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The Role of Senior Dentist: Ethical and Risk Management Considerations

By Kathleen M. Roman, M.S.

Shortly after graduation from dental school, Dr. A was offered a job in the office of general dentist Dr. B. During the interview process, Dr. A had been candid about the fact that her husband was completing a medical residency and that her family would likely be leaving the state within the next 18 months. Dr. B was willing to accept a short-term employee, and both parties agreed to the arrangement.

While confirming the job offer, Dr. B had stated that he would pay for Dr. A’s professional liability insurance. He assured her that he would purchase a policy from the same insurance carrier that he used. Subsequently, Dr. A inquired about the status of the insurance policy and was told that it had been taken care of.

At the end of her husband’s residency, Dr. A resigned from Dr. B’s practice and she and her family moved to another state. Six months later, Dr. B was sued by an angry patient. Dr. A was also named as a defendant. Dr. A contacted her previous employer’s office and attempted to obtain a copy of her insurance policy, but no one responded to her requests.

During this same time period, Dr. A was in negotiations for an associateship. Her

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President’s Message

By Dr. Terry Norris

The Perception of Dentistry

When I was in Junior High School, I decided on a career in dentistry, due to a keen interest in science and a desire to help people. Of course, in the back of my immature, adolescent mind I probably imagined that this future occupation would make me rich, allow me to work my own hours and to play golf any time I wanted. Fast forward forty-six years; thankfully, the interest in science and the desire to make a difference in people’s lives panned out, but the golf game is dismally rusty! The dentists I know are not rich by Mitt Romney or Barack Obama standards, but we do have a good standard of living. As I recently told the University of Louisville School of Dentistry graduates, they may not become wealthy, but they will still earn at least 90% more than the patients they treat. Realizing where we stand socioeconomically is a good basis to determine what we will do with the gift God has given us.

A funny story happened in my office years ago. A patient my age asked me if I drove a Mercedes. I told him no, whereupon he emphatically concluded that it must be my wife who drove the Mercedes. I told him that I wasn’t married (which was true at that time) and pointed toward my used Ford Ranger parked out back. The guy was duly embarrassed as he drove off in his son’s BMW. We have retired out-of-state dentists who have testified in Frankfort that dentists are self-serving, rich, fat cats, and we have retired dental educators who espouse socialized medicine. As I recently told UK’s dental students, “I was a self-made man. I don’t buy into the notion that ‘their’ dentist is giving up time to help others. This publicity can only aid in the positive perception of our profession. Additionally, if the newspapers report ‘their’ dentist is giving up time to help others.’

This is where the charitable aspect of dentistry comes into play. The KDA did well in Frankfort getting our non-covered services language inserted and passed after a three-year struggle. This fight did not come cheaply. Political capital was used and pay backs will be expected. In my estimation, this is backwards and it is one thing I wish we could change, as KDA members. Most groups, including us, are reactive, meaning we scamper to come up with answers or fight opposition. Just imagine what would happen if we were (more frequently) in the limelight, helping others and creating goodwill within our communities and state. It would be very difficult for our legislators to say no to us when we need help.

There are numerous dental groups around the state that do provide significant charitable work. We are all aware of the RAM clinics in Pikeville and Somerset. Since I have written this, the RAM clinic in Pikeville has just been completed; they saw about 650 patients and had several hundred volunteers. Over $291,000 in free care was provided. Thank you to the U of L students and faculty and UK residents for their help, and also to Dr. Bill Collins for coordinating this endeavor. Also, Dean Turner told me that UK will have faculty and students at the RAM clinic in Somerset this fall. If anyone is interested in helping at Somerset please contact Steve Hieronymus. He is the event coordinator for Somerset. These two clinics have a tremendous impact on the citizens in these areas.

Ongoing dental missions in Frankfort, Lexington, Bowling Green and Owensboro have operated for several years. Additionally, B.J. Moorhead and his colleagues provide “dental health days” for the residents of Fleming County, and I am sure there are many who volunteer in their own communities. Our dental clinic, here in Owensboro, has received almost yearly recognition in the local newspaper. Patients bring in the clippings and express thankfulness that “their” dentist is giving up time to help others. This publicity can only aid in the positive perception of our profession.

I apologize in advance for being unaware of other free dental health initiatives in our state and implore you to contact me or Melissa in the KDA office at 502-489-9121 or 800-292-1855 or melissa@kyda.org to let us know what is happening in your community.

I am reminded of the Bible verse that says, “To those much has been given, much is required”. We have a great group of dentists within the KDA and I am always humbled by the camaraderie when one of our members is in need. Let’s extend this, more often, to the community level. To those who are volunteering, heartfelt thanks is in order. To those who are not involved, take time to look around your community and see where you can make an impact. In turn, your life will be impacted.
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What Do We Want?

By Dr. John Thompson

I am writing from the Battlefield Bed & Breakfast on the Emmitsburg Road in Gettysburg, Pennsylvania, checking off one more line on my bucket list. Last month marked the 149th anniversary of a battle that truly determined the outcome of the American Civil War. Of course, we can’t even agree today on what to call that war. Was it the War of the Southern Insurrection as it is called in Woodstock, Vermont or the War of the Northern Aggression as it is disaffectionately termed in Vicksburg, Mississippi? Historians would generally agree that while slavery was the root cause of this conflict, it was the concept of states’ rights that provided the passion that led to the firing on Fort Sumter in April, 1861. It was passionate belief in disparate causes that propelled 51,000 men to lay down a blood sacrifice on this now tranquil rolling countryside of this Pennsylvania village. These were men who otherwise shared common European ancestry, language, faith and often kinship and were led by great generals who had fought as comrades in the decade before.

The passionate “hot button” of today is universal healthcare. The question is now not that healthcare should be available to everyone, but what should it look like and who pays for it. Reacting to the recent Supreme Court decision, the ADA has stated on June 29th that the Affordable Care Act, “…could expand dental coverage to millions of additional children, many of whom have suffered with untreated dental disease… However, the court’s ruling further diminishes the likelihood that tens of millions of low-income adults will gain better access to dental care.”

The ADA further states that low-income adults, “…will face such barriers as poverty, poor health literacy, cultural and language distinctions, geographic locations and lack of access to fluoridated drinking water that prevent them from achieving good oral health. Each of these barriers must be overcome if our communities are to obtain an acceptable level of oral health.” I am proud that the organization that represents my profession can make statements that represent what is good about this profession. What is beginning to concern me is that the ADA has to be defensive too often. In just the last week of June, there were less than favorable commentaries in the Bloomberg Report’s “Dental Abuse Seen Driven by Private Equity Investments”(2), The Wall Street Journal’s “The Health PAC to Watch? Dentists”(3), and PBS Frontline’s “Dollars and Dentists”(4).

It does not take too many credible reports such as these to give the entire dental profession a black eye. Bloomberg and PBS are pointing fingers at a specific segment of the profession, private equity investment-owned dental management corporations, but it is against a backdrop of an unmet need for both available and affordable oral health care services. Medicaid is portrayed as a victim by both Bloomberg and PBS, but PBS points to one nonprofit corporation that is making a significant difference in Alabama. Generous air time was given to the success that Sarrell Dental has achieved in partnering with Alabama Medicaid services. According to the PBS report, Sarrell has been able to provide quality dental care for children covered by Alabama Medicaid and remain profitable, while depending on a cash flow generated from Medicaid reimbursement. The PBS report had interviewed ADA President William Calnon extensively, but the only segment aired was regarding the ADA’s position on projects that would train non dentist providers of dental services.

It was after viewing and reading the online background of the PBS Frontline program that I choose to contact Jeff Parker, CEO of Sarrell Dental. I was very impressed with Jeff’s candid response to questions I posed with regard to their operations and relationships with both the Alabama Board of Dental Examiners and the Alabama Dental Association. It was then that I asked Jeff Parker to prepare a feature article for KDA Today. It has been my experience that management is not terribly difficult when profit margins are generous enough to cover budgeting mistakes. It is extremely difficult to manage when profit margins are as narrow as Medicaid reimbursements dictate. I am fascinated by the business model that Jeff Parker and his management team have adopted to be able to provide this service. I hope you will read our feature article, “Sarrell Dental: Beyond the Operatory” with an open mind to new possibilities in the provision of dental services for underserved children that are actually provided by licensed dentists.

I read the Wall Street Journal compulsively and I am not surprised to find occasional articles that involve dentistry, but most do not impress me as particularly negative. The June 23rd article by Alicia Mundy opened with, “In election years, low profile industry lobbies get a chance to be major political players. This time it is the dentists’ turn.” I liked that.

continued on page 6
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Did You Know…

The following publications are available, free of charge for member dentists, through the KDA office by calling 1-800-292-1855 or 502-489-9121:

Membership Brochure – Why Should I Join Organized Dentistry?
This is a brochure produced by the ADA and the KDA as a recruiting tool that explains the benefits of being a member of organized dentistry to non-member dentists.

Down the Stretch They Come! A survival guide for recent dental graduates.
Sponsored by the KDA’s Membership Steering Committee, this publication provides a comprehensive resource for recent dental graduates to assist them in starting up a new practice.

In the Event: A Spouse Survival Guide
Sponsored by the Alliance to the Kentucky Dental Association, this kit was created to ease the burden of responsibility concerning necessary estate and dental practice decisions that might be left to the spouse of a recently deceased dentist.

Be a Quitter!
This is a smoking cessation assistance brochure produced for the general public by 1-800-QUIT-NOW for the US Department of Health & Human Services. Limited supply is available.

Tapper says…SmileKentucky!
Sponsored by SmileKentucky!, Delta Dental and the KDA, this is a fun, four-page oral health education workbook geared toward elementary school children.

Do You Have Soda Pop Tooth Decay?
This publication was created for SmileKentucky! by the KDA as an oral health education tool specifically for teens and adults, especially those who might benefit from education about the dangers of drinking too many sodas and fruit drinks that are high in sugar and acid, which may not only promote tooth decay, but may enhance other health problems, such as obesity, diabetes, high blood pressure and acid reflux disease.

What Do We Want?, continued
We are definitely getting a bang for our buck. The trouble is that success does draw attention and dentistry is now in the spotlight. KDA TODAY was able to purchase reprint permission from the Wall Street Journal for this article to appear in its entirety in this issue on page 13.

Mundy says, “The flood of money raises a question. What do they want? The Wall Street Journal says that we want to preserve our monopoly on ‘fixing cavities and are battling to prevent other health care providers from doing ‘drill and fill’ or setting up their own teeth-cleaning practices.” Citing recent studies, her position is that dental therapists have “worked effectively for decades” in Great Britain and New Zealand and more recently are providing safe competent care in Alaska. She does concede that only Alaska and Minnesota allow what she terms midlevel dental-care providers. The press has apparently adopted the position that the dental profession cannot or will not meet the needs of significant segments of our society. If perception is reality, we must articulate solutions in providing both access and care for an underserved population.

Sound management principals do not generally include just throwing more people at a problem. I think the ADA clearly defines the root problems, but has not overcome the public perception that “drilling and filling” is the singular solution. The dental profession has, in itself, many facets and there are many ideas being proposed. We must, as a profession, look at all the options we, as the “dental experts”, can provide and how we can ally with both private and public resources. I have never seen the ADA Newsletter that allows Ms. Mundy and the Wall Street Journal to say that our lobby effort is to “keep well intentioned fools from doing stupid thing to dentistry”, but such a posture will do little to win friends and influence people.

