radiography. Thousands of dollars of donated dental supplies came from Henry Schein, Benco Dental, Patterson Dental, S.S. White and Dentsply. Without question, this was the largest donated dental event ever seen in Pennsylvania. The two-day event was only matched in its grandeur by the preparations that happened in the year prior. After an initial meeting in April 2012, the committee began its task of formulating a plan. Many similar events called MOMs (for Mission of Mercy) have been taking place around the country since 2000. These events have provided care to more than 100,000 individuals at a donated care value estimated to be in excess of $50 million dollars.

The members of the committee first decided on the size and scope of the event. A target population of North Philadelphia was determined to be in desperate need of dental services. In October 2011, Pennsylvania Medicaid ended comprehensive adult dental care and many patients could no longer receive root canal treatment or crowns. Many patients either received extractions or no treatment.

The committee, which included Dr. Amid Ismail, Dean at the Kornberg School of Dentistry at Temple University, decided that the Liacouras Center, Temple’s basketball arena, was the ideal location. Fundraising began with grant proposals being sent to any organization that we thought would contribute. Early on we found out that many foundations don’t give to first time events like ours. We did eventually raise the needed funds to do this event right.

Because we had not done this previously we relied upon a how-to manual that had been published by the ADCF. Dr. Davis, who personally had attended several other MOM events, encouraged the other committee members and leads to also attend MOMs to get an idea of how the program works. I can only tell you that visiting another MOM is nothing like hosting one yourself. We were all novices going into set up on May 30. We all left as experts on June 1!

Besides selecting a venue and securing the needed monies, we had to deal with volunteers. Dr. Ron Heier recruited and managed over 1,000 volunteers for our dental mission. Besides dentists, we were helped by dental assistants, dental students, hygienists, dental office staff, dental technicians, dental sales people and lay volunteers. Spouses and children of dentists provided needed support services in exit interviews and registration. Without this army of volunteers this type of event is just not possible.

As I walked around the area floor both days, I was so happy to see so many faces of dentists and their staff that are not directly involved with the Pennsylvania Dental Association. These were local and suburban dentists who got the message and saw the need to help. There were dental technicians and dental sales people who donated their days for the North Philadelphia community. My greatest
We had to cut off the line and tell people that we had reached capacity by 9:30 a.m. each day. It was heartbreaking for our volunteers to give people the bad news, but we all knew that the need would easily exceed the limited capacity available.

An EFDA from Philadelphia, Artem, was like several other volunteers I met during those three days. He had no reason to show up at 9 a.m. on Thursday and set up all day other than his desire to help. He then returned on both Friday and Saturday, working all day from 6 a.m. until 7 p.m. Why do people do this except for the fact that they see the need and feel the need to help?

In discussions months before the event it was decided not to do a big media splash. With a population of 1.5 million in Philadelphia we were afraid of a mob of thousands seeking dental care. Instead, with the help of Dr. Renee Fennell-Dempsey and local health centers we put out the word. We were a little worried that maybe we wouldn’t see the number of patients who show for events in other cities that heavily publicized, but when I saw hundreds of people in line at 4 a.m., I knew the right decision had been made.
In the two weeks following this event we have been surprised to see so few complications. Dr. David Tecosky was in charge of the post treatment calls. Dr. Tom Nordone and others provided the necessary follow up care.

Patients leaving the Liacouras center were all smiles and appreciative of their dental care. Dentists and volunteers were all smiles for what they were able to provide. It was three long days, but it was an event to remember. As the dental chairs were being packed back into crates and the PVC pipe and electrical connections were being disconnected, I couldn't help but feel moved by what we had done. I was physically and mentally whipped, but I was already talking with others about when and where we would do this next. When asked if I would participate again, I just smiled and said “Was there any doubt?”

—BRT

Below is a complete list of all those Chairs and Leads for the 2013 MOM-n-PA dental mission. Many thanks to them and nearly 1000 volunteers for a well-developed and executed event.

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PHILADELPHIA – The organizers and volunteers at the “Mission of Mercy” dental clinic all seem to have stories about how a patient touched them by sharing a life story, giving a heartfelt thanks or just flashing a new smile.

It is clear to me that the volunteers received as much as they gave – maybe more.

I had a different role. I wasn’t a volunteer. I was the PR guy responsible for guiding reporters, videographers and VIPs through the two-day free dental clinic. I was concerned about people being turned away, fainting while standing in line or complaining to reporters. In short, I tried to create positive media coverage that would assist the MOM Board in future events.

Interacting with patients was not in my job description. In fact, I never imagined that I would have an encounter that I would eventually share with my kids, colleagues and friends. But I do.

And it all started with a group of nuns – Buddhist nuns, to be precise.

The first morning of the free clinic started before 7 a.m. with hundreds of patients filling the seats at the Liacouras Center in Philadelphia. MOM Chair Dr. Gary Davis instructed the volunteers to admit the first 700 patients. The next 300 were asked to stay in line outside, as the temperatures rose. It would take a few hours to find out whether we could serve all of them.

I was concerned about the people waiting in line. Reporters are drawn to conflict and suffering. A Philadelphia Daily News reporter had camped outside with the people in line. She tweeted that they were worried that they would not receive care.

MOM volunteers and Liacouras security staff did everything they could to keep the people in line comfortable. They delivered food and water. There was a portable toilet. A volunteer walked up and down the line giving the patients updates.

Then I noticed the three Asian women with shaved heads wearing matching brown outfits. They were near the back of the line. A gentleman in line was showing them a magic trick with magnets. The young women explained to me, in a few choppy English words, that they were Buddhist nuns from the Chinatown section of Philadelphia.

A product of Catholic schools, I have a great respect for nuns – no matter what denomination. I told MOM organizers that, if at all possible, we needed to treat the people in line for PR reasons. Besides, it would be bad karma to turn away nuns. Remember, we had to do it all over again the next day.

Dr. Davis eventually gave the green light. The 300 people in line cheered when they learned that they would receive care. However, they were warned that it would be several hours of sitting in the air-conditioned arena before they would see a dentist. They didn’t seem to mind.

By the time the nuns were seen, the patient volunteers who spoke Mandarin were gone. This made it very difficult for the remaining volunteers to make sure the nuns were in the right places for care in the sprawling arena. One older nun was expected to wait on one side of the arena and the young nun was expected to stay on the other side. However, they kept coming together in the middle. This frustrated the volunteers who were trying to keep things flowing. I offered to assist with the nuns and the volunteers quickly agreed.

The nuns refused to be separated. Despite my efforts to get them to sit in their proper waiting areas, they consistently came together. Finally, I sought help from a dentist, Dr. Jie Yang of the Temple School of Dentistry, who spoke Mandarin. He was hesitant to leave his patients in radiology, but I pressed him to talk with the nuns.

He held an animated conversation with the nuns on the arena floor. Finally, he approached me and explained that the two nuns had a spiritual bond and could not be separated. They understood that one needed to visit one section for extensive dental work and the other needed to visit another section for a cleaning. They would not budge. They would rather forgo treatment than be separated.

I made an executive decision – despite having no authority to do so – that the young nun who needed the cleaning could accompany the other nun while she received treatment. If there were time left, the young nun could receive her cleaning. They were grateful.

The next day, I was surprised to see the nuns back in the stands of the Liacouras Center. Apparently, the older nun needed further dental treatment. I was accompanying a reporter from the Philadelphia City Paper who wanted to interview patients. I waved at the nuns.

To my surprise, the young one stood up and waved me to come into the stands. I thought, “Oh no, now what?” I climbed the stairs and shuffled into their row. The young one held out her hand and simply said “for you.”

She gave me a bracelet of plain wooden prayer beads, the same kind that they wore on their wrists. They bowed and thanked me for helping them.

To say I was a shocked is an understatement. I have come to learn that the Buddhist prayer beads are traditionally worn around the left wrist and held to recite a mantra. They are similar to Rosary beads in my own faith tradition.

I often think of the women of faith who gave the prayer beads to me. I share the experience with others. Like the hundreds of volunteers at the MOM free clinic, I took the extra step to help someone in need. But it was I who received the true gift.

I encourage PDA members who volunteer at free dental clinics throughout Pennsylvania to share their experiences with colleagues and friends. Everyone who is able should consider volunteering. It is a great gift that you will give...and receive.

Sean Connolly is a senior communications director at the Bravo Group in Harrisburg. You can follow him on Twitter at @SeanConn_PA.

MOM Volunteers Give, but also Receive
By Sean Connolly
We continue our 106th year of camaraderie and education as one of the oldest dental societies in the region!

Upcoming Events

Fall All Day Program: Friday, September 20, 2013
The Buck Hotel, Feasterville, PA
“Staging Comprehensive Treatment”

John Nasti, D.M.D. practices full time with an emphasis on functional cosmetics, full mouth rehabilitation, and TMJ dysfunction. His down to earth approach and ability to demystify occlusion has earned him distinction among his peers. In his lecture, participants will learn how to stage comprehensive treatment to meet their patient’s budgetary limitations while providing functional and stable dentistry.

Fall Dine Around: Wednesday, November 6, 2013
Toscana 52, Feasterville, PA
“The Five W’s of Xylitol”

Lisa Stillman, RDH, BS is the Northeast Xylitol Educator. She teaches dental health professionals the general and dental health benefits of quality xylitol products with presentations and literature to assist dental offices to incorporate xylitol into the dental hygiene protocol. Lisa has practiced dental hygiene in Maryland and Virginia and currently has a position specializing in Periodontics. The Five W’s of xylitol: the Who, What, When, Where, and Why will become clear upon completion of this course. In addition, attendees will gain a greater appreciation for the many preventive and therapeutic benefits of xylitol.

Spring Dine Around: Wednesday, March 12, 2014
The Refinery at Sugarhouse Casino, Philadelphia, PA
“The Many Faces of Facial Pain”

Alan Stiles, D.M.D. is an instructor in the Department of Oral and Maxillofacial Surgery at Thomas Jefferson University. His clinical practice is limited to the management of head, neck, and facial pain. Following his completion of his DMD at Temple University, he completed a residency in Orofacial Pain and Dysfunction at UCLA School of Medicine and Dentistry. He then completed his fellowship in headache at the Jefferson Headache Center in the department of neurology at Thomas Jefferson University in Philadelphia.

