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AFTER HISTORIC ANNUAL SESSION
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Lights Out

I lost partial power at my office the other day. It was strange that some of the outlets worked and others didn’t. I learned this as I arrived at my office at 8 a.m. My first patient was an apicoectomy at 8:30. I checked the X-ray machines and we were lucky that two of the four machines were working. We had power to the chair and light in all of the treatment rooms. Even the computers in each treatment room, as well as the server, were functioning. Elsewhere in the office, computers were out, copy machines off and the credit card machine dead. Luckily, we got everything going with a few extension cords. We called PECO and they said they were aware of the problem and were fixing it as fast as they could. I was confident that we could survive. I had four treatment rooms and two had X-ray units that worked.

I got my patient numb and began to prepare for the surgery. When the patient rinsed out we quickly realized that the suction was off. I went to the utility closet and fixed everything. The compressor was working, the phone system was working, but the 30 amp hard wired vacuum system was not. Uh oh, now what? I finally turned the circuit breakers on and off, but that did not help. I couldn’t plug it into something else because it was hardwired. I called my dental supply people and asked if they had a “MacGyver” solution. They suggested a Shop Vac for this type of problem, but I didn’t have one and I needed to start this surgery or cancel the appointment. I explained the situation to my patient and she was very understanding. We got her another magazine and waited. At 9:00 a.m. I heard a click and hum. It was the vacuum system powering on. In fact everything had come back to life. Within a few minutes I was able to start the surgery and the rest of the day was uneventful.

During the surgery I joked with my patient about our dependence on power both in and out of the office. I told her that I go camping frequently and find it different to live “off the grid.” We talked about what dentistry was like long ago when power was not readily available and I told her that back then an extraction in the back room of a tavern was the most common dental procedure performed.

Later, I got to thinking about the future of dentistry. With all of our modern technology and nearly faultless power supply, what will the dental office of the future be doing and how will it be different from today?

Nearly every area of dental care has and will continue to change. New techniques for saving teeth are already being used on patients. Pulpal regeneration is changing the way we provide endodontic therapy. A day may come soon when we won’t clean and fill a necrotic tooth with gutta percha, but instead, clean and place stem cells or plasma to effectively grow a new pulp.

Tests and therapies are being developed to limit the destructive bacteria that cause tooth and gum disease. Lasers are replacing handpieces. CBCT machines are replacing conventional radiography.

On a molecular level there is a great deal of research into nanotechnology, the development of sub-molecular building blocks to do just about anything from delivering medication to repairing and rebuilding what has been lost due to disease. Preventative therapies and regeneration are just a few of the advancements in treatments, but just imagine what endodontic rotary instrumentation has done for endodontics and air abrasion and lasers have done for restorative dentistry. Imagine a future that casts aside all of our current treatments as if they were as outdated as gold foil.

Dental universities are aware of the opportunities available for the discovery of new techniques, products and therapies. There is a rush to find research-oriented faculty with a strong background in laboratory research and fewer clinical skills. If you are reading this and thinking that private practice is not for you, it’s time to get your PhD and present your resume to the dean at your local dental school. If you are a soon-to-be graduate you may want to consider a career in academics, for this is truly an overlooked opportunity.

Researchers with a dental background are like college athletes on the day of a draft. Dental schools are recruiting and for good reason. The dental schools are hoping to increase their public exposure with new product research and development, not to mention the income generated from these products and ideas. Most universities have technology development departments designed to help develop, patent and market products, all with the hope of a future revenue stream. They are investing in the future, much in the same way that corporate America is doing.

Just reading issues of IADR and AADR (International and American Dental Research) Journals or JADA, one can see the myriad of research going on. This research will change the way we practice. Just as we moved from the back room of the local tavern to the modern dental office, but the central theme will still be electricity. It seems without it we will still
have to close our practice for the day.

Someone must also find a way to bring these advanced treatments to places in the world where dental care is still a luxury. It’s a shame that most mission work is limited to cleanings, simple restorations and extractions. I look forward to the day when research brings us working solutions as simple as fluoride to prevent tooth decay and spray on enamel when decay has started. I think that is where we need to focus our research for now. Oh, and let’s not forget the back-up power supply.

—BRT
The Pennsylvania General Assembly adjourned for the summer after missing the constitutionally-mandated deadline of June 30 to pass the budget for FY 2014-2015. The last few weeks of session focused on the highly-contested issues of pension reform and liquor privatization, discussions on which delayed passage of the budget until July 10.

Legislators are now at home in their district offices until mid-September. We encourage you to contact them over the summer, just to keep open the lines of communication and strengthen your relationships with them. We also ask that you participate in PDA’s Legislative Checkup Week, scheduled for September 8-12. Simply schedule an appointment with your representative and senator for one day during that week to discuss PDA’s issues. That way our issues will be at the forefront of legislators’ minds when they return to session the following week. We’ll provide all the information you need for these meetings. Call the government relations staff at (800) 223-0016, or log on to padental.org to find talking points, legislative handouts and other information.

Legislative Update
Assignment of Benefits (HB 2263 and SB 520)

In the spring, Rep. Karen Boback (R-Columbia, Luzerne & Wyoming) introduced a companion bill in the House of Representatives that would require insurers to honor assignment of dental benefits. HB 2263 is identical to Senate Bill 520, which would require insurance companies, upon patients’ request, to assign benefits directly to non-participating providers.

Both HB 2263 and SB 520 are assigned to the respective House and Senate committees that handle insurance issues. Over the summer, PDA reached out to our members who are constituents of the committee members, asking them to contact their representative and senator to request support for this legislation. PDA is hopeful that the General Assembly will pass this legislation in the fall.

Donated Dental Services program

Dental patients with limited or no financial means will benefit from the continuance of the state’s funding in the Donated Dental Services (DDS) program. The program, which is administered by Dental Lifeline Network, facilitates care for patients who are elderly, disabled or medically fragile and unable to afford the cost of care. The restoration in funding allowed Dental Lifeline Network to rehire a regional coordinator for the eastern part of the state while maintaining the coordinator already existing in western Pennsylvania. These individuals screen patients, recruit volunteer dentists and laboratories and handle the administrative and logistical tasks for volunteers and patients.

Dental Lifeline Network entered into a contractual arrangement with the Department of Health, which will oversee the release of state funds. In the summer, Dental Lifeline Network hired an individual for the open coordinator position, who is working full-time at an office based in Harrisburg.
Funding for this program continues to be an issue each year. PDA must be diligent in making sure that the state continues to appropriate the $150,000 required to maintain the two coordinators needed to run this program. We are happy to report that the legislature maintained funding for FY 2014-15.

Health Practitioner Student Loan Forgiveness
Governor Corbett’s budget proposal included expanding access to primary care services in underserved areas by increasing by $4 million funding for the state’s health practitioner loan forgiveness program. The funding would be used to offer loan repayment to an additional 70 physicians, dentists and other primary care practitioners who agree to serve a certain number of years in designated health professional shortage areas.

The budget passed by the General Assembly included an additional $1 million in funding. The additional funding should increase the number of slots available to dentists. The program gives a maximum loan forgiveness capped at $64,000 for four years of service.

Other News
Electronic Health Records Incentive Payment Program
The Medicaid Electronic Health Records Incentive Payment Program is a federal program that provides funding to states to develop and administer Medical Assistance (MA) provider electronic incentive programs. States receive a 90/10 percent match for program administration expenses and 100 percent match for provider incentive payments. The program’s intent is to encourage provider adoption, implementation and meaningful use of electronic health records. Professionals could be eligible to receive payments up to $63,750 over a six-year period. In order to assist MA providers in understanding how to demonstrate “meaningful use” of the system, the Department of Public Welfare (DPW) issued guidance to the provider community, which is available on PDA’s website at www.padental.org.

Providers should contact DPW directly with questions about this program. For questions and/or to provide feedback about the Medical Assistance Electronic Health Records Incentive Program, please contact DPW at RA-mahealthit@pa.gov or 1-888-734-6433.

Prescription Drug Abuse
There is growing concern among lawmakers and the Administration about the misuse of prescription drugs, which often results in an addiction to heroin, especially among teens. PDA has been asked to participate in stakeholder meetings to develop guidelines and resources for the health care provider community. Rep. Ron Marsico (R-Dauphin),

Legislative CHECKUP WEEK

Schedule an appointment with your local representatives and senators the week of September 8-12 in their hometown offices and see how they score on our issues. You can even coordinate with your colleagues to make these visits together.

You’ll get to rate how “healthy” they are on our issues. Will they get a clean bill of “health” or need follow-up preventive and restorative care?

PDA will supply all the information you need for you to prepare and make your visits a success.

1. Check out www.legis.state.pa.us and click on the box in the right hand corner of the page to type in your home address and find your legislators. Or call PDA’s government relations department for your legislators’ contact information.

2. Schedule a meeting for the week of September 8-12. Let us know of your meeting(s) in advance. We will send you handouts for you to give to your legislators and their legislative health “checkup” forms.

3. Download background information and talking points from our website at www.padental.org, or ask us to send you this information.

4. Assess your legislators’ “health” on our issues and return their health “checkup” forms to PDA, or submit this information online at www.padental.org. Don’t forget to email a picture of yourself and your legislator to info@padental.org.

FOR GOOD ORAL HEALTH, you recommend your patients see you twice a year. FOR GOOD LEGISLATIVE HEALTH, we recommend you visit your local legislators at least twice a year. THE FOUR SIMPLE STEPS TO TAKE:

Questions? Need Information? Contact Marisa Swaney, director of government relations at (800) 223-0016, ext. 116, or info@padental.org.
chair of the House Judiciary Committee, also asked PDA’s assistance with informing the dental community about this crisis and ask for help to mitigate the potential for abuse.

The ADA offers dentists a number of programs to help, including a free continuing education webinar. These resources provide guidance on appropriately prescribing drugs and how to identify the warning signs associated with patients who may have an addiction.

These resources are available at http://www.ada.org/7541.aspx.

Pennsylvania Coalition for Oral Health

In July, PDA staff and volunteer members participated in a quarterly meeting of the Pennsylvania Coalition for Oral Health (PCOH) in Harrisburg. Dr. Bernie Dishler, former president of PDA, presided over the meeting as chair of PCOH’s steering committee. PCOH is focusing on a number of policy initiatives, including reforms to the Medical Assistance program. The coalition also responds to local communities that debate whether to remove fluoride from public water supplies and assists those communities that wish to have it added. In the coming months, PCOH will request feedback from Governor Corbett and his opponent Tom Wolfe on where they stand on oral health issues. Stay tuned for a comprehensive update on PCOH in the September/October issue of the Journal.

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**Did You Know?**

Did you know that under certain circumstances, dental hygienists are able to provide care to patients without the dentist being physically present in the office? Dentists must first use the ASA Classifications to determine a patient’s health and treatment plan and the appropriate level of supervision of the dental hygienist.

ASA CLASS I—A classification of patient status developed by the American Society of Anesthesiologists for a patient without systemic disease.

ASA CLASS II—A classification of patient status developed by the American Society of Anesthesiologists for a patient with mild systemic disease.

ASA CLASS III—A classification of patient status developed by the American Society of Anesthesiologists for a patient with severe systemic disease that limits activity but is not incapacitating.

ASA CLASS IV—A classification of patient status developed by the American Society of Anesthesiologists for a patient with incapacitating systemic disease that is a constant threat to life.

ASA CLASS V—A classification of patient status developed by the American Society of Anesthesiologists for a moribund patient not expected to survive 24 hours with or without operation.

**General supervision** is defined as the supervision of a dentist who examines the patient, develops a treatment plan, authorizes the performance of dental hygiene services to be performed within one year of the examination and takes full professional responsibility for the performance of the hygienist.

**Direct supervision** is still defined as supervision by a dentist who examines the patient, authorizes the procedure to be performed, is physically present in the dental facility and available during performance of the procedure, examines and takes full professional responsibility for the completed procedure.