We cannot secede from the healthcare revolution like we were able to do in 1965 when we opted out of Medicare. We are an integral part of a system that dwarfs us as a profession. We are no longer a homogenous-white-male-dominated solo practitioner profession. Dentistry has achieved a great deal of both racial and gender diversity for which it can be proud. We have also evolved into a profession that has contemporary business models, including community-based clinics, group practices, corporate dental management groups and non profits with a diminishing base of solo practitioners. Each brings a different perspective to our own internal discussions. I don’t think we have time for passionate belief and disparate causes to separate us. We cannot be content to articulate only what we don’t want. We must be clear in defining reasonable solutions, so that we can be absolute and positive when we are asked the question, what do we want?


What’s Your Passion?

KDA TODAY would like to know what floats your boat outside of dentistry! We are quite anxiously waiting to receive more articles from our members about the things they like to do to rejuvenate their psyches! Please send your stories to Dr. John Thompson at thompson.tll@gx.net or to Melissa Nathanson at melissa@kyda.org.

We really want to hear from you!

Mission Statement of the KDA

The mission of the Kentucky Dental Association is to serve, enhance and represent all aspects of the dental profession in Kentucky and to promote the oral health of the public we serve by:

- Maintaining a public voice supported by a high level of active membership.
- Providing a high level of support and services for our membership.
- Promoting the delivery of ethical care based on both established and emerging scientifically sound principles.
- Being the advocate for the dental profession and oral health in public and governmental arenas.

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Editor’s note:
Why does this work?
This was the question I asked myself following the PBS Frontline presentation “Dollars and Dentists” which featured a nonprofit operation in Alabama. How can you operate a profitable dental clinic based primarily on Medicaid reimbursements? I decided to contact Sarrell Dental’s CEO, Jeff Parker, and get answers beyond the television report. I was not interested in clinical operations, as their track record speaks for itself. I wanted to know the business model that allows them to be successful on margins that are foreign to solo dental practices. Our conversation led me to ask Jeff Parker to prepare a feature article for KDA TODAY. To meet the projected expansion of Medicaid in Kentucky we are going to have to begin looking at new practice models and Sarrell Dental is a work in progress. John A. Thompson, DMD

Recently, Sarrell Dental has been thrust into the national spotlight through our appearance on PBS’s Frontline special, “Dollars and Dentists.” Following the special, I was contacted by Dr. John Thompson to discuss our methods, and he has given me the honor of writing this article exclusively for the Kentucky Dental Association.

Background
Sarrell Dental is a 501(c)(3) non-profit, incorporated entity. We follow the basic structure of most public hospitals, in that they are governed by a board of directors charged with maximizing the benefit to and the care received by the community. No board member is compensated for their service on the board. Several dentists were instrumental in founding Sarrell Dental, and three of our current board members are dentists. Sarrell was founded by the Cornell-educated cardiologist, Dr. Warren Sarrell, who is also the current board chairman. As with many hospitals, Sarrell Dental’s CEO is not from the medical profession.

Today, Sarrell Dental has progressed to fourteen brick-and-mortar office locations, and operates a mobile dental bus that visits schools throughout the state (of Alabama). We are a self-sustaining non-profit, meaning we do not rely on grants or cash donations. We operate primarily from Medicaid and CHIP reimbursements.

Clinical
Our success speaks for itself. We have had 30 consecutive quarters of record patient growth. We have experienced over 350,000 patient visits without a single patient complaint to the Alabama Board of Dental Examiners. Our average reimbursement per patient visit has decreased from $328 in 2005 to $131 in 2011 (See Figure 1, page 10). Please remember, this is not a Medicaid reimbursement number. It includes all work and all reimbursements we receive, including the higher reimbursements from CHIP and specialty work we do, such as oral surgery.

Best of all, in every Medicaid audit we have had, we have never paid back a single penny. The longer an office is open, the lower the reimbursement per, patient visit (See Figure 2, page 11). We believe this proves we are eliminating caries among the poorest children in some of the poorest counties in the United States. If these numbers do not convince you that we run a caring, quality dental practice, nothing I write further will convince you otherwise.

Our offices look much like yours, with KaVo handpieces, electronic health records, digital panographs, etc. We also take every patient’s blood pressure and temperature and record their height and weight, giving a copy of this information to the parent. Like most hospitals, Sarrell Dental maintains a very clear distinction between clinic management and business management. Only dentists set treatment plans and determine what will be done, or will not be done, with their patients.

To us, the standard of care is the standard of care and it is never compromised. We have a Chief Dental Officer who regularly audits every dentist’s work. He sends them a written evaluation of what he observed and if improvement is needed. All dentists report directly to our Chief Dental Officer.

The Sarrell Model and Its Success
So what differentiates our practice from yours? Clinically, there is little difference. The difference is in the business model. This is why out-of-state
dentists come to visit our offices. As an example, in the next thirty days from this writing, we will be visited by representatives from an East Coast dental school and a Midwestern dental school, along with two multi-dentist private practices from outside Alabama. They are not coming to learn how to fill a cavity. They come because they realize our differentiating factors are on the business side.

Sarrell Dental’s first differentiating factor is how we view our patients. As noted in the Frontline piece, Dr. Cesar Sabates, the immediate past president of the Florida Dental Association stated, “Dentistry is, in fact, a business.” We agree with Donna Hyland, CEO of Children’s Healthcare of Atlanta. She is an ex-Home Depot executive now running one of the nation’s premier healthcare organizations. In her July 8, 2012, interview with the Atlanta Journal Constitution she stated, “The customer is No. 1, 2, and 3.” Her patients, our patients and your patients are also customers. Customers have choices and they speak with their feet. They choose where to grocery shop, where they bank, and what dentist to see. We must be open when it is convenient for them. We are open six days a week, 8 a.m. to 6 p.m., every week in our larger locations. Other offices are also open when it is convenient for our customers. For instance, some have hours of 10 a.m. to 7 p.m. We stay late until the last

continued on next page

American Dental Association Statement on PBS Frontline’s ‘Dollars and Dentists’

CHICAGO, June 27, 2012 (GLOBE NEWSWIRE) -- The American Dental Association appreciates the mounting media interest in what Surgeon General David Satcher, M.D., famously called a “silent epidemic” of oral disease. Unfortunately, the situation has improved little since Dr. Satcher wrote those words in 2000. The needless suffering caused by untreated dental disease that could have been prevented or easily treated in its early stages is unacceptable. Coverage by PBS’s Frontline and other media can increase awareness of this ongoing tragedy and, we hope, the political will to do something about it.

We also are concerned, however, that Frontline’s focus on allegations of Medicaid fraud and abuse may create negative and erroneous impressions about the larger sphere of Medicaid providers. Of course, any dentist in any practice setting should adhere to the profession’s self-imposed ethical standards, and should be subject to the laws and regulations of the state in which he or she practices. But we must not let a few bad actors tarnish the work of thousands of honest, caring dentists who treat Medicaid patients, often for breakeven or even negative revenues. They do so because they feel a responsibility to provide care to people whose economic circumstances would otherwise prevent them from receiving it. Further, many dentists who cannot afford to participate in Medicaid or wrestle with its often onerous paperwork instead treat needy patients for free. One estimate has U.S. dentists providing some $2.6 billion in free or discounted care in a single year.

There are right ways and wrong ways to improve access to dental care in America. The right way is to understand that while oral health care is essential, the ultimate goal is oral health. The right way is to recognize that there are multiple barriers that impede tens of millions of Americans from attaining optimal oral health, including geography, culture, language, poverty and, in the larger sense, a societal failure to value oral health. Taking on just one of them won’t work; we must continue to approach the problems holistically. The wrong way is to invest solely in therapist programs that other countries have used for decades, with little appreciable effect on their rates of oral disease.

The country will never drill, fill and extract its way to victory over untreated dental disease. A public health system based primarily on surgical intervention in disease that could have easily been prevented is ill conceived and doomed to fail. Community water fluoridation, school based clinics that provide dental sealants to children, rebuilding the tattered oral health safety net, improving health literacy, and educating the public in basic preventive behaviors all will dramatically improve the health of those suffering with untreated disease and, more important, stop disease before it starts. Until we reorient the focus toward these proven measures, the country will fail to meet the needs of those who face the greatest barriers to good oral health.

For more information, contact Robert Raibleraibler@ada.org202-789-5607

About the American Dental Association

The not-for-profit ADA is the nation’s largest dental association, representing more than 157,000 dentist members. The premier source of oral health information, the ADA has advocated for the public’s health and promoted the art and science of dentistry since 1859. The ADA’s state-of-the-art research facilities develop and test dental products and materials that have advanced the practice of dentistry and made the patient experience more positive. The ADA Seal of Acceptance long has been a valuable and respected guide to consumer dental care products.

The monthly The Journal of the American Dental Association (JADA) is the ADA’s flagship publication and the best-read scientific journal in dentistry. For more information about the ADA, visit the Association’s website at www.ada.org .

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patient is seen. Yes, that poses a hardship for our staff, but we are there for the child, our patient, our customer.

A second differentiating factor is talent. We aggressively recruit for the best young talent, not just in Alabama, but also the nation. We regularly hire top of their class undergraduates, MBA’s and MBA/JD’s. If an undergraduate working for us wants an MBA, we pay for it. If one of our staff gets into UAB Dental School, we pay for it. How does a non-profit in rural Alabama attract such talent? That’s easy. Great talent only wants to work with great talent. Why do the University of Kentucky and University of Louisville basketball teams generally have top recruiting classes each year? It is simple; the best want to play with the best and to be part of a winning team. Just as important, I believe most of us want to do something positive for society. Many in my generation contemplated the Peace Corps, until we found out the pay and living conditions. At Sarrell, we pay well, and you have the opportunity to advance, not based on your age or seniority, but strictly by your ability. Moreover, you are progressing while helping American children who lack access to dental care. It is a very compelling call for many young people.

A third differentiating factor is buying power. We do not get buying power from being a non-profit. We get buying power because of our scale and the ability to buy in very large quantities. Early on, we hired a top sales person from a very large dental supplier. We got an idea of the industry margin structure. We told all four major suppliers in our area, “We do not want donuts, Alabama football tickets or free golf. We do not even want you in our office disrupting our staff. All we want is the best price and service.” This came as a shock to all four. Now, we have our supply and equipment costs down to industry lows and we use automated ordering. Automated ordering reduces paper, obsolescence of supplies, allows for JIT inventory and maximizes cash flow.

A fourth differentiating factor, and what many respected clinicians who visit us say is the most important, is our dental education and outreach. We regularly, at our expense, pay retired dentists to screen Alabama school children. Please note: we screen every child, regardless of income, who presents with a consent form. We then do our utmost to ensure every child who needs care is referred to a dental home. This is a very complex and elaborate program involving a Sarrell community outreach person in every community where we have an office. We make certain all consent forms are filled out properly and we work with the school nurses, administrators, and teachers to screen and educate the 50,000+ children we reached in 2011.

We work closely with Head Start programs. In fact, we were named Alabama’s Head Start Corporation of the Year in 2010. We screen and educate their children and provide pro bono work to pregnant Head Start mothers who lack dental insurance. We are at health fairs, community health meetings, Boys and Girls Clubs, PTO’s, etc., and educate not only children, but also their parents. We put on free football, basketball, and soccer camps for all children throughout Alabama.