CPR: Friday, April 25, 2014
The Buck Hotel, Feasterville, PA

Spring All Day Program: Friday, May 9th, 2014
The Buck Hotel, Feasterville, PA
“Productivity: It’s not by chance”

Bruce Baird, D.D.S.: The business of dentistry is changing as rapidly as new technology is changing how we treat patients. To succeed in today’s challenging economic environment, we have to re-evaluate our current processes and symptoms. Learn several key strategies that will effectively change your thinking on the business of dentistry, challenge many of the beliefs that prevent practices from realizing their full potential, and offer solutions to your most challenging business issues. Dr. Baird is a preeminent cosmetic dentist in the Dallas / Fort Worth area at Granbury Dental Center. Dr. Baird specializes in cosmetic makeovers, full mouth rehabilitation, and dental implants.

Annual Golf Outing: June, 2014
Philmont Country Club

For more information on Eastern Dental Society, please contact Dr. Michael Salin at Info@Eastern-Dental.org or (215) 322-7810, or visit us online at www.Eastern-Dental.org
PDA enjoyed another successful year for our annual Day on the Hill. More than 120 dentists, spouses, and dental students represented the dental profession at the Capitol on June 4. Attendees met with legislators throughout the day to discuss PDA's legislative priorities. Among the issues discussed with legislators and their staff was passing assignment of benefits legislation and reinstating funding for Pennsylvania’s Donated Dental Services program. Stay tuned for a feature article recapping Day on the Hill in the September/October issue of the Journal!

If you were unable to attend this year’s Day on the Hill, you can still visit with your lawmakers in your hometown during Legislative Checkup Week, scheduled for September 9-13. After passage of the Governor’s budget, the legislature is adjourned for the summer and this will be their last week home before returning to Harrisburg for the fall session. Please meet with them during the week of September 9-13 so that our issues are remembered going into fall session! Check out www.pidental.org for more information

State Issues

House Passes Volunteer Licensure Legislation (HB 1056)

HB 1056, which allows the State Board of Dentistry to issue temporary volunteer licenses to dentists from other states or territories, unanimously passed the House of Representatives on April and was sent to the Senate Consumer Protection and Professional Licensure Committee for consideration. HB 1056, which was introduced by Rep. Keith Gillespie (R - York), will allow dentists from other states or territories to volunteer at charitable events or provide emergency care in Pennsylvania. This bill will directly benefit events like the MOM-n-PA free dental clinic, which was held in Philadelphia from May 31 to June 1.

Assignment of benefits Update (SB 520)

Following Day on the Hill at the Capitol, PDA attended a meeting hosted by Sen. Don White (R - Indiana), chair of the Senate Banking and Insurance Committee. The purpose of this meeting was for stakeholders to reach some consensus on SB 520, which would give patients the right to choose their dentist and require insurance companies to respect that choice by directly paying even non-participating providers. Dr. R. Donald Hoffman, PDA president, Dr. Herb Ray, Peg Callahan, PDA lobbyist, and Marisa Swarney attended on PDA's behalf. Representatives from Delta Dental and the Insurance Federation, as well as Kristen Kenyon, Legislative Director of Sen. Kim Ward’s office, were also present.

Following the productive meeting, Sen. White's staff requested that PDA collect data on the number of non-participating dentists who do not always require payment upfront and were never compensated by policyholders. A survey was sent to PDA members in early June to collect this information. By providing this information, PDA hopes to broker an agreement with insurance companies that will ensure passage of this legislation in the fall.

Donated Dental Services

PDA members and lobbyists met with Rep. Bill Adolph (R - Delaware), House Appropriations Committee Chair, in May to advocate for a restoration of state funding in the state’s Donated Dental Services (DDS) program. The DDS program employs two coordinators to recruit dental labs and dentists to donate free services to treat the disabled, elderly or medically compromised who cannot afford care and handle administrative tasks. During subsequent meetings involving volunteer members at the grassroots level, PDA’s lobbyists were able to secure a commitment from Appropriations leaders to reinstate the state’s funding. When the budget passed at the end of June, it included language in the fiscal code that “sufficient funds” would be given to operate the DDS program. PDA since learned that the General Assembly provided the $150,000 requested to maintain the one regional coordinator currently working and rehire the second needed to screen patients, recruit dental labs and dentists to donate free services to treat the disabled, elderly or medically compromised who cannot afford care and handle administrative tasks.

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The next step for the Department of Health and Dental Lifeline Network, (which runs the program) is to enter into a contractual arrangement so that the state funds are properly accounted for. Then Dental Lifeline Network will advertise for the vacant regional coordinator position to operate in the eastern part of the state.
GOVERNMENT RELATIONS continued

Did you know that PDA’s website provides several resources to ensure Pennsylvanians are informed consumers and have access to quality dental care? Our Dental Clinic Directory, located at padental.org/clinicdirectory, consists of a searchable list of free and reduced-fee dental clinics in Pennsylvania. Patients can easily locate a clinic by filtering the list by county or view all clinics.

Each of the clinic listings provide the following details:
- Contact information
- Services offered
- Fees
- Patient eligibility
- Areas served

In addition, we also have a section that provides the public with information on navigating insurance programs and receiving much-needed dental care.

Patients can visit our Virtual Dental Van at padental.org/van to find information on:
- Finding a “dental home”
- Preparing for a visit to the dentist
- CHIP and Medical Assistance programs
- Cavity prevention

These two sections are excellent dental resources for the general public, available to them 24/7.
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.

- Amal Waleed Al-Fares, DDS  
  West Virginia University ‘06  
  Morgantown, WV

- Ryan J. Baek, DMD  
  University of Pennsylvania ‘06  
  Plymouth Meeting

- Weixiong Chen, DMD  
  Columbia University ‘12  
  Brooklyn, NY

- Kenneth A. Chintella, DDS  
  Temple University ‘77  
  Philipsburg

- Joshua M. Davis, DMD  
  Temple University ‘07  
  Philadelphia

- Daniel F. DeRosa, DMD  
  Temple University ‘12  
  Willow Grove

- Kaushal C. Desai, DMD  
  Boston University ‘12  
  North Wales

- Amanda B. Eidelson, DDS  
  Columbia University ‘11  
  Philadelphia

- Olimbi Ekmekcioglu, DMD  
  University of Pennsylvania ‘05  
  Philadelphia

- Nadia Gharbi, DMD  
  University of Montreal ‘09  
  Philadelphia

- Winna G. Gorham, DMD  
  Tufts University ‘08  
  Pittsburgh

- Evan A. Hall, DDS  
  Howard University ‘12  
  Washington

- Julia L. Jackson, DMD  
  Temple University ‘05  
  Wyncote

- Marie P. Kelly, DDS  
  The University of North Carolina ‘87  
  Conestoga

- Hye-Eun Kim, DMD  
  University of Pennsylvania ‘06  
  Harleysville

- Patrick C. Manganello, DMD  
  University of Pittsburgh ‘09  
  Greenville

- Timothy B. Paulin, DMD  
  Temple University ‘97  
  Lancaster

- Maryna Petrasheuskaya, DDS  
  University of Maryland ‘11  
  Erie

- Bhumi R. Savani, DMD  
  Boston University ‘12  
  North Wales

- Steven W. Seitchik, DMD  
  University of Pennsylvania ‘68  
  Bala Cynwyd

- Meghan K. Tsakalos, DDS  
  University of Maryland ‘11  
  Pittston

- Melissa Vettraino, DDS  
  University of Detroit Mercy ‘07  
  Philadelphia

- Weidong Yang, DMD  
  University of Pennsylvania ‘12  
  Newark, DE
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.

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Oklahoma Case Highlights
Importance of Reviewing Office Sterilization Procedures

By Thomas J. Weber, Esq.

As a licensed practicing dentist, either you are aware, or should be, of the Oklahoma dentist who recently had his office shut down due to violations of appropriate infectious disease controls.

The state of Oklahoma’s investigation began when one of the dentist’s patients was found to be HIV positive and all other likely causes had been eliminated. The Oklahoma Board of Dentistry’s surprise inspection uncovered the regular use of a rusty set of instruments and the practice of pouring bleach on wounds until they “turned white.” The dentist also allegedly reused needles.

The incident has not only caused concern in the dental community, but also with those who regulate dentists. Just as the Watkins case resulted in heightened scrutiny on the administration of anesthesia in the practice of dentistry and eventually the overhaul of the regulations pertaining to its administration, it is safe to assume the Oklahoma incident will have a similar affect in terms of office sterility protocols and infectious disease control.

While it is uncertain whether the Pennsylvania Department of State is likely to launch a series of random office inspections, it nonetheless is a good time for every dental office to examine its infectious disease protocols. Furthermore, it is likely that any time an investigator has reason to visit an office they will pay closer attention to infection control even if that is not the reason for their visit.

Currently the regulations define it as unprofessional conduct for a dentist to fail to follow current infection-control recommendations issued by the Federal Centers for Disease Control or to ensure that auxiliary personnel and other supervisees follow these guidelines. 49 Pa. Code §33.211(a)(7). Likewise, it is unprofessional conduct for a dental hygienist or expanded function dental assistant to fail to follow current infection-control recommendations issued by the Federal Centers for Disease Control. 49 Pa. Code §33.211(b)(4) and §33.211(c)(4). There are a number of steps that dental offices can take to ensure their compliance with their regulatory obligations, as well as protect the health and safety of their patients. Please allow me to set forth some of the most important.

- The Commonwealth of Pennsylvania will rely on the “Guidelines for Infectious Control in Dental Health-Care Settings, 2003,” as developed by the Centers for Disease Control and Prevention.” A copy of the guidelines can be obtained by a simple Internet search for “CDC dental guidelines.” It can also be accessed at www.cdc.gov/oralhealth/infectioncontrol/guidelines. Every dentist should have a thorough understanding of these guidelines.
- In addition to reviewing the guidelines, dentists should review the manufacturer’s suggested guidelines for the sterilization products used in the office. However, caution must be used in relying on the verbal instructions provided by sales representatives due to the possibility of an error occurring.

