

ODA Today

A publication of the Ohio Dental Association focusing on dentistry in Ohio

QuickBites

ODAF scholarship, grant applications now available

2015 ODAF scholarship and grant applications are now available.

Second, third and fourth year dental students who are Ohio residents and have financial need are eligible to receive an ODAF scholarship.

ODAF grants are open to qualified Ohio community dental care and oral health projects. More information and examples of qualified programs can be found on the application.

To download grant and scholarship applications, visit <http://oda.org/community-involvement/oda-foundation/odaf-grants-and-scholarships/>.

Inside

Testimony in support of non-covered services legislation
From the Corner Office, page 2

Plan ahead for deals, comparison shopping at ODA Annual Session,
page 4

Q&A about ODASC's new health insurance plan, the ODA Wellness Trust,
page 7

Leased PPO networks and silent PPOs
Dental Insurance Corner, page 8

'JADA' publishes updated guidelines on use of antibiotics prior to dental procedures in patients with prosthetic joints,
page 10

Opinion & Editorial, pages 12 & 13

Classifieds, pages 15, 16 & 17

Dentists, students meet with more than 80 legislative offices at 2015 ODA Day at the Statehouse

By Jackie Best
Managing Editor

About 150 dentists, students and spouses met with their state senators and representatives at the 2015 ODA Day at the Statehouse.

"I participated in Day at the Statehouse because it is important to let our senators and representatives know how some issues will affect our profession and livelihood," said Dr. Julie Roberts, a general dentist in Norwalk. "The advocacy is imperative to make sure the legislators understand positive steps we have taken in access to care issues and being small business owners."

Day at the Statehouse is the ODA's most important grassroots advocacy initiative, where dentists have the opportunity to educate their legislators on issues important to dentistry. Attendees, including about 50 dental students met with more than 80 legislative offices on March 4.

"Spending time with our representatives and senators gave us direct contact with the people making decisions about the direction that dentistry is heading in the state of Ohio," said Dr. Manny Chopra, a prosthodontist in



ODA Staff
Drs. Don Shumaker and Roderick Adams meet with Ohio Sen. Sandra Williams during the 2015 ODA Day at the Statehouse.

Cincinnati. "These individuals really do care to listen to our issues and asked questions to gain more insight into these issues."

Before meeting with legislators, attendees had the opportunity to listen in on a conference call and attend legislative briefings where they learned details on the topics they

were asked to discuss with their legislators and tips on how to have these conversations.

"The preparation leading up to the event was very thorough," said Dr. Jason Stroom, a periodontist in Cleveland. "The materials that

See STATEHOUSE, page 3

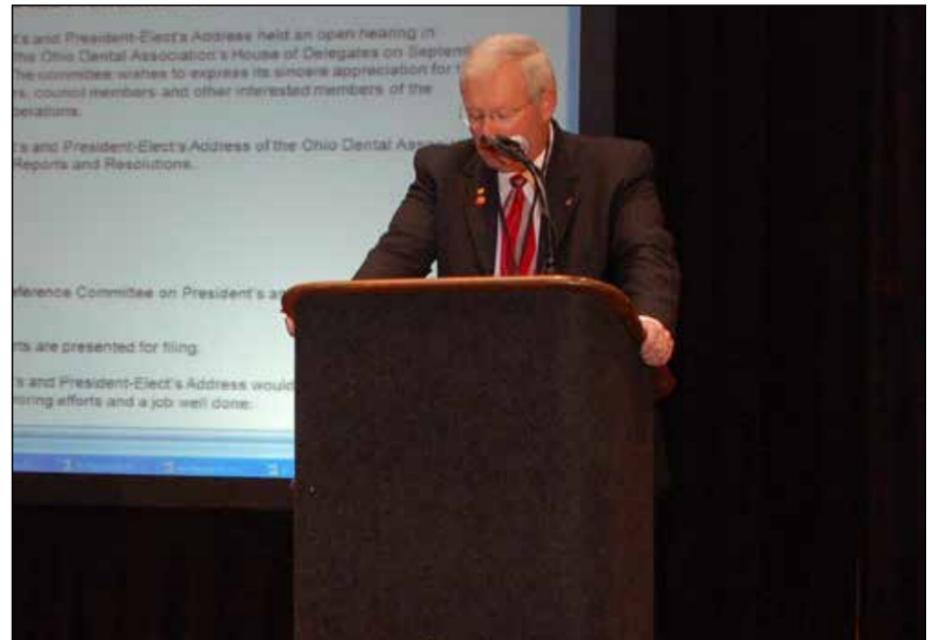
ODA presents testimony in favor of non-covered services legislation

By ODA Staff

On March 18, Dr. Steve Moore, a West Chester general dentist, and David Owsiany, ODA's executive director, testified in favor of House Bill 95 – a bill that would prohibit dental insurance companies from setting the prices for dental services that the insurers do not even cover – before the Ohio House Health and Aging Committee. Owsiany presented testimony related to the unfairness of these provisions and the economic hardships they can cause dental practices (see page 2 for more on Owsiany's testimony). Moore provided testimony about the real world impact these insurance company tactics have on the delivery of dental care to his patients.

Below is the compelling story Moore told the committee about how a patient in his practice was negatively impacted by these non-covered services mandates from the insurance companies.

"The issue of fee limitations for non-covered services has a major financial implication for dental offices. But it can also have a devastating impact on the relationship that a dentist has with his or her patients. For example, I recently performed a dental implant for a long-standing patient of mine. The dental implant was not a covered service under her dental insurance and she knew that prior to deciding to undergo the procedure. She was very happy with the result and she was contemplating having



Dr. Steve Moore, a West Chester general dentist, testified in favor of House Bill 95 before the Ohio House Health and Aging Committee on March 18. The bill would prohibit insurance companies from setting fees for services the insurers do not even cover.

Inside

See page 2 to read ODA Executive Director David Owsiany's testimony in favor of HB 95.

additional implants.

However, shortly after the initial implant was completed, I received notice from her dental insurer that there was a limitation on how much I could charge this patient

for the performance of her procedure. The insurer was setting the fee for the implant even though the insurer did not cover or in any way contribute to the cost of the implant. This limited fee set by the insurer was actually less than what I had expended in supplies, lab costs and staff time. My business lost money performing the implant. The next time the

See HB 95, page 2



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The Director's Chair

David J. Owsiany, JD
ODA Executive Director

On March 18, Dr. Steve Moore and I testified before the Ohio House Health and Aging Committee in favor of House Bill 95, which would prohibit the practice of dental insurance companies setting prices for services the insurers don't even cover (see related story on page 1). Below is an abridged version of my testimony.

Chair Gonzales, Vice Chair Huffman, Ranking Member Antonio, and members of the Ohio House Health and Aging Committee:

Thank you for the opportunity to testify in support of House Bill 95. My name is David Owsiany, and I am the executive director of the Ohio Dental Association. As many of you know, the ODA is the professional association of dentists in the state of Ohio. We represent 72 percent of the practicing dentists in the state.

There are more than 4,000 dental practices in Ohio, delivering dental care to millions of Ohioans. According to a recent independent survey of Ohio dentists, conducted by the Saperstein and Associates survey research firm, nearly 70 percent of dental offices in Ohio are solo proprietorships.

While these dental offices provide valuable oral health services, they also operate as small businesses and serve as important sources of employment for Ohioans. The typical dental office has six employees, including dental hygienists, dental assistants and front desk staff. That means that more than 24,000 Ohioans work in dental offices statewide. And Ohio's dental offices generate significant economic activity in their communities,

HB 95, from page 1

patient came to my office I explained what had happened and told her that I would not be able to perform her additional implants due to the fee limitation. She was upset, wanted to continue to visit our office for dental treatment and even offered to pay my regular fee. Accepting her proposal would have placed me in violation of the provider agreement, and I could have lost a substantial portion of my patients.

I was forced to refuse her offer. This is a long-standing patient, who received dental treatment that she valued and was willing to pay for, but because of the economics of dental insurance and the non-covered service provision of my provider agreement, she chose a less than ideal option. HB 95 will help correct this problem."

Following Moore's prepared testimony, several legislators asked questions about how these issues arise in the dental office and how passage of House Bill 95 might improve the situation.

ODA president Dr. Tom Paumier, a general dentist from Canton, thanked Moore for his testimony, stating, "Steve's testimony really puts a human face on the negative impact these insurance company tactics are having on patient care. On behalf of the ODA and its members, I would like to publicly thank him for taking time away from his practice to tell his story."

The House Health and Aging Committee is expected to hold additional hearings on House Bill 95 in April.

Testimony in support of non-covered services legislation

including paying staff salaries and taxes and purchasing services, equipment and supplies. So, the impact of Ohio's dental practices is significant not just in terms of providing quality oral health care services but also as small businesses and employers.

Today, I testify in support of House Bill 95 because this legislation seeks to remedy an inequity in the dental insurance system. In the last few years, dental insurers began telling dentists what they can charge for services the insurers don't even cover. This scheme is inconsistent with the fundamental premise of dental benefits, which is to provide coverage for certain dental services for the enrollees. This practice of insurance companies dictating fees for services they don't even cover is creating significant hardships for dental offices. Dental practices operate at narrow margins because of the nature of providing dental care including high overhead costs related to dental technology, equipment and supplies. The typical dental office operates at approximately 65 percent overhead.

The insurers suggest that this practice of interfering with the dentist-patient rela-

tionship by setting fees for non-covered services is beneficial because it "saves" the enrollees money. In reality, as Dr. Moore's testimony demonstrates, this tactic by the insurance companies often acts to limit patient choices, forcing some patients to forgo preferred treatment options or disrupting continuity of care by forcing patients to go to other dentists for certain procedures.

It has been suggested that the dentists should just negotiate these non-covered services provisions out of the contracts. The problem is that these provider contracts are what the lawyers call "contracts of adhesion." "Black's Law Dictionary" defines contracts of adhesion as "standardized contracts" that are offered on essentially a "take it or leave it" basis without affording the other party any realistic opportunity to bargain or otherwise negotiate.

These dental insurance companies are big businesses, some of them with hundreds of millions of dollars in annual revenue doing business in many different states. The small dental office is not provided any opportunity to negotiate related to the non-covered services issue. Each

individual dentist that is presented with a provider contract from a dental insurance company is essentially faced with a "take it or leave it" proposition. There is no negotiation.

It has been suggested that the ODA should get dentists to join together to act collusively to gain bargaining power in order to negotiate these unfair non-covered services provisions out of the contracts. However, it would violate antitrust laws for dentists to engage in such activity. In fact, the FTC has taken action against dentists in other states when they have tried to act collusively to gain leverage against the enormous market power controlled by the dental insurance companies.

As was the case with Dr. Moore, many of these contracts are "ever-green" contracts that automatically renew. So in many instances, dentists signed the initial contracts long before the insurance industry was setting fees for non-covered services. Now that the dentists have a significant portion of their patient bases – perhaps 20 percent, 30 percent or even 40 percent or more of their patients – as enrollees

See LEGISLATION, page 3



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STATEHOUSE, from page 1

were put together for both the attendees and legislators were thorough, succinct and so easy to understand. The legislative updates are so great as ODA Executive Director David Owsiany and former Director of Legal and Legislative Services Keith Kerns can articulate the issues so well and guide us to making a powerful impact with the legislators."