Our fifth differentiating factor is our call centers. Callers are not simply someone in a converted broom closet running down a list of numbers as quickly as they can, or someone at the front desk trying to call, bill insurance, and assist patients at a check-in window. Our callers are mostly college graduates, or college students working part-time. They must be personable and likeable on the phone, and must understand the needs of the dental office. Stacking names up on “the book” will merely grind an office to a halt. Our callers must schedule intelligently and know how long each procedure will take. They must also build a rapport with the family, often through only the telephone. It is a difficult task, and it requires a special personality. Some people have questioned the need for a dedicated caller, but some simple math shows just how valuable they are. For example, if the average chair utilization rate is 50% for Medicaid patients,
and a dentist has twelve blocks of time in a day (forty minutes per patient), then the dentist has wasted over four hours of time, through no fault of his or her own. Using Sarrell's nationally low reimbursement per visit figure of $131, if a caller can simply move the show rate to 67%, or two additional patients per day, then the caller is generating over $65,000 per year. Note that these are not cold calls to “recruit” patients, but simply maximizing the existing patients an office already has. Sarrell's chair utilization rate is over 95%.

All of these differentiating factors came down to one thing, scale. To again quote Donna Hyland of Children's Healthcare of Atlanta, “The biggest challenge in pediatrics is scale. In every business, scale is an issue.” Scale, to me, is not how many patients you can push through a single office. Scale is having multiple access points, in our case, 14 offices. We choose to grow organically (internal growth, no acquisitions). The topic of scale brings up a word that many fear: consolidation. Dentistry has been a fragmented, cottage industry, much like physicians were a few decades ago. Whether we like it or not, consolidation is inevitable. It is in any fragmented industry, from hardware stores to medical practices.

Without scale, Sarrell Dental is no different from a solo practitioner who cannot operate successfully on Medicaid or CHIP reimbursements. I am not suggesting the end is near, but to remain competitive long term, you must partner to gain scale.

I truly believe we are all working towards the same goal: the improvement of oral health and access to dental care for America's children. This goal must be met either by best demonstrated practices emanating from the dental community, or if we continue to fail, the government or other special interests will impose their solutions. The Sarrell model is one proven answer. We need more.

Mr. Parker is a retired businessman and currently teaches as the Executive-in-Residence at Jacksonville State University. There, he instructs the capstone classes in both the undergraduate and MBA tracks. Out of graduate school, he worked for world class organizations such as General Foods, ConAgra, and Sara Lee. At 31, he reached the divisional CEO level, and by 40 he had retired. In 2005, Mr. Parker was asked by Dr. Warren Sarrell to come and look at the clinic he had founded, and to offer any advice that might improve it. He has continued to serve the organization ever since. For more information on Sarrell Dental or to contact Mr. Parker directly, please visit www.sarrelldental.org.

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31% of baby boomers never go to the dentist (or only go in an emergency)\(^1\)

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12 KDA Today • July/August 2012
In election years, low-profile industry lobbies get a chance to be major political players. This time, it’s the dentists’ turn.

Though overshadowed by health-care behemoths such as the American Medical Association, dentists boasted the largest single health-care political-action committee, ADPAC, in 2008, according to the nonpartisan campaign-watchdog site OpenSecrets.org. The American Dental Association PAC gave more than $2 million to federal candidates and parties in that election.

For the 2010 races, the ADA’s chapters gave nearly $13 million to state and local politicians, according to the National Institute on Money in State Politics, a nonpartisan campaign-research group. This year, the ADA and its 157,000 members are on track to donate millions in federal and state contributions, making it a heavy hitter on the Washington political scene. The flood of dentist money raises a question.

**What do they want?**

Dentists want a repeal of parts of President Barack Obama’s health-care law. For one thing, they want to preserve their monopoly on fixing cavities and are battling to prevent other health-care providers from doing “drill and fill” or setting up their own teeth-cleaning practices.

A Supreme Court decision expected next week on the health-care law could provide a new platform for America’s dentists and a wide range of interested parties. The health-care sector that leapt into the fray during the battle over the president’s bill hasn’t quit. Doctor-owned hospitals, medical-device makers and specialty physicians such as anesthesiologists are among those fighting parts of the law, contributing millions of dollars to dozens of medical-industry PACs.

Critics of the dental industry want other providers, such as trained dental hygienists and therapists, to offer basic cavity treatment as well. They contend it is the best way to expand oral health care to poor or remote areas of the country and nursing homes. Only Alaska and Minnesota currently allow midlevel dental-care providers.

“Access problems are very real and widespread,” and the cost of hospital emergency-room visits for dental crises is rising, said Shelly Gehshan of the Pew Children’s Dental Campaign. Dental therapists have “worked effectively for decades” in Great Britain and New Zealand and are “providing safe, competent care” in Alaska, she said.

Dentists say only fully-qualified practitioners should be pulling your teeth. They have aligned themselves this year with a number of efforts in Congress to repeal portions of the health-care law. One part they dislike in particular promotes the use of trained dental therapists, dental-care providers who aren’t dentists.

Whether the court voids all, none or part of the law, members of Congress say they plan to respond with a new round of legislation—creating opportunities for lobbying groups to push their positions into law.

Some ADA members track dentists who treat senators and representatives. It isn’t unusual for politicians to get an earful, as well as a mouthful, while in the chair, according to officials of several large state ADA chapters.

Sen. Bernie Sanders (I., Vt.) hoped to duck the ADA when he arranged a Senate hearing this year to discuss improving access to affordable dental care, including using more non-dentists. The committee planned the session largely in secret to avoid a showdown. Within days, its cover was blown.

“Have you nailed down a date?” a top ADA lobbyist wrote in a January 31 email to a Sanders aide. “Will others be invited to testify? Is there anything in particular the Committee seeks to highlight? I’ll look forward to hearing from you.” The aide, surprised by the leak, emailed a federal official, “It’s very strange that he would know all of this information.”

“We pay people to find out information,” said an ADA lobbyist. “That’s their job.”

Organized dentistry flexed its muscles in 1965 to keep dentists out of the Medicare system, one reason dentistry has become a lucrative profession, with dentists able to charge whatever the market will bear. The ADA’s lobbying team bulked up in 2007, when dentists found themselves on the defensive after the death of a 12-year-old boy in the Washington, D.C., suburbs from an untreated tooth infection. The story became national news, prompting calls for more and cheaper dental-care providers.

The ADA is powering up again this year, sending out what it calls its “dogs of war”—dentists who lobby to “keep well-intentioned fools from doing stupid things” to dentistry, according to a recent ADA newsletter.

In early May, about 400 dentists gathered in Washington for the annual ADA Lobby Day, armed with talking points and maps of congressional offices on Capitol Hill. Many dentists carried black folders emblazoned with the word ADPAC in large white letters.

“You hold it forward under your arm, letters up,” said one attendee. Some folders contained checks for campaign events.

One attendee, Dr. Ricardo Kimbers of Baltimore, joined the ADA 29 years ago.

“My father was a dentist,” said Dr. Kimbers, who owns a small practice. Dr. Kimbers, one of the relatively few African-American dentists, said that he wants to see an expansion of dental care in low-income areas, but that for safety reasons he also backs the ADA position against midlevel providers.

“If they want to drill cavities, they should become dentists,” he said.

Although the dental-industry PAC has been more or less bipartisan in its giving over the past decade, ADPAC’s federal money in this election is tilting Republican. ADA President William Calnon, who practices in western New York, said the ADA is giving more money to Republicans this year because “there are more of them in Congress” and they “have a good track record embracing ideas we support.”

During the debate over the health-care bill, the ADA allied itself with consumer-
Stroke is currently the fourth-leading cause of death in the United States and one of the leading causes of adult disability. In Kentucky, the stroke rate is above the national average mainly because we are above the national average in the risk factors that cause strokes—risk factors that we can control. Due to this, Kentucky is part of the “stroke belt,” a collection of southeastern states that have above average stroke prevalence and mortality rates.

May was National Stroke Awareness Month, and even though May has come and gone, there is still no better time to talk about stroke risk factors and how to manage them to help remove Kentucky off the stroke belt list. So, what are some medical conditions and lifestyle factors that can lead to a stroke and how does the Commonwealth compare with the rest of the country?

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>KY</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults who have been told they have high blood pressure (2009)</td>
<td>36.4%</td>
<td>28.7%</td>
</tr>
<tr>
<td>Adults who have had blood cholesterol checked and have been told it was high (2009)</td>
<td>41.6%</td>
<td>37.5%</td>
</tr>
<tr>
<td>Adults who are current smokers (2010)</td>
<td>24.8%</td>
<td>17.3%</td>
</tr>
<tr>
<td>Adults who have ever been told by a doctor that they have diabetes (2010)</td>
<td>10.0%</td>
<td>8.7%</td>
</tr>
<tr>
<td>Adults in the past month that have NOT participated in any physical activities (2010)</td>
<td>29.3%</td>
<td>23.9%</td>
</tr>
<tr>
<td>Adults overweight or obese by Body Mass Index (2010)</td>
<td>67.5%</td>
<td>63.5%</td>
</tr>
</tbody>
</table>

The data comparing Kentucky with the rest of the country is from the Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System. To look at more health-related data, go to www.cdc.gov/brfss/index.htm.

While these are risk factors we can control, there are some that cannot be managed (i.e. age, race, family history, previous stroke), and as you can tell, we have work to do to make Kentucky a healthier state. However, the good news is we have the power to change our lifestyle habits to positively impact our situation. It is up to you and I to decide that today is the day we stop smoking, exercise after work or have our blood pressure/cholesterol checked.

As Co-Chair of the Kentucky Heart Disease and Stroke Prevention Task Force, the Task Force and I are making changes to improve the quality of stroke care in Kentucky by sharing best practices amongst hospitals. However, my hope is that I see less and less stroke patients in the future because we collectively decide that we are each responsible for our own health.

In terms of stroke, you can take responsibility by tackling the risk factors:

- Have your blood pressure checked a few times a year by your physician. 120/80
- If you smoke, Kentucky has a wonderful resource to help you take the first steps to quitting – 1-800-QUIT-NOW (784-8669).
- Talk to your physician about managing your diabetes. Helpful information and resources can be found on the Kentucky Diabetes Network, Inc. website – www.kentuckydiabetes.net.
- Try to exercise 30 minutes each day; exercise with friends or family to make it more enjoyable.
- It is important you also know the common symptoms of a stroke and to call 911 immediately if you notice these symptoms in yourself or someone else:
  - Sudden numbness or weakness of face, arm or leg—especially on one side of the body
  - Sudden confusion, trouble speaking or understanding
  - Sudden trouble seeing in one or both eyes
  - Sudden trouble walking, dizziness, loss of balance or coordination
  - Sudden severe headache with no known cause

While these are risk factors we can control, there are some that cannot be managed (i.e. age, race, family history, previous stroke), and as you can tell, we have work to do to make Kentucky a healthier state. However, the good news is we have the power to change our lifestyle habits to positively impact our situation. It is up to you and I to decide that today is the day we stop smoking, exercise after work or have our blood pressure/cholesterol checked.

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Time saved is brain saved. The quicker these symptoms are recognized and a person can get to a hospital, the more likely he/she is of having a positive outcome; please do not ignore the signs.

To find out more information about stroke, visit our website: www.university-hospital.org/stroke

Or follow us on Facebook: www.facebook.com/uoflhospitalstroke

Let’s all work together by taking initiative to live healthier and controlling the risk factors for stroke.

Dr. Kerri S. Remmel, MD, PhD
Director, University of Louisville Hospital Stroke Center
Co-Chair, Kentucky Heart Disease and Stroke Prevention Task Force
Diagnosis of Incurable Disease Prompts Warning
Tips for Handling Grave Medical News

How you respond to bad news from the doctor can change your life as much as the diagnosis can.