Following are the supervision requirements in private dental offices:

**Placement of subgingival agents:** Hygienists may provide this service under direct supervision, but general supervision would apply if the dentist has reviewed the patient’s records and medical history and has written a prescription or given an order for the placement of subgingival agents.

**Periodontal probing, scaling, root planning, polishing or another procedure required to remove calculus deposits, accretions, excess or flash restorative materials and stains from the exposed surfaces of the teeth and beneath the gingiva:** Hygienists must provide these services under direct supervision when the patient is suffering from systemic disease which is severe, incapacitating or life threatening. General supervision would apply if the patient is free of systemic disease or suffers from mild systemic disease (as determined by the dentist, with input from the hygienist).

**Evaluation of that patient to collect data to identity dental hygiene care needs:** Hygienists may provide this service under general supervision.

**Application of fluorides and other recognized topical agents for the prevention of oral diseases:** Hygienists may provide this service under general supervision.

**Conditioning of teeth for and application of sealants:** Hygienists may provide this service under general supervision.

**Taking impressions of teeth for athletic appliances:** Hygienists may provide this service under general supervision.

**Administration of local anesthesia:** Hygienists may provide this service only under direct supervision.

**Expanded function dental assistants and dental assistants must always practice under the direct supervision of a dentist.** If you have questions about supervision requirements, please contact PDA’s government relations staff at (800) 223-0016.
2014
4th ANNUAL SOUTH JERSEY/PHILLY EVENT
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DATES: OCTOBER 22ND - 24TH

- Atraumatic and Efficient Oral Surgery: New Concepts and Technology, 2-Day Continuous (HANDS-ON) Course
  Presenter: Karl R. Koerner, DDS, MS
  Date: Wednesday, October 22nd & Thursday, October 23rd
  Time: (Day 1) 8:30am - 4:45pm
  (Day 2) 8:30am - 4:45pm

- Mini Dental Implants (HANDS-ON)
  Presenter: Allan Fuhr, DMD
  Date: Wednesday, October 22nd
  Time: 8:30am - 3:45pm

- AM: Taking Periodontal Care From Good to Great & PM: Diabetes and Obesity
  Presenter: Carol Jahn, RDH, MS
  Date: Wednesday, October 22nd
  Time: 9:30am - 4:45pm

- Top 10 Techniques for Excellence with Pediatric Patients (HANDS-ON)
  Presenter: Jeffrey Galler, DDS, MAGD
  Date: Thursday, October 23rd
  Time: 8:30am - 4:45pm

- Risk Management
  Presenter: Russ Pride, MA, CPHRM
  Date: Thursday, October 23rd
  Time: 9:30am - 12:30pm

- Patient Health, Not Just Oral Health
  Presenter: Richard Nagelberg, DDS
  Date: Thursday, October 23rd
  Time: 9:30am - 4:45pm

- Success with Dental Insurance
  Presenter: Tom Limoli, Jr.
  Date: Friday, October 24th
  Time: 8:30am - 4:45pm

- Achieving Predictable Success with Endodontics: Using Control, Memory, NiTi Files (HANDS-ON)
  Presenter: Sam Alborz, DDS
  Date: Friday, October 24th
  Time: 8:30am - 3:45pm

- Update Your Practice: Paperless, Chartless, Going Digital!!!
  Presenter: Kenneth N. Feiler, DMD, FAGD
  Date: Friday, October 24th
  Time: 9:30am - 4:45pm

2014
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DATES: NOVEMBER 14TH - 15TH 2014

- Atraumatic and Efficient Oral Surgery: New Concepts and Technology, 2-Day Continuous (HANDS-ON) Course
  Presenter: Karl R. Koerner, DDS, MS
  14 CE Credits | AGD Code: 311
  Date: Friday, November 14th & Saturday, November 15th

- Solving Restorative Problems (HANDS-ON)
  Presenter: Marvin A. Fier, DDS, FASDA, ABAD, FADC, FICD
  6 CE Credits | AGD Code: 780
  Date: Friday, November 14th

- The Reality of the Art and Science of Forensic Dentistry
  Presenter: Laurence A. Dobrin*, DMD, FAAFS, FASDC
  *Chief Forensic Dentist for New York City
  6 CE Credits | AGD Code: 145
  Date: Saturday, November 15th

To Register Call: 201-342-2204

For full Course Descriptions, Tuitions and Speaker Bios, Visit us at: NJHPDI.COM
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.

Nigar Aftab, DDS
Demontmorency College of Dentistry, Pakistan 1973
King of Prussia

Corey B. Chmil, DMD
Temple University ’05
Scranton

Eric J. Granquist, DMD
The University of Connecticut ’04
Philadelphia

Francis Hoerz, DMD
Temple University ’96
King of Prussia

Katti M. Karas, DDS
University of Missouri, Kansas City ’13
North Wales

Adeel Khan, DDS
Ohio State University ’09
Pittsburgh

Rajeev Mahajan, BDS, DMD
University of Pittsburgh ’12
State College

Michael K. McGannon, DMD, MD
University of Pittsburgh ’08
Gainesville, FL

Mana K. Nejadi, DMD
University of Pennsylvania ’04
Philadelphia, PA

Michael J. Noonan, DDS
University of Iowa 1972
Altoona

Jung-Joo Park, DMD
University of Pennsylvania ’13
Philadelphia

Ajaykumar N. Patel, DDS
University of Southern California ’13
North Wales

Jason L. Shoe, DMD
Harvard University ’05
Hanover

Rehan Sibgatullah, DDS, BDS
New York University 1998
Conestoga

Diana Y. Silva, DMD
University of Pennsylvania ’08
Philadelphia

Paulette Soltis-Hamilton, DMD
Temple University ’97
South Abington Twp

Charmie D. Soni, DMD
Temple University ’12
Philadelphia

Kimberly R. Stamien, DMD
Temple University ’93
Clarks Summit

Robert M. Weston, DDS
Case Western Reserve University ’87
Reading
Very few things at the Pennsylvania Dental Association can be called epic. But that is exactly what we will call the 146th House of Delegates that met April 25-26, 2014 in Hershey. Why epic? Because, after more than five years of discussion and planning, the House effectively voted to dissolve itself for the good of the association.

Let me take you back for a moment.

For some time, PDA has been struggling to maintain and grow membership while continuing to conduct business and follow its mission statement. Dynamic forces like an aging population of dentists, burdensome debt of recent graduates and changing ideals in millennials had all contributed to a slow, but steady, decline in membership.

In 2009 we faced some severe financial challenges, and just like many of you did with your home and practice finances, PDA needed to have a strategic plan in order to move ahead.

One of the things that we did was to hire a well known association consultant who had lectured to us several times in the past. Mary Byers is respected in her field and has written a book called “Race for Relevance.” She writes about the association of the future and gives examples of what organizations similar to PDA should look like moving forward.

At the same time, we were facing financial challenges because our income stream was declining. While we had gained significant income with PDAIS, we were aware of several important future issues. The first was that with each loss of a member we would see less income. Next, each retired member moving to a new reduced income category would result in less income. Third and most important, we were concerned with the Affordable Care Act and how it might affect PDAIS and our future income stream.

All of these financial factors created a perfect storm of trouble. Our leadership could see this storm coming and had the foresight to start preparing. As in all well meaning groups there was lively discussion with agreement on some issues but not on others.

While all of this was taking place, those involved with membership continued to look for ways to retain and increase membership. Sadly, despite much time and effort spent on securing our future, we continued to decline as an organization.

Despite our concerns, we continued to sponsor events for new dentists and non member dentists. We also continued our advocacy efforts with Day On The Hill and other initiatives that resulted in legislation in our favor with insurance issues and license issues. We were also effective in keeping the government out of our offices when OSHA and state regulators were trying to make the practice of dentistry more difficult.

So, with that as background, let’s move ahead. Three years ago the House of Delegates was persuaded that we needed to change how PDA governs itself. We formed a committee that explored how other states work and we invited comments from members. When the House convened in 2013, it approved a provisional plan that would create a new Board of Trustees and eliminate the House of Delegates altogether. The idea was to
have a core group of individuals making the choices of the association as needed without a yearly meeting to approve large changes. This would in effect make PDA more nimble and enable leadership to react as needed. In this fast paced new world of information at the speed of light, the change made sense.

But, change is never easy, and there was much discussion regarding the pros and cons of such a change. The goal of the leadership after the 2013 House of Delegates meeting was to take all of the broad changes and ideas and make them specific and palatable for everyone. For another year a committee (Governance Task Force) met regularly to examine ideas and write the new rules to govern PDA.

At this year’s House meeting, we finally agreed on those changes and we are now prepared to move forward.

What does this mean to you as a member?

Well, you now have the opportunity to be more involved than ever. Probably the biggest change to our organizational structure is that we will no longer have a House of Delegates. Instead we will have a Board of Trustees comprised of a trustee from each of our 10 districts. That has not changed. We will replace the House with a Council of Presidents consisting of each district president, with the president-elect and each local president serving as ex-officio members. These two groups will form our new PDA leadership. They will meet regularly and communicate electronically to handle the business of PDA. That includes, but is not limited to, how and where to spend our money, what issues of advocacy are timely and important, what programs need to be implemented, changed or stopped, and how to help our membership thrive. These groups will be seeking input from the membership. You will be able to make your voice heard.

We also agreed that we are a collegial group, and as such we will continue to have an annual session. During this next year we will explore how that will occur. It’s important to note that it will now be inclusive to all members and not just the past House of Delegate members. It might include a day of continuing education or a vendor showcase. We don’t have the exact format figured out yet. Stay tuned to the Journal, eNews Update, the website and Dr. Steve Radack’s President’s Blog on the PDA Social Network for news on the April 2015 annual meeting as it develops.

Our PDA, your PDA, is moving forward. Before the House concluded its 2014 business, delegates approved several resolutions relevant to you, the member dentist. Besides all of this work to reorganize, we also recognized that we need to help our newer members with a policy to help advocate for solutions to the burdensome debt of recent graduates.

We also agreed to create a new committee that will help explore issues with third-party carriers. The House agreed to make policy to fight for the dental team to continue to be supervised by a dentist even if we see new mid-level providers.

We can now focus on what’s really important: our members and future members. We want to make our association the very best. We want non members to beg to become members. We want Pennsylvanians to expect their dentists to be PDA members. We want legislators to come to us for advice and listen when we want change. We are going to do all this and more, but we are also going to need your help. Please spread the word that there is a new PDA. Tell your non member friends that there is strength in numbers. If our practices are going to survive this new world of health care and financial uncertainty we need one voice. That voice is your PDA.

—BRT
Metamorphosis: metamorphosis
1. A profound change in the form, structure, or substance;
2. Any complete change in appearance, character, circumstances;
3. A form resulting from any such change.

After the brilliant light and intensive energy of summer, the natural world cools and contracts. The dimming days of autumn are all too soon followed by the descent into the dark months. In January frigid masses of North Pole air spun south. In addition to sub-zero temperatures, disruption of travel and general misery, a new phrase, Polar Vortex, was introduced to describe extreme winter weather. Winter brings powerful storms, but also radiant clear days with azure skies and deep vistas. Unlike most animals, human activity seems to increase as the temperature drops. As the fall progressed to winter, all manner of hustle and bustle occurred at 3501 North Front Street.

Organizational Restructuring
In April 2013, the PDA House of Delegates passed HD 13-09 which directed that a “Governance Task Force be appointed... in order to assist in the transition to a new governance structure.” From this resolution, GTF 2.0, chaired by Dr. D. Scott Aldinger (3), was established. Parallel with this effort, as directed by HD 13-10, HD 13-11, HD 13-12 and HD 13-13, Speaker Korch (7) worked with the Bylaws Committee and established the “District Select Bylaws Review Group” to “craft the bylaw changes necessary to implement” the governance model proposed by the 2013 Reference Committee on Organizational Affairs. Over the past months, both groups have worked assiduously to fulfill their charge.