(continued on the next page)
Importance of Reviewing Office Sterilization Procedures

during the communication. Furthermore, should there be a discrepancy between the manufacturer’s guidelines and those of the CDC, the Commonwealth will rely on the CDC.

• Finally, it is essential that all staff involved in the sterilization process receive proper training, and are informed of and understand, the importance of adhering to the required sterilization protocols. The CDC website contains a slide presentation that can be used to assist in staff training. This training should be conducted regularly and be made a part of every new employee’s orientation. Recognize that although it is appropriate to delegate the sterilization procedures, as the regulations state, a dentist commits unprofessional conduct if he or she fails to ensure that auxiliary personnel and other supervisees follow these guidelines. Therefore, although it may be the employee who violates the guidelines, the dentist’s license will be subject to discipline as well.

Thomas J. Weber, Esq. serves as general counsel to PDA and PDAIS. He devotes a substantial portion of his practice to dental-related matters and frequently writes and lectures on legal issues pertinent to dentists. Tom is a shareholder in the Harrisburg law firm Goldberg Katzman, P.C. where he serves on the executive committee and is chair of the civil litigation department. He can be reached at tjw@goldbergkatzman.com.
145TH ANNUAL SESSION

TIKKUN OLAM | REPAIRING THE WORLD
The 145th PDA Annual Session was held at the Hotel Hershey on April 25 - April 27. This was a pivotal year for our organization. Facing concerns of declining membership, decreasing member involvement, decreasing dues income and increasing operating costs, PDA recognized the need to take action to ensure a viable future.

In 2012, Dr. Bernie Dishler, our president at the time, formed an ad hoc Governance Task Force committee (GTF) with Dr. Karin Brian serving as chairperson. The purpose of the GTF was to examine the current structure and make suggestions for the possible restructuring of PDA.

For nearly 10 months this committee reviewed and discussed our current governance structure. They examined not only what we do in Pennsylvania, but also what governance models are used by other state dental associations. They sent a preliminary report to the Board of Trustees in February 2013, and after much discussion, the board made some suggestions to the GTF which were included in its final report to the PDA House of Delegates.

By the time the Annual Session opened on Friday morning, the issue of governance restructuring had become a hot topic among the delegates. At the reference committee hearings and in the hallways the buzz was all about the GTF recommendations, and what, if anything, would change. Some districts had alternative ideas and proposed alternate resolutions.

Discussion of the issues determining how best PDA would be represented in the future filled the lunch tables. Should we use the model suggested by Mary Byers in her book, “Race to Relevance,” or should we do something else? In her book, Byers examines the current model of association leadership where positions of leadership are populated by individual volunteers who rise to positions of leadership because of the giving of time and sense of belonging to the organization. She thinks that geographical representation, while fair, is really not the best way to get the best and brightest people in leadership positions. Association boards should consist of no more than five to seven members for an organization the size of the PDA. This board should be comprised of individuals who have talents in certain areas, i.e. treasurer, membership, governance, communications, and so forth. The board would represent the entire PDA and would replace the current system of trustees from each district as well as the entire House of Delegates (HOD).

Citing micromanaging and the cost of an Annual Session, the HOD has not been able to react quickly enough to the needs of our organization, and this often prevented us from being nimble and moving forward as needed in today’s environment. With the difficulty we have in filling all positions at PDA with active volunteers, we need to streamline our governance and concentrate on those areas that are most important to our membership, rather than trying to do everything for every member of our association.

Also at center stage of the governance restructure discussions were the committees. The BOT had already decided that most of the committees should be replaced by advisory groups charged with dealing with issues. These advisory groups would also be created from a pool of interested volunteers and not based upon district representation. This would require a bylaws change. HD 13-07 was approved by the House and allows PDA to sunset six committees (Government Relations, Dental Benefits, Communications and Public Relations, Concerned Colleague, Access to Oral Health Services, and Procedure and Product).
and Environmental Issues) and create new advisory groups. The adoption of HD 13-08 made changes to the Bylaws that allowed the advisory group concept to be put into action immediately.

Finally, the House needed to decide if we would redistrict. Was our current distribution of dentists across the state fair and current with the population today? If you look at the representation by district you will see that Second District has increased in the past 50 years while First District has decreased, as many members have moved away from the big cities. If we are to have equal representation from our districts do we need to redraw the maps? This was debated at length. There were many logical suggestions, each with merits and with drawbacks.

The final resolution approved by the HOD decided to leave the district structure of the PDA alone, but to combine some districts into Trustee Regions so that there would only be five district trustees. For example, First and Third districts would combined into Trustee Region 1, represented by one trustee. The same would hold true for Fourth and Fifth districts, which would be Trustee Region 3, Sixth, Seventh and Eighth districts would be Trustee Region 4 and Ninth and Tenth districts would be Trustee Region 5.

Second District, being the largest district in the state would elect its own trustee. Effectively, we are going to create 5 trustee positions from the original 10 trustee model. This will be done by geography and not by skills.

The following resolution was approved by the HOD:

**HD 13-10:** That the Reference Committee on Organizational Affairs (RCOA) governance model with 5 Trustee Regions be adopted. Be it further resolved, that the Bylaws Committee craft the bylaws changes necessary to implement this model and present those bylaws changes in time for the initial workbook mailing of the 2014 meeting of the PDA House of Delegates.

So, one can see that there were many challenges that faced the delegates to this year’s Annual Session. The reference committees were helpful for everyone. Many questions were asked and answered. I think that many had preconceived ideas that were changed based upon new information. Others strengthened their resolve through pushing their message to their colleagues. When the voting began at the Saturday House meeting the mood was upbeat that change was ahead.

In addition to the above referenced resolutions, the following were also passed:

**HD 13-15:** The position of the PDA is that the auditor working on behalf of the third party payers reviewing dental claims possess the same degree of training and ADA recognized specialization as the health care provider being audited.

**HD 13-16:** That the 2013 PDA budget in the amount of $2,895,867 be approved.

HD 13-15 was an attempt by the House to influence the way that insurance companies currently review claims. Member dentists have complained in the past that dental hygienists and other non-specialists are reviewing and denying claim they don’t have expertise in deciding. Whether or not the insurance companies will change remains to be seen, but this was an example of PDA listening to members and taking action based upon what we can do. PDA can’t make changes to the dental law, legislative issues or insurance company policy. What we can do is make statements, push opinions and influence lawmakers, speak to those on the State Board of Dentistry and insurance leaders, and try to make recommendations that benefit all dentists in Pennsylvania.

The 145th Annual Session concluded on Saturday evening with a lovely President’s Dinner. The tables were decorated with food baskets that would eventually be donated to the 2013 MOM-n-PA mission at the Liacouras Center in Philadelphia.

Change is in the air. Please continue to read all of the information sent to you via print and email if you wish to be informed. Also, consider reaching out with your suggestions at this time of change. This is your PDA, and we would welcome your help and your support.
This has been a very interesting year, filled with successes and challenges. Let’s get the challenges out of the way first, so we can focus on the successes. Our membership numbers continue to be one of our biggest challenges. Our membership is aging. Each year our average age continues to rise. The aging membership also manifests in the growing number of Active Life members who pay reduced dues. We do have many younger members who have taken leadership positions across all of the levels, local, district and statewide. But we need more. One of the reasons for having fewer younger members is the diminishing numbers of dentists graduating from Pennsylvania dental schools. Dean Ismail at the Kornberg School at Temple has made a concerted effort to attract more Pennsylvania residents to his school. We hope this will pay off in membership in a few years. The large student debt that our graduates incur is also a deterrent to joining organized dentistry.

We tried not to raise our dues because many of our members are struggling due to the economic downturn. So, we had several years when we had deficit budgets. Each year we would start using the next year’s prepaid dues for current expenses. In May of this year, we ran out of cash. Our Budget, Finance and Property Committee made some dramatic recommendations to the Board of Trustees (BOT). We withdrew almost one million dollars from reserves to cover all of 2012 expenses. We advised the CEO that we needed to reduce the only expense that we had not already reduced. That was our staff. So, we reduced the staff by 20 percent. That was not an easy decision since our staff is very loyal and like family to us. We also reduced some other expenses. We are now operating in a very responsible financial manner. Unhappily, we had to raise the dues by $38 to balance our budget. For the first time in several years we have a balanced budget.

At the 2012 Annual Session, I was instructed to form a Governance Task Force (GTF) to study our governance and report back to this Annual Session. A conference for all local and district incoming presidents was already in place for July. We had invited Ms. Mary Byers a speaker on association management and author of the book, “Race for Relevance,” to keynote the conference.
We decided to expand the conference to include the board of trustees and the newly appointed GTF. I had read Mary’s book and knew that she addresses the problems that most associations are encountering. The GTF came away from that conference with a framework of a governance model that appears to address the issues that we are facing. The GTF believes that if we adopt this model, we will become more effective, more efficient and will make the PDA sustainable into the future. I hope you will give careful consideration to its report.

My predecessors had been laying the groundwork for a legislative slam-dunk. We had been working on a bill that would require medical insurers to pay for general anesthesia when needed for children six and under as well as special needs adults. We also were working on a bill to get rid of the non-covered services clause being used in many participation contracts. Finally, we were trying to modify a mandatory malpractice insurance bill. Soon after I was installed as President, we had a great turnout for the Day on the Hill, our members participated in the e-mail alerts and wrote to their legislators, and we hit pay dirt. We were successful on all three bills. However, we are not resting on our laurels. We are active in having a bill introduced to allow patients to assign their benefits to their dentist, regardless of their participation status. We are trying to restore the funding for the Donated Dental Services program in which many of you are willing to volunteer your dental services. We just need the funding from the state to hire two social workers to screen and assign the patients. We are also trying to have the adult Medicaid services restored. We have been so successful with these initiatives because of our members’ participation. Kudos go to the Winter Group for their advice and lobbying efforts. I hope you all will consider either making or increasing your contribution to the PADPAC. Without those contributions, we cannot go to fundraising events where we meet legislators and build relationships.