“I was diagnosed with Hypertrophic Obstructive Cardiomyopathy — HOCM,” says J. Thomas Shaw, author of a novel inspired by his experience, *The RX Factor* (www.theRXFactor.com). "Whenever you hear about a young athlete in exceptional condition dropping dead during a game or near the end of a hard practice, the autopsy usually reveals that was the cause.”

After being referred to one of the world’s leading cardiomyopathy specialists, a doctor who literally wrote the book on the condition, Shaw was shocked and disappointed to learn that no cure is expected within his lifetime — another 40 years or more.

“With all of the exponential leaps we’re making in medical technology right now, including sci-fi level accomplishments like inputting digital data into organic cells, I would think that pretty much anything is possible in the coming decades,” he says.

After months of research and consultations with doctors and other health-care providers, Shaw concluded that profit-seeking and “Big Pharma” — the drug lobbyists in Washington -- are hindering the quest for cures.

“As long as disease can be maintained throughout a lifetime with various medications, why would an industry that profits from stabilizing maladies want to cure it? It’s their bread and butter!” he says.

Shaw offers tips for people who receive unwelcome medical news:

• **A second opinion:** “Emotion kicks in immediately when you get a potentially life-ending diagnosis, and many people don’t bother getting a second or third opinion. They consider that denial, or wishful thinking,” he says. Doctors are human — they make mistakes. Even if the diagnosis doesn’t change, another physician may suggest a different course of treatment. Try to arrange a visit with a specialist at a nationally renowned research hospital.

• **Empower yourself with knowledge:** The internet is filled with good information, but the trick for research is avoiding the sea of misinformation online. There are many studies from various universities to be found, and sites including WebMD.com are reliable sources.

• **The wake-up call response:** For many, knowledge of a difficult medical condition is a reminder to finally implement a healthier lifestyle. Some patients turn around their lifestyle completely with regular exercise, a balanced diet with nutrition as the primary focus, and restricting or completely abstaining from alcohol and cigarettes. This can have amazing results.

• **Positive thinking / a focus on what matters:** At some point, we all must face that we are mortal beings with limited resources. Shaw says. Sometimes, a good attitude is the best, if not only, weapon for facing terminal illness or a lifelong disability. Taking stock of what’s important, such as loved ones, is that positive x-factor that science has difficulty in measuring as a tangible health benefit -- but it is nonetheless.

In the meantime, citizens should be more proactive in the discussion about our nation’s health care system, Shaw says.

“You can be young and healthy now — but at some point, everyone is affected by our health-care policies,” he says. “Now is the time to take better care of ourselves and to reconsider how we medically treat patients.”

About J. Thomas Shaw
J. Thomas Shaw believes fiction has the power to bring people from all walks of life together and focus on a single issue. He wrote "The RX Factor" in consultation with Dr. Johnny Powers, a biochemical engineer with extensive experience in developing diagnostic tests. Shaw started writing novels after a career in the mortgage industry; he was the co-founder of Guaranteed Rate, Inc., the largest independent mortgage bank in the country. He lives in Southern California with his wife and two children.

If you would like to learn more, contact Ginny Grimsley, National Print Campaign Manager, News and Experts, 3748 Turman Loop #101, Wesley Chapel, FL 33544, Tel: 727-443-7115, Extension 207; email, www.newsandexperts.com.

**American Dental Association Provides Patient Education Videos, Brochures for ADA-Member Websites through PatientSmart**

The American Dental Association (ADA) is making electronic versions of its popular ADA patient education videos and brochures available for ADA-member dentists to use on their websites through a new resource library called PatientSmart. PatientSmart contains concise ADA patient education web content that can be accessible directly from a dentist’s homepage with the addition of an easy-to-install button.

As America’s leading advocate for oral health, the ADA created PatientSmart in response to ADA member requests for electronic versions of the ADA’s best-selling brochures to educate their patients about good oral health. PatientSmart videos and printable web pages cover 26 oral health topics created by the ADA covering the following oral health categories:

• Home Care
• Kids and Babies
• Periodontal (Gum) Disease
• Improving Your Smile
• Restoring and Replacing Teeth
• Other Dental Issues (e.g., emergencies, extraction, etc.)

Recognizing that many dental practices feel burdened by web maintenance, the ADA developed PatientSmart to be simple to install and use. Dentists who subscribe to PatientSmart can choose which topics to display on their websites and they can email topics to their patients. In addition, an ADA-sponsored hotline offers one-on-one set-up assistance should clients need it. Whenever ADA content is updated, that’s what patients will see at no additional cost — no upgrades, no new editions and no special software are needed.

A subscription to PatientSmart is $359.40 a year (just $29.95/month) plus a $99 one-time enrollment fee. Subscribers can cancel at any time, for any reason, and the unused portion of the subscription will be refunded. Additional information is available on the PatientSmart website, www.ada.org/patientsmart. To order, call (800) 947-4746 or visit adacatalog.org.
NYU Study: Blood from Periodontal Disease Can be Used to Screen for Diabetes

Oral blood samples drawn from deep pockets of periodontal inflammation can be used to measure hemoglobin A1c, an important gauge of a patient’s diabetes status, an NYU nursing-dental research team has found. Hemoglobin A1c blood glucose measures from oral blood compare well to those from finger-stick blood, the researchers say. The findings are from a study funded by an NYU CTSI (Clinical and Translational Science Institute) grant awarded to the research team last year.

Hemoglobin A1c is widely used to test for diabetes. According to guidelines established by the American Diabetes Association, an A1c reading of 6.5 or more indicates a value in the diabetes range.

The NYU researchers compared hemoglobin A1c levels in paired samples of oral and finger-stick blood taken from 75 patients with periodontal disease at the NYU College of Dentistry. A reading of 6.3 or greater in the oral sample corresponded to a finger stick reading of 6.5 in identifying the diabetes range, with minimal false positive and false negative results. The findings were published in November 2011 in the Journal of Periodontology.

“In light of these findings, the dental visit could be a useful opportunity to conduct an initial diabetes screening – an important first step in identifying those patients who need further testing to determine their diabetes status,” said the study’s principal investigator, Dr. Shiela Strauss, associate professor of nursing and co-director of the Statistics and Data Management Core for NYU’s Colleges of Nursing and Dentistry.

Dr. Strauss added that some patients may find the oral blood sampling in a dentist’s office to be less invasive than finger stick sampling.

The one-year study utilized a version of a hemoglobin A1c testing kit that was initially developed specifically to enable dentists and dental hygienists to collect finger-stick blood samples and send them to a laboratory for analysis. The testing kit was adapted to enable analysis of both oral blood and finger-stick samples. Dr. Strauss points out that the hemoglobin A1c testing method requires only a single drop of blood to be collected, applied to a special blood collection card, and mailed to the laboratory when dry.

“There is an urgent need to increase opportunities for diabetes screening and early diabetes detection,” Dr. Strauss added. “The issue of undiagnosed diabetes is especially critical because early treatment and secondary prevention efforts may help to prevent or delay the long-term complications of diabetes that are responsible for reduced quality of life and increased levels of mortality risk.”

The research is part of a series of NYU nursing-dental studies examining the feasibility of screening for diabetes and other physical illnesses in the dental setting.

Dr. Strauss plans additional research on oral blood hemoglobin A1c testing involving a broader pool of subjects and dental practice sites.

Co-investigators on the study included Ms. Janet Tuthill, clinical assistant professor of dental hygiene at NYU College of Dentistry; Dr. David Rindskopf, professor of educational psychology at the Graduate School and University Center of the City University of New York, Dr. Jack A. Maggiore, president of Healthy Life Laboratories; Dr. Robert S. Schoor, clinical associate professor of periodontology and implant dentistry at the NYU College of Dentistry; Dr. Stefanie Russell, clinical assistant professor of epidemiology and health promotion at the NYU College of Dentistry; and Dr. Mary Rosedale, assistant professor of nursing at the NYU College of Nursing.

Dr. Strauss’s study is dedicated to the memory of the late Alla Wheeler, Clinical Assistant Professor of Dental Hygiene, who played a major role in an earlier NYU nursing-dental study on the link between diabetes and periodontal disease.

The NYU Clinical and Translational Science Institute is a partnership between New York University’s Langone Medical Center and the New York City Health and Hospitals Corporation funded by a grant from the National Center for Research Resources of the NIH.

About the New York University College of Nursing
NYU College of Nursing is a global leader in nursing education, research, and practice. It offers a Bachelor of Science in Nursing; Master of Arts and Post-Master’s Certificate Programs; a Doctor of Philosophy in Research Theory and Development, and a Doctor of Nursing Practice degree. For more information, visit www.nyu.edu/nursing.

About New York University College of Dentistry
Founded in 1865, New York University College of Dentistry (NYUCD) is the third oldest and the largest dental school in the US, educating more than 8 percent of all dentists. NYUCD has a significant global reach and provides a level of national and international diversity among its students that is unmatched by any other dental school.
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Kentucky Dental Association
UK College of Dentistry Recognizes 2012 Graduates

Members of the class of 2012 were recognized at the University of Kentucky College of Dentistry’s 47th College Convocation for Presentation of Academic Hoods. Family, friends, faculty, staff and honored guests were present at Memorial Hall to recognize the achievements of the graduating class.

Sharon P. Turner, D.D.S., J.D., dean, UK College of Dentistry, presided over the hooding ceremony. Dr. Michael Karpf, UK executive vice president for Health Affairs, welcomed students and guests on behalf of the medical center. Cliff Lowdenback, D.M.D. ('03), M.S. brought greetings on behalf of the UK College of Dentistry Alumni Association and the Blue Grass Dental Society. He was joined by William J. Moorhead, D.M.D., First Vice President of the Kentucky Dental Association.

Mary Lynne Hartselle Capilouto, D.M.D., S.M. was chosen by the graduating class to speak on behalf of the College. Alex McIlvaine, D.M.D., president of the class of 2012, spoke on behalf of his class. Thomas M. Cooper, D.D.S., professor emeritus, UK College of Dentistry, led the assemblage in the singing of the University Alma Mater and My Old Kentucky Home.