As the country adjusts to the New Normal economics of the post 2009 Great Recession era, it is becoming increasingly obvious that organizations, be they your local Rotary or Lions Club, golf course, or any other organization, cannot continue to conduct business as they did in the 2000’s or before. Even a casual review of the membership trend data provided by Ms. Donlin or the financial data provided by Treasurer Selcher (5) shows that there is a need for the PDA to change its governance and operational models. The pressing issues facing dentistry require the PDA to be a strong advocate for dentistry, facilitated by a strong financial foundation, without being compromised by cutting valuable member programs or by forgetting who we are and what we value as a profession. While you may or may not approve of all, or parts, of the restructuring reports that will be put forth at this year’s Annual Session, the need for the PDA to change is evident. I urge you to approach this process with an open mind, work towards compromise, and develop a governance structure that will take the PDA into the future. Your deliberations on a new governance model for the PDA cannot afford to experience the unwillingness to compromise that is so prevalent today in D.C.
Legislative/Advocacy Activities

PDA’s legislative activities began on June 4 with our annual Day on the Hill meetings. Subsequent to this, the following occurred:

• As part of the Commonwealth’s FY14 budget, full funding for the Donated Dental Service (DDS) program was restored. The restored funding allowed the Dental Lifeline Network to restore one regional coordinator position in the eastern part of the state while maintaining the coordinator already existing in Western PA. This program, funded by the Dental Lifeline Network, provides dentistry to individuals with disabilities or without financial means.

• Volunteer License: HB 1056 would allow the State Board of Dentistry to issue temporary volunteer licenses to dentists who are in good standing in other states or territories, so that they may volunteer at charitable events, or provide care during emergencies in Pennsylvania. HB 1056 passed the House in April 2013 and the Senate in January 2014; and was signed by Governor Corbett in February. The bill (Act 7) now must make a convoluted journey through the regulatory review process, which can take up to 18 months. Efforts are being made to expedite this process.

• Assignment of Benefits (AOB) – Efforts to achieve Senate approval of AOB have been unsuccessful. On January 25 the PDA Board met with Ms. Callahan of the Winter Group to discuss strategy. At this meeting a decision was made to change our approach from seeking initial approval in the Senate to seeking initial approval in the House of Representatives. A meeting with Majority Leader Mike Turzai (R-28) was scheduled for March 10.

• The Fluoride Now Coalition evolved into the PA Coalition for Oral Health (PCOH). During 2013 Immediate Past President Bernie Dishler (2) was appointed by the PCOH steering committee to serve as its Chair. The PCOH advocates for many of the policies supported by the PDA – streamlining Medicaid credentialing and billing; loan forgiveness and tax incentives for dentists; oral health campaigns focused on prevention and care for children – and the PDA intends to take an active role in their implementation.

In Closing

At the conclusion of the Annual Session, the Ferryman will transport me to the land of former officers. Before Charon takes me on this journey, I would like to thank you, the membership, for enabling me to participate in the leadership of the PDA as Trustee, Treasurer and President. I would also like to thank the members of District Ten and the current and former Board members for their support over the years. These are hard-working groups and they deserve recognition for the many hours they expend in serving the Association and dentistry. Also, I extend my heartfelt gratitude to the staff, present and those no longer with us, who have facilitated my efforts and the interests of the PDA. Thanks again for the honor of serving as your President.
Dr. R. Donald Hoffman presented the PDA Distinguished Service Award to Dr. Robert Runzo on April 26 during the Second Meeting of the House of Delegates.

The recipient of the 2014 PDA Distinguished Service Award is Dr. Robert Runzo. Bob has been a fixture in my life for 42 years as a mentor and a friend and I should say that many of you also have known him, been mentored by him, and been guided by his direction over the years. Bob would you come up for the award.

Dr. Runzo's remarks:
Mr. President, thank you for your very, very kind introduction. And, also I want to thank Dr. Hoffman for his excellent service this year as president of our PDA, and more than that, his 40 plus years at Pitt both as an educator and administrator. Forty years is a long time and he is one of the factors that helped make Pitt one of the great dental schools in the United States. So, thank you.

Officers, trustees, members of the House, colleagues and most importantly, friends, it’s truly a great honor to be included as a member of a very special group of individuals who have received this award over the years.

Sixty-six years ago, most of you are not that old, 1948, I graduated into the world of dentistry and I entered the University of Pittsburgh as a freshman. I certainly have loved my profession over the years and I would do it all over again – it’s a fabulous profession. I served both as a pediatric anesthesiologist and a pediatric dentist and I’m most grateful for having had the good fortune and privilege of being a dentist.

Now over the years there have been a lot of changes in dentistry, mostly for the betterment, not only of the profession but for our patients, which is very important. But aside from all of the new techniques and procedures, equipment and the 3-D’s and all the other stuff in the office, I think the greatest change I’ve noticed over the years is a proliferation of dental groups, individuals and organizations whose members have given so freely of their time to help the tens of thousands of individuals who in the past have needed care and not been able to receive it for many, many reasons. To name just a few groups: Special Care Dentistry, the American Society of Geriatric Dentistry, The Academy of Dentistry for Persons with Disabilities, and the dental homes that have been established. Both the American College and the International College have foundations to help. Give Kids a Smile (which everybody’s in), the Catholic Charities, the Fisher House, Donated Dental Services, and very importantly Missions of Mercy which kind of brings us very close to home. Gary spoke of this a little bit ago and we have our own in Pennsylvania. I think mainly, initially, because of Bernie Dishler and Gary Davis, who in 2012, founded and incorporated this and you all know the details. A year later almost 2,000 people in a two-day period were treated for dental care in a big facility in North Philadelphia somewhere and these people probably had never had care before, and these wonderful people gave their time (to me they were magnificent) a thousand magnificent people gave of themselves.
without seeking anything in return. A true statement is that a few determined individuals can really make great things happen and they did.

At this point I want a few thanks and accolades to go out to a few people here. First of all to my own group in Pittsburgh, we have a nomination committee and that committee started with Michael Gans, Don Stoner and Cindy Schuler and they nominated me for this very, very wonderful honor. So, for them, I thank you. Also, Tom Gamba and his annual awards committee, I thank you too. I don’t want to neglect to mention Gary Davis, congratulations on your award. Accolades go to Camille and her staff and also to Jan and Marion in our own office in Pittsburgh. These wonderful people whom we don’t see that often have given their time and their devotion and dedication to taking care of us and we should always thank them for what they do. Very special thanks to the love of my life, Joanne my wife, she’s given me 61 years of joy and happiness and even more than that she has fulfilled one of the most important and challenging roles that life offers—that of being a mother. So, if any of you ladies are mothers you know what I’m saying—we should always thank our wives for being mothers. Each day give thanks to the Lord for all that he’s bestowed upon us and to each of you here I would like you to always have health to spare, friends who care, and love to share.

So, to all of you, best wishes for a very, very happy and healthy future in your lives, as well as your professional lives and your personal lives. I thank you very much and God bless.

The Pennsylvania Dental Association is deeply grateful to the following supporters of the 146th Annual Session

**Leader’s Circle ($25,000 and above)**
- Pennsylvania Dental Association Insurance Services, Inc. (PDAIS)

**President’s Circle ($5,000 - $9,999)**
- Pennsylvania Society of Oral and Maxillofacial Surgeons
- The Dentists Insurance Company (TDIC)
- Demandforce
- The Dental Society of Western PA

**Trustee’s Circle ($2,000 - $4,999)**
- Thayer Dental Laboratory, Inc.
- Capital Blue Cross

**Delegate’s Circle ($1,000 - $1,999)**
- Eastern Dentists Insurance Company (EDIC)
- Delta Dental
- Bank of America
- Goldberg Katzman, P.C.
- Citizen’s Bank

**Member’s Circle ($500 - $999)**
- Fifth District Dental Society
- CareCredit

**Contributor’s Circle ($250 - $499)**
- Liberty Mutual Insurance
- Metro Bank (in kind)
- Hershey Resorts (in kind)
Dr. R. Donald Hoffman presented the PDA Public Service Award to Dr. Gary Davis on April 26 during the Second Meeting of the House of Delegates.

The recipient of our Public Service Award is Dr. Gary Davis. Dr. Davis has been a driving force in bringing oral health care to the indigent and underserved both in his community in Cumberland County and lands far away. He has seen up close the barriers faced, the difficult living conditions and the lack of living necessities that the average person takes for granted. All these years of dedicated service built up to the monumental role he took as general chair of the first MOM-n-PA project. For his unwavering commitment and inspiring leadership that brings quality oral health care to those most in need, Pennsylvania Dental Association is pleased to honor Dr. Davis with the 2014 Public Service Award.

Dr. Davis’ remarks:

Thank you. I am humbled and honored to be given this prestigious award. My deepest thanks to the selection committee, the PDA and the Fifth District, which nominated me.

I share this award with all those who have been my mentors, advisors, partners and friends along this journey. I especially want to thank my wife Marie and my kids - Zach, Elizabeth, and Rebecca - who put up with me spending hours upon hours at meetings and on the computer and who have always supported my passion to help those less fortunate than us.

My journey with dental mission work began almost as soon as I joined organized dentistry. It was Mike Cerveris and Bob Zimmerman at my local – the Cumberland Valley Dental Society – who talked me into working at our annual Migrant Worker Clinic at Mike’s office. It was an eye opener for such a young dentist to see just how much need there was in our backyards. I was hooked. Thank you Mike and thanks to my colleagues at the CVDS.

And after doing this for a few years several of my colleagues in the Fifth District prodded me to do mission work in a foreign country. People like Bill Spruill and Jack Hankle encouraged me to follow my passion. My experience treating hundreds of children, many of whom are orphans, changed me and changed my appreciation for living in the United States. My experience with Ecuadent was not always easy (cold water for showers, sometimes no water, sometimes we would have power, sometimes we would not, earthquakes, lots of bugs, tough working conditions, lots of potholes on long military bus rides in the Andes Mountains, scorpions, and much more) but it is an experience I will never forget and one that I will continue to do as long as people let me! Thank you to those who have worked beside me at Ecuadent and other missions - Marie, Joe Kohler, Bill Spruill, and Lillian Wong.

And of course, our most recent adventure with missions is MOM-n-PA. If it was not for the leaders we have here at the PDA House, MOM-n-PA would not be a reality. MOM-n-PA is a great mission because people like Bernie Dishler, Tommy Gamba, Pete Carroll, Julie Barna, Bruce Terry and Bill Spruill believed that it was the right thing to do and that we could do it. It was a dream of ours and although
there were many obstacles and many people who said that it could not be done, we never gave up. I must thank all of our chairs and leads - they made MOM-n-PA happen. Please stand. And to all of you that donated to MOM-n-PA, that helped in organizing it, and especially for the hundreds of dentists and others that volunteered last May in Philadelphia, I SHARE this award with you. You are all leaders, you all made a big difference for those in need and I am proud to be your friend! I hope to see all of you at our next mission in Allentown in September!

I strongly believe that all of us were placed on this earth for a reason. We each have different gifts and vocations for the purpose of making this life better for others. Mission work is not for everyone and your purpose in life may be different than mine. Whatever your gift – use it the best you can to make life better for others. I promise you that when you do you will find like I have- that real joy in this life is more than winning for ourselves. What truly matters in this life is helping others win!

My pledge to you today is that I will continue to serve others for as long as I can and hopefully one day I will be worthy of this gift that you presented to me today. Thank you for allowing me to do what I love and peace be with all of you!