This year, attendees were asked to discuss three key issues with their legislators: non-covered services, Ohio dental Medicaid fees and midlevel providers.

Attendees asked their legislators to support legislation that would prohibit insurance companies from setting fees for non-covered services. Thanks to their efforts, House Bill 95 was introduced to prohibit this unfair practice.

Attendees also spoke about the need for an increase in dental Medicaid fee reimbursements in order to improve access to dental care for low-income Ohioans.

"We are very privileged to have legislators make the time to listen to our dental concerns, especially in the area of access to care," Chopra said. "Our intention is to educate them about the current Medicaid treatment process, and how modifying the reimbursement rate would allow more citizens of Ohio to get the appropriate dental care that they need."

Lastly, attendees were asked to discuss midlevel providers, which is a proposal being circulated in Ohio that would create a new level of provider that would be able to perform irreversible surgical procedures after two years of training



ODA Staff
Two students along with Drs. Manny Chopra and Steve Moore meet with Sen. Bill Coley during ODA Day at the Statehouse on March 4.

post high school. Thanks to attendees' efforts over the past several years, no legislation to create such a provider has been introduced in Ohio.

Chopra, who had three dental students attend meetings with him, said that the students helped explain to legislators the safety concerns with allowing someone with only two years of education to perform surgical procedures.

"Having their insight into the complexities of a dental education allows the legislators to better understand the training required to complete dental procedures," he said. "This was an important perspective that the legislators needed to better understand, especially as we address the midlevel provider concerns in the state."

Strem agreed that it was great to have students participate, and it's an important learning opportunity for them.

"It's so important and valuable that so many come to this event," he said. "They learn about how these issues affect so many dentists in Ohio, and even though they may not end up in a position where a certain legislation may affect their practice, the fact that they know the issues and the structure we use to address them is so important to their education and makes them a more well-rounded health care provider."

Roberts said she hopes more dentists will be inspired to participate in advocacy in order to educate legislators about issues affecting dentistry.

"I hope that the Day at the Statehouse event will inspire many not active in the ODA to participate in making a difference for our profession by communicating as much as we can all year long with those who set our laws," she said. "It can be intimidating at first to approach the legislators, however, the staff of the ODA provide all the tools and information necessary to invoke confidence in speaking with them on issues that affect us."

Strem said he feels it's important to participate in Day at the Statehouse to provide education to legislators on issues that can help patients across Ohio.

"I participate in Day at the Statehouse because it coincides with the meeting of the Council on Dental Care Practice and Dental Programs," he said. "Much of what we discuss on the ODA council pertains directly with the issues dentists in our state need to push forward with legislators. I feel it is my duty, as a voice who understands the issues, to speak up and move policy forward which will both improve access to dental care in Ohio as well as improve our ability as dentists to provide that care."

LEGISLATION, from page 2

of the insurance companies, the insurance companies have changed the rules midstream and are now dictating fees for services they do not cover. The dentists signed the contracts in good faith. The insurance companies have changed the rules. Most dentists aren't able to just walk away from these contracts and lose a significant portion of their patient base.

Because of this very situation unfolding in state after state, policymakers began to take notice and decided reforms needed to be put in place. The National Conference of Insurance Legislators (NCOIL) developed a model act in 2010 prohibiting dental insurers from dictating fees for non-covered services. The NCOIL Act serves as the model for House Bill 95 prohibiting dental insurance companies from setting the fees that dentists can charge for non-covered services.

Thirty-five states have now passed this reform legislation including our neighboring states Kentucky and Pennsylvania, and states of all different sizes and in every region of the country. The vast majority of American citizens live in states with these reforms in place. In all cases, despite dire predictions from the dental insurance companies, none of these states have experienced any difficulties in implementing the prohibition on dental insurers setting prices for non-covered services and none of these states have had any disruptions in their dental benefit marketplace or spikes in prices for any dental services.

House Bill 95 is a very limited remedy targeted to a unique problem in the dental insurance marketplace. This reform will protect small business dental offices from these unfair practices and will ensure that dental insurance companies are not interfering with dentists and their patients on services that the insurers do not even cover. I urge you to vote for House Bill 95 and add these common sense reforms for Ohio.

Thank you, and I would be happy to answer any questions you might have.



ODA Staff
Sen. Scott Oelslager with ODA President Dr. Thomas Paumier before Senate Session on March 4 during ODA Day at the Statehouse.



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Plan ahead for deals, comparison shopping at ODA Annual Session Exhibit Hall

By Jackie Best
Managing Editor

The Ohio Dental Association Annual Session Exhibit Hall is one of the largest in the area, and offers attendees everything from discounts on everyday items to comparison shopping on X-ray systems to the opportunity to test drive chairs.

"Attendees at this year's Annual Sessions can expect to see an Exhibit Hall full of the latest equipment, materials and supplies," said Dr. Daniel Ward, 2015 ODA Annual Session senior exhibits chair. "Conveniently assembled in one location are most of the major dental manufacturers and companies. Dentists have the opportunity to sit in the dental chairs and to try out the latest CAD-CAM devices."

This year's Annual Session will take place in Columbus on Sept. 17-20, and the Exhibit Hall will be open Sept. 17-19, giving attendees plenty of time to shop in between classes.

"Dentists should plan ahead and allow time to visit the Exhibit Hall during the meeting," Ward said. "Lunchtime and after lectures is a great time to walk the aisles."

Dr. Paul King, a general dentist in Columbus, has been shopping in the ODA Annual Session Exhibit Hall for over 25 years.

"During that time, my partner, Dr. Jeff Gibbs, and I have purchased equipment in the hall ranging from loopes and handpieces, all the way to digital X-rays systems and entire dental delivery units," King said. "Three years ago, we were outfitting our new dental office. The Exhibit Hall gave us an enormous opportunity to educate ourselves regarding our equipment needs, and then allowed us to compare equipment side by side."

He said his experiences shopping in the hall have always been positive.

"There is great energy in the hall, and I love being able to discuss my questions

with all the vendors," he said. "Being able to compare different products and services under one roof is very valuable. Once a decision is made, the vendors make it super easy to complete the purchase, so I can keep moving along."

Ward agreed that the ability to test equipment in the Exhibit Hall before making a decision is a great benefit.

"It is beneficial to try out the equipment before purchasing," he said. "Test driving' can be invaluable. Comparing different models helps make dentists better consumers and allows them to choose the equipment and technology which is best suited for their practices."

King added that the Exhibit hall is also a great place to find deals.

"I find it beneficial to purchase items in the Exhibit Hall primarily because of the great deals you can get," he said. "Pricing always seems best during the ODA Annual Session and especially in the Exhibit Hall. I will frequently load up on everyday supplies while in the Exhibit Hall because the deals are the best you can get all year long."

This year, the ODA will post a list of exhibitor's show specials online to help attendees find the best deals. Check oda.org/events leading up to Annual Session to find the latest information.

Ward said planning ahead can help dentists make the most of the deals and offers in the Exhibit Hall.

"With the many show specials, dentists should prepare a list of equipment and supplies that they want to check out before walking in the door," he said.

This year, the ODA will have a new and improved online floor plan for the Exhibit Hall to help dentists plan ahead for their shopping experience. The website will feature an interactive floor plan showing where companies are located, a more robust exhibitor listing, information about each exhibitor and a search function. The



ODA Staff

The ODA Annual Session Exhibit Hall gives attendees a chance to try out products, ask questions and comparison shop all in one location. Annual Session will take place Sept. 17-20, and the Exhibit Hall will be open Sept. 17-19.

online floor plan will be available at oda.org/events.

King said his biggest piece of advice to people planning to visit the Exhibit Hall is to make the most of the sales reps and their expertise.

"My advice to people planning to shop in the Exhibit Hall would be to engage with the vendors and ask questions about their products or services," he said. "The more we understand about the product or service, the more likely we will make smart decisions that help our practice and our patients."

And the Exhibit Hall isn't just about shopping. The hall will feature special events throughout the meeting, including the Welcome Reception, Take a Break! and Tailgate! The membership booth will also feature opportunities for attendees

to win door prizes each day.

The Exhibit Hall also is a great place to catch up with old friends from across the state.

"My favorite thing about the Exhibit Hall is bumping into an old friend or classmate and wandering the hall with them," King said. "After all the catching up, I will usually pick their brain about products that are working well for them. If it sounds good, I will visit with the vendor and give it a try. It's always fun to go back to the office on Monday with something new."

Table Clinics will also take place in the Exhibit Hall again this year, with a new day and time: Friday, Sept. 18 from 4 to 6 p.m.

For more information about the Exhibit Hall and 2015 ODA Annual Session, visit oda.org/events or like the ODA Annual Session Facebook page.

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Purchase raffle tickets to support ODA Foundation

The annual ODA Foundation raffle is one of the primary sources of funding for oral health-related grants and scholarships. Raffle tickets are \$100 each or six for \$500, and only 700 will be sold.

This year's raffle prizes are:

- First Prize: Winner's choice of a 2 year/12,000 mile lease (Lease terms established by Crown Mercedes) on a 2015 Mercedes c300 or \$20,000 cash
- Second Prize: Piece of fine jewelry or watch valued at \$3,000
- Third Prize: \$1,000

The drawings will take place Sept. 19 at Annual Session.

Tickets purchased by Aug. 12 will be eligible for an extra prize of \$500 through the early bird drawing.

For more information about the raffle and how to purchase tickets, visit <http://oda.org/community-involvement/oda-foundation/odaf-raffle/>

Member-Get-A-Member program: Support organized dentistry, earn \$100 gift card

The American Dental Association's Member-Get-A-Member campaign can benefit current tripartite members while helping to grow participation in organized dentistry.

Dentists who recruit any new, active member before Sept. 30 will be rewarded with a \$100 American Express Gift Card for each new eligible member they recruit (up to five new members and \$500).

Tripartite members know first hand the benefits of joining organized dentistry and are in a strong position to encourage non-members to join and strengthen the organization. More members in organized dentistry leads to a stronger voice, more resources and greater recognition for dentistry.

For more information about the program and complete rules, visit <http://www.ada.org/8185.aspx>.

ODA House of Delegates to meet Sept. 17-18

The ODA House of Delegates is the governing body and supreme authority of the Ohio Dental Association. As such, it speaks for the members of the Association. The House of Delegates is comprised of 131 delegates, who are chosen by the 25 component societies, and meets annually. This year, the ODA House of Delegates will meet on Thursday, Sept. 17 at 9 a.m. and Friday, Sept. 18 at 9 a.m., in conjunction with the ODA Annual Session, in the Regency Ballroom of the Hyatt Regency Hotel, 350 North High Street, Columbus, Ohio. Guests may attend all meetings, but must be registered for Annual Session.



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ODA Meeting & Event Calendar

Apr.

- 3 ODA office closed for holiday
- 14 Dental Insurance Working Group (call)
- 17 Subcouncil on Dentists Concerned for Dentists
- 22 Task Force on the Future of Dentistry in Ohio

May

- 1 Callahan Advisory Committee
- 6 Task Force on the Future of Dentistry in Ohio
- 7-8 Executive Committee
- 12 Dental Insurance Working Group - call
- 13 Dental Education and Licensure Committee - call
- 15 ODAF Board of Trustees
- 29 Council on Membership Services
- 25 ODA Office Closed

OSU ASDA, CWRU student receive ASDA Gold Crown awards

The Ohio State University chapter of the American Student Dental Association received the ASDA Gold Crown Award for Advocacy in 2015.