This year, Pennsylvania dentists will embark on a new, very exciting project: MOM-N-PA. This is a dental mission for the underserved. Under the leadership of our chair, Dr. Gary Davis, we have rented the Liacouras Center in Philadelphia. We will fill it with one hundred and twenty-five fully equipped dental units. Five hundred dentists and hygienists will volunteer their services to give free dental care to two thousand patients. This will go far in helping needy individuals. We will also educate the decision makers in the legislature about dentists’ willingness to help the underserved. But, we need the state to be our partner. If you haven’t already volunteered for this project, please do so before you leave the Hershey Hotel. We hope to make this an annual event, perhaps moving it each year to a different locale in Pennsylvania.

I have enjoyed my year as President of this distinguished association. We have many members who give much of their time to make this a great association. I treasure the time I spent with them. We have a great staff led by our CEO, Camille Kostelac Cherry. I wish our incoming President, Don Hoffman good luck. And, if you will allow me a personal note… my beloved wife Lana has supported me throughout our marriage but most especially this year, and I will be eternally grateful to her.
Dr. Craig Eisenhart receives PDA Distinguished Service Award

Dr. Brian Christian (left) presented the PDA Distinguished Service Award to Dr. Craig A. Eisenhart on April 27 during the Second Meeting of the House of Delegates.

The Pennsylvania Dental Association’s Distinguished Service Award is given to a person showing dedicated service to organized dentistry and the community.

The recipient of this year’s award, Dr. Craig Eisenhart, is a stellar example of someone who meets the criteria for this prestigious award. He has held numerous leadership positions at the local, district and state level including the PADPAC board, PDA treasurer and PDA president.

At every position he has held, his focus has always been what is best for organized dentistry. His tireless efforts in the legislative arena have benefited the dentists of Pennsylvania. Craig has also been willing to mentor and encourage new and younger dentists within the Seventh District and to get them involved in organized dentistry. He has earned the respect and trust of his fellow dentists and his patients.

Dr. Eisenhart is active with a number of organizations within his community of Huntingdon, Pennsylvania. His passion for baseball has led him to coach for the Huntingdon City League and to be a pitching coach for the Juniata College baseball team for 25 years.

I am proud and honored to present Dr. Craig A. Eisenhart the Pennsylvania Dental Association’s 2013 Distinguished Service Award.

Dr. Eisenhart’s remarks:

Colleagues and Friends,

I look at the list of previous recipients of this award and I am humbled to be selected to be in this group. My motivation was only to leave the woodpile higher than I found it.

I do want to recognize some who I feel made it easier to fell, cut and stack the wood.

I always found the PDA staff to be first class. My own office staff, my extended family and their ability to go with the flow have helped me in too many ways to count. All those I’ve served with over the years have made this an unforgettable, shared journey. Lastly, to my best friend and wife, Patricia. Thanks Patricia.

Thanks to all of you for all that you do.
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Mr. President, esteemed past presidents, trustees, honored guests, fellow delegates, ladies and gentleman, it is my distinct privilege and honor to introduce the 2013 PDA Public Service Award Recipient, Dr. E. Steven Moriconi.

Steve and I first became acquainted over 25 years ago as he was transitioning to take over the practice of our local Hospital’s principle oral surgeon and subsequently the Directorship of Abington Memorial Hospital’s ADA General Practice Residency.

Steve’s CV is impressive to say the least. His undergraduate schooling was primarily at Fordham University. He attended dental school at the University of Pennsylvania where he was among the 100th graduating class in 1978. He served in our armed forces as a member of the Navy Dental Corps and did his advanced specialty training in Oral and Maxillofacial Surgery at the University of Pennsylvania, finally leading him to our community in Abington, Montgomery County.

Steve has been a member of more hospital committees than I knew ever existed. He has numerous scientific affiliations, has lectured extensively, and returned to the University of Pennsylvania for over 10 years as an assistant professor of Oral and Maxillofacial Surgery. He’s published, won Top Doc and Top Dentist recognition in Philadelphia Magazine several times and has molded, created and crafted a top shelf ADA General Practice Residency that at its last ADA site visit received two commendations.

What makes Steve unique in my eyes and why he so richly deserves this recognition from the PDA and our dental family is that not only does he have a big heart, but mighty hands guided by that heart!

When disaster struck in Haiti in 2010, just like the runners at this year’s Boston Marathon, Steve ran into the chaos to make a difference using his healing hands. His first trip lead to a second and then to a third and I know there are many more to come!

Steve and his wife Kristina created a non-profit foundation named Men A npil, which in Creole means “many hands,” to provide scholarships for Haitian students to attend medical and dental school and then return to their native Haiti where they will have true and significant impact. If that wasn’t enough, Steve and Kristina are personally paying for a young man, the translator on his first trip, to attend medical school!

At home, Steve does a tremendous amount of pro bono treatment in his private practice and in partnership with Abington Memorial Hospital. He helps in crafting newly minted colleagues in our ADA General Practice Residency. He has fostered an ideal learning environment, where our residents perform treatment without regard to a patient’s finances. Steve’s hard work, daily interaction and deep commitment to the hospital community with our assistant director Dr. Joanne Burrell, who’s here as a delegate from 2nd District, has insured that even in this extremely challenging economic climate, our hospital continues to provide funding so that we can continue to treat those at greatest risk in our community. Finally, in recognition of his leadership and commitment to diversity and service at Abington Hospital, Steve was presented with the Management Leadership Award for 2010 by the Martin Luther King Diversity Awards Committee.

Dr. Dishler’s theme for this annual session is Tikkun Olam which in Hebrew means “Repairing the World.” My brother in arms, colleague and friend, you are Tikkun Olam personified! I give you the 2013 PDA Public Service Award Recipient, Dr. E Steven Moriconi.

Dr. Moriconi’s remarks:

Thanks, Jay, for a very nice introduction. I appreciate your kind words, and you know how much I value our personal and professional relationship.

President Dishler, members of the House of Delegates, the awards committee, colleagues, friends and family, ladies and gentlemen.

I am both humbled and honored to accept this award today. Humbled because I did not seek it, nor feel I am deserving of it. Somehow I think there are so many others who have done more than I in the public sector, and in service to others.
Honored because my peers have decided that what I have done in public service is worthy of such recognition. I would be remiss by omitting the fact that the work I have done has not been in isolation. Many, including friends, colleagues (and I want to acknowledge Dr. Angel Stout who has accompanied me on 3 of the 4 trips I have made to Haiti), dental companies, Abington Hospital, and most especially, my wife Kristina and our children, have been supportive and understanding of what we have accomplished. I will not detail the work we are doing, particularly in Haiti, as this information can be found on our website, but since you have allowed me this opportunity to speak, I would like to share a few general thoughts in the spirit of “Tikkun Olam.”

Tikkun Olam, as you know, is an ancient Judaic philosophy which affirms that one gains spiritual meaning in their life by serving the needs of the underserved and vulnerable in society.

I know many of you have done some personal and professional service work in your communities and in the larger world. Those of you who have done so know that the reward of seeing the smile, the look of gratitude, the fulfillment of the need, the acknowledgement of your help, is a much greater reward than any award that could be given.

If you have not, however, spent time doing service for others, then in my opinion you are missing an essential part of human life. Stepping outside of your comfort zone, and doing something for those less fortunate, is an incredibly enriching experience. You don’t have to run to Haiti; you don’t have to travel to a third world country somewhere far abroad. You don’t have to set up a nonprofit organization. Opportunities exist in your own neighborhoods, in your own communities, in your own professional organizations be they dental related or otherwise, to participate in public and community service. Let’s face it, we all have many commitments and responsibilities, but we are also very fortunate to be here, and very grateful to be able to practice our professions. It is, however, a principle of a good life, I believe, that we should give back to society and share some of the riches with which we have been blessed. The allusion I have used in Men Anpil is that what you do may only seem like a drop in the bucket, but many drops will eventually overflow the bucket, creating a river, and finally an ocean of kindness and service to those most vulnerable.

I encourage all of you within the sound of my voice, and if you read this at some point in the future, to join me and all the many of you who have provided such service to those in need. It is a commitment and experience that will enrich your life, make you a better human being, and continue the thread of goodness that exists in all of us.

Finally, let me share with you a quote by a French author that sat on my wall for many years as a younger person, and which has guided and informed my life since. “I shall pass through this life but once. Any good, therefore, that I can do or any kindness I can show to any fellow creature, let me do it now. Let me not defer it or neglect it. For I shall never pass this way again.”

Thank you.

IN MEMORIAM

Dr. Roy A. Himelfarb
Chambersburg
Temple University (1973)
Born: 1940
Died: 4/22/2013

Dr. John L. Kallaway
Shamokin
Temple University (1955)
Born: 1926
Died: 5/2/2013

Dr. John C. Taylor
Irwin
University of Pittsburgh (1949)
Born: 1914
Died: 1/31/2013
Restructure  

**verb, re-structured, re-structur-ing, noun verb (used with object)**

1. To effect a fundamental change in (as an organization or system).
2. To change, alter, or restore the structure of: to restructure a broken item.

It is mid February and the nadir of winter has just passed. The arrival of seed catalogs in my mailbox and the prognostication from Punxsutawney Phil have affirmed that the time of lowest natural activity and deepest cold are behind us. At 3501 North Front Street, the level of activity did not diminish as winter advanced. Staff, overseen admirably by Dr. Dishler, continued to support association activities at a frenetic pace. The 2012-13 year was a difficult year, marked by the necessity of addressing actively gut retching financial constraints and the downsizing of our staff. On a positive note, the development of a plan to restructure the association’s way forward was presented and our legislative achievements were several and significant.

**Organizational Restructuring**

In April 2012 the PDA House of Delegates (HOD) passed HD12-18 which stated: “Resolved, That the appropriate committee or task force of the PDA investigate possible changes in governance of the PDA and report back to the Board of Trustees by the first meeting of the Board of Trustees in 2013.” From this, President Dishler appointed a Governance Task Force (GTF), chaired by Dr. Karin Brian (2), which consisted of seven members and five additional Board of Trustees (BOT) trustee liaisons. Discussions began at the President-elect’s Conference held in July 2012, where Ms. Mary
Byers, author of “Race for Relevance,” was the keynote speaker. Following Ms. Byers’ presentation, the GTF met and then met subsequently via the SoNNet and again face-to-face in January 2013. In February 2013 the BOT received the GTF’s interim report and reviewed its proposal. The proposal includes what some may perceive as sweeping changes. These include evolving the BOT to a smaller board whose membership is competency based, has the members’ trust and authority to run our association on an ongoing basis; eliminating the current HOD/Annual Session model and replacing it with a one day annual meeting.