The 2012 graduates from UK College of Dentistry and their future plans are:

- Arwa Abualsoud, D.M.D.
  Private Practice in Northern Virginia
- Charis E. Botelho, D.M.D.
  Private Practice in Kentucky
- Michael A. Caldwell, D.M.D.
  AEGD, United States Air Force in Biloxi, MS

Healthy Smiles

www.deltadentalky.com
Jessica Capellan-Carcamo, D.M.D.
General Practice Residency at the University of Kentucky

John Arthur Chamberlain III, D.M.D.
United States Navy in Bethesda, MD

Fallon B. Chamberlin, D.M.D.
Private Practice in Virginia Beach, VA
Graduated with High Distinction

Karl M. Chandler, D.M.D.
Oral and Maxillofacial Surgery Residency at the University of Texas
Graduated with Distinction

Kyle Brandon Collins, D.M.D.
Private Practice in Caldwell, Idaho

Nicole Williams Cook, D.M.D.
AEGD, United States Army in Ft. Carson, CO
Graduated with High Distinction

Ross Cook, D.M.D.
AEGD, United States Army in Ft. Carson, CO

Jamison Stout Cox, D.M.D.
Private Practice in St. George, Utah

Devon Lynn Davidson, D.M.D.
Oral and Maxillofacial Surgery Residency in San Antonio, Texas

Brittany Carol Eirwin-Maqueda, D.M.D.
Private Practice in Newburgh, IN

Arwa ElMaraghi, D.M.D.
General Practice Residency at the University of Kentucky

Austin Evans, D.M.D.
AEGD, United States Air Force in Eglin, FL
Graduated with High Distinction

Elizabeth Ann Felts, D.M.D.
Periodontics Residency at the University of Alabama at Birmingham
Graduated with High Distinction

Kara Desper Ford, D.M.D.
Private Practice in Kentucky

Kristen Frommeyer, D.M.D.
AEGD, Southern Illinois University
Graduated with High Distinction

Jeremiah Gates, Jr., D.M.D.
General Practice Residency at the University of Kentucky

Ryan J. Golibersuch, D.M.D.
Private Practice in Lexington, KY

Amy Kathryn Goodlett, D.M.D.
Pediatric Residency at Riley Children’s Hospital in Indianapolis, IN
Graduated with Distinction

Ashley Gray, D.M.D.
Private Practice in Indianapolis, IN

Derrick Gregory, D.M.D.
Private Practice in Nashville, TN

Bradley Hall, D.M.D.
Private Practice in Central Kentucky

Jarom S. Hansen, D.M.D.
AEGD in Fort Hood, Texas

Emily Jane Horcha, D.M.D.
General Practice Residency in Bangor, Maine

Olga Hoskins, D.M.D.
Private Practice in Kentucky

Hugh Jernigan, D.M.D.
AEGD, East Carolina University in Elizabeth City, NC

Nate Johnson, D.M.D.
Periodontics Residency at the University of Kentucky

Robert Benjamin Johnson, D.M.D.
General Practice Residency at Wake Forest University

Bryce Tell Jones, D.M.D.
Associateship in Arizona

Jessica S. Kress, D.M.D.
Private Practice in Lexington, KY

Kassandra Lee Kulb, D.M.D.
Private Practice in Louisville, KY

Abby Lavelle, D.M.D.
Private Practice Associate in Prospect, KY

Grant R. Layton, D.M.D.
General Practice Residency at Camp Pendleton Naval Hospital in San Diego, CA

Courtney S. Lundin, D.M.D.
General Practice Residency at the University of Colorado

Matthew Knoll Mayer, D.M.D.
Private Practice in Seattle, WA
Graduated with Distinction

Alexander J. Mellvaine, D.M.D.
Private Practice in Wadsworth, OH

Emily Monsma, D.M.D.
Associateship in Kansas City, MO

Boyd Newsome, D.M.D.
Periodontics Residency in the United States Army in Ft. Gordon, GA

continued on next page
UK News, continued

Ross Oates, D.M.D.
General Practice Residency at the University of Virginia

Michael P. Owen, D.M.D.
Entering the United States Navy

Alisha Patel, D.M.D.
AEGD, at the University of California in San Francisco, CA

Seth Pepper, D.M.D.
Private Practice in Englewood, FL

Marcus Kenneth Randall, D.M.D.
General Practice Residency at the University of Alabama at Birmingham

Jonathan James Roden, D.M.D.
Private Practice in St. Louis, MO

Elizabeth Freda Schuler, D.M.D.
Private Practice in Louisville, KY

Kendall Slaton, D.M.D.
Private Practice in Atlanta, GA

Clarissa M. Sparkman, D.M.D.
Public Health Dentistry in Fargo, ND

Julia Stacey, D.M.D.
Pediatric Dentistry Residency at the University of Kentucky
Graduated with Distinction

Christina Sutherland, D.M.D.
Orthodontic Residency at the University of Alabama at Birmingham
Graduated with High Distinction

Samuel Reed Swainhart, D.M.D.
Entering the United States Army

John Thompson, D.M.D.
Private Practice in St. Louis, MO

Tristan Paul Thompson, D.M.D.
General Practice Residency in Greenville, NC

Travis J. Tingey, D.M.D.
Orthodontic Residency in Oklahoma City, OK
Graduated with High Distinction

Phillip Walden, D.M.D.
Associateship in Bowling Green, KY

Krista N. Whalen, D.M.D.
General Practice Residency at Louisiana State University in New Orleans

Kevin White, D.M.D.
General Practice Residency at the University of Kentucky

Robert Bryan Whitten, D.M.D.
Endodontic Residency in Charleston, SC

Jennie Williams-Ison, D.M.D.
Entering Public Health Dentistry

Yolanda M. Wright, D.M.D.
General Practice Residency at the OSF St. Francis Medical Center in Peoria, IL

General Practice Residency in Dentistry

Dr. Joseph Parkinson

Dr. Joseph Parkinson has joined UK College of Dentistry as assistant dean for Pre-doctoral Clinical Operations. Dr. Parkinson comes to us from the University of Missouri-Kansas City, School of Dentistry, where he received his dental degree in 1997, and where he was a clinical associate professor and director of Quality Assurance. He also has spent some time in private dental practice. He will be responsible for the operations aspects of the pre-doctoral dental clinics. He will work closely with Dr. Tish Nihill and the other Team Leaders and allow them to focus more on the academic and direct patient care aspects of the pre-doctoral clinics. He will also be available to assist the Team Leaders in their teaching responsibilities.

Dr. Harold Laswell Receives Award of Excellence

The Award of Excellence was established in 1986 to recognize outstanding contributions to the...
Dr. Harold Laswell was the recipient of the Award of Excellence from the Academy of Operative Dentistry in February. He is a founding member of the Academy and served as vice president and president-elect before serving as president in 1981. He also has been active as chairman of the Special Projects Committee and a reviewer of the Journal of Operative Dentistry.

Dr. Laswell joined the University of Kentucky College of Dentistry in 1967 in the department of Restorative Dentistry, chairing the department from 1968 to 1988. He served as dean for Patient Care from 1988 to 1998 and currently is the assistant dean for Professional Relations.

Class of 2012 Celebrates at Senior Award Banquet

Each year numerous awards are presented to members of the University of Kentucky College of Dentistry graduating class on behalf of professional organizations and national corporations. The following awards were presented to selected student dentists in the class of 2012:

Academy of General Dentistry
Austin Evans

Academy of Operative Dentistry
Kristen Frommeyer

Academy of Osseointegration
Hugh Jernigan

Alpha Omega International Dental Fraternity
Travis Tingey

American Academy of Implant Dentistry
Beth Felts

American Academy of Oral and Maxillofacial Pathology
Kristen Frommeyer

American Academy of Oral and Maxillofacial Radiology
Grant Layton

American Academy of Oral Medicine
Hugh Jernigan

American Academy of Orofacial Pain
Travis Tingey

American Academy of Pediatric Dentistry
Amy Goodlett
Pierre Fauchard Academy
Ken Randall
Platinum Periosteal
Jessica Kress
Quintessence Award for Clinical Achievement in Restorative Dentistry
Nicole Williams Cook
Quintessence Award for Clinical Achievement in Periodontics
Beth Felts
Quintessence Award for Research Achievement
Ken Randall
Southeastern Academy of Prosthodontics
Michael Caldwell
Hanau Prosthodontic Award
Courtney Lundin
Omicron Kappa Upsilon
Fallon Chamberlin
Nicole Williams Cook
Austin Evans
Kristen Frommeyer
Kendall Slaton
Christina Sutherland
Travis Tingey
UK College of Dentistry Probe Award – Periodontology
Amy Goodlett
John Thompson
UK College of Dentistry Award for Most Improved in Prosthodontics
Grant Layton
Matthew Mayer
Jennie Williams

UK College of Dentistry Award for Most Improved in Restorative Dentistry
Arwa ElMaraghi
Hugh Jernigan
Kassie Kulb
Kendall Slaton

UK College of Dentistry Award for Excellence in Restorative Dentistry
B.J. Cox
Derrick Gregory
Mitch Owen
Ken Randall
Travis Tingey
Kevin White

Congratulations are extended to each award recipient and all graduates of the class of 2012 on behalf of the entire College community.

Pediatric Dentistry to Honor Dr. John Mink

The Division of Pediatric Dentistry will honor Dr. John Mink upon his retirement from the UK College of Dentistry with a continuing education course and reception and dinner on Friday, August 24, 2012. Dr. Mink will retire in 2012 after 50 years with the College of Dentistry.

The Division will host a continuing education course which will be free to all past and present faculty of the UKCD department of pediatric dentistry and to alumni of the UKCD pediatric dentistry program. The cost will be $150 for non-members of the UKCD pediatric dentistry program. The program includes five hours of continuing education, continental breakfast and lunch.

In the evening, there will be a reception and dinner honoring Dr. Mink with a special slideshow highlighting his 50 years at UKCD. The cost for the evening’s event is $50 per person. All events will take place at the Hilton Lexington/Downtown Hotel.

For more information, please call Sue McConnell at 859-323-6676 or Debra Bailey at 859-323-5556.

Save the Date

September 8, 2012 – UK College of Dentistry Open House
September 22, 2012 – AAWD Smiles for Life Brunch, Fashion Show and Silent Auction
October 19, 2012 – Alumni Reception at the ADA, San Francisco, CA
October 25-28, 2012 – UKCD 50th Anniversary Celebration and Fall Symposium
BYOD (Bring Your Own Device)

By Gregg Marshall

When I was in college, back in the middle ages, party invitations frequently came with the notation BYOB, “bring your own booze.”

Now, more and more job offers come with the notation BYOD, “bring your own device.”

Another FLA (four letter acronym) being used to describe this change is CoIT, or the Consumerism of IT. One variant I like is Cooperative IT.

This was one of the recurring themes at this last year’s Defrag conference.

Oddly, this isn’t a new phenomenon. Back in the late 1970’s, when the Apple II was just becoming popular, people would sneak on into work to run the spreadsheet software Visicalc, often putting the relatively low cost computers on expense reports (although even in the days of three-martini lunches, how you could put $2,000 of computer on an expense report baffles me).

Then IT figured out having all these rogue computers in the office, often hooked up to the mainframe system with odd connections, were a support and security nightmare, so they clamped down. Only company issued devices can be used for work!

I’ve actually met people traveling who have two laptop computers, two cell phones, pretty much two of everything you might travel with, all in an oversized wheeled computer bag.

Generally, most employees’ personal devices are more state-of-the-art than the company-issued ones. Interested employees often are reading about what is the latest and greatest and can decide to buy that device when it is released.

IT is usually constrained to a list of approved vendors, who are considered safe, and must do a formal evaluation before making a purchase decision. Sadly, that sometimes means the technology is obsolete before it is even deployed to the employees.

And often, the employees know how to use their own devices better than the company-issued ones. It is their computer or phone, after all. So, their productivity is lower with the company-issued phone or computer.

But IT was/is in total control, so security and support is lower, right? Not always.

The good news is, more companies are realizing that employees are capable of making good technology decisions; they are doing it for themselves all the time. So, more and more of the time, instead of forbidding “foreign” phones or computers, companies are allowing them, sometimes even encouraging them.

The role of IT becomes less of the prophets on high bringing the Windows XP tablets down from the mountain right after the iPad gets introduced, and more the Geek Squad for the company, offering pre-purchase advice and ongoing support. In fact Geek Squad got its start offering tech support back up to business IT groups (at Defrag, Robert Stephens mentioned his best marketing tool in the early days were Carnival Cruise brochures with a card that read “When was the last time you took a vacation” sent to server administrators). Geek Squad still does corporate IT support, a fact often overlooked by their Best Buy connection.

But the CoIT revolution isn’t stopping at hardware: more and more employees are bringing new software options to work. These options are often web applications that can replace more expensive traditional corporate software. Google Docs ends up replacing Microsoft Office, offering enough of the functionality to satisfy the user at a fraction of the cost, and adding a collaboration bonus that is harder to implement in a traditional IT environment. There are a huge number of web applications, many of them with freemium business models that let you get started and prove the benefits before incurring any costs. Your employees will find them for you.