Catherine Kim, a third year dental student at Case Western Reserve University, received the Gold Crown Award for District 6 Delegate of the Year.

ASDA Gold Crown Awards are presented to an individual or chapter in recognition of their accomplishments, and 30 awards in different categories are presented each year.

OSU student named ASDA trustee

Lydia Lancaster, a third-year dental student at The Ohio State University, was selected as the American Student Dental Association (ASDA) District 6 Trustee for the 2015-16 academic year.

The Board of Trustees is the governing body of ASDA. Trustees act as liaisons between the local chapters in their districts and national ASDA and are each assigned to a council.

District 6 includes dental schools in Ohio, Michigan and West Virginia.








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Prior to practicing law, Bill worked in the Dental Equipment and Supply Business for 16½ years as a Territory Representative, Equipment Specialist and Saslow Dental-Northern Ohio, General Manager.

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Q&A about ODASC's new health insurance plan, the ODA Wellness Trust

By ODA Staff

The Ohio Dental Association Services Corp. (ODASC)'s new health insurance plan, the Ohio Dental Association Wellness Trust, is now in effect. The plan is available to all members and their staffs. Below are some common questions ODA members have been asking about the new plan.

What is the Ohio Dental Association Wellness Trust?

The Ohio Dental Association Wellness is a private, dentist-owned, self-funded health benefit plan, developed by Ohio Dental Association member dentists for ODA member dentists and their staffs to provide high quality health insurance at affordable rates. The plan launched in March 2015 with 1,200 contracts. The majority of the people who have signed up with the Wellness Trust have expressed their confidence and support in the plan.

Why did ODASC create the Wellness Trust?

Because of regulations under the Affordable Care Act (ACA), the ODA's previous health insurance plan has not been renewed. The ODA needed an alternative plan and created the ODA Wellness Trust to replace the old plan, which will end this summer.

The Wellness Trust is a self-insured plan, which allows participants to avoid some of the regulations and requirements of the Affordable Care Act. This plan has been exclusively developed for member dentists and their staffs to help battle the increasing cost of providing health care benefits and to provide access to health care plans outside the ACA.

Creating a self-insured plan has many benefits, including the ability to design plan and deductible options, choose networks and features and keep costs low by avoiding the state insurance premium tax and many of the ACA's mandated taxes.

How does ODASC envision the Wellness Trust would be able to keep premiums down?

Offices that choose to purchase health insurance in the marketplace will be mixed in with the population at large, which could have an effect on the cost of premiums. ODASC's experience has been that dental professionals generally live healthier lifestyles, which lead to lower health care costs. Because of this, dentists who join together in a restricted group to create a self-insured plan like the Wellness Trust will see lower health insurance premium rates than if their rates are mixed in with the general population. The plan also realizes savings from the state premium tax exclusion.

What is different about the ODA Wellness Trust?

The ODA Wellness Trust is an employer plan. Traditionally many dental offices and small businesses have offered their employees individual policies and paid a



portion of the premium. Because of recent changes with the ACA and IRS, employers can no longer use pre-tax dollars to pay for insurance premiums of individual insurance plans. The Wellness Trust is an employer plan, which means premium costs can be purchased through a payroll deduction. An employer plan must be offered to all full-time employees.

Isn't that expensive?

While the employer must offer an employer plan to all full-time employees, the employer is not required to make any contribution toward the premiums. The employer can if they so choose pay a percent or flat dollar amount for each employee, but it is not required.

Why would an office set up an employer plan if it is not going to pay any of the premiums?

Simply put, because of the tax benefit for the employer and employees. Health insurance premiums purchased through a payroll deduction can be paid with pre-tax dollars. The employee gets a tax break on the premiums of a least 15 percent. By paying for health insurance with pre-tax dollars, the employee does not pay federal, state or social security taxes on the cost of his or her insurance. The employer saves the social security matching tax too.

Can dentists just purchase individual policies for their staff instead of establishing an employer group?

Because of a recent change in the regulations, employers can only pay for their staff's individual health benefit in the form of a payroll increase. Both the employer and the employee would incur payroll taxes on this additional amount.

Paying directly for an employee's individual health insurance plans puts the employer out of compliance with IRS regulations and may subject the employer to a \$100/day excise tax per applicable employee (which is \$36,500 per year, per employee) under section 4980D of the Internal Revenue Code.

If an office already has an employer plan, why should it switch to the ODA Wellness Trust?

Because there is a potential cost savings. Self-insured plans are not subject to the state premium tax, which is about a 3 percent savings. According to the National Association of Self-Insured Plans, a typical self-insured group can expect to save more than 10 percent versus traditional health insurance. Additionally, because the plan is restricted to dental professionals who typically lead healthy lifestyles, the ODA Wellness Trust will likely see lower health insurance premium rates than the general population.

How would an office go about offering an employer plan such as the Wellness Trust?

When an employer sponsors an employer plan, it needs to be offered to all full-time employees. The employer can decide the minimum number of hours employees must work to be considered full-time, and that minimum must be between 25 and 30 hours per week. Employers also can set the insurance start date as of the first of the month following employment or wait up to 90 days after a new employee's start date before he or she is eligible for insurance. Employees are not required to enroll in the plan, but must sign a waiver if they choose to purchase health insurance elsewhere. Employers must also decide how much, if anything, they will contribute to employees' premiums.

When should offices with an active employer plan apply to enroll in the ODA Wellness Trust?

In most cases it is best for the current enrollees if the employer applies several months before the end of the year in order

to coordinate with the participants' annual plan deductibles. If employees have not accrued any deductible credits, an office can apply at any time.

Can only the dentist participate in the Wellness Trust?

Yes. If none of the dentist's staff would like to participate in the plan, the dentist can still participate. The dentist must obtain waivers from all staff members who do not participate. If a dentist is an independent contractor, he or she is also eligible to participate in the Wellness Trust (as long as he or she is an ODA member).

How can I learn more?

For more information on the specifics of the ODA Wellness Trust and to enroll in the plan, visit oda.org/insurance or call an ODASC representative at (800) 282-1526.

This article is intended to provide general information and should not be construed as providing tax or legal advice. Dentists should always seek the advice of their own legal and/or tax advisors regarding their own specific circumstances.

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Save more than 10% on health insurance

According to industry research, a typical self-insured group can expect to save more than 10 percent (versus traditional health insurance) without having to sacrifice quality of care.



The Ohio Dental Association Services Corp. (ODASC) is excited to announce its new health insurance plan, the Ohio Dental Association Wellness Trust, officially went into effect March 1.

Advantages of a self-insured health insurance plan include:

- Ability to design plan and deductible options
- Choose networks and features
- Keep costs low by avoiding the state insurance premium tax and many of the ACA's mandated taxes

Visit oda.org/insurance and download the enrollment form, email insurance@oda.org or call (800) 282-1526 to enroll.



(800) 282-1526 | www.odasc.com

Interested in advocating on dentistry's behalf? Want to make a difference in the practice of dentistry?

Make an appointment with your local legislator to discuss the issues facing your profession. The ODA department of governmental affairs offers information and tips on meeting with legislators.

Contact the ODA at (800) 282-1526 today to help voice dentistry's message at the Statehouse.

Dental Insurance Corner

Leased PPO networks and silent PPOs

Christopher Moore, MA
ODA Director of Dental Services

The Ohio Dental Association is again receiving calls from dentists upset about the discounts they're being asked to give certain patients. A common theme among the callers is that the dentist has been directed to discount his/her fees for patients of plans the dentist has not signed a contract with.

How can this be? What's the payer's justification to assert the dentist must discount his or her fees for their beneficiaries without a signed contract from the dentist in hand?

There are several possible reasons, all of which involve agreements with other plans the dentist did contract with.

The dentist may have signed an agreement with a network leasing company that contractually permits the leasing company to rent, lease or sell a network of dentists to dental plans, third-party administrators and any other entity.

The dentist may have signed a contract with a preferred provider organization (PPO) that allows the PPO to rent, lease or sell the network of dentists to an affiliated carrier or any other entity.

Alternatively, the dentist may have signed a contract with an insurance company that allows the carrier to place the dentist in-network for all of the carrier's other plans.

The idea of stacking or layering PPOs has been around for about a decade or more. This practice involves a payer's

use of multiple PPOs in the same area to access as many contracting dentists as possible. In doing so it also maximizes the discount that is available from the multiple networks.

Another tactic payers use to maximize the discounts available to their subscribers involves the use of silent PPOs. Silent PPOs have been around for about 20 years. They enable a plan to provide other plans, networks and payers access to their contracted dentists, including their contracted discounts, without the dentist's knowledge. These are commonly known as silent PPOs.

Ohio does have a state law (Ohio Revised Code 3963) governing silent PPOs. It prohibits contracting entities, such as PPOs, from selling, renting or giving third parties their rights to a participating dentist's services unless:

- The contracting entity provides administrative or claims processing services to an employer or other entity that provides benefits to its employees or members, or
- The contracting entity has an administrative services agreement with an affiliate or subsidiary, or
- The contract the dentist signs specifically states that it applies to network rental arrangements and that one purpose of the contract is to sell, rent or give the contracting entity's rights to the participating dentist's service to other entities, including other PPOs or preferred provider networks. PPOs or other preferred provider networks are "required to comply with all of the terms, conditions, and affirmative

obligations to which the originally contracted primary participating provider network is bound under its contract with the participating provider, including, but not limited to, obligations concerning patient steerage and the timeliness and manner of reimbursement."

A plan that sells, rents or gives its rights to a dentist's services must either maintain a web page or provide a toll-free number that participating dentists may access that lists the third parties the plan contracts with. This information must be updated at least every six months. A participating dentist who accesses this information may not distribute it to others because it is considered proprietary.

Contracting entities may not require, as a condition of contracting with them, that a participating dentist provide services for all of the products offered by the contracting entity, including future product offerings. A plan may, however, terminate a participating provider's contract with 180 days written notice if the dentist does not agree to participate in a product the plan offers in the future.

Plans may not contractually prohibit dentists from entering into agreements with other contracting entities.

They are also prohibited from utilizing

"most favored nation" clauses in their participating provider agreements. A most favored nation clause can be used to require the contracting dentist to:

- Provide dental services at a lower price than is specified in the contract, or
- Accept a lower payment if the dentist has contracted with any other plan to provide dental services at a lower price, or
- Terminate or renegotiate the current contract if the dentist agrees to provide dental services to any other contracting entity at a lower price, or
- Disclose their contractual reimbursement rates with other contracting entities.

The Ohio Department of Insurance enforces Ohio's silent PPO statute.

Under current state law, plans may contractually obligate dentists to accept the plan's allowed fee for non-covered dental services. Dentists who do not like this are encouraged to contact their state representative (<https://www.legislature.ohio.gov/legislators/find-my-legislators>) in support of House Bill 95.

See **INSURANCE**, page 11

ODA members who would like to submit a dental insurance related question, problem or concern may do so by sending the appropriate information to the ODA Dental Insurance Working Group, 1370 Dublin Road, Columbus, OH 43215, or 614-486-0381 FAX, or chrism@oda.org. To see past issues of the Dental Insurance Corner, visit www.oda.org/news and choose the category "ODA Today" and subcategory "Dental Insurance Corner."