While you may or may not approve of all, or parts, of the GTF’s report, or one of the alternate proposals presented, the Association cannot continue to operate in its present format. Our aging membership, decreasing market share and the ever increasing costs of doing business prevent the PDA from continuing to be able to provide services to our membership at current levels. Adequate opportunity has been scheduled for the Reference Committee on Organizational Affairs to enable you to hear the GTF’s presentation of its report, for you to present your view(s) and to hold a collegial discussion on the future of the PDA. This is your organization and its destiny is in your hands. Last year in my Treasurer’s Report I noted the fate of Borders and other entities that are now but a memory.

I applaud Dr. Brian’s task force for their “outside the box” proposal. Dr. Brian, thank you, and thank you to the GTF for your pertinacious efforts to create a visionary product.

Fiscal Restructuring
For the past several years, the PDA Board of Trustees has recommended and the House of Delegates has approved a budget that utilized deficit financing. For 2012, this deficit funding was projected to reach $471,726. While this approach is not a policy sustainable for the long term, over the past years market gains from securities provided adequate funding to offset any budget deficit. However, during mid 2012, the effects of the recession on the stock market caught up with PDA and the “paper” cash flow dried up. This necessitated the decision to remove funds from reserves in order to pay bills and meet our payroll. The Budget, Finance and Property Committee (BFPC) approved removing up to $1,300,000 from reserves to replenish our check book. Going forward, the BFPC approved, and the board affirmed, a “pay as you go” policy where 2013 expenses will be covered by 2013 receipts. Although final audited numbers were not available at the time of the preparation of this report, it appears that it was necessary to remove approximately $996,000 from reserves. This reduced reserves to approximately 78% of our 2013 budget, still within the mandate of HD78-32 which directed that reserves represent 1/2 to 3/4 of the annual budget. On paper the association ended 2012 in the black; however, excluding paper security gains, we operated slightly in the red. An unfortunate side effect of the restructuring process was that it was necessary to separate several staff; some positions went unfilled; and committees were limited to phone conferencing as face-to-face meetings were eliminated. CEO Kostelac-Cherry maintained office morale and managed the transition with aplomb. In his report, Treasurer Selcher will provide more details on the restructuring process and ongoing cost containment efforts.

Legislative Accomplishments
This year the PDA was able to facilitate passage of legislation to:

• Expand the scope of practice for expanded function dental assistants.
• Require insurers to cover general anesthesia costs when treating young children and patients with special needs.
• Prohibit insurers from capping dental services they do not cover under their plans.

For the upcoming year our goals are:

• Assignment of benefits - PDA is advocating for the rights of patients by allowing them to assign their insurance benefit for a covered service to any willing dental provider of their choosing.
• Medical Assistance reforms - PDA’s goal is to work with Governor Corbett’s administration and the General Assembly to enact meaningful reforms that remove financial and administrative barriers for dentists participating in the Medical Assistance program.
• Funding for the Donated Dental Service (DDS) program - PDA is lobbying to restore $150,000 in state appropriations to rehire two coordinators who facilitate care between volunteer dentists and dental labs and patients who are disabled, elderly and/or medically compromised. Without this funding the program will most likely end, leaving hundreds of Pennsylvanians without care.
PDA’s “Day on the Hill will be held on June 4, 2013, with pre-registration closing on May 14, 2013. This year, beginning at 8:30 a.m., registration and orientation will occur at the Radisson Hotel in Camp Hill instead of the PDA Central Office. Participants will be updated by PDA’s lobbyists and bus boarding will begin at 9:15 a.m. I look forward to seeing you on June 4.

Communication
As we migrate into a new organizational structure either by choice or circumstances, increasing communication between all parties becomes increasingly imperative. In its proposal, the GTF suggested the creation of a “Council of District Presidents,” consisting of the presidents of the various PDA districts. This proposal provides a meaningful vehicle for these individuals to communicate throughout the year via the SoNet or at the Annual Session. I support this proposal and call for its adoption.

Weber Campaign
Last year Dr. Charlie Weber announced his candidacy for the position of ADA President-elect. Many of you have provided support to his campaign through time or financially. On behalf of his campaign, thank you for your contributions and efforts. As the 2013 ADA Annual Session approaches, Dr. Linda Himmelberger, Campaign Chair for “Weber 2013,” may approach you to request your assistance on site in New Orleans. I urge you to support actively Dr. Weber’s campaign.

I would like to take this opportunity to thank Dr. Dishler for his efforts during this past year. He was instrumental in spearheading the effort to organize the Governance Task Force and monitoring its progress. Bernie has been very diligent assuring that PDA’s presence on the Hill is noted and respected.

Remembrance
It is with deep sorrow that I note the passing of Mrs. Sherry Henshaw, who died on October 5, 2012. Sherry joined the PDA in July 2000 and served as Senior Accountant. I had the opportunity to interact frequently with her and found her spirit and humor infectious. Sherry’s wit and presence will be missed by her family, the PDA family and all who had the pleasure to know her.

R. Donald Hoffman, DMD was installed as the Pennsylvania Dental Association’s president April 27 during the 145th Annual Session. Since 1972, Dr. Hoffman has served as a faculty member at the University of Pittsburgh School of Dental Medicine, currently serving as a special assistant to the dean. From 2001 through 2011 he served as associate dean for education and curriculum. A longtime member of organized dentistry, Dr. Hoffman served as PDA treasurer from 2007 to 2012 and as Tenth District trustee from 2003 to 2007. He has been a delegate or an alternate delegate to PDA’s Annual Session since 1982.

Dr. Hoffman said the PDA will continue to push to improve access to quality dental services for all Pennsylvanians. His term began during our efforts urging state lawmakers to reinstate funding for the Donated Dental Services (DDS) Program, which connects the state’s most vulnerable citizens with dentists who voluntarily treated their oral health needs. Recently, PDA achieved a significant victory on this issue with the agreement by the Corbett Administration and the General Assembly to appropriate the requested amount of $150,000 to the DDS program.

“We understand the difficulties facing lawmakers as they try to provide vital public services and balance the state budget,” Dr. Hoffman said. “However, we feel that the oral health benefits delivered to patients in need by Donated Dental Services far outweigh the costs of operating this program.”

As a former professor, Dr. Hoffman understands the hardships facing young dentists, many of whom start their careers owing more than $200,000 in student debt.

PDA has supported efforts to increase the amount of student loan forgiveness under the Health Practitioner Student Loan Forgiveness program. Currently, the state program offers $64,000 in student loan reimbursements over four years for new dentists who agree to work in underserved areas. Dr. Hoffman said increasing the reimbursements would attract new dentists to Pennsylvania and improve access to dental services in areas in need.

Dr. Hoffman is a 1972 graduate of the Pitt dental school. He received his MEd (Higher Education) in 1982 and PhD (Higher Education) in 1988, both from the University of Pittsburgh. He is a Fellow of the International College of Dentists (ICD) and is currently Vice-Regent of USA-ICD District 3. He is a Fellow of the American College of Dentists and the Pierre Fauchard Academy. Dr. Hoffman has also gained MASTERSHIP status in the Academy of General Dentistry. He is a consultant to the North East Regional Board of Dental Examiners, serving as an examiner. Additionally, he has been a consultant to the Commission on Dental Accreditation (CODA) since 1991.
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Resolved HD 13-01: That the House of Delegates Manual Section 9.A Nomination Procedures be amended as follows:

At the first meeting of each annual session of the House of Delegates, nominations shall be made from the floor for the offices of President-Elect, Speaker of the House of Delegates, Secretary, Treasurer, ADA Trustee (when necessary), the nominees to the State Board of Dentistry and certain Delegates and Alternate Delegates to the American Dental Association. PDA members serving on any ADA council, committee or ADPAC shall be automatically nominated and placed on the ballot the ADA delegation, noting their ADA affiliation and position. The nominees are then elected by ballot at the second meeting of each annual session of the House of Delegates.

Resolved HD 13-02: That the Second District Dental Society and the Pennsylvania Dental Association offer its most sincere appreciation to Dr. Bernie Dishler on the completion of his term as President of the Pennsylvania Dental Association.

Resolved HD 13-03: That the Second District Dental Society with the 2013 Pennsylvania Dental Association House of Delegates acknowledges and thanks Dr. Charlie Weber for his service to our profession and his leadership as ADA Trustee, and at all levels of organized dentistry.

Resolved HD 13-04: That it shall be policy that PDA use no more than two months’ income from the subsequent year’s dues to pay for current year expenses.

Resolved HD 13-05: That the Bylaws be amended section 4.3.5 as follows: To approve the annual budget and special assessments.

Resolved HD 13-06: That the PDA HOD Manual Section VI. Committees of the House of Delegates be amended as follows:
VI. COMMITTEES OF THE HOUSE OF DELEGATES

A. COMMITTEE ON CREDENTIALS:
A Committee on Credentials, consisting of three (3) officially certified delegates or alternate delegates, shall be appointed by the President at least twenty (20) days in advance of the annual session.

It shall be the duty of the Committee on Credentials to determine and record the roll of the delegates at each meeting; to report at the time provided in the order of business; to conduct a hearing on any contest which may arise over the certification of a delegate or alternate delegate and to report its recommendations to the House of Delegates.

B. REFERENCE COMMITTEES:
At least twenty (20) days in advance of the annual session, the President will appoint at least three (3) but not more than five (5) delegates or alternate delegates to serve on each reference committee. The President will choose a delegate who has had previous experience as a member of a reference committee to chair each committee.

C. TELLERS:
The Speaker shall appoint as many delegates or alternate delegates as necessary to conduct the business of the House to serve as Tellers. The Tellers may assist the Speaker in determining the result of any action taken by ballot and perform any other duties deemed necessary by the Speaker. In addition the Tellers shall distribute, collect and count the ballots for all elections.

D. SPECIAL COMMITTEES:
Special committees of the House of Delegates may be appointed by the Speaker in his sole discretion or as mandated by the House of Delegates for the purpose of performing any duties not otherwise assigned by the bylaws to a committee of the House of Delegates. Such special committees shall serve until adjournment of the session at which they were appointed.