Scott Aldinger
James M. Boyle, III
Karín D. Brian
Michael D. Cerveris
Gary S. Davis
Bernie P. Dishler
Thomas W. Gamba
Ronald B. Gross
Ronald K. Heier
Charles J. Incalcaterra
Jon J. Johnston
Joseph J. Kohler, III
Christopher J. Kotchick
Lester L. Levin
Bernadette A. Logan
Edmund J. McGurk
Thomas P. Nordone
Herbert L. Ray, Jr.
Robert S. Runzo
Cynthia L. Schuler
William T. Spruill
Angela Stout
Bruce R. Terry
Charles R. Weber
John C. W. Worsley, Jr.
David A. Anderson
Tamara S. Brady
Ronald D. Bushick
Dennis J. Charlton
Mary Ann Davis
James S. Doyle
Michael J. Gans
George L. Hamm, III
Linda K. Himmelberger
Frederick S. Johnson
Raymond M. Juriga
Stephen L. Kondis
Stephen A. KuniaK
Cary John Limberakis
Elliott D. Maser
Lawrence P. Montgomery, III
Thomas C. Petraitis
David A. Redding
David A. Schimmel
David A. Schwartz
Eli Stavisky
Deborah A. Studen-Pavlovich
William B. Trice
Donald W. Wells
Dennis A. Zabelsky

Henry J. Bitar, Jr.
Thomas W. Braun
Peter J. Carroll
Richard J. Clark, III
Lisa Poole Deem
Craig A. Eisenhart
Jay M. Goldberg
Joseph J. Hlavilla
R. Donald Hoffman
Nicole Stachewicz Johnson
John L. Kautz
Peter P. Korch III
Andrew J. Kwasny
Rochelle G. Lindemeyer
Judith A. McFadden
John B. Nase
Stephen T. Radack, III
Nancy R. Rosenthal
Martin L. Schroeder
Samuel E. Selcher
Donald A. Stoner
James A. H. Tauber
Paul D. Tripodi
J ay R. Wells, III

ICD-USA District 3 wishes to recognize these Fellows for participating in the 2014 PDA Annual Session. You are truly the leaders of dentistry in Pennsylvania. Thank you for your service!
What a year it has been since our last Annual Session. Who would have imagined the governance changes that were voted in by our House of Delegates (HOD) last year in Hershey? As a member of the Governance Task Force (GTF), I was hopeful, but as a member of the HOD who has seen some of the skepticism of the house for change, I was not completely optimistic the changes would be adopted. Since we adjourned last year, the Speaker of the House and the Bylaws Committee of the Board of Trustees (BOT) crafted the bylaws changes to implement the new governance model. The speaker vetted the changes through district and local leaders and the BOT. I was part of those various SoNet forums and of the debate regarding these bylaws changes. I am hopeful that this vetting process will have produced a final product that will pass this HOD with the required 2/3 majority.

The GTF 2.0 has also been working hard on the details that need to be nailed down if our governance model is to change. At the pleasure of President Hoffman, I served as a consultant on the task force and believe they have done a good job. There were many issues that needed to be ironed out and questions that needed to be answered based on the model that was passed last April. Many of those questions had to do with the new annual meeting format. I believe the GTF’s new Annual Session format will produce an exciting meeting that will attract members who have never attended our governance-based Annual Session in the past.

With the loss of the HOD, there are some who have said we will be “disenfranchising” members or limiting leadership opportunities. I do not think so; I believe it is just the opposite, because we are opening our annual meeting up to ALL members who will now have a voice and a vote for our officers. I look forward to saying goodbye to an old friend, the House of Delegates, and hello to a new Annual Session and a new way of doing the business of our association.

Since we last met, the PDA has moved forward and beyond the financial turmoil that we experienced in 2012. The association is living within its “means” spending only what we take in during the association’s fiscal year and not using the dues money for the next year to pay the prior year’s expenses. In 2013, we even finished with a surplus and were able to pay for upgrades in technology and infrastructure at the headquarters without tapping our reserves. We will continue to live on what we take in for 2014 and should thank the treasurer, the CEO, the controller, the finance staff and all the PDA staff for the great job they have done. I encourage you to read both the PDA treasurer’s report and the PDAIS report for the good financial news of our association.

And speaking of PDAIS, it has been my privilege to serve on the PDAIS board for the last six years, serving as both a director and the treasurer. The board is a dedicated group and the staff has been wonderful to work with. I have also been a policyholder of PDAIS products since it was formed. I encourage all members to give PDAIS a look when it comes to your insurance needs. Also take a look at the products and services that have been endorsed by PDA and PDAIS. I believe you will be pleasantly
surprised.

This past year we have continued to provide the high quality member services with a smaller and very dedicated PDA staff as well as the outstanding staff at PDAIS. It continues to amaze me the work product they put out each and every day. Please make the effort to thank them. We have also been able to provide very timely and informative webinars dealing with the Affordable Care Act and changes to HIPAA. Thanks to Camille Kostelac-Cherry, Gil Davis and Tom Weber for their leadership in making these valuable member benefits happen. If we hope to retain our existing members and attract new ones we need to continue to provide our members with high value services that they cannot get anywhere else.

You will be hearing much about this same theme in the coming year, if you have not already. Dr. Charles Norman, the ADA president, started his term off in New Orleans last November with the theme of the “Power of 3-Building Member Value.” This is all about strengthening the unique tripartite structure that our organization has. In January, I attended the ADA President-elects’ Conference in Chicago, hosted by the ADA president-elect, Dr. Maxine Feinberg of New Jersey. The underlying theme of that conference was also the “Power of 3.” I am encouraged by the presentations and the discussions I had with my fellow president-elects from around the country. I am also encouraged by the solutions that came out of that conference. I look forward to seeing a stronger, more efficient, more cohesive and valuable tripartite relationship.

As I wait in the wings to take the PDA stage, I realize how fast the next 12 months will fly by and know that there is only so much a PDA president can accomplish. My goal is to make sure we remain relevant and remain an association that every dentist wants and needs to belong. I want to make sure we reach out to the dental students and make sure they know that PDA is a partner with them now and in the future to make sure they are successful. Can we help them “work less stressfully, more productively, and more profitably?” (I had to throw in a “Race for Relevance” quote somewhere.) We need to show them early on what our association has to offer. We need to be in the dental schools early and often and make sure they know our organization is with them and will be with them through their entire careers.

That being said we must not forget the new dentists who are finding their way through the challenges of those first few years of practice. I have been fortunate enough to meet many of these members and talk with them and learn from them. Their wants and needs are much different than mine and most of the members of this House. If the PDA, and for that fact all of the tripartite of the ADA, are to remain the premier dental association in the country, we must provide them with a value proposition. What will we offer, not only these members, but all of our members, that they can’t get anywhere else? During lunch at the ADA Annual Session last October in New Orleans, I had lunch with one of my younger colleagues and asked her why she stayed in Pennsylvania when she had the opportunity to go home and practice with her father. She said because PDA felt like her “family.” We need to make sure we keep the new dentist in the family or we will continue to see our family dwindle away.

Our member dentists are our MOST important assets and we have to ensure we make them the highest priority at all times.

In closing, I want to share my optimism for the future of PDA. We are on the precipice of a new and better organization that will be positioned for the future. I look forward to a meaningful, thoughtful and collegial debate of our issues at this meeting and once the debate is done, look forward to the changes this body will make. And I look forward to being the president of OUR Pennsylvania Dental Association!
Resolved That the 10th District Dental Society of Western Pennsylvania offer its most sincere congratulations and appreciation to Dr. R. Donald Hoffman for his dedication and unselfish service on the completion of his term as Pennsylvania Dental Association President.

Resolved That the 10th District Dental Society of Western Pennsylvania offer its most sincere congratulations and appreciation to Dr. James A. H. Tauberg for his efforts on our behalf on the completion of his term as Vice-President of the Pennsylvania Dental Association.

Resolved That the proposed Bylaws be amended by striking the word District everywhere the phrase Council of District Presidents appears.

Resolved That PDA proposed Bylaws Article 7.0 OFFICERS be amended by adding section 7.3.2.6 to the duties of the President-Elect.

7.3.2.6 To serve as chair of the Council of Presidents and as its liaison to the Board.

Resolved That PDA proposed Bylaws Article 9, Section 9.12 Council of District Presidents, section 9.12.2 be amended as follows:

9.12.2 This council shall elect annually a chair from among its members. This council shall be chaired by the president-elect.

[Secretary’s note: In crafting the final amended bylaws package the article number was changed to 9.12.1.1.]

Resolved That PDA proposed Bylaws Article 9, Section 9.12 Council of District Presidents, be amended by adding section 9.12.3.

9.12.3 The president-elect shall cast the deciding vote in the case of a tie.

[Secretary’s note: In crafting the final amended bylaws package the article number was changed to 9.12.1.2.]

Resolved That the Board of Trustees shall consist of one (1) trustee elected from each of the PDA districts, the PDA President, PDA President-elect, and PDA Treasurer.

Resolved That PDA proposed Bylaws Article 9, Section 9.12 Council of District Presidents, be amended by adding section 9.12.4.

9.12.4 The presidents of the local dental societies and district presidents-elect shall serve as ex officio members.

[Secretary’s note: In crafting the final amended bylaws package the article number was changed to 9.12.1.3.]

Resolved That PDA proposed Bylaws Article 9, Section 9.12 Council of District Presidents, be amended by adding section 9.12.5.

9.12.5 This Council shall plan only electronic or telephonic meetings to achieve its stated purpose, unless as otherwise stated in these bylaws. Electronic business conduct shall follow the adopted PDA format for e-business conduct of PDA committees protocol.
Resolved That PDA proposed Bylaws Article 9.0, Section 9.12 Council of District Presidents, be amended as follows:

9.12.2.6 Duties

9.12.2.6.1 To meet in person at attend the meeting of the Council during the PDA annual meeting and to conduct their business by actively participating via the Social Network and to advise the Board of petitions from the membership.

9.12.2.6.2 To have the chairperson of the Council of Presidents submit an advisory report to the Board of Trustees two weeks prior to any prescheduled board meeting.

9.12.2.6.3 To serve as the Disciplinary Appeals Review board.

9.12.2.6.4 To review, vet and refine the issues submitted for Board of Trustees action or for the PDA annual Town Hall meeting issues agenda.

9.12.2.6.5 To communicate regularly with the presidents of local dental societies within the district to inform them of board actions during the year.

9.12.2.6.6 To communicate information from members and component dental societies in both a lateral and vertical direction throughout PDA.

9.12.2.6.7 To identify and encourage growth potential new volunteer leaders.

9.12.2.6.8 To attend and participate in the Town Hall PDA annual meeting.

[Secretary’s note: In crafting the final amended bylaws package the article number was changed to 9.12.1.4.]

Resolved That PDA proposed Bylaws Article 4.0 MEMBERSHIP MEETINGS be amended by adding section 4.2.4.

4.2.4 A special meeting called by the Council of Presidents to modify the authority of the Board of Trustees will be comprised of representation by the districts in the same numbers calculated in the same manner as the last House of Delegates and will have the authority to modify the Bylaws. The Bylaws can be amended by this group by a two-thirds (2/3) majority vote.

Resolved That PDA proposed Bylaws Article 13.0 AMENDMENTS be amended by addition as follows:

ARTICLE 13.0 AMENDMENTS: These Bylaws may be amended by a two thirds (2/3) majority vote of both the Board and a two-thirds (2/3) majority vote of the Council of Presidents or as otherwise noted in these Bylaws.

Resolved That PDA Bylaws Article 4.0 MEMBERSHIP MEETINGS Section 4.2.2 be amended as follows:

4.2.2 If so directed by a resolution adopted by vote of three fourths (3/4) two thirds (2/3) a majority of the members of the Board present and voting at any meeting of the Board, or by two-thirds (2/3) a majority of the members of the Council of Presidents. The time and place of such special session shall be determined by the president, who shall fix a date not later than forty-five (45) days after the date the vote was taken.

Resolved That PDA proposed Bylaws Article 8.0 BOARD be amended by adding section 8.2.5.

8.2.5 A PDA member may not serve simultaneously as a voting member of the Board of Trustees and on the Council of Presidents.