ODASC brightens your possibilities.



As an exclusive benefit to Ohio Dental Association members, ODASC offers the opportunity to purchase teeth whitening gel at a discounted rate.

Available in three concentrations – 16, 22 and 35 percent – each 3cc syringe is only \$5*.

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OHIO DENTAL ASSOCIATION SERVICES CORPORATION, INC.

Ohio Dental Association thanks Give Kids a Smile volunteers

Give Kids a Smile is a year-round children's access to care event through the American Dental Association, Ohio Dental Association and local component dental societies. Dentists and dental professionals volunteer their time to provide screenings, treatments and oral health education to Ohio children.

Across Ohio, local dental societies and individual dental offices hold Give Kids a Smile events throughout the year. For 2015, about 1,600 volunteers are expected to provide nearly \$800,000 in care to about 19,000 children in need in Ohio.

Below is a list of participating dentists by dental society and participating clinics and other organizations. Please contact Laura Maguire, ODA public service assistant, at laura@oda.org or (800) 282-1526 if there are any corrections or additions to this list. Thank you to all Give Kids a Smile volunteers for their commitment to providing care to underserved children in Ohio. You make a difference! And a special thank you to the dental students from Case Western Reserve University School of Dental Medicine and The Ohio State University College of Dentistry.

2015 Give Kids a Smile Participants

Akron

Dr. Marvin Cohen
Dr. Robert Demboski
Dr. Eric Dennis
Dr. Kristie Engler
Dr. Ann Graney
Dr. Elyse Grothouse
Dr. Carmen Lenghel
Dr. Andrea Leung
Dr. Nick Limbert
Dr. Stephanie Morris
Dr. Disha H. Pennington
Dr. Jason Perlman
Dr. Mark Perko
Dr. David Pipitone
Dr. Wen Sun
Dr. Raj Vij
Dr. Derek Vinkovich

Central Ohio

Dr. Irene Lin
Dr. Glen McMurray
Dr. Autumn Sackett
Dr. Darrel Scott
Dr. Tyler Scott
Dr. Ryan Higgins

Cincinnati

Dr. Richard M. Cronley
Dr. Laura Goodell
Dr. Elizabeth Mueller
Dr. James Pierce
Dr. Lisa Rudolph
Dr. Drake Tollefson
Dr. Janie Walker

Columbus

Dr. Amy Aston
Dr. Gabrielle Balderman
Dr. Janet Bolina
Dr. Aaron Carroll
Dr. Katherine Carroll
Dr. Daniel Claman
Dr. Meghan Condit
Dr. James Cottle
Dr. Catherine Flaitz
Dr. Timothy Followell
Dr. Kimberly Gill
Dr. Erin Gross
Dr. Darryl Hamamoto
Dr. Xu Han
Dr. David Itkoff
Dr. Andrea Kamel
Dr. Gerald Kasso
Dr. Ashok Kumar
Dr. Hemanth Kunduru
Dr. Lesley Latham
Dr. Veronique Lebel
Dr. Patrick Lloyd
Dr. Timothy March
Dr. Veronica Mitko
Dr. Kara Morris
Dr. Mark Morrison
Dr. Kevin O'Grady
Dr. Colleen Orellana
Dr. Diana Park
Dr. Lindsay Pigg
Dr. Jessica Pizano
Dr. Daniel Reed
Dr. Gabriel Ross
Dr. Aparna Sadineni
Dr. Perry Sarle
Dr. Hilary Soller
Dr. Alexander Stamos
Dr. Bryan Tervo
Dr. Susan Tikson
Dr. Eric Van Gilder
Dr. Christine Vollmar
Dr. Gabriella Weiss

Dr. Karyn White

Corydon Palmer

Dr. Joe Baytosh
Dr. Armando Bengochea
Dr. Jeff Caldwell
Dr. Daniel M. DeAngelo
Dr. Randy DelBene
Dr. Lori Fitzgerald
Dr. Agata Kluz
Dr. Jeffrey C. LaFuria
Dr. Jeff Logan
Dr. Marilyn Marks-Davis
Dr. Giannina McBryde
Dr. Kathleen Montgomery
Dr. Michael Moore
Dr. Sergio Nadler
Dr. Javier Prieto
Dr. Sangeetha Sethi
Dr. Crystel Shaia
Dr. Michael Shelestak
Dr. Sheffali Sheth-Nadler
Dr. Tyler Tomkinson
Dr. Steve Watts

Dayton

Dr. Michael Halasz
Dr. Rob Mazzola
Dr. Judy Robinson
Dr. Thomas D. Theil
Dr. Brad Vosler
Dr. Paula Vosler
Dr. Bob Wolcott

Eastern Ohio

Dr. Joseph DePalma
Dr. Jack Irvin
Dr. Thomas Matanzo
Dr. Robert Ronevich
Dr. Ryan Starkey
Dr. Ted Starkey

Greater Cleveland

Dr. Roderick H. Adams
Dr. Jeff M. Berlin
Dr. Jeff Castel
Dr. Christopher M. Connell
Dr. Thomas G. Coreno
Dr. Sasha Davisson
Dr. Hala Dawed
Dr. Lora Elias
Dr. Margaret E. Ferretti
Dr. Daniel Florian
Dr. Michael E. Gallagher
Dr. Tom Gerosky
Dr. Daniel M. Gindi
Dr. Betty A. Haberkamp
Dr. Jennifer A. Kale
Dr. Steven J. Katz
Dr. Thomas S. Kelly
Dr. Christine A. Kepley
Dr. Linda Kerata
Dr. Ronald P. Kolodziej
Dr. Diana A. Kyrkos
Dr. Matt Lemke
Dr. Ronald P. Lemmo
Dr. Sylvia Malcmacher Kramer
Dr. Emily M. Mellion
Dr. Dennis J. Ostrowski
Dr. Stephan H. Parker
Dr. Madge Y. Potts-Williams
Dr. Rockland A. Ray
Dr. Robert R. Reese
Dr. Michael E. Skerl
Dr. Louay Taifour
Dr. Amberlee Taylor
Dr. Nathaniel M. Taylor
Dr. Samuel E. Taylor
Dr. Evan D. Tetelman

Dr. Shira L. Tor

Dr. Danae J. Willenberg
Dr. Kevin M. Woody
Dr. April A. Yanda
Dr. Jeffrey A. Young
Dr. Emily A. Zeisler

Keely

Dr. Linda Albright
Dr. Pat Hoban
Dr. Berta Howard
Dr. Steve Moore
Dr. Dave Vorherr
Dr. Mike Vorherr

Lorain County

Dr. Laura Pall
Dr. Melanie Satterfield

Maumee Valley

Dr. David Behringer
Dr. Michael Carpenter
Dr. Gregory Cousino
Dr. Thomas Cromwell
Dr. Michael Mott
Dr. Tyler Pittman
Dr. Paul Wyse

Muskingum

Dr. Denise Antalis

North Central Ohio

Dr. April Davis
Dr. Steven Geroski
Dr. Thomas Guernsey
Dr. Gregory Hart
Dr. Lata Stefano
Dr. Tim Sulken
Dr. Peter Wolfram

Northeastern Ohio

Dr. Richard Cavolo
Dr. Jackie Cerar
Dr. Kim Gardner
Dr. Cary Goldstein
Dr. Richard Gustafarro
Dr. William Nelson
Dr. Elliot Rice
Dr. Lisa Richards
Dr. Crystal Schneider
Dr. Richard Scherbauer
Dr. Greg Snevel
Dr. Casandra Tessaro

Northwestern Ohio

Dr. Kyle Amspaugh
Dr. Stan Doty
Dr. Nancy Dysinger
Dr. Joseph Fulton
Dr. Bruce Heater
Dr. Emily Heintzelman
Dr. Kathryn Lewis
Dr. Tom Mitchell
Dr. Bruce Mutchler
Dr. Anupama Palakodeti
Dr. JD Reimschiessel
Dr. John Strawman
Dr. Ronald Walker

Rehwinkel

Dr. Phil Burwinkel
Dr. Anne Burwinkel-McKenzie
Dr. Daniel J. Clark
Dr. Joseph Jordan

Southern Ohio

Dr. Amy Heim
Dr. Robert Nelson
Dr. Larry Wright

Stark County

Dr. Brian Ash
Dr. John Ash
Dr. Caleb Beam
Dr. Valerie Bell
Dr. Mike Bernard
Dr. Jim Birong
Dr. Tom Birong
Dr. Larry Brandau
Dr. Greg Brandau
Dr. Robert Burns
Dr. Emily Cheyney
Dr. Ben Cook
Dr. Jaime Darr

Dr. Steve Dowell

Dr. David Farinacci

Dr. Dave Fleming

Dr. Gary Giammarco

Dr. Tom Graham

Dr. Mark Gustafson

Dr. James Hegyi

Dr. Anthony Johnson

Dr. Alan Kiefer

Dr. Faiza Khimji

Dr. Jay Maxfield

Dr. Matthew Miller

Dr. Frank Omerza

Dr. Tom Paumier

Dr. Kathy Petit

Dr. "Ragu" Ragunathan

Dr. Cindy Rohrbaugh

Dr. Heidi Rosenthal

Dr. Byron Rossi

Dr. Kelly Roth

Dr. Ron Saxen

Dr. Ron Stanich

Dr. Erwin Su

Dr. Mike Thomas

Dr. Bruce Treiber

Dr. Jeremy Unger

Dr. Patrick Walsh

Dr. Joe Wigfield

Dr. Mike Williams

Dr. George R. Williams

Dr. George T. Williams

Dr. Mike Winick

Dr. Sam Wise

Toledo

Dr. Amy Augustine
Dr. Amy Barricklow
Dr. Ted Beitelschees
Dr. Johnathan Birchmeier
Dr. Patrick Bowman

Dental Clinics

Axess Pointe Community Health Resources in Barberton
Case Western Reserve University School of Dental Medicine
Choffin Career and Technical Center Dental Clinic
Colgate Bright Smiles, Bright Futures Mobile Van
Cuyahoga Community College Dental Hygiene Clinic
DCNWO, Findlay Smiles
Dental Center of Northwest Ohio
Eastern Gateway Community College
Family Health Dental Clinic
Fortis College Dental Assisting Clinic
Junior League of Cincinnati
Lakeland Community College Dental Hygiene Clinic
Mercy Medical Center
Owens Community College Dental Clinic
Primary Health Solutions in Middletown
Shawnee State University Dental Hygiene Clinic
Sinclair College Dental Hygiene Program
Summa Health System Center for Dental Health
The Ohio State University College of Dentistry
Third Street Family Health Services
University of Toledo Medical Center Dental Clinic
Viola Startzman Free Clinic

Dr. Kelly Bratsberg

Dr. Kenneth Brochin

Dr. Aurelio Bula

Dr. Robert Clines

Dr. Brian Custer

Dr. Lauren Czerniak

Dr. William J. Davis

Dr. Kaylynn Flippo

Dr. Jonathan Frankel

Dr. Shabbir Hashim

Dr. Michael Kastner

Dr. Scott Kelly

Dr. Nadeem Khan

Dr. Erin Knierim

Dr. Emily Kuns

Dr. Joshua Leavitt

Dr. Brighton Mansfield

Dr. James Mayer

Dr. Matthew Nakfoor

Dr. Michael Nedley

Dr. Keith Norwalk

Dr. Frank Pace

Dr. Ashley Paulus

Dr. Tracy Poole

Dr. Richard Salander

Dr. Joe Sexton

Dr. Stephen Shall

Dr. Kristen Shumate

Dr. Brandon Veremes

Dr. Paul Vesoulis

Dr. Heath Wallace

Dr. Jennifer Zoll

W.D. Miller

Dr. Tom Beattie
Dr. Robert Burns
Dr. Michelle Carpenter
Dr. Dave Dove
Dr. Jennifer Gordona
Dr. Brian Howe
Dr. Aaron Long
Dr. Lisa Meyer
Dr. David Pressler
Dr. Jon Musser
Dr. Scott Null
Dr. Richard Sprang

Western

Dr. Christopher Ashby
Dr. Charles Edelen
Dr. William Lee Huskey
Dr. Damen Patel
Dr. Patrick Sovacoool
Dr. Jeff Van Treese

'JADA' publishes updated guidelines on use of antibiotics prior to dental procedures in patients with prosthetic joints

Overview of updated recommendations for prescribing antibiotics prior to treating patients with prosthetic joints

According to an article published in the January 2015 "Journal of the American Dental Association," the ADA Council on Scientific Affairs convened a panel of experts in 2014 to develop an evidence-based clinical practice guideline (CPG) on the use of prophylactic antibiotics in patients with prosthetic joints who are undergoing dental procedures.