Resolved HD 13-07: That the following PDA Committees be eliminated: Government Relations Committee, Dental Benefits Committee, Communications and Public Relations Committee, Concerned Colleague Committee, Access to Oral Health Committee, and Environmental Issues Committee. Advisory groups will be developed to replace sunmilled PDA Committees. Advisory group members will be appointed by the president and approved by the Board of Trustees. Advisory group members will communicate through the PDA social network or as determined by the Board of Trustees.

Resolved HD 13-08: That the PDA Bylaws be amended as follows:

7.3.1.5 To appoint the members of advisory groups, committees, committees of the House and trustee liaisons unless otherwise provided for in the Bylaws.

8.2.17 To approve and/or remove advisory group and committee members.

ARTICLE 9.0 COMMITTEES AND ADVISORY GROUPS

9.1 GENERAL RULES

9.1.1 The purpose of the committee structure is to carry out the policies established by the House of Delegates, to perform the duties as provided in these bylaws, and to advance the strategic plan of the PDA under the direction of the Board of Trustees.

9.1.1.1 The purpose of the advisory group structure is to perform the task as defined by the BOT and to assist in advancing the strategic plan of the PDA.

9.1.2 All members of committees, except as provided for elsewhere in the Bylaws, shall be selected based on experience and interest. Committee members shall be appointed by the president after approval by the Board.

9.1.2.1 All members of all advisory groups shall be selected based on experience, skill set and interest. Advisory group members shall be appointed by the president after approval by the Board.

9.1.2.2 Advisory group members shall be members in good standing in the PDA. Advisory groups may invite consultants as deemed necessary. Consultants can be persons who are not dentists as well as dentists who are not PDA members. Only appointed PDA member dentists of the advisory group shall be entitled to a vote within the advisory group. All actions and/or decisions of an advisory group shall be managed by a simple majority of the voting members of that group.
9.1.3 A committee member shall serve no more than five (5) consecutive one-year terms and may be reappointed to the same or any other committee after a one (1) year hiatus.

9.1.3.1 A member who initially is appointed to a committee by the Board of Trustees via an association midyear appointment shall retain the eligibility to serve the full complement of no more than five (5) consecutive one-year terms to that committee.

9.1.3.2 Advisory group members shall serve up to one-year or until the defined task is complete, whichever comes first. There shall be no appointment term limits for advisory group members. Advisory group members may be reappointed to the same or any other advisory group via the adopted current process as often as deemed appropriate by the BOT to meet the needs of PDA.

9.1.3.3 Advisory group members may not serve as a voting member on more than one advisory group at any time. An advisory group member may concurrently serve on a different advisory group as a non-voting consultant or a non-voting liaison.

9.1.4 Committee chairs shall be elected by majority vote at the last meeting of each year for the following year except as otherwise provided in these Bylaws. The term of the committee chair, as chair, shall be one year; the chair may be reelected for a maximum of three consecutive one-year terms. Years of service as chair are included in the term limitation. In the event that the chair can no longer serve, the committee will elect a chair.

9.1.4.1 Advisory group chairs shall be appointed by the President. The term of the advisory group chair shall be up to one year with a one year extension at the discretion of the President. In the event that the chair can no longer serve, the advisory group members will select a new chair in consultation with the President.

9.1.5 Trustees and officers shall not serve as committee members, except as otherwise specified in the Bylaws. The president shall assign at least one trustee and/or officer to each committee as liaison between the committee and the Board.

9.1.5.1 PDA Trustees and PDA Officers shall not serve as advisory group members, except as otherwise specified in the Bylaws. The PDA President shall assign at least one Trustee and/or Officer to each advisory group as liaison between the advisory group and the Board.

9.1.6 Committees shall outline their annual agenda and submit it to the Board of Trustees within sixty (60) days of the completion of the PDA Annual Session. Annual agendas shall be reviewed and/or amended by the Board in order to ensure the activities of committees are in concert with HOD directives and the strategic plan. Committees shall report their activities annually to the House whenever requested to the Board.

9.1.6.1 Advisory groups shall submit update reports to the Board of Trustees within fifteen (15) days of a regularly scheduled BOT meeting or whenever requested by the board. Advisory groups shall provide a final report of their activities to the Board of Trustees. Final reports shall be forwarded to the PDA House of Delegates.

9.1.7 Committees shall plan electronic and physical meetings to achieve their stated purpose.

9.1.7.1 Advisory groups shall plan only electronic or telephonic meetings to achieve their stated purpose. Electronic business conduct shall follow the adopted format for e-business conduct of PDA committees.

9.1.7.2 A member of an advisory group may be removed by a majority vote of the BOT at any time as deemed necessary. Any member removed shall not be eligible to serve on a PDA advisory group for a period of at least one year.

9.1.7.3 A member of an advisory group may resign at any time as deemed necessary. Any member who resigns shall be immediately eligible to serve on a PDA advisory group as deemed appropriate by the board.

9.1.8 Exceptions to 9.1.1 through 9.1.7.3 may be made by a two-thirds (2/3) vote of the Board.

9.2 COMMUNICATIONS AND PUBLIC RELATIONS ADVISORY GROUP

9.2.1 DUTIES

9.2.1.1 To promote quality oral care in the Commonwealth of Pennsylvania through member and public communication initiatives.
9.2.1.2 To maintain primary responsibility and to assist in the development of content and design of the PDA website and the publications of the PDA.

9.3 DENTAL BENEFITS ADVISORY GROUP
9.3.1 DUTIES
9.3.1.1 To act as the liaison between the PDA and/or its individual members and the insurance companies administering dental insurance plans in the Commonwealth of Pennsylvania. Each advisory group member shall act as a liaison to an insurance carrier as deemed appropriate by the advisory group chair.
9.3.1.2 To advocate for the PDA on health care related legislative efforts.

9.4 GOVERNMENT RELATIONS ADVISORY GROUP
9.4.1 DUTIES
9.4.1.1 To encourage the improvement of the health of the citizens of Pennsylvania and to promote the art and science of dentistry through appropriate legislative or regulatory activities.
9.4.1.2 To review legislative proposals, regulatory issues and government agency programs and to recommend actions to the Board.
9.4.1.3 To assist individual members, component societies and the PDA lobbyist with issues that concern dental law and regulation.
9.4.1.4 To maintain a working relationship with PADPAC, ADPAC and the State Board of Dentistry.

9.5 MEMBERSHIP COMMITTEE
9.5.1 This committee shall be composed of eleven (11) members, one (1) from each district and one (1) member from the New Dentist Committee.
9.5.2 DUTIES
9.5.2.1 To develop and implement initiatives for membership recruitment and retention.
9.5.2.2 To improve and communicate membership benefits to members and non-members.

9.6 ANNUAL AWARDS COMMITTEE
9.6.1 This committee shall be composed of the five (5) living immediate past presidents with the senior in service acting as the chair.
9.6.2 The duty of this committee shall be to select the recipients of the PDA Annual Award, the PDA Recognition Award and the PDA Public Service Award.

9.7 CONCERNED COLLEAGUE ADVISORY GROUP
9.7.1 DUTIES
9.7.1.1 To disseminate information, after review and approval by the Board, to dental professionals, component societies and dental students concerning impairment.
9.7.1.2 To offer assistance to impaired members of the dental team.
9.7.1.3 To utilize a Health and Well-Being Program to provide monitoring, support and education as dental professionals re-enter practice and continue to recover from impairments.

9.8 NEW DENTIST COMMITTEE
9.8.1 This committee shall be composed of up to ten (10) members, each representing a different district if possible, who meet the requirements of a “New Dentist” as defined by ADA.
9.8.2 DUTIES
9.8.2.1 To recruit and retain new dentists as members.
9.8.2.2 To identify the needs and concerns of new dentists and make recommendations to the House of Delegates or the Board of Trustees to address those needs and concerns.
9.8.2.3 To provide information to assist new dentists in establishing a practice.
9.8.2.4 To support the activities of the American Student Dental Association chapters in Pennsylvania dental schools.
9.8.2.5 To communicate the value of organized dentistry to students at the Pennsylvania dental schools.

9.9 ENVIRONMENTAL ISSUES ADVISORY GROUP
9.9.1 DUTIES
9.9.1.1 To monitor environmental legislation and regulation at all levels and disseminate information to PDA members and component societies.
9.9.1.2 To build and maintain relationships with regulatory agencies involved in environmental issues.

9.10 ACCESS TO ORAL HEALTH ADVISORY GROUP
9.10.1 DUTIES
9.10.1.1 To identify barriers to accessing dental care in Pennsylvania.
9.10.1.2 To offer recommendations to the PDA Board of Trustees and the House of Delegates on how PDA may effectively address access to care issues in Pennsylvania.
9.10.1.3 To monitor all access to care-related projects as deemed appropriate by the PDA Board of Trustees and the House of Delegates.

9.11 SPECIAL COMMITTEES
Special committees or task forces may be created at any session of the House, or when the House is not in session, by the Board, for the purpose of performing duties not otherwise assigned by these Bylaws. Such special committees or task forces shall serve until final adjournment of the next annual session unless otherwise specified.

Resolved HD 13-09: That a Governance Task Force be appointed by the President and shall serve under the direction of the Board of Trustees in order to assist in the transition to a new governance structure. (Fiscal Implication: $10,000)

Resolved HD 13-10: That the Reference Committee on Organizational Affairs (RCOA) governance model with 5 Trustee Regions be adopted. Be it further resolved, that the Bylaws Committee craft the bylaws changes necessary to implement this model and present those bylaws changes in time for the initial workbook mailing of the 2014 meeting of the PDA House of Delegates. (Fiscal Implication: $0)

Resolved HD 13-11: That the RCOA PDA HOD governance model be adopted and voting shall be done via electronic means or in person at the Annual Meeting. Be it further resolved, that the Bylaws Committee craft the bylaws changes necessary to implement this model and present those bylaws changes in time for the initial workbook mailing of the 2014 meeting of the PDA House of Delegates. (Fiscal Implication: $0)

Resolved HD 13-12: That the RCOA ADA HOD governance model be adopted. Be it further resolved, that the Bylaws Committee craft the bylaws changes necessary to implement this model and present those bylaws changes in time for the initial workbook mailing of the 2014 meeting of the PDA House of Delegates. (Fiscal Implication: $0)

Resolved HD 13-13: That the RCOA ADA Trustee election model be adopted and voting shall be done via electronic means or in person at the Annual Meeting. Be it further resolved, that the Bylaws Committee craft the bylaws changes necessary to implement this model and present those bylaws changes in time for the initial workbook mailing of the 2014 meeting of the PDA House of Delegates. (Fiscal Implication: $0)

Resolved HD 13-14: That the Board of Trustees has the authority to make decisions regarding the relocation of the Central Office.