[Secretary’s note: In crafting the final amended bylaws package the article number was changed to 8.1.5.]
Resolved HD 14-15: That the proposed Bylaws be adopted as amended.

Resolved HD 14-16: That the members of 2013-14 a Governance Task Force be reappointed by the PDA president through 2014-2015, and shall serve under the direction of the Board of Trustees in order to assist in the transition to a new governance structure implementation of the 2014 House of Delegates governance actions. (Fiscal Implication: $10,000)

Resolved HD 14-17: That PDA Bylaws section 9.3.11 be amended as follows: 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 an advisory group member shall act as a liaison to an insurance carrier as deemed appropriate by the advisory group chair.

Resolved HD 14-18: That HD 04-42 be rescinded.

Resolved HD 14-19: That PDA Bylaws article 1.0, membership, section 1.8.1 be amended as follows: An ADA member dentist in good standing who practices outside the Commonwealth of PA in another state and who resides in Pennsylvania, upon application and payment of appropriate dues shall be and approval by the Board, may be classified as a PDA affiliate member.

Resolved HD 14-20: That the Board of Trustees recommend to the 2014 PDA House of Delegates that PDA contribute up to $5,500 to Dr. Gamba’s campaign for ADA Vice President.

Resolved HD 14-21: That the Pennsylvania Dental Association’s position on any proposed new member of the dental team shall be an individual supervised by a Pennsylvania licensed dentist authorized by the Pennsylvania State Board of Dentistry to practice in the Commonwealth of Pennsylvania. Such level of supervision shall be based upon a determination of need, sufficient education, and training, and a scope of practice that ensures the protection of the public’s oral and systemic health. (Fiscal Implication: $0 – lobbying fee)

Resolved HD 14-22: That the Pennsylvania Dental Association acknowledges the crushing burden of dental student indebtedness and its consequences for the profession and is committed to work with elected officials (state and federal) to create solutions that ensure a fair and equitable solution.

The Pennsylvania Dental Association supports mirrors the approach of the American Dental Association in addressing student indebtedness inclusive of, but not limited to, reducing interest rates and accrual, improving refinancing and consolidation options, as well as increasing deferment periods. endorsing the following items while moving toward a permanent solution:

Resolved HD 14-23: That PDA promotes (via electronic and print means) to interprofessional stakeholders, legislators, and the public:

- the importance of oral health’s effects on general health, to support efforts to achieve optimal oral health for all through use of programs including, but not limited to, mouthhealthy.org, 2min2x.org, Connect the Dots, and oral health literacy,
- efforts to provide optimal fluoridation of water supplies in Pennsylvania,
- reimbursement of oral health services by the dental benefits industry by reducing administrative burden and policy limitations,
- collaboration with PCOH Pennsylvania Coalition of Oral Health, and
- infrastructure development to provide basic dental care for adults and children.

Resolved HD 14-24: That the 2014 PDA Capital Budget of $145,471 to be funded by the capital reserve fund be approved.

Resolved HD 14-25: That the 2014 PDA budget in the amount of $2,885,479 be approved.
Gov. Corbett signs Volunteer Licensure Bill into Law

PDA achieved a significant legislative victory this year with the passage of our volunteer dentistry bill (HB 1056), that allows the State Board of Dentistry to issue temporary licenses to out-of-state dentists who wish to volunteer at charitable events or provide care during emergencies in Pennsylvania. On June 2, we were represented at Gov. Tom Corbett’s bill signing ceremony. In attendance with Gov. Corbett were Dr. Bill Spruill (Former PDA president), Peg Callahan (PDA lobbyist), Rep. Keith Gillespie, who sponsored the bill, and Rep. Harry Readshaw, who helped ensure its passage.
## 2014 House of Delegates

### ATTENDANCE RECORD

#### FIRST DISTRICT
- Carroll, Peter
- Fennell-Dempsey, Renee
- Filip, Thomas
- Gamba, Thomas
- Goldberg, Jay
- Klatte, Kevin
- Markiewicz, Stanley
- McFadden, Judith
- Rao, Anand
- Rust, Mary

#### SECOND DISTRICT
- Brian, Karin
- Burrell, Joanne
- Clark, Richard
- Daley, Daniel
- Brady, Tamara
- Devine, Theresa
- Ely, Stephen
- Freedman, I.
- Friel, Hugh
- Funari, G.
- Gordon, Donald
- Hemmer, Amanda
- Kessler, Lon
- Limberakis, Cary
- McGann, Stephanie
- McGurk, Edmund
- Montgomery, Lawrence
- Nase, John
- Pellegrino, Jason
- Rosenthal, Nancy
- Stevenson, James
- Stout, Angela
- Straka, J.
- Terry, Bruce
- Walsh, Brandon

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

#### FOURTH DISTRICT
- Ayle, H.
- Parkinson, Scott
- Reitz, John
- Schwab, Brian

#### FIFTH DISTRICT
- Davis, Gary
- Grimes, John
- Haines, Sara
- Hamm, George
- Hengst, Daniel
- Kiessling, John
- Larson, David
- Cloyd, William
- Pate, Craig
- Phillips, Jason
- Shirley, Eric
- Spivak, Bruce
- Vakkas, John
- Kline, Ross
- Weiss, Eric

#### SIXTH DISTRICT
- Betlyon, Alexandra
- Coole, John
- Grove, John
- Quezada, Nicole

#### SEVENTH DISTRICT
- Christian, Brian
- Holden, Barry
- Hovan, Edward
- Saad, Mina
- Schimmel, David

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

#### NINTH DISTRICT
- Kohler, Joseph
- Kwasny, Andrew
- Mansour, Samer
- Radack, Stephen
- Robb, John

#### TENTH DISTRICT
- Anderson, David
- Bitar, Henry
- Chorazy, Chester
- Davis, Maryann
- Juriga, Raymond
- Gans, Michael
- Kautz, John
- Mertens, Jeffrey
- Midla, Les
- Runzo, Robert
- Schuler, Cynthia
- Stoner, Donald
- Tauber, James
- Troy, Beth
- Wells, Jay
- Bassani, Alice
- Cole, David
- Limberakis, Jonathan
Meet Your PDA President

Steve Radack

GET INVOLVED

Make A Difference

By Rob Pugliese, Director of Communications
The 146th PDA Annual Session was historic. The House of Delegates capped off a multi-year process of governance restructuring by adopting transformational Bylaws changes that will completely reshape this association.

For starters, there is no more House of Delegates, but instead a new leadership body that will work with the Board of Trustees, the Council of Presidents. The format of the 2015 Annual Session (Pennsylvania’s Dental Meeting and Expo) and all subsequent gatherings will be much different than anything previously conducted in this state.

Monumental change has come to your PDA.

It is fitting that the person at the helm for 2014-2015 is a leader who not only believes deeply in this bold, new path, but one who has taken a pivotal role in mapping it all out. Dr. Stephen T. Radack, III, is perhaps the best possible president to lead PDA through this exciting, yet potentially daunting, time of transition.

An Erie native who began sounding the wake-up call for his colleagues several years ago after seeing and experiencing first-hand the structural challenges and demographic realities facing organized dentistry at all levels, Dr. Radack came into the presidency embracing this opportunity to reshape PDA, with an unmistakable focus on revitalizing membership numbers.

Near the conclusion of the PDA House, he asked the assembled delegates and alternates to join him in an aggressive effort to reach a set of specific goals, some that he admitted may take longer than one year: reversing a declining market share and reaching the ADA’s target of 65 percent; converting and retaining a much higher percentage of dental students as members and getting 100 percent of the fourth-year dental students at Penn, Pitt and Temple to sign with ADA next spring; passing an assignment of benefits bill in the General Assembly; and significantly improving the 19 percent market share of PDA members in PDAIS’ core revenue.

Dr. Radack bluntly explained that a declining market share imperils PDA’s brand as The Voice of Dentistry in Pennsylvania as well as its status as an ADA single state district.

“To that end I am challenging all members here and throughout the Commonwealth to be a partner with me in reversing this trend,” he said.

This push comes during a time when the ADA’s “Power of 3” theme is centered on working to strengthen the tripartite structure. While there are a multitude of reasons for the recent negative trends organized dentistry confronts, Dr. Radack is candid and resolute about what needs to happen. Seven years as PDA treasurer and trustee have shaped his vision, that when everything else is stripped away, success comes down to one thing.
“As I said last year when I became president-elect, my main focus is membership. To me it is all about membership, membership, membership,” Dr. Radack said. “I don’t think we can stress it enough. I was in Chicago at the ADA Recruitment and Retention Conference (in April) and we got the realities of where membership is going, and we have to do a better job at letting folks know what we have to offer and what PDA, ADA and our components can do for them.”

His top priority is to raise PDA’s market share from 58.5 percent closer to the 65 percent level. Along with that goal, Dr. Radack knows PDA must do much better with converting recent dental school grads to full members, primarily by forging good relationships during the early years of dental school and making sure they understand the importance of membership.

“We need to show them that there’s a reason to stay involved and get them involved at the local level – I think that’s key. I think PDA can help with that effort but that’s also going to be crucial on a local level,” he said. “My message to them has always been, come to your locals, meet some people, get involved, and bring your friends. It’s an opportunity to be with your colleagues. Especially as a solo practitioner, you are alone in your office every day, all day, all week, all month…you might get an opportunity, like we do with Erie County, where there is a monthly membership event, you come together, swap stories and it’s a great thing to come to.”

When it comes to building membership numbers, he plans to talk with people all over the state, with the hopes of bringing them together and facilitating a membership summit during his term.

“We are looking at holding a virtual membership summit and bringing together key stakeholders from the state - new dentists, members of the leadership committee, deans of the three dental schools, a lot of different folks across the commonwealth,” Dr. Radack said. “One of the powerful things we need to do is get back into the dental schools. Our conversion rate for dental students is not real great in Pennsylvania and that is the future of the association. If we don’t have those people converting over to ADA and PDA membership, we are probably not doing the best job we need to right now.”

In addition to swelling the membership numbers, the second part of that effort will be to spread the spirit of volunteerism and broaden the base of members who seek active roles, and potentially leadership spots. Dr. Radack realizes that will require different approaches in different parts of the state.

“We are lucky in Erie County that we have always been open to young dentists. Once they come to a meeting, we want them to be involved, we get them to join. Our board – president, president-elect, secretary and treasurer are all probably 33 years old and under right now – so we have a very youthful board, an energetic group of people who are involved,” he said. “That doesn’t mean that the older dentists don’t come. The more seasoned people still come but it is nice to see that leadership development,” he said.

“To try to transition that into the whole state and the different components – I think it’s different everywhere and I think there are some challenges but there are a lot of components in the state that will develop leaders and encourage them that you have to be involved, you have to be a leader, step up and take some action and know what’s going on. That’s really what it’s about.”

Dr. Radack relishes each opportunity to connect with a dental student or a young dentist because his personal story is one that he believes will appeal to all prospective members, in all parts of the state.

“The gentleman I purchased [my] practice from, Dr. Gilbert Steg, took me to my first meeting, and over time you get to know a few more people. Some of my best friends right now are people I met through the Erie County Dental Association, same with my colleagues across the state,” he said. “Once you get involved [locally], you move on to another level and meet more people. Getting to know the information, getting to know what’s going on – that is one of the main reasons I have stayed involved. People ask me ‘why are you still involved?’ ‘why are you on the board?’ It’s because I want to know what is going on, I want to be part of the action, be someone who is part of the process. It’s ok if other people aren’t, but you have to have people who want to be part of it.”
Since his installation, Dr. Radack has crisscrossed our state, and others, taking part in a number of events, while also ramping up the planning of the new Annual Session (PA-147 is scheduled for April 24-25, 2015). The bold change in direction with the new format is right in line with his philosophy and he hopes to expand the number of members who take an active role and attend Pennsylvania's Dental Meeting each year.