[Freemium is a business model by which a product or service (typically software, media, games or web services) is provided free of charge, but a premium is charged for advanced features, functionality, or virtual goods. The word “freemium” combines two aspects of the business model: “free” and “premium”.]

Another great example of how consumer IT has impacted business is YouTube. Most people think of YouTube as the place to go to watch dogs talk or cute baby videos. But many people are finding YouTube is a great “how to” resource. One manufacturer I used to represent, Moen Faucet, has a whole series of how to fix your faucet videos that reduce the number of warranty claims.

Hosting video on your own web server is expensive. Video files are large and web server storage is often limited. And if many people view your video, you may exceed your bandwidth on your server, incurring additional charges.

But you can upload that video to YouTube, where you don’t have to pay for storage or bandwidth. An added benefit of video on YouTube is, people may find your video who wouldn’t find it normally. YouTube is the #2 most used search engine behind its parent company Google.

Creating a YouTube video can be done with simple equipment. I wrote an article many years ago that suggested you could create videos with only a $1-2,000 investment in equipment. Now many smart phones can take HD video and upload it directly to YouTube, making the cost of producing and distributing video virtually nothing.

The Apple II with Visicalc may have started the current trend to CoIT. It is definitely catching on. Embrace the new uses your employees will come up with on their own. Allow them to use their own devices (computer or smart phone) while working for you. Even support them with a staff member or a Geek Squad contract. If you really want to adopt BYOD, you might even consider giving employees an allowance to spend on those devices. It will pay off in the long run.

Gregg Marshall, CPMR, CSP, CMC is a speaker, author and consultant. He can be reached by e-mail at gmarshall@vendor-tech.com, or visit his website at http://www.vendor-tech.com.

July/August 2012 • KDA Today 23
Americans need a serious brush up when it comes to their oral health, according to a new survey from the American Dental Association (ADA) released during the ADA’s launch of a robust new website, MouthHealthy.org, dedicated to improving the oral health of all Americans. On average, Americans scored a “D” on a series of true or false questions ranging from how often to brush and what age should a child first visit a dentist to what causes cavities.

“The results of the survey were quite shocking and really show how important it is for people to become more involved in their own oral health,” said William R. Calnon, D.D.S., ADA president and a practicing dentist in Rochester, NY.

According to the National Institute of Dental and Craniofacial Research (NIDCR), nine out of 10 adults ages 20-64 have had cavities in their permanent teeth. Dental disease is the most common chronic disease suffered by children. According to the NIDCR, nearly half of children ages 2-11 years old have had cavities in their baby teeth.

Dr. Calnon said the ADA’s new consumer website, www.MouthHealthy.org, features the dental IQ quiz so people can test their own knowledge. The website is filled with prevention, care and treatment information to help people get and stay mouth healthy for life. The website launched June 25.

“Oral health is a critical part of overall health,” Dr. Calnon stressed. “MouthHealthy.org will help empower people to take charge of their oral health.”

Some highlights from the national ADA survey conducted in May with a nationally representative sample of nearly 1,500 adults (with a margin of error of + or -- 2.6 points) include:

-- 90 percent of respondents mistakenly believe they should brush after every meal when the ADA recommends only twice a day
-- 65 percent of respondents mistakenly believe they should only replace their toothbrush twice a year when the ADA recommends every three months
-- 75 percent of respondents don’t know what age to take their child to the dentist for the first time when the ADA recommends within six months after the first tooth appears or no later than the child’s first birthday
-- 81 percent of respondents mistakenly think that sugar causes cavities when it’s really germs in the mouth that feed on sugar and then produce acid which attacks tooth enamel. In time, these acid attacks weaken the enamel to the point where a cavity forms
-- 59 percent of respondents don’t realize cavity-causing germs can be passed from person to person

MouthHealthy.org answers these and many other questions. The new website is organized by life stages and includes information on the top 10 dental symptoms, how to handle dental emergencies, A-Z oral health topics, and how to find an ADA member dentist and ADA Seal of Acceptance products. Also included are videos, tips and activities and a special section to make oral health care fun for children.

MouthHealthy.org’s children’s section will also feature the bilingual videos of beloved Sesame...
Street characters Elmo and Abby Cadabby spreading oral health messages through Sesame Workshop’s latest oral health outreach effort called Healthy Teeth, Healthy Me.

“MouthHealthy.org is an extremely valuable resource for individuals and families to take care of their oral health,” Dr. Calnon stated. “Simple, yet important measures such as eating a balanced diet, brushing twice a day with fluoride toothpaste, flossing daily and visiting a dentist regularly can help prevent dental disease. Teeth are meant to last a lifetime, and the ADA wants Americans to be mouth healthy for life.”

Dr. Calnon added that each advertisement on the MouthHealthy website will be subject to the ADA’s stringent advertising guidelines. As an example, advertisements promoting soda pop and sports drinks will not be accepted because, from a dental perspective, a steady diet of sugary foods and drinks can damage teeth.

“MouthHealthy.org is, first and foremost, a source of credible oral health information for the public,” Dr. Calnon said. “America’s dentists are committed to help people be mouth healthy for life.”

A link to MouthHealthy.org may also be found on the KDA website at http://www.kyda.org/

About the American Dental Association
The not-for-profit ADA is the nation’s largest dental association, representing more than 157,000 dentist members. The premier source of oral health information, the ADA has advocated for the public’s health and promoted the art and science of dentistry since 1859. The ADA’s state-of-the-art research facilities develop and test dental products and materials that have advanced the practice of dentistry and made the patient experience more positive. The ADA Seal of Acceptance long has been a valuable and respected guide to consumer dental care products. The monthly The Journal of the American Dental Association (JADA) is the ADA’s flagship publication and the best-read scientific journal in dentistry. For more information about the ADA, visit the Association’s website at www.ada.org

For more information contact Lydia Hall at halll@ada.org or reach her at 312.440.2806.

September 2012
KDA Office Closed
September 3
Labor Day Holiday

RAM Somerset
September 8-9
Pulaski County Clinic
Somerset, KY

ADA Sixth District Caucus
September 28-29
St. Louis, MO

October 2012
Officite Webinar
October 16
Online Marketing 101:
The Searching Patient

November 2012
KDA Executive Board Meeting
November 3
10 a.m. EDT
KDA Executive Offices
Louisville, KY

Daylight Savings Time Ends
November 4

KDA Office Closed
November 22-23
Thanksgiving Holiday

December 2012
KDA Office Closed
December 24-January 1
Christmas/New Year Holiday

March 2013
The Kentucky Meeting
March 7-10
Hyatt Regency Hotel &
Kentucky Intl Convention Center
Louisville, KY

Hinman Dental Meeting
March 22-24
Georgia World Congress Center
Atlanta, GA

June 2013
American Dental Hygienists’
Association Meeting
June 19-25
Boston, MA

Academy of General Dentistry
Meeting
June 23-30
Nashville, TN
Memoriam

Woodfin Hutson, Jr., D.M.D.,
Green Valley, Arizona
died June 27, 2012
at the age of 97.
He was a 1937 graduate of the
University of Louisville School of Dentistry
and a retired life member
of the Kentucky Dental Association
through the Purchase Dental Society.

Brown Kelley, Jr., D.M.D.,
Louisville, Kentucky
died June 23, 2012
at the age of 84.
He was a 1955 graduate of the
University of Louisville School of Dentistry
and a retired life member
of the Kentucky Dental Association
through the Louisville Dental Society.

Michael Lerner, D.M.D.,
Lexington, Kentucky
died June 1, 2012
at the age of 69.
He was a 1967 graduate of the
University of Kentucky College of Dentistry
and an active member
of the Kentucky Dental Association
through the Blue Grass Dental Society.

William J. Mansfield, Jr., D.M.D.,
Louisville, Kentucky
died July 24, 2012
at the age of 86.
He was a 1953 graduate of the
University of Louisville School of Dentistry
and a life member
of the Kentucky Dental Association
through the Louisville Dental Society.

Mark Thomas, D.M.D.,
Lexington, Kentucky
died June 17, 2012
at the age of 62.
He was a 1979 graduate of the
University of Kentucky College of Dentistry
and an active member
of the Kentucky Dental Association
through the Blue Grass Dental Society.

Robert Wesley, D.M.D.,
Lexington, Kentucky
died June 21, 2012
at the age of 85.
He was a 1954 graduate of the
University of Louisville School of Dentistry
and a retired life member
of the Kentucky Dental Association
through the Blue Grass Dental Society.

Voices from the Mountains
Kentucky Mountain Dental Society
By Bill Collins

We finished another successful RAM clinic. Both, the University of Louisville and University of Kentucky, were represented at the clinic. Dean Sauk of the University of Louisville brought, in force, sophomore, junior and senior year dental students and Dr. Kushner came from the Department of Oral Surgery at U of L. Dr. Cobetto from the Department of Oral Surgery with the University of Kentucky attended with his residents. The dental clinic consisted of 76 chairs and units. Doug Wilson from the University of Louisville’s sterilization department and Dr. Joe McCarty did a wonderful job in sterilization. Joe has become a staple of the sterilization area at the Kentucky Clinics. When Mike Johnson was KDA president, he asked Joe to attend his first RAM clinic. Joe has since, never missed a RAM program and we applaud him for his continued presence. There are many others who play key roles with the clinic. Dr. Greg Bentley ran the floor this year in an effort to spare me time to do other things and he did a wonderful job. Dr. Chad Street was our oral surgery coordinator and was responsible for making this very successful. Dr. Lee Mayer, Jackie Williams and Dr. Gettleman from the University are also familiar faces we see every June and who continue to deliver care and supervise the students of the University of Louisville. Jackie Nadoff coordinated the assistants and floor management and as always, did a fantastic job. The clinic has grown and runs so smoothly, I no longer try to put out fires, but try to keep my coffee cup full.

The stats were also remarkable, again, this year. We had two optical schools represented and one medical school. The total value of care delivered was $291,591.00 to 650 registered patients. Dentistry did 915 extractions, 296 restorations, and 84 cleanings. Kudos to Dr. Chad Street, Dr. George Kushner, Dr. Greg Cobetto, and Dean Saul as they diagnosed a patient with oral cancer and the diagnosis came back positive as Invasive Squamous Cell Carcinoma; the person is getting the treatment they need. The patient had not seen a healthcare professional in 20 years and had no insurance. This is what RAM clinics are all about and who we target.

The CE class on the Friday before the clinic was a success with over 30 attendees. Our thanks to Biomet/3I and Debra Parker for providing speaker Stanley Rye DDS from Atlanta, Georgia, for the course, “New Technologies for Simplified Implant Dentistry”.

In conclusion, I must thank Melissa Nathanson for sending a patient to RAM. Melissa received an email/letter from a young lady from Scottsville, Kentucky (23 years old) who was unable to find work due to her dental condition. Melissa sent me the email and I contacted Stan Brock, Dr. Julie McKee, Captain Kimberly Ellenberg from the Office of the Surgeon General, Dr. Greg Bentley, Dr. Bob McGuinn, Dr. Susan King and U of L senior dental student Keri Jansim. The young lady attended the Lincoln Memorial University RAM clinic and we started her treatment. She also drove to the Pike Clinic and Dr. Kushner and Dean Saul spoke with her and all the necessary extractions were performed. Dean Saul informed her he would help if she would come to the University of Louisville for further treatment. Many people were involved and played significant roles in making this happen and hopefully this young lady will continue to take advantage of the opportunity that exists. Thank you, Melissa, for starting the ball rolling.