Resolved HD 13-15: The position of the PDA is that the auditor working on behalf of the third party payers reviewing dental claims possess the same degree of training and ADA recognized specialization as the healthcare provider being audited.

Resolved HD 13-16: That the 2013 PDA budget in the amount of $2,895,867 be approved.
**2013 HOUSE OF DELEGATES ATTENDANCE RECORD**

**FIRST DISTRICT**
- Carroll, Peter
- Fennell-Dempsey, Renee
- Klatte, Kevin
- Markiewicz, Stanley
- Miller, Saul
- Mramor, Andrew
- Nordone, Thomas
- Gamba, Thomas
- Rao, Anand
- Rust, Mary

**SECOND DISTRICT**
- Brian, Karin
- Bullock, George
- Burrell, Joanne
- Daley, Daniel
- Ely, Stephen
- Filidore, Douglas
- Freedman, I.
- Friel, Hugh
- Gordon, Donald
- Greenfield, Ada
- Kessler, Lon
- Limberakis, Cary
- Logan, Bernadette
- Mcgurk, Edmund
- Meci, John
- Montgomery, Lawrence
- Pagli, John
- Rosenthal, Nancy
- Scott, Marie
- Sierakowski, Steven
- Soffin, Craig
- Straka, J.
- Terry, Bruce
- Walsh, Brandon

**THIRD DISTRICT**
- Aldinger, Scott
- Grossman, Richard
- Evans, John
- Karam, Joseph
- Kotchick, Christopher
- Puhak, George
- Zale, Matthew

**FOURTH DISTRICT**
- Johnson, Frederick
- Parkinson, Scott
- Reitz, John
- Schwab, Brian

**FIFTH DISTRICT**
- Adams, Maxwell
- Boyle, James
- Hamm, George
- Cantwell, Michelle
- Gotwalt, Sara
- Grimes, John
- Kiessling, John
- Kline, Ross
- Meyers, Harry
- Pate, Craig
- Phillips, Jason
- Spruill, William
- Stoup, Charles
- Weiss, Eric
- Haines, Sara

**SIXTH DISTRICT**
- Barna, Julie
- Belyon, Alexandra
- Grove, John
- Quezada, Nicole

**SEVENTH DISTRICT**
- Christian, Brian
- Holden, Barry
- Isemann, Cynthia
- Newman, Wade
- Wells, Donald

**EIGHTH DISTRICT**
- Rees, Paul
- Rockwell, Theodore

**NINTH DISTRICT**
- Helsinski, Ronald
- Johnson, Nicole
- Kohler, Joseph
- Kwasny, Andrew
- Radack, Stephen

**TENTH DISTRICT**
- Bitar, Henry
- Kautz, John
- Cadwallader, Dale
- Tripodi, Paul
- Chorazy, Chester
- Doyle, James
- Anderson, David
- Gans, Michael
- Kuniak, Stephen
- Juriga, Raymond
- Mertens, Jeffrey
- Mida, Les
- Runzo, Robert
- Schuler, Cynthia
- Stoner, Donald
- Tauer, James
- Troy, Beth
- Dash, Marvin
- Wells, Jay
- Zabelsky, Dennis

**ASDA**
- Bullock, Peter
- Colangelo, Anthony
- Lama, Christine
THANK YOU

The Pennsylvania Dental Association is deeply grateful to the following supporters of the 145th Annual Session

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Pennsylvania Dental Association Insurance Services, Inc. (PDAIS)

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Pennsylvania Society of Oral and Maxillofacial Surgeons
Demandforce
The Second District Valley Forge Dental Association
The Dentists Insurance Company (TDIC)

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TekCollect
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Eastern Dentists Insurance Company (EDIC)
Delta Dental
Montgomery Bucks Dental Society
Bank of America
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Fifth District Dental Society

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145th Annual Session
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.

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Babak Gojgini, DMD to Sang Bae, DMD
William Baird, DDS to Michael Hess, DDS
Jeffrey LaMura, DDS to Kevin O’Connell, DDS
David Becker, DDS to Nicholas Calceterra, DDS
Marianne Hughes, DMD to Gurmeet Kour, DMD
Efren Cortes, DDS to Kaveeta Channamsetty, DDS

Jason Gamble
Regional Representative
j.gamble@nptnetwork.com
614.648.8118 x229
info@nptnetwork.com
www.nptnetwork.com

We are NOT a dual-rep company.
PDA Question: In regards to D4340, D4341 and D4342, please list the requirements necessary for approval of benefits in regards to radiographs, probing depths, charting requirements, etc.

**Cigna:** Cigna requires a current and dated periodontal charting (within the last six months) along with a diagnosis and treatment plan. The periodontal charting should include six point probing for each tooth. Missing teeth and teeth planned for extraction should be noted. Full mouth radiographs should be included to demonstrate bone/attachment loss. If necessary, a narrative should be included describing any unusual circumstances.

Four or more teeth per quadrant must be involved for D4341; if fewer than four teeth per quadrant are involved, then D4342 is the appropriate code. Cigna Delta does not recognize code D4340.

**Delta Dental:** The current requirement for periodontal scaling and root planing are outlined in the Delta Dental Dentist Handbook, pages 4-24 and 4-25. Periodontal scaling and root planing is benefited for patients who are at least periodontal class II (4-6 millimeter pocket depths); radiographic images currently are not required.

**Dominion Dental:**
- Perio Charting—charting must show pocket depths of 5mm or more.
- X-rays for each quad claimed must be submitted.
- Bone loss should be visible radiographically—if not visible, claim may still be approved, based on clinical claim review.

**UCCI:**
- Full mouth duplicate radiographs or digital images.
- Full mouth charting, including 6 points per tooth.
- Detailed narrative describing the clinical findings that justify the need to plane the root surfaces.

(Please note that code D4340 is no longer a valid CDT code)

PDA Question: If radiographic evidence of bone loss is a necessity for the benefitting of scaling and root planing, what amount of bone loss is necessary and from what reference point is that loss measured in order to benefit scaling and root planing?

**Cigna:** There is no specified amount or radiographic bone loss necessary. Cigna’s determination is based primarily upon reported pocket depths as supported by evidence of any radiographic bone loss.

**Delta Dental:** Radiographic images currently are not required or reviewed during the claims adjudication process for scaling and root planing. The current qualifying condition for scaling and root planing is based on pocket depth, with a minimum of 4 mm pocket depth on the diseased teeth involved.

**Dominion Dental:** Radiographic evidence of bone loss is generally required, unless the claim includes a narrative indicating extenuating medical circumstances. Bone loss is quantified by radiographic evidence of loss of soft tissue attachment and loss of bone support. The scaling of calculus and/or bacterial deposits from enamel surfaces, supragingival or subgingival, does not constitute root planing.

**UCCI:** The diagnostic materials must show:
- Radiographic evidence to support the loss of periodontal attachment as determined by our advisors.
- Radiographic evidence of crestal bone loss measured from the CEJ to such an extent that most dentists would diagnose active periodontitis and recommend S/RP in the opinion of our advisors.
**PDA Question:** Are these requirements universal for all providers or are the requirements for general dentists different than for specialists?

**Cigna:** Cigna’s requirements apply to both general dentist and specialist dentists.

**Delta Dental:** These requirements are universal for all participating providers.

**Dominion Dental:** Requirements for clinical necessity of S/RP are universal for all providers regardless of whether they are general dentists or specialists, in network or out of network.

**UCCI:** The requirements apply to all providers except periodontists. S/RP submitted from periodontists is not reviewed on a prepayment basis.

**PDA Question:** Are these requirements universal for participating and non-participating providers (general dentists and specialists)?

**Cigna:** These requirements apply to all dentists.

**Delta Dental:** The qualifying clinical conditions, frequency limitations and procedure conflict rules applied during benefit determination are the same for both participating and non-participating dentists.

**Dominion Dental:** Requirements for clinical necessity of S/RP are universal for all providers regardless of whether they are general dentists or specialists, in network or out of network.

**UCCI:** Yes, the requirements apply to both participating and non-participating providers.

**PDA Question:** Are they any limitations of the number of teeth or quadrants that can be treated during one day?

**Cigna:** There are no limitations on the number of teeth or quadrants that can be treated during any one day. Cigna does reserve the right to request additional information on a case by case basis, including documentation when more than two quadrants are treated in one day.

**Delta Dental:** Delta Dental does not currently impose limitations in the number of teeth or quadrants that can be treated during any one day. Treatment times for periodontal class II patients with 4-6 millimeter pocket depths, bleeding on probing and detectable subgingival calculus deposits require a minimum of 30 to 45 minutes per quadrant, dependent on the numbers of affected teeth in the quadrant. Additionally, periodontal scaling and root planing often requires administration of local anesthesia injections. These factors would be considered in determining the appropriate treatment sequence.
**Dominion Dental:** We expect no more than two quadrants are treated on one date of service. D4341 is typically approved only if four or more teeth in the quadrants are involved. Upon clinical review, claims with fewer than four teeth with pocket depths of 5 mm and greater are approved as D4342, as per the CDT descriptor. There is no limit on the number of D4342 procedures that may be filled on the same date of service.

**UCCI:** If more than two quadrants of S/R P are provided for the same patient on the same date of service, a narrative must also be included detailing why the treatment was provided on the same date of service.

**PDA Question:** Is there a certain time period that must precede or follow a dental prophylaxis in order for the benefit of scaling and root planing to be approved?