The panel found that current best evidence failed to demonstrate an association between dental procedures and prosthetic joint infection (PJI). The panel also provided information about antibiotic resistance, adverse drug reactions and costs associated with prescribing antibiotics.

The panel made the following recommendations:

- In general, for patients with prosthetic joint implants, prophylactic antibiotics are not recommended prior to dental procedures to prevent prosthetic joint infection.
- The practitioner and patient should consider possible clinical circumstances that may suggest the presence of a significant medical risk in providing dental care without antibiotic prophylaxis, as well as the known risks of frequent or widespread antibiotic use.
- Practitioners should integrate their professional judgment with this clinical recommendation and the patient's needs and preferences.

To read the complete recommendations, visit <http://jada.ada.org/article/S0002-8177%2814%2900019-1/fulltext>.

Antibiotics and joint replacement: Review of current guidelines

The following article is part of a series of reviews encompassing various medical issues relevant to dentistry today. The ODA Dental Education and Licensure Committee (DELIC) recruited a handful of experts to write these concise reviews to inform our member dentists about the most current opinions, positions and evidence on the topics. We hope these reviews stimulate our readers to do further research on the topics and/or they stimulate discussions among peers. The articles have been reviewed by members of the DELIC, but represent the opinions of the authors and not necessarily those of the DELIC or the ODA.

By Dr. Bryan Tervo

Hundreds of thousands of total joint replacement (TJR) surgeries are performed each year. The Centers for Disease Control and Prevention reported in 2010 that 719,000 total knee and 332,000 total hip replacements were performed (National Hospital Discharge Survey: 2010 Table). The guideline for how dentists should safely manage patients with prosthetic joints has been revised and updated many times, and the status of the 2012 guideline is frequently questioned. The most recently published guidelines in the

January 2015 issue of the "Journal of the American Dental Association" do help clarify the issue.

In 2003, the American Dental Association (ADA) published an article in conjunction with the American Academy of Orthopedic Surgeons (AAOS) (JADA, Vol. 134, July 2003) stating that patients who have had TJR surgery should be premedicated for the first two years after surgery using the same guidelines established by the American Heart Association for prophylaxis of infective endocarditis. This meant that, for a period of two years following TJR, the patient would take either 2 grams of amoxicillin or 600 mg of clindamycin one hour prior to dental procedures likely to cause bleeding. After two years, premedication was only recommended for "high-risk patients," for example, those patients who are immunosuppressed, suffer from uncontrolled diabetes or those with previously infected joints.

In 2009, the AAOS released an "information statement" entitled, "Antibiotic Prophylaxis for Bacteremia in Patients with Joint Replacements." This updated statement took a different approach to prophylaxis, stating,

"Given the potential adverse outcomes and cost of treating an in-

fectured joint replacement, the AAOS recommends that clinicians consider antibiotic prophylaxis for all total joint patients prior to any procedure that may cause bacteremia."

This effectively removed the two-year limit, and intimated that all patients who underwent TJR should receive prophylaxis, for every dental procedure. The American Academy of Oral Medicine stated the following year that, because the information statement was more opinion than guideline, the 2003 guideline, which recommended prophylaxis for only two years, should still be followed.

A major concern among health care professionals about the continual administration of antibiotics for dental appointments is development of antimicrobial resistance. This has been an increasing problem in health care for the past several years. Realization of this problem came to a head when, during a 2009 EU and U.S. Healthcare Summit, the Transatlantic Taskforce on Antimicrobial Resistance (TATFAR) was developed. Their report included such statements as, "Studies indicate that nearly 50 percent of antimicrobial use in hospitals is unnecessary or inappropriate," and, "Antimicrobial drugs are critical to human and veterinary health. However, since their employment

contributes to the emergence of drug-resistant organisms, these essential drugs must be used appropriately in human and veterinary medicine to avoid use that unnecessarily adds to resistance development without benefit to human or animal health." (Recommendations for future collaboration between the U.S. and EU. Transatlantic Taskforce on Antimicrobial Resistance, 2011)

In their article entitled "Antibiotic prophylaxis in dentistry: an update", Little and Falace, et al. wrote,

"Risks associated with antibiotics include allergic reactions (for example, anaphylaxis), development of antibiotic-resistant bacteria, development of superinfections, pseudomembranous colitis, cross-reactions with other drugs, and death."

Among other observations, this article points out that continual use of antibiotics may not only decrease the chances an antibiotic will work effectively, but may increase the chances of a patient developing a severe allergic-type response to repeated-use antibiotics. Furthermore, in their textbook, "Dental Management of the Medically Compromised Patient," Little et al. observed,

See GUIDELINES, page 11

Conflict between AAOS and ADA guidelines for prophylaxis of orthopedic joint replacement patients: What should I do?

By Dr. Thomas Paumier

There was much confusion among dental practitioners, orthopedic surgeons and patients after the 2012 Joint Recommendations from the AAOS/ADA related to antibiotic prophylaxis for patients with prosthetic joints. While it appeared clear that there was no scientific evidence for a protective benefit of prophylaxis and no association between dental procedure induced bacteremia and prosthetic joint infection (PJI), the guidelines were ambiguous and essentially recommended letting the patient decide. This put dentists in the difficult situation of a potential legal risk regardless of whether he or she recommended for or against prophylaxis should there be an adverse outcome. It also left patients frustrated and confused as to the best choice. So, most often, clinicians relied on the 2003 guidelines recommending prophylaxis in the first two years after surgery, or lifetime prophylaxis for those patients considered high risk. Further complicating the issue was the 2009 opinion for lifetime prophylaxis that was independently issued by the AAOS.

The ADA, inundated by pleas from members to clarify the guidelines, convened a panel in 2013, at the direction of the Council on Scientific Affairs, to

re-evaluate the systematic review done by the 2012 joint AAOS/ADA panel and evaluate any additional research. The goal was to provide a guideline with more clarity. I was fortunate to be asked to participate on that panel. While I have heard criticism that the new Clinical Practice Guideline (CPG) would have more impact if it had been developed with input from the orthopedic community, it is unlikely that this would have achieved the goal set for this committee. The ADA understood the predicament its members faced relative to the unclear 2012 guideline and formed the expert panel to provide an evidence based CPG to give guidance to members to provide the most appropriate care for their patients, given the current literature. While it would be better to have a consensus statement to minimize confusion for patients who hear mixed messages from their dentists and orthopedic surgeons, the ADA realized its obligation was to the member dentist. We also wanted to ensure the science would dictate the outcome. I applaud the ADA on living up to its strategic plan of "Members First 2020."

The 2014 Panel decided that only direct and not surrogate evidence would be considered in shaping the new CPG. The new guideline states "In general, for patients

with prosthetic joint implants, prophylactic antibiotics are NOT recommended prior to dental procedures to prevent prosthetic joint infection." As with all evidence based guidelines, it continues with a qualifier that the clinician and patient should consider all of the patient's unique medical/health risks in arriving at a decision for or against prophylaxis. To some clinicians this gives them pause and they either consider defaulting to the previous guidelines or abdicating the decision to the orthopedic surgeon, both of which may put them and the patient at risk. I hope to provide you with confidence that in deciding to follow the 2014 CPG, you are not placing the patient at risk of PJI, or yourself at increased legal risk.

Let's consider the surrogate evidence as well as the direct evidence that NOT providing prophylaxis prior to dental procedures is the right decision. It is reported that there is no clinically significant difference between bacteremia induced from dental procedures such as extraction or scaling, or those induced from chewing or brushing teeth. It also seems clear that antibiotics taken prior to manipulation of mucosal tissue (whether by chewing or dental procedure) will decrease the bacteremia. It is also evident that while the bacteremia is reduced, this may not

provide protection against PJI. Why might this be the case? The microbiology of PJI being predominantly staph, and the oral flora being largely strep with very few strains of staph, explains the lack of association between oral-induced bacteremia and PJI. So, if you were to feel prophylaxis were appropriate or beneficial, then it would require daily, if not multiple times daily antibiotics, as normal daily activity-induced bacteremia, if causative for PJI, would put the patient at continual risk. To me the take home lesson for the patient is that good oral health, not antibiotic prophylaxis, reduces bacteremia, and risk for any distant site infection such as PJI.

The incidence of PJI is approximately 2 percent, the majority of which occur in the first two years, with the highest percentage being in the first year and most associated with a smoldering infection from the time of surgery. Studies conducted to explore late PJI and any causal sentinel event, if there was one identifiable, found that they were mostly related to dermatologic infections, seldom dental problems. Again, even if the patient had seen the dentist proximate to the PJI, and oral strep were cultured from the infected joint (rare), you could not determine if the

See CONFLICT, page 11

INSURANCE, from page 8

Even if the dentist did not realize it at the time he or she signed the initial contract, there can be an upside to these types of arrangements if new patients are attracted to the dentist's office than otherwise would have been.

The downside comes if the arrangement results in current patients being extended a fee discount for a service they would otherwise pay either the dentist's usual fee or even a higher rate discounted fee. Unfortunately for the callers who typically contact the ODA, the situation involves the dentist seeing an unintended consequence of a decrease in the fee level he or she can collect.

Contract language such as: "XYZ PPO may, at any time, assign this agreement or any of its rights, or delegates any of its duties or obligations in whole or part set forth herein, to any of its affiliated companies or any other corporate entity" or "this agreement may be assigned only by XYZ PPO" or "dentist agrees that his/her contractual rights and responsibilities may not be assigned or delegated by dentist

without prior written consent of XYZ PPO [but there is no similar restriction on XYZ PPO to transfer the agreement]" can obligate the dentist to extend the discounted fees to groups other than the one the dentist initially contracted with.

The dental association has a service that assists dentists in understanding these and many other types of contractual obligations before the dentist finds himself/herself legally bound by them.

The Contract Analysis Service takes contract legalese and translates it into easy-to-understand language that enables dentists to make informed contracting decisions.

It identifies potentially problematic contract provisions and their possible impact on the dental practice. This information can help the dentist have a fuller understanding of what to expect as a result of entering into the agreement.