One last thank you to Dr. Mike Johnson who finally made it to his first RAM. Mike worked very hard and was determined to take back a piece of the mountains with him; I hear he is making a delivery to the ADA.

RAM Somerset Needs Volunteers

Sign up now to Volunteer for the 2012 RAM Somerset program to take place at the Pulaski County Clinic September 8-9.

Go to http://www.kyda.org/community_service.html to find a 2012 volunteer form for the program.

For additional information or to volunteer, contact Dr. Steve Hieronymus at 606-6791204.
in the near future. Thanks, Mike, for coming - you are always welcome, and thank you for sending Joe - he has been a keeper! I know I have left out others, but there are too many to name who are great humanitarians. I almost forgot Dr. J. D. Hill and that is unthinkable. Dr. Hill came to the first RAM in Kentucky in 2008 and has been a familiar face, ever since, along with his sister, wife and daughter. Thanks to all who attended and please forgive me if I did not mention everyone’s name, but all were greatly appreciated by the patients and the host.

Louisville Dental Society
By Glenn Blincoe

Greetings from Louisville! As most of you know, Dr. William J. Mansfield passed away on July 24, 2012. I am lucky enough to call Bill a mentor, colleague and friend. Those of us who attended the University of Louisville School of Dentistry sometime in the last 40 years or so had Bill for a teacher. Bill’s private practice in St. Matthews was located in the Owens Medical Center. Since I graduated from dental school, I have been fortunate to practice in the same building. He and I and Bill Cook were involved with lease “negotiations” with our landlord. It was a treat to get to know Bill Mansfield better over the years at Owens Medical Center. In 1987 he became a full time faculty member at U of L and left “Owens”. Over the next 25 years I would make it a point to find Bill at any dental school function to catch up on what he and his wife, Juanita, were up too. He would always want to know what was going on at “Owens”. I could go on and on about his dedication and service to his patients, students and the profession of dentistry. What I will miss most, however, are the stories he would tell me about is B-17 missions during World War II. Bill was something this country needs more of—scientist, artist, patriot, family man, man of faith.

I hope everyone survived the record heat this summer. There were a lot of “Hot Tips” out at Churchill Downs on Friday, June 1st. The Louisville Dental Society’s Day at the Downs continues to be our biggest event. Over 800 LDS members, staff and family attended this year. As usual, the hot tips were provided by Drs. Rocco Patella, John Mattingly and Stephen Smythe. Stephen gets an “A” for effort as he emailed his picks to LDS executive secretary, Susan Lewis...while he was in Hawaii on his belated honeymoon! A good time was had by all; however, nobody will be quitting their day jobs!

New LDS president, Dr. Todd Cochran will begin presiding over our 2012-13 meeting schedule on September 20, 2012. We will continue our tradition of meeting at the University of Louisville School of Dentistry. KDA president, Dr. Terry Norris and KDA executive director, Mr. Michael Porter will be our speakers.

Todd Cochran has chosen the Muscular Dystrophy Association as the LDS charity of the year. Todd’s older brother, Daniel, and nephew, Ben were victims of Muscular Dystrophy, dying at the ages of 17 and 19, respectively. Any of our KDA brothers and sisters wishing to make a contribution should contact Susan Lewis at the LDS office at (302) 244-2005.

Summer is almost over! That means it is time to

William “Bill” J. Mansfield Jr., DMD
(August 28, 1925 - July 24, 2012)

After serving his country in World War II as a B-17 crew member in the Army Air Corps, William “Bill” J. Mansfield, Jr. earned a bachelor of arts in biology in 1949 and a doctor of dental medicine degree in 1953 from the University of Louisville. One year after graduation, he began a 56-year teaching career at the UofL School of Dentistry. In 1987, he joined the full-time teaching ranks when he was named acting department chair and acting associate dean. In 1993, Mansfield became director of continuing education which allowed him to plan the annual School of Dentistry Alumni Day, an event he had created in 1984.

“Dr. Bill Mansfield was unquestionably the grandfather of dental education at the University of Louisville,” said John Sauk, DDS, MS, dean, UofL School of Dentistry. “The dental school was one of his most coveted jewels - Bill truly loved dentistry and every dental student was a professional step-son or daughter. We will miss Bill, especially at events such as the White Coat ceremony and graduation where, sitting in the front row, he beamed with pride at the future of the profession.”

Over the years, Mansfield served the profession on state-wide and local levels as vice-president of the Kentucky Dental Association and president of the Louisville Dental Society. He was elected into Omicron Kappa Upsilon Honorary Dental Fraternity at his graduation in 1953, and the American College of Dentists in 1964. He also received recognition from the Kentucky Dental Association and UofL for outstanding teaching and service to the profession. In 2002, Mansfield was presented with the Alumni Service Award and he was honored in 2004 as the School of Dentistry’s Alumni Fellow, one of UofL’s highest alumni accolades.

“Bill Mansfield had a real passion for education,” said Wood Currens, DMD, assistant to the dean for alumni affairs. “He taught dental students and alumni through regional and national continuing education courses; he was known as a caring, wonderful person with a special skill in helping students who struggled academically. Best of all, he was a true friend.”

Mansfield’s son, William Michael Mansfield, followed in his father’s footsteps, as a faculty member at UofL School of Dentistry.

Mansfield died at the Episcopal Church Home on July 24, 2012 with his loved ones by his side.
get ready for SmileKentucky! The screening process is scheduled to begin on September 26th and will run through November 2nd. This year, LDS volunteer members and staff will visit 25 different schools across six counties. Please consider helping out this year. Call Susan Lewis for more information.

I am planning to spend a week in the San Francisco area the end of July. My wife, Joan, and I will try to keep up with our sons Gregg (22) and Scott (18) as we hike through Yosemite National Park. Both boys want to take turns behind the wheel of our rental car in San Francisco and re-enact Steve McQueen’s classic car chase scene in the movie, Bullitt. Nothing parties like a rental! By the time you read this, we will have had a great trip! Be Safe!

South Central Dental Society
By Jessica Hamm

Greetings from South Central! I hope everyone is enjoying their summer. Hopefully, by the time this article is published, my husband and I will be ready to welcome baby Hamm into the world (due date July 23rd). So needless to say, things have been a little hectic. So, forgive me that it has taken me so long to submit information for the Friends and Neighbors section. Here is a synopsis of what has been going on with our society members throughout the year...

January 2012 (Guatemala):
Steve Hieronymus, of Somerset, KY, along with his beautiful wife, Mary, Amanda Wurth Grace, a pediatric dental resident at the University of Kentucky, and Meghan Finkbine a general dentist from South Carolina, served on the dental team for COTA (Children of the America’s). Their mission was to provide medical, surgical, and dental care to indigent children and their families in rural Guatemala. This was Dr. and Mrs. Hieronymus’s fifth trip with this organization. More about COTA can be found on their website http://www.childrenofthamericas.org/. A local dentist allowed the team use of his clinic for the week. The major service provided was exodontia, but toothbrushes were distributed and fluoride varnish treatments were provided, as well. During the five-day trip, almost 200 patients were seen. The dental team returned to the U.S. feeling very humbled and thankful for all the blessings we have in our country.

February 2012 (Burmese in Thailand)
Wayne Lose of Somerset, KY along with the mPower organization went to treat the Burmese in Thailand. The main purpose of this trip was to teach indigent pastors and evangelists how to do simple exodontia. Dr. Lose had a wonderful time during this trip; he and one of his dental partners, Harold Maynard plan to join this organization to teach in North East India.

May 2012 (Somerset, KY)
During our South Central Dental Society meeting in May, we had the privilege of listening to the following speakers: Dr. Sharon Turner, Dean of the University of Kentucky College of Dentistry; Dr. Julie McKee, Dental Director of the Oral Health Program for the Kentucky Department of Public Health; Dr. Terry Norris, KDA president; and Mike Porter, KDA Executive Director. It was announced that the next meeting dates were September 20, 2012 and October 18, 2012. I hope to see everyone come out and support our local dental society.
Online Marketing 101 –
The Searching Patient
Join us for a Webinar on October 16

Building Your Complete Web Presence so Patients Find You!

This course will discuss the ever-growing importance of creating an online presence for your practice. We will start by examining the many ways a patient can search for a new local dentist online, from search engines and consumer sites to mobile devices, online reviews and Facebook. We will then review the core tools and strategies you need to start taking control of your online presence, including a practice website, local search marketing, reputation management, social media and a fully-functional mobile website.

You will learn first-hand:

- How a typical patient can search for you and communicate with your practice on the Internet
- How to launch a professional, practice website that works for your practice 24/7
- How to earn a top search ranking for your local area on major search engines, such as Google
- How to increase new patient referrals with Facebook and blogging
- How to improve your online image and secure new appointments through reputation management and positive patient reviews
- How to effectively reach patients from virtually any location with a mobile website

Webinar:

Online Marketing 101 –
The Searching Patient

Tues, October 16, 2012
7:00 PM - 8:00 PM CDT
6:00 PM - 7:00 PM EDT

Space is limited.

Reserve your Webinar seat now:

www4.gotomeeting.com/
register/276734919

After registering you will receive a confirmation email containing information about joining the Webinar.

System Requirements:

PC-based attendees
Required: Windows® 7, Vista, XP or 2003 Server

Macintosh®-based attendees
Required: Mac OS® X 10.5 or newer
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Better options lead to better decisions.

Only you know which type of plan best fits your practice. Choose from a variety of Anthem plans, including our industry-leading Lumenos consumer-driven health plans with HSAs, HRAs and HIAIs; and traditional PPOs, HMOs and point-of-service products.

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Bottom line? Everyone has the flexibility to make smart choices.

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Coverage that sets you apart.

Your benefits package can separate you from the pack — and help you compete for the best talent. You can offer integrated coverage and take advantage of the administrative ease of working with one carrier.

Complete your benefits package with:
- Dental
- Vision
- Life Insurance
- Long-term and short-term disability
- Employee assistance programs

How can we help?

We want to make it easier than ever for KDA members to afford health coverage. For a free quote, call Kim Logan at 1-866-365-1104 or email her at kimlogan@kdais.net

*Discount only applies to Kentucky Dental Association members who do not already have Anthem insurance.
**Depending on plan design.

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Are You Suffering? Do You Need Help?

If you are having trouble coping because of illness, alcohol or drug abuse or as a result of any physical or mental condition, contact the KDA’s **Well-being Committee**. Brain Fingerson, RPh, who is with the Kentucky Professionals Recovery Network, oversees this program and he can provide assistance to you. Call him at 502-749-8385. Fax him at 502-749-8389. Or email at: kyprn@insightbb.com.

All correspondence will remain confidential.
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Platinum $5,000 to $9,999
(may be paid at one time or in installments of $1,000 or greater annually during five (5) consecutive years.)
☑ Enclosed is my one-time contribution of $__________________
☑ I pledge $________________ and enclosed is my first installment of $__________________

Gold $2,500 to $4,999
(may be paid at one time or in installments of $500 or greater annually during five (5) consecutive years.)
☑ Enclosed is my one-time contribution of $__________________
☑ I pledge $________________ and enclosed is my first installment of $__________________

Silver $500 to $2,499
(may be paid at one time or in installments of $100 or greater annually during five (5) consecutive years.)
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Creating Content that Works

By Jim Ray, VP of Sales & Marketing, Oohology

When it comes to the Internet, there’s a saying that rings true, “content is king.” However, what exactly does that mean and how can you make it work for you? Before we jump into this, let’s consider a few issues: 1) Content provides information for the search engines (i.e. Google) to review and stash in their “memory banks.” 2) When writing effective website content, it is important to understand the goal for the site (i.e. informative, educational, persuasive, etc.) 3) Content still needs to be written in a way that attracts the viewers’ attention. 4) Most people forget point #3.