This will no longer be strictly a governance meeting dominated by House of Delegates business, reference committees and caucuses. PA 147 will be open to all members.

Dr. Radack has the most active social media presence of any PDA leader, aggressively communicating to the membership via his President's Blog ("Club 814") on the PDA Social Network as well as tweeting updates from all the events he attends.

He is always excited about new ideas, but at the same time pragmatic about what is realistic. His effective consensus-building should prove to be a valuable asset. And he always brings the passion and energy to whatever he is working on.

"I've been known as someone who may be a little more blunt than others. For better or worse I like to take the bull by the horns, and once I have a project I'm there to see it through," Dr. Radack said. "I have been known to push a few bodies aside in the process and get a little vocal when it comes to debating issues. But the bottom line is, if you want to do something and you are passionate about doing something then you have to get to the conclusion and complete the task."

A graduate of Grove City College and the University of Pittsburgh School of Dental Medicine, Dr. Radack has been practicing in Erie for the last 28 years.

Upon entering private practice, it did not take him long to get involved in Erie County Dental Association and the Ninth District Dental Society.

"Shortly after I came back to Erie, the gentleman I purchased my practice from was a member of the Erie County Dental Association and a former president, and like a lot of people my age, an older member of the society grabbed you and said you're coming to the first meeting and that's what he did, and ever since then I have probably missed half a dozen meetings in 28 years," Dr. Radack said. "One of the things about our local society in Erie County is once you get in, they get you involved quickly."

Almost immediately he became an officer in Erie County, serving as president in 1992-93. He then began volunteering on a variety of PDA committees while at the same time becoming Ninth District president in 1995-96. Dr. Radack served as the Ninth District trustee on the PDA board from 2000-2004, while also becoming PDA treasurer in 2002, a position he held for five years. Following that term, he held positions on a number of ADA committees while still remaining active at his local dental society, and eventually serving another term as Erie County president while gearing up on PDA's Governance Task Force in 2012, taking the lead in a process that has led to the current restructuring and building a new PDA. Dr. Radack has been a member of PDAIS board of directors since 2009. He is a Fellow of the Pierre Fauchard Academy, the International College of Dentists and the American College of Dentists.

While membership tops the agenda, a strong presence in the legislative arena is also important to him.

"Obviously the intangible benefits we have being a part of organized dentistry, the advocacy we offer at ADA and PDA is huge," Dr. Radack said. "You can't put a dollar figure on it and it serves the whole profession."

Following up on another highly successful Day on the Hill event June 3, Dr. Radack is optimistic that PDA will continue the success evident over the last several years in a string of recent victories at the Capitol, with the passage and signing into law of HB 1056 (now Act 7), PDA's volunteer dentistry bill, the recent restoration and continuing of vital Donated Dental Services funding and of course the signing of Act 168, the non-covered services bill.
"I think we have done a phenomenal job in the past few years getting our initiatives passed," Dr. Radack said. "We have some great leaders in Pennsylvania who can work well with the legislature, a phenomenal group of lobbyists who help out, our staff here at PDA is wonderful and that is not going to stop -- that is going to continue."

Legislative focus has turned to assignment of benefits legislation as well as continuing the push for student loan forgiveness, something PDA has long advocated.

"Those are important issues for us as our student colleagues are graduating with hundreds of thousands of dollars in debt. Them being able to work in an underserved area and have some of that debt paid down as a tradeoff is a wonderful idea and an issue we still have to push," Dr. Radack said. "There are areas of the state where dentists are not coming back to Pennsylvania. We've heard stories where there are two dentists in a town and they are both in the late stages of their careers. What is going to happen when they are going to hang up their shingle and no longer practice? We've heard stories of people who travel 60-70 miles to get an extraction from an oral surgeon in this state. We need to do something to get our colleagues back into those underserved areas."

As busy as he has been with organized dentistry over the last three decades, Dr. Radack has an impressive list of community organizations in which he has volunteered, including those of his family's school and church. He spent five years on the school board of St. Luke's School in Erie, served five years on the Finance Council of St. Luke Catholic Church, including two years as chair. He also gave his time as a volunteer dentist at the St. Paul's Neighborhood Free Clinic in Erie and for the School District of the City of Erie.

He and his wife Mary have been married for almost 26 years and are the proud parents of two daughters.

"Being a parent to Cassie (23) and Stephanie (21) has been the best job ever," Dr. Radack said. "It is amazing how fast the time passes when you have kids to follow through all the grade school and then high school events and then go on the road to college for those four years."

Cassie is a graduate of Point Park University and works in Harrisburg in the Legislative Affairs Office of Gov. Tom Corbett. Stephanie will be a senior Interior Design major this fall at Kent State University. The Radacks also enjoy their "best dog" Lexie, a nine-year-old chocolate cocker spaniel.

Hobbies and leisure time include annual beach vacations in Myrtle Beach, biking, golfing and sailing.

"We consider ourselves very novice sailors, but enjoy the time on 'Sea Dancer' during the short three-month season in Erie," he said. "We also enjoy hanging by the pool on warm summer weekends, but it doesn't get as much use as it did when our girls were younger. When summer turns to fall we spend our Saturdays trekking up and down I-79 with Jim and Kim Hissom and Andy and Sharon Kwasny to Heinz Field, as we have for the last 13 years rooting on our alma mater, the Pitt Panthers football team."

Fresh off attending the ADA's New Dentist Conference in Kansas City in mid-July, Dr. Radack is energized to attack the goals he laid out. Whatever doesn't get accomplished this year certainly won't be because of a lack of vision.

"There is no question that my 30-year-old colleagues and I have different reasons for wanting to belong, different things going on in our lives. And they might want something different out of organized dentistry than I want," he said. "I think we need to continue to prove that we're giving them a unique, high level organization that gives them some tangible benefit they can see, that will help them in their practices, help them communicate better with their colleagues. You have to get them in at the local level to see what they can experience."

Dr. Radack is anxious to hear from you. Connect with him at stradack3@aol.com. He is active on Twitter @DocSTR3. Follow his President's Blog (Club 814) on the PDA Social Network.
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A 55-year-old female presented to the University of Pittsburgh School of Dental Medicine, with a 1-cm, linear, non-healing ulcer of 8 weeks duration located on the right lateral border of the tongue (Figure 1). On palpation, the lesion felt indurated, but was non-tender. Extraoral examination revealed a palpable, slightly tender, right submandibular lymph node. The remainder of the soft tissue exam was otherwise unremarkable. The patient’s social history was positive for tobacco smoking and frequent alcohol use. The patient’s medical and dental histories were unremarkable.

Given the above clinical findings, a biopsy was recommended in order to further evaluate the lesion. An incisional biopsy was performed and sent for histopathologic evaluation. Microscopic examination of the specimen revealed hyperplastic stratified squamous epithelium abutting a large ulcer. The ulcer bed consisted of fibrin and inflammatory cells with underlying granulation tissue. Within the granulation tissue, a dense inflammatory infiltrate consisting of lymphocytes, plasma cells and eosinophils was noted. Eosinophils were also present deeper within the striated muscle and were associated with disruption of muscle tissue (Figure 2).

What is the diagnosis?

A. Squamous cell carcinoma  
B. Major aphthous ulcer  
C. Traumatic ulcerative granuloma with stromal eosinophilia  
D. Histoplasmosis

**CLINICAL HISTORY**

A 55-year-old female presented to the University of Pittsburgh School of Dental Medicine, with a 1-cm, linear, non-healing ulcer of 8 weeks duration located on the right lateral border of the tongue (Figure 1). On palpation, the lesion felt indurated, but was non-tender. Extraoral examination revealed a palpable, slightly tender, right submandibular lymph node. The remainder of the soft tissue exam was otherwise unremarkable. The patient’s social history was positive for tobacco smoking and frequent alcohol use. The patient’s medical and dental histories were unremarkable.

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D. Histoplasmosis

**AUTHORS**

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**Figure 1.** Clinical picture of the non-healing ulcer on the right lateral border of the tongue*.

* Clinical image courtesy of Dr. Blake Warner, Resident, Oral and Maxillofacial Pathology, School of Dental Medicine, University of Pittsburgh.

**Figure 2.** Photomicrographs of the lesion showing an ulcer with an associated dense inflammatory infiltrate (A) H&E x100; Numerous eosinophils are present deep within the tissue, causing disruption of muscle fibers, arrows point to eosinophils (B) H&E x400.
The Answer:

C. Traumatic ulcerative granuloma with stromal eosinophilia

DISCUSSION

Option A. Squamous cell carcinoma (SCC) is a reasonable differential diagnosis for a non-healing ulcer of the lateral border of the tongue, which is one of the commonest site for squamous cell carcinoma in the oral cavity. SCC is estimated to constitute approximately 94 percent of all oral malignancies. Clinically, SCC of the tongue typically presents as a painless, indurated ulcer with rolled borders, which has been present for several months. With time, SCCs might achieve sizes considerably larger than TUGSEs. Most of the patients who develop a SCC are usually over the age of 50 years and common risk factors are tobacco and alcohol use. Due to the clinical presentation and persistent nature of the lesion, an incisional biopsy for histopathologic examination is usually warranted in order to achieve a correct diagnosis and for appropriate treatment.

Option B. Major aphthous ulcers are large aphthae which measure greater than 1 cm in diameter, whereas ulcers associated with the far more common minor variant measure less than 1 cm. The number of ulcers varies from 1 to 10 and, although multiple lesions are more common, some afflicted individuals could present with a solitary lesion. Major aphthae take from 2 to 6 weeks to heal and may be perceived as persistent or non-healing by a clinician. Scarring at the site of healed ulcers is not uncommon. While the lesions have a predilection for non-keratinized tissue, they can affect any oral mucosal surface. Clinically, major aphthous ulcers are associated with considerable pain. Generally, aphthae respond well to treatment with corticosteroids. Histopathologic examination of the lesion shows features of a non-specific ulcer which lacks eosinophils in the ulcer bed and deep stroma.

Option C. Traumatic ulcerative granuloma with stromal eosinophilia (TUGSE) is a chronic benign ulcerative lesion of the oral mucosa. TUGSE was first identified by Richard Elzay in 1983, when he described 41 cases. Various synonyms have been used for TUGSE, such as traumatic ulcer, oral traumatic granuloma, eosinophilic ulcer, eosinophilic granuloma of the soft tissue, or ulcerative eosinophilic granuloma. The tongue is the typical site for TUGSE, but various oral mucosal surfaces can be involved, such as labial, buccal, vestibular, and alveolar mucosae. Trauma is the implicated etiology for this lesion because of the incidence at sites that are subjected to chronic insult. Clinically, TUGSE presents as a painless, persistent ulcer with indurated borders, commonly found on the lateral border of the tongue, making it difficult to clinically differentiate this lesion from a squamous cell carcinoma. Given that the lateral border of the tongue is a high risk site for oral cancer, it is important that persistent ulcers in this location be adequately evaluated and biopsied when necessary. Histologically, TUGSE differs from other ulcers due to the presence of eosinophils within the underlying stroma. TUGSE is treated by conservative excision or with an incisional biopsy, since incising the lesion can induce healing. Since this lesion can mimic a malignancy, it is important to biopsy a non-healing ulcer when no source of chronic irritation can be identified, particularly for persistent ulcers found at high risk sites. Due to the benign nature of this lesion, it is also important to achieve a correct diagnosis to avoid overtreatment.

Option D. Histoplasmosis is a respiratory fungal infection caused by Histoplasma capsulatum, an organism found in soil contaminated with bird droppings. Infection occurs mainly through inhalation of airborne organisms. In the oral cavity, histoplasmosis usually presents as a chronic ulcer in patients with disseminated disease. It occurs predominantly in immunocompromised patients. The most commonly affected intraoral sites for histoplasmosis are the tongue, buccal mucosa, and palate. Clinically, patients typically present with other systemic symptoms of disseminated disease, such as weight loss, dysphagia, chronic cough, and fever. Patients tend to do well with the use of a systemic antifungal like amphotericin B. Histopathologic examination of the lesion shows numerous histiocytes with formation of granulomas. The organisms can usually be identified within giant cells or with the aid of special stains.