To utilize the Contract Analysis Service, ODA members simply need to contact the ODA Department of Dental Services at (800) 282-1526 and request an analysis for whichever contract they are considering. If the contract has already been ana-

lyzed, then its analysis will be sent to the member at no charge. If the contract has not been previously submitted to the ODA for review, then the dentist will be asked to send the ODA an unsigned copy of the contract. The ODA will then forward it to the American Dental Association where the ADA's attorneys will analyze it. The ADA will return the completed analysis to the ODA, which will then provide it to the member dentist, again at no charge.

Member dentists who submit analysis requests directly to the ADA are charged a \$50 fee per contract analyzed.

"I strongly encourage ODA members who are considering joining into a contract with a PPO, IPA, DHMO, etc. to first obtain an analysis through the Contract Analysis Service," said Dr. Manny Chopra, chair of the ODA Council on Dental Care Programs and Dental Practice. "This is an outstanding member service. To better understand their contractual obligations a dentist could easily pay an attorney \$300 to \$500 for this type of legal analysis, but by being an ODA member, a dentist can access it at no charge."

Dentists are also advised that it is a

good idea to review the contract and its analysis with their professional liability carrier and, if necessary, legal counsel.

The Contract Analysis Service also analyzes dental management service organization (DMSO) contracts and contracts that offer dental school students scholarships or loans in exchange for a commitment for future employment.

Other free resources that are available to ADA members include: "What Every Dentist Should Know Before Signing a Dental Provider Contract," "Negotiating Dental Plans: A Guide for Dentists," "What Every Dentist Should Know Before Affiliating With a DMSO: A Legal Perspective," and "What Every Dental Student Should Know Before Signing an Agreement Offering a Scholarship or Loan in Exchange for a Work Commitment." These documents may be obtained at no charge by visiting ADA.org at www.ada.org/members/law/issues_business.asp or calling the ADA at (800) 621-8099.

Some information from the March 2015 American Dental Association Dental Snippet was used in this article.

GUIDELINES, from page 10

"It also is important to recognize that the use of antibiotics is not risk free and is associated with allergic reactions, adverse drug effects and promotion of antibiotic resistance."

In 2012, the ADA and AAOS released what they refer to as a "Clinical Practice Guideline," or CPG, entitled, "The Prevention of Orthopaedic Implant Infections in Patients Undergoing Dental Procedures: Evidence-based Guideline and Evidence Report." In contrast to previous information or position statements, this guideline is evidence-based, developed using a "systematic approach," and was designed to replace previous statements made by the groups.

This guideline states:

"The practitioner might consider discontinuing the practice of routinely prescribing prophylactic antibiotics for patients with hip and knee prosthetic joint implants undergoing dental procedures."

The strength of this recommendation is described by both groups as "limited," meaning that "well-conducted studies show little clear advantage to one approach versus another," and that "practitioners should be cautious in deciding to follow a recommendation classified as limited," being sure to exercise judgment and to keep patient preference in mind when deciding whether or not to premedicate with antibiotics. In a press release, the chair of the AAOS Evidence Based Practice Committee, David Jevsevar, MD, MBA, said,

"What we found in this analysis is that there is no conclusive evidence that demonstrates a need to routinely administer antibiotics to patients with an orthopedic implant, who undergo dental procedures."

In 2014, a panel of experts convened by the American Dental Association Council on Scientific Affairs developed an evidence-based clinical practice guideline (CPG) on the use of prophylactic antibiotics in patients with prosthetic joints

who are undergoing dental procedures. This panel was organized in an effort to interpret and clarify the 2012 report, and give a specific direction to the use of antibiotics with prosthetic joints. The panel judged that there is no association between dental procedures and the occurrence of prosthetic joint infections, or PJIs. Considering that the current best evidence failed to demonstrate an association between dental procedures and PJIs, and considering factors such as antibiotic resistance, adverse drug reactions, and medication costs, the 2014 Panel made the following clinical recommendation:

"In general, for patients with prosthetic joint implants, prophylactic antibiotics are not recommended prior to dental procedures to prevent prosthetic joint infection. The practitioner and patient should consider possible clinical circumstances that may suggest the presence of a significant medical risk in providing dental care without antibiotic prophylaxis, as well as the known risks of frequent

or widespread antibiotic use." (JADA, January 2015 Volume 146, Issue 1, Pages 11–16).

It is important to be mindful of the current CPG when treating patients who present with prosthetic joints. Summarizing the recommendation from the 2014 Panel, prophylactic antibiotics are not recommended for prevention of PJI. However, it is also wise to thoroughly consider a patient's medical history when deciding whether or not to premedicate, especially in a hospital setting or when dealing with severely medically compromised patients. In these situations, or in situations when the dentist is unsure, an open discussion between patient, dentist and orthopedist regarding the specific situation and the current Clinical Practice Guideline should take place, weighing the potential risks of antibiotic administration against perceived benefits.

Bryan Tervo, DDS, serves as the associate director of the General Practice Residency at The Ohio State University College of Dentistry.

CONFLICT, from page 10

cause was the dental procedure or the chronic bacteremia from normal daily activities.

A common response seems to be: "Well, I'm still concerned that since I have always used prophylaxis and I've never encountered a patient who developed a PJI after my care, that I'll just continue using antibiotics prior to treatment, especially since the majority of orthopedic

surgeons still recommend prophylaxis for life. Clearly, as physicians they are more qualified than me to understand how to protect the joint. And what could it hurt?" First, you as the dentist should be well informed and qualified to decide for or against prophylaxis. And consulting the surgeon does not release you from liability should there be an adverse outcome, especially if you write the prescription and the patient has problems related to the antibiotic. If the orthopedic surgeon

recommends prophylaxis, and the patient prefers prophylaxis, I would ask the physician to write the prescription. There are over 500,000 infections related to C. diff resulting in 29,000 deaths per year. Recognizing many patients with prosthetic joints are elderly and have other health issues and may have taken antibiotics shortly before dental care, antibiotic prophylaxis may increase their risk for opportunistic infection by C. difficile.

"So, when might I consider prophylaxis with antibiotics for patients with prosthetic joints?" The 2003 joint guidelines identified patients who may be at "high risk" for a PJI following dental treatment. The evidence is clear that any additional risk for PJI is unrelated to dental care. There were identifiable factors that increased a patient's risk for a PJI, but they were all associated with the joint replacement surgery itself. They included drainage, infection or hematoma at the surgical site, or a post-operative urinary tract infection (UTI). Pre-operative medical conditions such as diabetes, kidney disease, immunosuppression or steroid use were not likely clinically relevant risk factors. So, from a dental perspective no "high risk" patients related to PJI have been identified. It would be the unusual circumstance to recommend prophylaxis for a patient with orthopedic joint replacement(s) in a community practice or other ambulatory dental care setting. Although there is no data to support it, prophylaxis might be

prudent with a severely medically compromised patient with a high risk for ANY infection, if the risk of taking the antibiotic were less than any perceived benefit. As with all clinical decisions, weighing the best available science, the individual patient's medical history and preferences, and all risks and benefits should guide your decision making.

In review, the evidence fails to demonstrate an association between dental procedures and PJI or any protection for PJI from antibiotic prophylaxis. Given this, in conjunction with the potential harm from antibiotic use, prophylaxis with antibiotics prior to dental procedures to prevent PJI is not recommended. It is difficult to change clinical practice models that have been in place for many years and have been generally accepted. But, having been at the table and seeing first-hand the expertise in medicine, microbiology, epidemiology and critical evaluation of the literature demonstrated by our dental colleague experts who composed the 2014 panel, I am confident this CPG is appropriate. I'm hopeful it will be embraced by both the dental and medical community. I'm proud that the ADA took the lead in developing this guideline and hope all dentists see this clarification as a valuable member benefit.

Thomas Paumier, DDS, served on the panel of experts that developed the 2014 guidelines. He is also currently serving as the ODA president.

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The Explorer

Matthew J. Messina, DDS
Executive Editor

Piranha culture

The obvious lesson in the debacle of NBC TV news anchor Brian Williams is to stick to the truth and not overstate your resume. History is a stubborn thing. No matter what, the facts have a strange way of coming out eventually. I certainly don't condone his actions, but I feel sad for him. I hate to see anyone crash and burn, even if it is self-inflicted. Sadly, I may be in the minority these days.

The fall of Brian Williams is another example of our increasingly piranha culture. People reach prominence, but there are those who delight in bringing them down. As soon as they wobble on their perch, the combined amplification of Twitter, YouTube, Facebook, and all of the other new media outlets are only too ready to push them over. They hit the water and, after the first drop of blood, there is foam and froth. And then only the skeleton floats to the surface, bones gnawed clean.

It is a completely destructive phenomenon. Society is in no way made better by the destruction of an individual. This character assassination is also visited upon corporations and institutions, as well as entire professions. The systematic effort to drag down anyone or group held in high esteem will eventually have disastrous consequences to our society.

If achieving success makes you a target, why would anyone want to distance themselves from the pack? It starts at a young age, as we see this in schools. No one wants to get good grades and be ridiculed, so they all try to just get by and get along.

Once-respected professions regularly take their turn in the public pillory, as the media throw metaphorical rotten tomatoes at them. The effect of this is that

people in general no longer trust anyone. If we are all in it only for ourselves, the very fabric of society comes apart.

If we are repeatedly told that everyone is out to take advantage of each other and that there is no one you can trust but yourself, it becomes a lonely world. In addition, it is not a very productive society, since we really can't do everything for ourselves. We need the help of others at some point, and to get help, we need to trust someone, sometime.

As dentists, we realize how valuable our professional reputations are. My reputation allows me to help people, because they begin with the perception that they can trust me. Trust is the core of healing. I have spent more than 50 years building who I am, but I know it can be devoured by piranhas in seconds. All I have to do is give them the slightest opening.

As a profession, we are beset by those who would cast us as profiteering, uncaring fixers of teeth. When those who make these claims are from within the profession, it is far more troubling. When they tell a story, we dentists are the villains. As long as we let them tell the story to benefit their agenda.

Spring training has started and baseball is one of my passions. Time stops as the pitcher stands on the mound, deciding what pitch to throw. Nothing happens until he decides to move and release the ball. One of the things that attracts people to the profession of dentistry is the perception of control – that we determine our own destiny in a bigger way than most other health care professions. While it is still true that we have more autonomy than our physician colleagues, few dentists these days would describe their situation like that pitcher, standing on the mound, in total control of his environment.

We probably feel more like the batter. Waiting for something to happen. We are still in a better place, because, like the hitter, we don't have to swing at each pitch. We do get to choose a pitch we like, or that we think we can hit. If we just stand there, we may strike out. A bad end, though not the result anything we really did. In our inaction, we allow something negative to occur. We might, however, collect four balls and reach base on a walk. A lucky break, but we know in our heart

that our good fortune is not really earned.

The fear of the piranha can make us paralyzed, like the batter. Hoping for the best, but loath to commit to doing something. We stand, teetering on the edge, afraid.

A veteran baseball manager advised his young hitter to go up to the plate and swing at the pitches in the beginning of his big league career. "Don't try to be selective, just see the ball and hit it." It takes the paralysis out of the situation. Striking out is painful, but it's OK. If you miss, you get to have another at-bat later. But if you don't swing, nothing really good is ever going to happen.