So let’s focus briefly on content creation.

In business, the acronym WIIFM (pronounced wiff-em), stands for What’s In It For Me. It is a key question that I try to answer any time I am adding content to a website, writing a blog post, or creating a presentation. Ultimately, to keep the reader engaged, you’ve got to remember that to some extent, we’re all selfish. In most cases, people are willing to give you precious time if you can provide something useful or valuable.

When you’re structuring your page, pick out a few key themes, but instead of simply dumping a bunch of facts and figures, consider how and/or why this information is important to the reader. Then, write from that perspective. Let’s look at some examples:

Example #1: Our business uses complex accounting software and has invested in hundreds of hours in developing ways to sell our services to more and more clients.

Consider the WIIFM: Our firm can help you to work through complicated accounting issues by utilizing the latest accounting systems and our first hand experience.

Example #2: I have established a suburban office, so I can get home quicker.

Consider the WIIFM: Our convenient suburban location means that you don’t have to fight downtown traffic just to meet with us.

To be clear, I’m not saying you should manipulate the reader. What remains constant is you’re asking the reader/prospective client to spend a few minutes of their time considering information you have. If they see value in what you’re providing, you’re much more likely to have piqued their interest and possibly convince them to either read further, or to engage with you.

The next time you are about to upload a bunch of content, remember to ask yourself, “If I’m the reader, WIIFM?”

If you would like to learn more ways to build online trust with prospective clients, call Jim Ray, VP of Sales + Development at (502) 416-1092, or email him at jim@oohology.com.
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**August 2012**

**The Safe and Effective Use of Radiation in Dental Practice;** August 16, 9 a.m. – 4:30 p.m.; UK College of Dentistry, Lexington, KY; Dr. William Scarfe.

**Management of Medical Emergencies in the Dental Office;** August 17, 9 a.m. – 12 p.m.; UK College of Dentistry, Lexington, KY and teleconference distance learning sites; Dr. Ted Raybould.

**Coronal Polishing for the Dental Auxiliary;** August 18, 8:00 a.m. – 5:00 p.m.; UL School of Dentistry at 501 S. Preston, Louisville, KY; Michael J. Metz, DMD, MSD, MS.

**Multi-topic Overview: Kentucky Board of Dentistry;** August 24; UL School of Dentistry, Louisville, KY; Brian Bishop, KBD Executive Director and David Beyer, KBD General Council.

**Coronal Polishing for Dental Assistants;** August 25, 8:30 a.m. – 5 p.m.; UK College of Dentistry, Lexington, KY; Dr. Kelly Dingrando and UK College of Dentistry faculty.

**September 2012**

**LDS and ULSD Joint Meeting/KDA Update;** September 20; UL School of Dentistry, Louisville, KY; Mike Porter and Dr. Terry Norris.

**The Streamlined Practice: Using Systems to Create the Perfect Paperless Office;** September 21, 9 a.m. – 12 p.m.; UK College of Dentistry, Lexington, KY and teleconference distance learning sites; Dr. William J. Moorhead.

**Registered Dental Assistant Sedation Course to Place Intravenous Lines (Lecture/Participation);** September 22-23, UK College of Dentistry, 9 a.m. – 5 p.m.; UK College of Dentistry, Lexington, KY; Drs. Ted P. Raybould and Robert G. Henry.

**UKCD Continuum: Interdisciplinary Treatment Planning for Implant Patients (Lecture/Participation);** September 28-29 and March 29-30; 9 a.m. – 4:30 p.m. (Day 1); 9 a.m. – 12 pm (Day 2); UK College of Dentistry, Lexington, KY; Dr. Ahmad Kutkut, Course Director and UK College of Dentistry faculty.

**Implications of Oral Medicine in Dentistry: Drugs, Oral Lesions and Symptoms Requiring Treatment;** September 28, 9 a.m. – 5 p.m.; UK College of Dentistry at the Pullman Plaza Hotel, Huntington, WV; Dr. Craig Miller.

**29th Alumni Day: Concepts in Oral Medicine and Dermatology: In My Mouth;** September 29; UL School of Dentistry, Louisville, KY; Michael A. Siegel, DDS, MS, FDS, RCSEd.

**October 2012**

**The Changing Face of Dental Hygiene Practice: Expert Clinician, Skilled Motivator and Preventive Specialist;** October 5, 9 a.m. – 4:30 p.m.; Four Points by Sheraton, Lexington, KY; Lillian Caperilla, RDH, BSDH.

**Restorative Expanded Functions for Dental Auxiliaries;** October 6-7 and October 13-15, 9 a.m. – 4:30 p.m.; UK College of Dentistry, Lexington, KY; Dr. Charles Thomas.

**Opioid Analgesia in Your Dental Practice: Assessing Risks and Effective Pain Management;** October 12, 9 a.m. – 5 p.m.; UK College of Dentistry at Pine Mountain State Park, Pineville, KY; Drs. Patrick Sammon and John Lindroth.

**Oral Medicine and Diagnosis in Pediatric Dentistry;** October 19, 9 a.m. – 12 p.m.; UK College of Dentistry, Lexington, KY; 9 a.m. – 12 p.m.; and teleconference distance learning sites; Dr. Juan Yepes.

**50th Annual Celebration: UK College of Dentistry Fall Symposium and Alumni Weekend: An Update in Oral Medicine;** October 27, 9 a.m. – 1 p.m.; UK College of Dentistry at Hyatt Regency, Lexington, KY; Drs. Donald Falace and Nelson Rhodus.

**Coronal Polishing for the Dental Auxiliary;** October 27, 8:00 a.m. – 5:00 p.m.; UL School of Dentistry at 501 S. Preston, Louisville, KY; Michael J. Metz, DMD, MSD, MS.

**November 2012**

**Drugs and Dentistry – Including Herbs and Natural Products;** November 2, 9 a.m. – 5 p.m.; UK College of Dentistry at Owensboro Country Club, Owensboro, KY; Dr. Richard Wynn.

**Radiation Safety for the Dental Auxiliary;** November 2, 9:00 a.m. – 4:30 p.m.; UL School of Dentistry at Shelby Campus, N. Whittington Pkwy, Owensboro, KY; Dr. Richard Wynn.

**Dental Hygiene Legacy Lecture;** November 3; UL School of Dentistry, Louisville, KY; Speaker TBA.

**Wolfe Cancer Symposium: Surgical Management of Oral Cancer;** November 9; UL School of Dentistry, Louisville, KY; Co-Sponsored by The James Graham Brown Cancer Center; Joseph I. Helman, DMD.

**Becoming the Pediatric Alpha Pup and Clinical Techniques in Pediatrics;** November 16, 9 a.m. – 5 p.m.; UK College of Dentistry at DoubleTree Hotel, Lexington, KY; Dr. Jane Soxman.

**Dental Assisting Delegated Duties/EDDA;** November 17-18 and December 1-2, 8:30 a.m. – 4:00 p.m.; UL School of Dentistry at 501 S. Preston, Louisville, KY; Michael J. Metz, DMD, MSD, MS.
Wonderful World of Removable Prosthetics; November 30, 9 a.m. – 5 p.m.; Malones Banquets (Lansdowne Shoppes), Lexington, KY; Jointly sponsored by UK College of Dentistry and Blue Grass Dental Society; Dr. Walter “Jack” Turbyfill.

December 2012

The Safe and Effective Use of Radiation in Dental Practice; December 6, 9 a.m. – 4:30 p.m.; UK College of Dentistry at the DoubleTree Hotel, Lexington, KY; Dr. William Scarfe.

The Dental Hygienist’s Role in Dental Implantology; December 7, 9 a.m.-Noon; UL School of Dentistry at Shelby Campus, N. Whittington Pkwy; Dr. Bryan T. Harris.

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Role of Senior Dentist, continued

potential employer had asked her for a copy of her proof of insurance from her previous practice.

In order to deal with both issues, Dr. A was forced to hire an attorney who contacted Dr. B’s office and, on her behalf, demanded information about her malpractice insurance policy. At this point, Dr. B admitted that he had never purchased any insurance for Dr. A. Relative to the lawsuit, this meant that she had no insurance coverage. This lack of insurance also made her a less attractive job candidate since professional practices may be unwilling to hire individuals who have gaps in their professional liability coverage.

The attorney representing Dr. A demanded a copy of the patient’s records and was able to determine that Dr. A had never seen or treated the patient. As a result, he succeeded in having her dismissed from the case.

At one point, Dr. B stated that he had never promised to purchase insurance on behalf of Dr. A. However, he was unable to verify this statement because no formal employment agreement had been signed by the two parties. Fortunately, Dr. A had retained a copy of an email from Dr. B’s office manager, in which the office manager responded to a question about the policy purchase, assuring Dr. A that Dr. B had “taken care of it.” On the basis of that document, Dr. A’s attorney threatened to sue Dr. B for reimbursement of Dr. A’s legal fees. Eventually, Dr. B did reimburse Dr. A for her expenses.

Dr. A was lucky that she had never seen or treated the patient involved in the lawsuit against Dr. B. Had she been involved with the patient’s care, and depending on the severity of the case, Dr. A might have faced significant out-of-pocket expenses for legal fees and patient compensation.

Prevention

It was Benjamin Franklin who said, “Only play cards with gentlemen – but always cut the deck.” A variety of topics may be discussed during the interview process – but unless the results are formalized, at some point down the road neither party may be able to remember “who said what.” As such, any kind of employment agreement should be documented in writing and signed by both parties.

Inexperienced job seekers may think it rude to ask questions about the inner workings of a potential employer’s practice. But, just as it would be foolish to buy a car without having any knowledge about its engine, mileage, or warranties, it is also foolish to blindly accept casual comments as contractual commitments. Over time, one or both parties may forget the details of the agreements or be unable or unwilling to comply with them.

In Dr. A’s case, she should have requested a written employment offer. Among other things, it should have defined her clinical duties, specified production requirements, formalized her role with respect to support staff, and allowed for her input in the development of practice policies and procedures.

Offers to purchase insurance for employees are fairly standard in the dental profession. Potential employees need to know what kind of coverage will be purchased, generally either occurrence or claims-made. There are significant cost, coverage, and termination differences between the two types of coverage, and job candidates need to understand that the differences in price between these types of policies are often dictated by the terms associated with each.

For example, an employer may offer to buy a claims-made policy for a job candidate – and that may be acceptable to the candidate. However, looking in to the differences between the different policy types, some dentists might prefer to have occurrence coverage. If this is the case, the candidate might offer to pay the difference between the claims-made coverage the employer would purchase and the occurrence coverage. But the candidate who knows nothing about the different policy types won’t understand the variances and may lose the opportunity to negotiate a more satisfactory agreement.

In addition to a written employment agreement, associate dentists/employees should always have access to their insurance information, including a copy of their malpractice insurance policy. They should keep the policy in a safe place and should not dispose of it if they leave the practice. In fact, insurance policies should be retained for the life of the dentist.

The hiring/senior dentist has an ethical duty to his or her younger colleagues, including the duty to educate them regarding business processes, in addition to the clinical elements of the dental practice. Poor business skills and disorganization more often are the cause of professional dispute than intentional dishonesty, but the amount of grief generated is generally indistinguishable, regardless of the type of poor leadership that caused it.

Open communication, honesty, and good documentation are essential to the startup of a positive working relationship.

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**Experience** – Through our dedicated and experienced PPP® Administrator, service is a telephone call away.

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