CONCLUSION

In conclusion, TUGSEs are benign, reactive lesions which present as persistent oral ulcers, with a predilection for the lateral border of the tongue. Sources of chronic trauma or irritation, such as a nearby sharp broken tooth cusp should be identified if present to avoid overtreatment of this benign condition. However, TUGSE can clinically mimic a malignancy (squamous cell carcinoma) and other worrisome conditions (disseminated deep fungal infections or tuberculosis). Therefore, if no readily apparent source of irritation can be identified, the lesion should be biopsied to avoid underdiagnosis of a potentially life-threatening condition.

REFERENCES

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2nd Annual MOM-n-PA

The second MOM-n-PA dental mission will be held in Allentown on Friday, September 12 and Saturday, September 13, at the Agri-Plex at the Allentown Fairgrounds.

Last year the MOM-n-PA mission provided more than $850,000 in free dental services with more than 1,000 volunteers taking part in the event. You can help with the 2014 effort by volunteering your services or making a donation. For more information, visit the website at www.mom-n-pa.com.
Dr. Donald M. Good  
Lancaster  
University of Pennsylvania (1960)  
Born: 1926  
Died: 5/19/2010  

Dr. Andrew R. Choby  
Ligonier  
University of Pittsburgh (1941)  
Born: 1913  
Died: 5/1/2014  

Dr. Richard V. Barrickman  
State College  
University of Pittsburgh (1951)  
Born: 1925  
Died: 3/22/2013  

Dr. James R. Paige  
New Castle  
University of Pittsburgh (1961)  
Born: 1931  
Died: 5/23/2014  

Dr. George A. Bullock  
Jamison  
University of Pittsburgh (1978)  
Born: 1952  
Died: 4/25/2014  

Dr. Alvin R. Williams  
Willingboro  
Howard University (1964)  
Born: 1931  
Died: 9/12/2011  

Dr. James R. Paige  
New Castle  
University of Pittsburgh (1961)  
Born: 1931  
Died: 5/23/2014  

Dr. George A. Bullock  
Jamison  
University of Pittsburgh (1978)  
Born: 1952  
Died: 4/25/2014  

Dr. Alvin R. Williams  
Willingboro  
Howard University (1964)  
Born: 1931  
Died: 9/12/2011  

Dr. Neil L. Balick  
Lansdale  
Temple University (1970)  
Born: 1945  
Died: 5/6/2014  

Dr. Robert S. Korneke  
New Florence  
University of Pittsburgh (1982)  
Born: 1953  
Died: 4/26/2014  

Dr. Jerome C. Gorson  
Bala Cynwyd  
University of Pennsylvania (1945)  
Born: 1922  
Died: 4/24/2014  

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Donna J. GiAntonio, D.M.D. - Springfield, Pennsylvania  

Mohammad Okasha, D.M.D. has acquired the practice of  

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Wednesday, December 3, 2014

Jeffrey P. Olcese, DDS, MLC — Lexington KY — “What every dentist needs to know about Temporomandibular Disorders” — The management of temporomandibular disorders is a complex problem in dentistry. This complexity arises from the many different disorders that can be present as oral facial pain in the mandibular structures. In order to effectively manage TM disorders, the clinician must first be able to differentiate these disorders from other oral facial pain conditions. Diagnosis will be placed on a diagnosis that will likely result in treatment for each patient. The role of occlusion and pain is to be considered. Approaches to treatment varies and includes orthodontic, physical therapy and medical management. This course will benefit all practitioners. You will learn: To identify those pain disorders that will likely result in treatment from those that will not. The relationship between occlusion, bruxism and temporomandibular disorders. The most favorable occlusal position for restorative dentistry and why there is such controversy. And, the appropriate use of occlusal appliance therapy. Dr. Olcese is a graduate of the University of Kentucky College of Dentistry where presently is Professor and Chair of the Department of Oral Health Science and Director of the College’s Pain Management Center, which he established. This course is supported by educational grants from Dodd Dental Lab, Dentistry, Hayes Handpiece Repair, and P&BS.

Wednesday, January 14, 2015

Brian Novy, DDS, Loma Linda, CA — “Offensive Dentistry” — Let’s face it, sitting through a lecture about dental caries (usually sounding as if it sounds dangerously boring. However, the science of clinical cariology is beginning to have an impact on restorative techniques and technology. Endo peas and lasers have become popular choices, but comprehensive patient care involves a more complex approach, which will be covered. Appropriate use of the best tools with sophisticated restorative materials is the foundation of restorative dentistry. This course will benefit all practitioners. You will learn: To identify those pain disorders that will likely result in treatment from those that will not. The relationship between occlusion, bruxism and temporomandibular disorders. The most favorable occlusal position for restorative dentistry and why there is such controversy. And, the appropriate use of occlusal appliance therapy. Dr. Olcese is a graduate of the University of Kentucky College of Dentistry where presently is Professor and Chair of the Department of Oral Health Science and Director of the College’s Pain Management Center, which he established. This course is supported by educational grants from Dodd Dental Lab, Dentistry, Hayes Handpiece Repair, and P&BS.

Friday, April 10, 2015

David Horndak, DDS — San Diego, CA — “Functional Aesthetic Dentistry” — For the past decade, the search for toothless, beautiful dentition has been the goal of both the patient and the manufacturers. And coupled with the public’s quest for ideal aesthetics and a youthful, white smile; as the journey continues, it has also become more difficult. More difficult because our patients are more demanding for perfection today than ever before and more consumers demanding because of the vast array of new materials and options available to provide this care. Join Dr. David Horndak as he explores the options for aesthetic, metal-free dentistry for our patients in applications including smile design, posterior restorations, bridge applications, and full mouth rehabilitation. Discussion will include: updates of dental adhesive; ideal centration of the maxillary using the new resin cements; and addressing the new function play in our decision-making. Objectives and students covered will include: understanding the advantages of the new cements for aesthetic tooth restorations; the use of lasers in enhancing the aesthetic results; and evaluating the diagnostic wax-up, learning how to predictably choose the correct cements for different materials that enhance aesthetics and long term success; and understanding how we can truly be metal-free, even with porcelain bridges. This is a great course for the entire clinical team. Dr. Horndak addresses the faculty of many graduate programs in aesthetic or cosmetic dentistry, including those at Baylor University, UCLA, University of Southern California and UCLA. This course is supported by educational grants from Dodd Dental Lab, Dentistry, Hayes Handpiece Repair and P&BS.

Friday, May 8, 2015

Uche Odiatu, DDS, MD — Toronto, Canada — “The Wellness Advantage: the Value Added Practice!” — Want to add incredible value to your patient experience? There’s an avalanche of evidence demonstrating the link between your patients’ health with their lifestyle habits lack of sleep, stress, diet, physical activity, and general health. Patients appreciate the dental professionals who see the bigger picture & understand the relationship between the body, mind & mouth. You will gain new appreciation into the misaligned nature of the human body and the way every part is connected. Recognize the depressive tendencies in your patients. Discover how chronic fatigue influences like an active organ causer havoc throughout the body & mouth. Identify sleep & lifestyle habits that contribute to inflammation. Discover new lifestyle changes to add to your new patient exam. We’ll go into advanced strategies to create change in your patients’ daily health practices — and maybe yours! Across the board, your patients’ lifestyle cannot be ignored as you work at getting them to optimal health. From sedation to lighting (Is the Smiling of the New Smoking?) to managing stress, you will discover a new way of looking at how chronic inflammation and disease is supported by your well-intentioned patients. Understand why certain patients do not respond to your hygiene program. Spot wellness based on a new dimension to your overall treatment planning. Designing building strategies to get your entire office on board focusing on whole body health. Create a circle of influence & developing relationships with allied health professionals & get loads of referrals. Dr. Odiatu is an internationally recognized wellness & performance expert. This practicing dentist from Toronto is also an NDA certified personal trainer, a holistic lifestyle coach, and a professional member of the American College of Sports Medicine. Inside the whole dental team for this day of health. This course is supported by educational grants from Dodd Dental Lab, Dentistry, Hayes Handpiece Repair and P&BS.

Those taking the full DKU Series will receive both Bonus Courses

Thurs., October 24, 2014

BONUS #1: Stanley Malamed, DDS — “Emergency Medicine” at the Valley Forge Casino & Convention Center

Wed., Fri., March 4-5, 2015

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

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

FEES

Delco and Chester Society Members: Entire Series plus both bonus Courses: $695. Individual Courses: $195, 3 Courses: $530, 4 Courses: $615

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

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

Staff members accompanied by a doctor will be $99 per course per person with reservations at least one week in advance. $110 per course per person at door. (Register online to avoid $20 fee). 

For information please contact: DKU • c/o Barry Cohen, DMD • 6750 Township Line Rd • Drexel Hill, PA 19026 • 610-449-7002 • DKU/Dental.com

38 JUL/AUG 2014 | PENNSYLVANIA DENTAL JOURNAL
The Affordable Care Act (ACA) is a concoction of mandates, regulations and subsidies designed to increase Americans’ access to quality care with limited costs. These ingredients, however, seem to confuse and frustrate those who try to improve their understanding of this bureaucratic recipe. We share your frustration, and that is why we continuously monitor the ACA’s implementation.

The ACA impacts all states, federal agencies, insurance companies, health providers, employers and consumers. It’s impossible to escape this mammoth system and pointless to predict its evolution. Pennsylvania is just one example. It’s a large state that must respond and adapt to shifting demographics, health care costs and unforeseen actions taken as a result of the ACA.

In order to better understand the ACA’s role in Pennsylvania, we recommend reading the online report, “Beyond the Website: The Early Implementation of the Affordable Care Act in Pennsylvania.” The report, which can be found on the Fels Institute’s website, provides a synopsis of the many topics discussed during the conference. The report also serves as the most comprehensive examination to date of Pennsylvania’s implementation. It addresses such topics as the cost and quality of health care plans offered in each county, along with a comprehensive review of the Small Business Health Options Program (SHOP) exchange, which businesses can use to provide medical insurance to their employees. Please visit the following link for more information: https://www.fels.upenn.edu/sites/www.fels.upenn.edu/files/aca_final_feb_6.pdf.

In order to better understand the health care law, PDA staff recently attended a conference (“Obamacare: What’s True? What’s False? What’s Next?”) hosted by the Fels Institute of Government at the University of Pennsylvania.

Since August 2013, the Fels Institute and the Rockefeller Institute at SUNY-Albany have co-sponsored a national network of researchers in 35 states studying the ACA. The research project’s preliminary findings were discussed during the conference.

The speakers’ first round of studies focused on western states, including Colorado and California. Both states have embraced the ACA, believing its regulatory framework will improve transparency. All speakers acknowledge, however, that enrollment in the ACA will become more expensive in the near future.

Among the panelists at the conference were Dr. Elaine Kamarck (Brookings Institution), Dr. Stuart Butler (The Heritage Foundation), E.J. Dionne (The Washington Post), and Joe Klein (TIME Magazine).

Panelists reported that states that operate their own marketplaces are more successful than deferring to the federal government. Pennsylvania is one of those states whose exchange is run by the federal government. Additionally, Governor Tom Corbett is promoting his own statewide plan, named Healthy Pennsylvania. Insurers in Pennsylvania are expressing strong interest in this plan, which would extend private health insurance to hundreds of thousands enrolled in Medical Assistance. This extension would be funded with Medical Assistance dollars. The federal government must first approve Gov. Corbett’s plan before its scheduled implementation on Jan. 1, 2015.