Much as I revere the sport, as dentists I'd like to suggest that we stop thinking baseball, and start to think tennis. It's called serve-serve. You don't get to stand there. You must receive the serve. You return the serve in order to continue play. The best players don't just return the serve. They are aggressive and plan where to hit the ball back. To control the play and set up their next shot.

The best defense against a piranha culture is to go on offense and return serve with a plan. Tennis pros and amateurs alike await a serve with anticipation. On the balls of their feet, ready to move quickly from side to side. They adopt a coiled posture, ready to explode into the ball.

If we are to keep our profession in high esteem, we can't sit idly by, waiting on pitches, afraid to swing. We need to prepare and be ready. When life gives us difficult serves, we content ourselves with simply returning it to the opposing court and getting ready for the next play. But when we get something sent our way that we can handle, which happens far more often than we may think, we jump on it and win the point.

Success, then, comes from preparation and practice. And the willingness to be bold and seek to win. Staying in the pack may be safer, but in the long run, success is the reason we went into dentistry. If we stay quiet and out of sight, we doom our patients to average and the profession doesn't live up to our potential. We owe it to our patients to lead. That way, we can keep the piranhas at bay.

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Just Think About It

Paul S. Casamassimo, DDS, MS,
FAAPD, FRCSEd, Guest Columnist

Did you do that?

The Centers for Disease Control and Prevention, or CDC as we know them, in between scrambling to prevent Ebola's establishment on our shores and searching for dusty vials of anthrax in its labs, has begun to release new data on early childhood caries (ECC). This new information points to a 180 degree turn for a dental condition that just 10 years ago was heading into uncharted endemic proportions. Back in the early 2000s, the CDC was stumped to explain why ECC in 2- to 5-year-olds had jumped significantly over the previous 10 years. Part of their nonplussed reaction was that tooth decay in permanent teeth, in contrast, had continued its decline of 30 years. This newest data on ECC, based on well-structured national surveillance studies, suggests that ECC is now tracking more closely with permanent tooth decay. Further, and as difficult to explain, is that treatment of ECC

in that same age group has skyrocketed, particularly among the poorest children.

We should all be cheering. Not only is ECC difficult to treat in toddlers, but it has been linked to continued infection and a predilection for permanent tooth decay in those afflicted early in life, often in spite of intense prevention. Someone is caring for these children, and while the chicken-littles outside dentistry still call for a change in what they consider a failed system, it is difficult to ignore the fact that the group most resistant to care is getting it and getting better.

So, what's up with this change? I have my thoughts on treatment increases – more pediatric dentists than we've ever had, treating the young and using hospital care to provide large chunks of restorative care at a sitting. We have the corporate dental organizations that see several million children each year. We have a now well-established Head Start system that emphasizes prevention as well as treatment. And during the Great Recession, we probably had more than a few dentists seating young kids in otherwise empty dental chairs. The preventive effect we are seeing is probably a combination of better access to fluorides in various forms, particularly toothpaste and water systems, better oral health literacy that used to only be improved when a child entered school, and of course the Internet and social media.

Oh yes, then of course, there is you.

Huh? Has someone finally admitted that your offering a dental home in your community, your participation in oral health activities in schools, your collaboration with local health professionals, and your care of families across generations with the same consistent message of prevention has finally made a difference?

Duh! Yes.

My wife recently retired and was honored for her years of training Ohio State school counseling students. One tribute to her extrapolated the number of masters and doctoral counseling students she had mentored over her career to the number of children in schools around the country touched by these grads, to the tune of almost 2 million!

So just think about it, just in Ohio. Thousands of dentists for decades

See ECC, page 13

The views expressed in the monthly columns of the "ODA Today" are solely those of the author(s) and do not necessarily represent the view of the Ohio Dental Association (ODA). The columns are intended to offer opinions, information and general guidance and should not be construed as legal advice or as an endorsement by the ODA. Dentists should always seek the advice of their own legal counsel regarding specific circumstances.

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Guest
Columnist

Andrew Zucker, DDS

Production versus connection

How many times in the last year have you seen an advertisement for a new piece of technology, or a new dental material, or a new business seminar? If you're anything like me, then the answer is probably thousands. Now think of those advertisements. How many of them promised to increase your production? How many promised to improve the oral health of your patients?

Are we, as a profession, losing sight of our most important common goal? When you walk into your office in the morning, what's the first thing you think about? Do you think of your daily production goals, or do you think of the overall oral health of the patients on your schedule? When you walk into a hygiene room to do an exam, are you thinking about production or that individual patient's oral health? Are you recommending crowns on perfectly healthy teeth because you missed yesterday's production goal? Are you glossing over the long term cost and maintenance requirements of elective cosmetic procedures to help make a sale?

I believe the vast majority of our colleagues put their patients' best interests ahead of their own financial interests. But with every passing year, I start to question that belief more and more. Sales reps are touting products to increase production when they don't even understand how the products work. More seminars are based purely on increasing production, completely ignoring the matter of ethical

treatment planning. Dentists are offering a more diverse range of services. Is this because they feel those services are in the patient's best interest, or because those services are "non-covered" and the dentist can charge more for them?

There was a time when dentists were among the most respected professionals in American society. According to some polls, we still are. But make no mistake; our public trust is waning. More adults are choosing not to see the dentist. More "at home" kits are being marketed for everything from operative dentistry to orthodontics. Perhaps the public is losing their trust in our ability to separate our own personal finances from their oral health.

As dentistry and medicine evolve more into group practice settings, providers are losing the personal connection to each and every patient in their practice. It is becoming easier for us to view our patients as anonymous mouths and diagnose all sorts of imaginary ailments in order to squeeze dollars out of those mouths.

We all know and understand the second

principle in the ADA Code of Ethics: non-maleficence. We agree to "do no harm" upon entering the dental profession, and we seem to be reminded of this principle more often than the others. But simply doing no harm sets the bar far too low. We must elevate the other four principles: autonomy, beneficence, justice and veracity. We must let patients decide what is best for them. We must strive to do good, be fair, and be truthful.

When a patient comes into your office without any dental pathology, you don't have to look harder. You don't have to get out every piece of technology on the market in order to find something that isn't there. Simply congratulate your patient on a job well done and go home happy in the knowledge that your prevention program and oral hygiene instructions are paying off. That's the kind of personal connection we need to strive for. Do not set goals to produce from your patients. Set goals to connect with your patients.

Dr. Zucker may be reached at andrew@sanduskysmile.com.

ECC, from page 12

putting forth a simple message of prevention themselves, through their dental hygienists, through reinforcement every six months. Those families take that message and give it to their children and over a generation, that message becomes behavior and behavior begets benefits! I

can pick on my buddy Dr. Kim Gardner, who has practiced in Chardon, Ohio, for many years, as my poster boy, to show this geometric phenomenon, but I could be talking about any of the thousands of you who have consistently offered your skills and knowledge in your practices to countless thousands of Ohio families. (See below).

The bump in treatment noted in these new findings paradoxically also nets more exposure to prevention and these visits have the added benefit of resolve by parents who have to worry and fret their way through restorative care for their toddler. No parents want to see their children undergo dental surgery when they have just begun to walk and talk! These are fiercely motivating events.

No one to date has been able to offer a bulletproof explanation for this decline in ECC and the rise in treatment. It is probably the result of many factors, not the least of which are your efforts on the front line every day and the overflow of that effort into word of mouth conversation, blogs, social media, public service announcements, parent-to-child daily life training and living by example.

The pundits can offer their opinion, but I know I am right!

Nice job – keep it up!

Dr. Casamassimo may be reached at casamassimo.1@osu.edu.

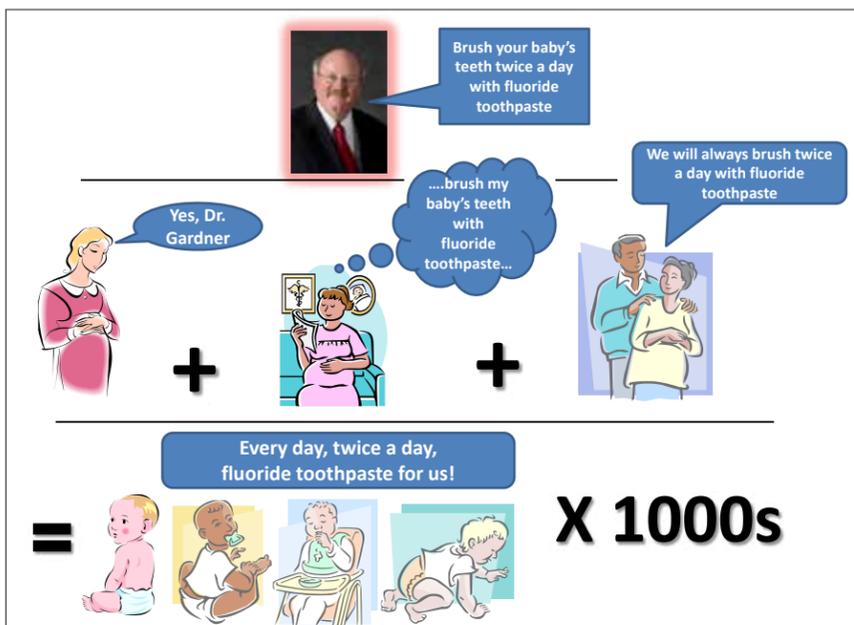


Illustration by Dr. Paul Casamassimo

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Dr. Recker also represents multiple national dental organizations and individual dentists in various matters, including First amendment litigation (i.e. advertising), judicial appeals of state board proceedings, civil rights actions against state agencies, and disputes with PPOs and DMSOs.



Todd Newkirk was formerly an Ohio Assistant Attorney General representing several Ohio State agencies. Mr. Newkirk has been associated with Dr. Recker since 2007 and has also represented many dentists across the country. Email Mr. Newkirk at newkirk@ddslaw.com.



Ms. Sandra Ertel, paralegal, has assisted Dr. Recker and Mr. Newkirk in preparing for, and attending, depositions, court appearances and hearings in multiple states.

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Associate position available in Kettering, Ohio 2 days per week. Opportunity to increase to 3-4 days per week. Please call Mr. Sullivan @ (937) 430-4317.

Associate with experience in private practice that is serious about wanting to purchase. CEREC and implant experience a definite plus! This is a long-term, high-tech practice in NE Ohio. The patients in this practice understand and appreciate quality and health. Send resume to jhmdds@gmail.com.

Be part of a successful, growing team. Licking County's largest dental practice is expanding to Fairfield County and is in need of an extraordinary associate dentist. The candidate needs to be

confident, capable with oral surgery and endodontic procedures and be able to excel in the transition of a long-established family practice. This opportunity has many intangible positives as an associate has the ability to take the reins of a practice, but also tap into the years of experience that our existing group of dentists possesses. If desired, this position has the opportunity of ownership as we expand our brand. All inquiries will be kept confidential. Send resume to minassarakinakis@hopewelldentalcare.com.

Cincinnati Dental Services, a multi-disciplinary group practice in the greater Cincinnati, OH area, is looking for General Dentists to join our team. We have openings in Fairfield, OH, Milford, OH, or Edgewood, KY. Our doctors enjoy a professional practice experience and comprehensive compensation and benefit package that includes medical, malpractice, disability and life insurances, flexible spending account, and a 401K program with employer matching contribution. Cincinnati Dental Services offers a complete range of routine, cosmetic and specialized dental health services including preventative care, whitening, crowns, dental implants, oral surgery, endodontics, pediatric dentistry and Invisalign. Please contact David Sylvestri at (781) 295-1131, or email dsylvestri@amdpi.com.