**Cigna:** A dental prophylaxis and scaling and root planing are not allowed on the same date of service.

**Delta Dental:** A dental prophylaxis can be performed any time prior to periodontal scaling and root planing. However, a prophylaxis is not benefited on the same date of service as scaling and root planing, and there is a waiting period of 30 days after the last quadrant of root planing before a dental prophylaxis of periodontal maintenance will be benefited.

**Dominion Dental:** We do not have any requirements related to prophylaxis preceding or following S/R P.

**UCCI:** Generally, a 45-day time period must occur between a prophylaxis and S/R P.

*Cigna disclaimer: Please note that Cigna Dental administers dental plans for a large number of clients, and many of these clients have specific plan guidelines which Cigna is required to follow. Therefore, while the responses below reflect the general guidelines for Cigna Dental, the dental plan guidelines for a specific patient may be different from those described below. (PDA notes that this can be that the above disclaimer applies to all dental insurers).
THE DENTAL SOCIETY OF CHESTER COUNTY
AND DELAWARE COUNTY, PA
proudly presents

DKU Continuing Dental Education
Springfield Country Club
Delaware County

Friday, November 15, 2013

Jeff Staads — Billings, MT — “You Cannot Not Communicate” Everyday, in every situation that involves another person, communication takes place. We recognize it most readily when words are used. Besides the words we choose and use, messages are always being sent. The way you dress, your self-image, can all send messages. Are the messages received by our patients and officers the same? Are we thinking what we are sending? Improving your communications skills will not only help you get treatment acceptance but also help you present accounts receivable from developing by verbally supporting your financial expectations. Should accounts receivable develop, you will learn how to collect them. You will learn skills that improve your communications: How to change your attitude when dealing with problems; the different characteristics of challenging people; Eight action steps to better deal with the people that challenge us; Create an effective financial policy; Get better results by controlling the collection conversation; Collect more money at time of service. Since 1990, as President of RBC, Jeff calls with an average of 100 audiences each year across the U.S. and internationally on communications skills, collections, sales and leadership. This course is a must for the entire dental team! This course is sponsored by an educational grant from Dodd Dental Lab, Donadent Lab and Dentistry.

Wednesday, December 18, 2013

Lou Graham, DDS — Chicago, IL — “Updates in Direct and Indirect Restorative Dentistry: Mastering Today’s Materials for Your Practice” With the expectations now approaching 80-95 years of age, the dental profession is reaching a critical point. Patients are no longer just seeking functional care — their expectations include beauty, comfort, and longevity. Therefore, restorative procedures must be performed with cutting-edge materials and techniques. This course will present the latest in materials and techniques that you can use to help meet the needs of your patients. You will learn about the latest in restorative materials and techniques, including the use of composite resins, ceramic restorations, and metal-free crowns. You will also learn about the latest in indirect restorative techniques, including the use of CAD/CAM technology. This course is a must for the entire dental team! This course is sponsored by an educational grant from Dodd Dental Lab, Donadent Lab and Dentistry.

Wednesday, January 15, 2014

John Minichetti, DMD — Eaglewood, NJ — “Information and Dentists Must Have for Successful Implant Treatment” This program is designed for the dentist wishing to learn how to incorporate or expand their implant knowledge and techniques. Participants will go over diagnosis of the implant patient, treatment options for the edentulous patient, anatomical considerations, and mini implant surgery. This program will also include a review of the latest techniques in immediate and delayed implant therapy, as well as the latest in per-implant surgery and bone grafting. This course is a must for the entire dental team! This course is sponsored by an educational grant from Dodd Dental Lab, Donadent Lab and Dentistry.

Friday, April 11, 2014

L-Stephen Buchanan, DDS, FAKC, FACD — Santa Barbara, CA — “The Art of Endodontics: Everything Has Changed but the Anatomy” This presentation views the most fundamental and changing endodontic issues — principles of treatment, the “tooth anatomy,” and the mesiodistal and incisogingival plane. This presentation will be given in the “endodontic operating room.” The audience will have an opportunity to see the latest in endodontic technology and instruments. This course is a must for the entire dental team! This course is sponsored by an educational grant from Dodd Dental Lab, Donadent Lab and Dentistry.

Thursday, May 8, 2014

Glenn Dupont DDS — St. Petersburg, FL — “Solving the Most Difficult Cases: A Step-by-Step Process” After graduating from Emory University School of Dentistry in 1979, Dr. Dupont joined the practice of Dr. Peter Dawson. He is currently the Director of Faculty at the Dawson Academy. Dr. Dupont will share his knowledge and experience with the audience. This course is a must for the entire dental team! This course is sponsored by an educational grant from Dodd Dental Lab, Donadent Lab and Dentistry.

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

Thurs., Sept. 26, 2013

BONUS #1: Gordon Christensen, DDS; “Clinical Update”

Wed., Fri., March 5-6-7, 2014

BONUS #2: Members choose one course from the Valley Forge Dental Conference

All meetings will be held at the Springfield Country Club on Route 330, Springfield, Delaware County, PA, except for the Bonus Courses held at the Valley Forge Radisson Hotel. Registration for all courses $65 AM / 6:30 AM. Continental breakfast and lunch included for all DKU courses.

* ADA Members - Entire Series plus both bonus courses - $695, Individual Courses - $215, 3 Courses - $550, 4 Courses - $615
* Other ADA Members - Entire Series plus both bonus courses - $695, Individual Courses - $215, 3 Courses - $550, 4 Courses - $615
* Non-ADA Members - Entire Series plus both bonus courses - $815, Individual Courses - $225, 3 Courses - $605, 4 Courses - $735

Staff members accompanied by a guest will be $95 per course per person with reservation at least one week in advance, $110 per course per person at door. Cancellations and Refund Policy — No refunds will be made without notice of at least one week prior to course date. A $35 administrative fee will be deducted. For information please contact DKU • c/o Barry Cohen, DMD • 4750 Township Line Rd • Drexel Hill, PA 19026 • 610-449-7002 • DKUDental@aol.com
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<td>Infection Control in the Dental Office and OSHA Update</td>
<td>Dr. W. H. Milligan</td>
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<td>The Patient is the Silo: Interactions of Systemic and Oral-Facial Disease</td>
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<td>September 27 (Homecoming weekend)</td>
<td>The Medically Complex Patient: Preoperative Assessment and Management</td>
<td>Dr. Daniel Becker</td>
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<td>October 4</td>
<td>A Review of Radiologic Procedures for the Dental Professional: DEP Recommendations</td>
<td>Ms. Marie George, RDH, MS</td>
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<td>An Introduction to Rotary Endodontics: - a Hands-on Simulation Patient Experience</td>
<td>Dr. Marin Mandradjieff, Dr. Herbert Ray</td>
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<td>Optimal Aging: Living to be 100!</td>
<td>Dr. Barbara Steinberg</td>
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<td>November 8</td>
<td>The Geriatric Health Care Delivery TEAM</td>
<td>Dr. Edward Cheppa</td>
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<td>Self-Discovery of Effective Instrumentation for the New Age of Periodontal Debridement</td>
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<td>Contemporary Periodontics</td>
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<td>Simple Secrets to Attract More Quality Patients and How to Communicate Quality in a Difficult Economy</td>
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**Temple University**

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<tr>
<td>Contact: Rebecca Von Nieda, PDA</td>
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<tr>
<td>(800) 223-0016, ext. 117</td>
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<td>September 11</td>
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<td>Oral &amp; Systemic Health - Vital Signs &amp; Dietary Sweeteners</td>
<td>Betsy Reynolds, MS, RDH</td>
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<td>Elliot V. Hersh, DMD, MS, PhD</td>
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<td>The Agony and the Ecstasy of Cone Beam CT</td>
<td>Dale A. Miles, BA, DDS, MS</td>
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<tr>
<td>Normandy Farm, Blue Bell</td>
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<tr>
<td>(215) 234-4203</td>
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<tr>
<td><a href="mailto:mbdsdr@comcast.net">mbdsdr@comcast.net</a></td>
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<td>April 11, 2014</td>
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<td>The Art of Endodontics: Everything Has Changed but the Anatomy</td>
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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 mfdmd@comcast.net.

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.

Dentist Wanted
Large, very busy modern group practice in NW Pa seeking qualified dentist to start immediately. Excellent patient base for long term growth. Guaranteed salary and benefits, leading to partnership. Please send CV to PDA Box J/A 1.

Dentist Needed
Part-Time (no weekends/2-3 day) position available in the Scranton, Harrisburg, York, and Lancaster areas. We are aligned with long term care facilities providing on-site care for very deserving elderly patients. Please contact Tanya @ (877) 724-4410 (toll free) or tjones@healthDrive.com to hear more.

OPPORTUNITIES AVAILABLE

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.

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Lancaster Group Practice
Associate 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 SJDMD@aol.com.
CLASSIFIED ADVERTISEMENTS continued

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Established and growing suburban General Dentistry Practice looking for a Dentist to join our dynamic team. Part time to full time position (eventual max 35 hours per week, plus alternate weekends on call) with potential Associate opportunity. This practice has a vibrant mix of patient demographics including children and seniors from the greater Harrisburg and Hershey areas. Requirements: DDS or DMD and a valid PA Dental License. Please send resume to dr.silvers@comcast.net or fax to (717) 214-3302.

General Dentist Wanted
Lancaster County Dental Practice is looking for quality oriented general dentists to work in our growing state of the art practice. We offer “the ultimate customer experience” to our patients, through quality dentistry, education and convenient hours. If you are interested in joining our team and want to learn more, please send your cover letter and resume to hr@smilebuilderz.com. You can also go to our website at www.smilebuilderz.com to apply EOE.

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Full-time associate needed near Williamsport. Well established, thriving general practice seeks full-time associate. Beautiful high-tech office providing comprehensive and quality dental care. Exceptional, committed staff. 10 treatment rooms; efficient business systems in place generating strong financial returns and generating many new patients for associate. Excess potential. The right candidate will offer excellent personal and clinical skills. Pleasant area to raise a family, excellent school districts. Send resume to: Apple Dental, PC. Attention: Dr. Lawrence Leggieri, 929 Lycoming Mall Drive, Pennsdale, PA 17756 or email drleggieri1@comcast.net.

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Practice Sale
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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.

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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.
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Treasurer, Pennsylvania Dental Association Insurance Services, Inc. (PDAIS)

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