In order to better understand the ACA’s role in Pennsylvania, we recommend reading the online report, “Beyond the Website: The Early Implementation of the Affordable Care Act in Pennsylvania.” The report, which can be found on the Fels Institute’s website, provides a synopsis of the many topics discussed during the conference. The report also serves as the most comprehensive examination to date of Pennsylvania’s implementation. It addresses such topics as the cost and quality of health care plans offered in each county, along with a comprehensive review of the Small Business Health Options Program (SHOP) exchange, which businesses can use to provide medical insurance to their employees. Please visit the following link for more information: https://www.fels.upenn.edu/sites/www.fels.upenn.edu/files/aca_final_feb_6.pdf.
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In general, following the unexpected death or disability of a dentist, practice value immediately begins to decline approximately 25% per month until a transition occurs. Unfortunately though, it could be weeks before a grieving loved one contacts the appropriate professionals to begin the search; and then additional weeks if not months before a proper transition is completed. By then, the practice could have little to no value remaining.

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F: 877.641.0808

Jason Gamble, MBA
Western PA Representative
877.365.6786 x229
j.gamble@NPTdental.com
**University of Pittsburgh**

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

*September 26*
A Review of Radiologic Procedures for the Dental Professional: DEP Recommendations
Jill Beach, RDH, MS
Marie George, RDH, MS

*October 3*
Restoration of Complex Denture, Fixed and Implant Patients – Pitfalls to Avoid
Carl Driscoll, DMD

*October 10*
The Phantom of the Operatory - An Overview and Update in Pharmacology for Dental Professionals
Thomas Viola, R.Ph., C.C.P.

*October 17*
An Introduction to Rotary Molar Endodontics: A Hands-On Simulation Patient Experience
Marin Mandradjieff, DMD, Med
Herbert Roy, DMD

*October 24*
Concise Up-to-Date Information in Treating Patients with Cardiovascular Disease – Plus Treating Yourself to a Healthier Lifestyle
James Lichon, RPh, DDS, NCCM

*October 31*
Current Concepts in Clinical Geriatrics for the Dental Team
Stephen Shuman, DDS, MS
Peg Simonson, RDH, BS

*November 14*
Infection Control Is Not Optional: Dental Practitioners Need to Be Involved (morning session)
Open Wide: Let’s Look Inside (afternoon session)
Louis DePaola, DDS, MS

*December 5*
Modern Material Science and Technology: Using Products to Enhance Restorative Success
Sabih Buneq, DDS

**Temple University**

Contact: Nicole Carreno
(215) 707-7541
(215) 707-7107 (Fax)
nccarreno@temple.edu
Register at dentistry.temple.edu/continuing-ed

*September 12-14*
Bender Seltzer and Grossman Academic Review of Endodontontology
Course Director: Dr. Cemil Yesilsoy;
Speakers: Drs. Eleazer, Foudad, Hersch, Holland, Hutter, Keiser, Khan, Pringle and Trope

*October 10*
Orthodontic Diagnosis and Treatment Planning for the General Dentist
Harold Slutsky, DMD

*October 24*
The Full Crown Preparation (Hands On)
Joseph Breitman, DMD, MS, FACP

**University of Pennsylvania**

Contact: Pamela Rice
Administrative Secretary
(215) 573-6841
pamrice@dental.upenn.edu

*October 10*
Department of Orthodontics
61st Annual Alumni and Friends Meeting
Accelerated Osteogenic Orthodontics
Course Directors:
Chun-Hsi Chung, BDS, DMD, MS
Peter Greco, DMD
www.dental.upenn.edu/pennorth02014

*October 24-25*
ARONJ: An Update
Course Directors:
Anh D. Le, DDS, PhD
Thomas P. Sollecito, DMD, FDS RCSEd
www.dental.upenn.edu/ARONJ2014

*November 8-9*
Endodontic Retreat:
Surgical/Non-Surgical Management
Course Director:
Syngcuk Kim, DDS, PhD, MD (hon)
www.dental.upenn.edu/endoretreat2014

**Chambersburg**

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

*October 3*
Drugs in Dentistry—Including Herbas and Natural Products
Richard L. Wynn, PhD

*November 14*
Diagnostic Considerations and New Treatment Options for Difficult Restorative Cases
Edward M. Feinberg, DMD

**Wellsboro**

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

*September 12*
Composites: Better, Faster and Easier
James C. Hamilton, DDS

*October 24*
OSHA, Infection Prevention and HIPAA Compliance
Mary Govoni, CDA, RDH, MBA
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<td>September 7</td>
<td>Avoid Liability; Know Your Patients’ Medications and Their Impact on Dental Treatment!</td>
<td>Harold Crossley, DDS, MS, PhD</td>
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<td>December 3</td>
<td>What Every Dentist Needs to Know about Temporomandibular Disorders</td>
<td>Jeffrey P. Okeson, DMD</td>
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<td>January 19-20, 2015</td>
<td>Advanced Guided Surgery with Zygoma</td>
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<td>June 1, 2015</td>
<td>All-On-4 and More</td>
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<td>Dental Assisting in the Implant Practice</td>
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Associateship or Associate to Partnership in Lancaster. Large group dental practice. Income potential of $150,000 to $300,000 plus. Must be a multi-skilled, excellent dentist. This may be one of the best dental practices in the state! Call (717) 394-9231 or email SJRDMD@aol.com.

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

Practice Available
Due to a retirement an operating office with fixtures and dental equipment is available in Lords Valley, Pike County, PA. A new lease is required for the 1,300 s/f office in a Weis grocery anchored shopping center. Call Pete at (609) 790-7718 pnicholson@metrocommercial.com.
Dental Office for Sale
Very modern dental office in Berks County. Four (4) treatment rooms with digital radiography, Dentrix computer, staff lounge and large sterilization area. Free-standing building on large lot. Much expansion available. Will sell practice with or without building. No brokers please. Call (610) 324-6897 or email berkscountydental@gmail.com.

For Sale
PITTSBURGH, EASTERN SUBURBS. Established General Practice in free-standing architecturally-designed professional building; 3 ops + hygiene. FFS and INS based. Yearly gross consistently $560,000+ on 4 day work week. Owner wants to stay to assist with transition. One third of financing cost can be borne by seller. Excellent turn-key operation. Much opportunity for growth. Building is also available for sale. Please respond to PDA Box M/A 1.

For Sale
General Dental Practice Northeast Philadelphia. Established practice at same location for 61 years. Presently two operatories but has room for expansion. Excellent opportunity for an energetic business-minded doctor to build a close-knit neighborhood practice. Please call (609) 280-2768.

Dental Practice for Sale
Established 23 years. Located in growing Butler Twp., Luzerne County, PA. 4 large operatories, plus room to expand. Large white brick ranch on 3/4 acre. Owner will stay to introduce (570) 788-7010.

For Sale
Well established 20 plus year general practice in beautiful modern office using Dentrix and digital radiography. Stunning center city Philadelphia views from a 3 operatory office. Strong hygiene program with over 1,700 active patients and over $620,000 on gross collections in a 3 day week. Please call (267) 973-9567 or centercity.dental.sale@gmail.com.

Space Available in Havertown 19083
State of the art dental office located on a busy intersection. 3 operatories, business area, private office. Space available Monday, Tuesday afternoon/evening, Thursday, Friday and Saturday. Please phone (610) 283-3902 or email tlcgdent@comcaast.net.

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CLASSIFIED ADVERTISEMENTS continued

**PRACTICES FOR SALE**


LEHIGH VALLEY DENTAL PRACTICE FOR SALE

Well established and modern cosmetic & family dental office with 4 ops and over 3,000 active patients. Great location, patients and staff. Practice has much positive growth opportunity.

**Confidential information RNR4155@gmail.com or call (610) 217-5507**

For Sale

Montgomery County - Great location! Upscale area. Open 3 days - 900 s/f leased space. Fee for service. 3 ops. Contact Donna Costa (800) 988-5674, Donna.Costa@henryschein.com. #PA127

For Sale


PRACTICE SALE

Philadelphia County - Well estab. P/T practice (2 days), 3 ops, great location! Digital X-ray. Newer equip, participating with several higher end PPO’s. Motivated Seller. Contact: donna.costa@henryschein.com or (800) 988-5674. #PA120

PRACTICE SALE

Philadelphia - Nice opportunity in great location! 2 ops + 1 add'l. 50% profit - working 25 hours/wk. Leased space. Contact: donna.costa@henryschein.com or (800) 988-5674. #PA124

**WESTERN PENNSYLVANIA / GREATER PITTSBURGH AREA**

Numerous practices available for sale with collections ranging from $125,000 to $6,200,000:

PA (if's are collections): GENERAL DENTIST - Beaver Valley $225,000, Clarion County $630,000, Cranberry Township $300,000, Indiana County $400,000, Pittsburgh and surrounding area $2,500,000, Pittsburgh-Airport area $280,000, Pittsburgh-North Hills area $300,000, South Hills $1,100,000, State College $460,000, West Mifflin $480,000.

PERIODONTIC - East Pittsburgh Suburb $125,000, Tri-State area $600,000.

PEDIATRIC - East Pittsburgh Suburb $400,000.

OUTSIDE OF PA PERIODONTIC: San Antonio, Texas $6,200,000, Odessa, Texas $2,100,000.

We offer formal Valuation Services in case of divorce, business planning, estate planning, retirement planning, help in determining exit strategy, partner "buy out", etc. As always, we treat these matters with the highest amount of confidentiality and any contact with United Dental Brokers of America will be kept completely confidential.

Please contact Bob Septak at (412) 931-1040 or email Bob@udba.biz. Register your email address at www.UDBA.biz for up-to-date notification of new dental listings.

South Hills

Fee for service General Practice, great patient base established over forty plus years, low rent with three well designed open concept treatment areas. Gross collections over $260,000/year. Contact PDI at (412) 373-7044 for confidential information.

For Sale

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

For Sale

General Dentist Retiring - 500K gross, 4 ops, apt. upstairs, parking lot on doctor’s row. Huntingdon with Juniata College and Lake Raystown. Turnkey: reduces to $225,000 for the lot. Owner is very flexible for transition. Reply: drezeke1974@verizon.net

Indiana, PA

What a great environment to raise a family and take advantage of entertainment and educational programs offered by Indiana University of Pennsylvania. The practice is grossing over $500,000 per year and the new doctor could easily recognize $185,000. The office suite can be purchased when the time is right. The practice is uniquely positioned for a tremendous amount of growth. Contact David A. Moffa, DMD, MAGD, (724)-244-9449 or dmoffa@paragon.us.com to learn more.

Practices Available/Western Pennsylvania

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

Rent Dental Office Space (Main Line)

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

FOR SALE
Ligonier-Latrobe area. Active general practice. Excellent facility, modern equipment (digital), staff, patient base, opportunity. PROFESSIONAL PRACTICE PLANNERS, 332 Fifth Avenue, McKeesport, PA 15131, (412) 673-3144, (412) 621-2882 (after normal hours), stanpoll@aol.com.

For Sale
Westmoreland County. Active general practice. Excellent facility, patient base, opportunity. PROFESSIONAL PRACTICE PLANNERS, 332 Fifth Avenue, McKeesport, PA 15132, (412) 673-3144 or (412) 621-2882 (after normal hours), stanpoll@aol.com.

FOR SALE
Schuylkill County. Active general practice. Excellent facility, staff, patient base, opportunity. PROFESSIONAL PRACTICE PLANNERS, 332 Fifth Avenue, McKeesport, PA 15132, (412) 673-3144, (412) 621-2882 (after hours), stanpoll@aol.com.

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

Practice Transitions
If you are considering VALUING – SELLING – BUYING – MERGING – ARRANGING ASSOCIATESHIP – EXITING PRACTICE, contact the Transition & Valuation Specialists: Professional Practice Planners, 332 Fifth Avenue, McKeesport, PA 15132. (412) 673-3144 or (412) 621-2881 (after hours) or stanpoll@aol.com.

Practice Sale/Purchase
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