Cincinnati Ohio - Associate Dentist, Full Time, needed in our very busy, fast growing, and multiple-location General Practice. Qualifications must include either a year of General Practice experience or a GPR/AEGD residency. Please inquire by calling (513) 454-1800 or send resume to mmeister@meisterdds.com.

Dentist associate opportunity, full or part time. Generous compensation for the right candidate. Future partnership/ownership possible. Residential suite adjacent to office is available. Practice located east of Cincinnati. Call Mr. Sullivan at (937) 430-4317.

Dentist needed in Orrville for busy general practice. Part or full time and/or vacation coverage for owner dentist. Buy in/out option available but not necessary. Please respond via email to info@orrvilledentistry.com or call (330) 682-0911 and ask for Linda. Evening phone for dentist is (330) 828-2091.

Dentist, this is your opportunity! Located in NE suburb of Cleveland. Highly successful private General Practice with outstanding team in place. Looking for part-time/full-time Associate with option to buy in. Highly compensated, bonus, incentives, benefits include profit sharing. Fax resume to (440) 646-1354 or email to NicholasFrat@gmail.com.

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while we take care of the practice management for you. ImmediaDent is seeking Full Time and PRN Dentists with a passion to provide quality, same day comprehensive dental care to join our team in Ohio. With 22 modern offices in great locations, ImmediaDent offers all phases of general dentistry to a mix of new and existing patients on a scheduled and walk-in basis. Our Full Time Dentists achieve work life balance by working only 3 or 4 days per week with unlimited earning potential from our competitive base plus bonus compensation program. Full Time Dentists are additionally rewarded with a robust benefits package including medical, dental, vision, PTO, 401(k), paid malpractice insurance, and more. The ideal dentist for ImmediaDent enjoys performing a variety of dental procedures and is experienced in all phases of general dentistry including oral surgery and endodontics; new graduates with great clinical skills are encouraged to apply. Want to learn more? Contact Jennifer Pine at 913.428.1691 or via email at JenniferPine@immediadent.com. You can also visit us on the web at www.immediadent.com. EOE

Excellent opportunity for a general dentist in Northeast Ohio. Well established quality-oriented busy family practice looking for an associate with opportunity for ownership. Please call (440) 292-6216 or e-mail smiledentist@att.net.

Exciting opportunities for dentists, hygienists and assistants to provide children with quality dental care in schools in the Cleveland area and throughout Ohio. No evenings or weekends. Email resumes to jobs@smileprograms.com.

General Dentist. Community Health Services, a Federally Qualified Health Center located in Fremont Ohio is seeking a full-time dentist to practice in our state of the art dental office along with three other dental providers. Experience with electronic dental records is a plus. Excellent working hours, salary and benefits, including a company matched 401K plan and federal malpractice insurance. Interested candidates should email their resume to Tiffany Sedlar, Director of Human Resources at tsedlar@fremontchs.com. Please visit our website at fremontchs.com for more information.

General Dentist. Sign-On Bonus and Student Loan pay back assistance offered to the right Full Time Dentist for an established private practice in the Steubenville, Ohio area. This practice offers state-of-the art technology with an excellent, experienced and friendly staff in a great area. If you seek clinical autonomy, the opportunity to earn better than most average owner doctors in the US, ability to maintain a work-life balance, send resume to Dentist.Opps@comcast.net.

General dentist associate. We are looking

Advertisers Index

Dr. Harry Miller	7	Paragon Practice Transitions	16
Frank Recker DDS, JD	13	PNC Financial Services Corp.	14
Interactive Dental Seminars	11	Practice Impact	3
MDH Investment Management	4	Professional Solutions Insurance	2
National Practice Transitions Network	18	Superior Dental Care	16
ODASC	7, 8	Thomas Law Group	17
OSHA Review	5	Wickens, Herzer, Panza, Cook & Batista	5
Paragon Management Associates, Inc.	6		

Interested in advertising? ODA Today reaches 5,600 dentists and their staff each month. Contact Amy Szmania at (800) 282-1526 or amy@oda.org for more information.

for an enthusiastic, self motivated, compassionate associate to care for our patients in a growing family practice in Troy, OH. Digital x-rays and Cerec technology. Two years experience, endo, and oral surgery preferred. Please fax CV to (937) 836-6947 or email to mckinneydentistry@yahoo.com.

Geriatric dentistry. Full-time/part-time general dentists needed for nursing home and homebound patients, throughout the state of Ohio. All transportation, equipment, supplies, auxiliary and administrative staff provided. Daily minimum rate \$500+production+benefits. Join our team providing care for over 20 years. Please fax resume to (440) 888-8763.

I have clients looking for the right Associates with solid dental skills that wish to practice in the TOLEDO, FINDLAY or SANDUSKY, OHIO area. All are desirable practices that offer great pay and practice environment! If you have an interest in any one of these positions, please reply and attach your current CV. If you are not interested at this time and know of someone who might be, please forward this email: Dentalopportunities5@gmail.com.

Immediate opening. Associate needed in a very busy and well established Westlake family practice. Full time, Competitive pay. Great environment with an experienced staff. Send CV to smiledentist@att.net or

fax to (440) 268-0767.

Immediate opening in our well-established, busy and growing family practice. Dependable staff. Excellent salary. Qualifications must include either one year of general practice experience or a GPR/AEGD residency. Please inquire by sending resume to ReynoldsburgDentist@gmail.com.

Immediate Opportunity – Canton/Akron area. Merit Dental is seeking dental candidates for a practice opportunity in the Canton/Akron area. Our philosophy of preserving and supporting the traditional private practice setting provides a great work-life balance, excellent compensation and benefits, and unlimited opportunity for professional development. Our comprehensive support team takes care of the administrative details, providing you the freedom to lead your team while focusing on your patients and skills. If you possess a passion for providing quality care and are looking for a rewarding practice opportunity in the Canton/Akron area, please contact Brad Smith by phone at (715) 590-2467 or email at bsmith@midwest-dental.com. Visit our website or apply online at: www.mymeritdental.com.

Immediate Opportunity – Montgomery. Merit Dental is seeking dental candidates for a practice opportunity in Montgomery. Our philosophy of preserving and supporting the traditional private

practice setting provides a great work-life balance, excellent compensation and benefits, and unlimited opportunity for professional development. Our comprehensive support team takes care of the administrative details, providing you the freedom to lead your team while focusing on your patients and skills. If you possess a passion for providing quality care and are looking for a rewarding practice opportunity in Montgomery, please contact Brad Smith by phone at (715) 590-2467 or email at bsmith@midwest-dental.com. Visit our website or apply online at: www.mymeritdental.com.

Kettering, Ohio. Full time associate dentist wanted for busy, well-established family practice. This is an opportunity to work in a modern facility with the most current technology. Candidates must be team oriented, personable, enthusiastic, and dedicated to providing the highest level of care for patients of all ages, Experience a plus. Send your resume and contact information to Mary at forassociateresumes@gmail.com or fax to (937) 298-2304.

Northwest Columbus practice in need of an experienced Associate for a busy, high-end dental practice. Triple hygiene, cosmetic and restorative dentistry, crown and bridge. Full time. Excellent opportunity in well-established practice. Please contact Katie at katie@postledental.com for more information.

Part time dentist. Growing general practice on the east side of Columbus needs a dentist to work Saturdays and some Weekdays. An Ideal Candidate will be proficient in Endo and Surgical extractions as well as other aspects of General Dentistry. Please send CV to Pvadhids@gmail.com.

Part-time endodontist wanted for well-established Cleveland area Endodontic practice. Please email CV to rct16@bex.net or call (440) 653-1688.

Tired of the associateship or buyout that never seems to work out? If yes, then we have the associateship or fair buyout for you. Seeking a motivated, caring and hardworking general dentist for the Clayton/Englewood area of Dayton immediately. Please send CVs to daytontdentist@hotmail.com or call Sharon at (740) 644-0571.

Urgent need: We need an Oral Surgeon or GP with an interest in performing extractions in our office 40 minutes from Columbus. Half days or 1 day per week to start, for an unmet demand. Our schedule is flexible and will work around yours, and will offer a very fair production commission. Please email CV or resume: credzfan@aol.com.

We are a busy general dental office, requiring an experienced Periodontist two days per month on a commission basis. We are located on the west side of Columbus, Ohio. Please contact Bea Binsky, (614) 870-3337.

We are seeking a caring dentist to join our practice. Large, well-established client centered office looking for the right person who wants to be part of a team of true professionals. Our practice has a modern, progressive atmosphere with an outgoing multi-talented staff. State-of-the-art, freestanding building/facility in a growing, upscale suburban setting. Paperless, digital, CEREC omnicam, implants, sedation, etc. The right candidate will have a willingness to learn and an interest in Orthodontics is a plus. An outgoing personality will aid in marketing and public relations duties. Attention to detail and leadership abilities a must. This is an equity opportunity for a lifetime in a wonderful community for a long term career minded applicant. Visit us at Brookviewdental.com. If you are up for the challenge of a fantastic practice, contact us at asmilefixer21@gmail.com with CV and cover letter.

We have more patients that we can treat! We want to continue to provide our patients with high quality state of the art treatment but this requires that we invite an Associate Dentist to join our team. We participate in regular continuing education. We provide extensive cosmetic and restorative treatment for our patients. This is an opportunity to earn an excellent salary and to directly impact your future earning potential. For a confidential interview please call (513) 882-2792.

Equipment for Sale

Digital Panorex machine for sale, Panoramic Corp PC-1000 with digital conversion. Takes good panorex, 10 years old. \$7000. Ask for Jenny, (419) 472-6645.

Endodontist retiring and selling all equipment, instruments and supplies to one buyer. Includes Zeiss Opmi Pico Microscope, Schick Digital Imaging System, Root ZX II, System B, Sybron Vitality Scanner, Tulsa Dental Ultrasonic Units, Endo Mate Rotary System, Handpieces, Nonsurgical and Surgical Kits, Ultrasonic Cleaner. Many additional instruments and supplies. Email: tfogarty@woh.rr.com.

Liquidating entire contents of Endodontic office. Surgical microscope, analgesia machine, Dexis, System B, sterilizers, NV soft tissue laser, Piezo electric surgical unit, telescopes, chairs, Obtura, pulp tester, heat & touch, Belmont x-ray, rotary system, office equipment, instruments and much more. Call (440) 461-3637.

Practice for Sale

Dental practice and building for sale in county seat 35 miles north of Columbus. Located on the town square. Has large waiting room, 2-3 operatories, lab, front office for rental income. Respond to: retiringdds@hotmail.com.



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Excellent Opportunity in Eastern Lake County! Collections have averaged \$550,000 over the past 3 years with only 24 office hours available each week due to my family obligations. An experienced and knowledgeable staff makes this possible while also keeping a well maintained facility. I am willing to discuss assisting in the transition. I am selling my dental practice due to the fact that my family is relocating. My husband has a professional opportunity he cannot decline. If you are interested in learning more about this opportunity please contact Mike Ella at (440) 449-6800.

For sale: long standing Toledo general practice with an emphasis on prosthodontics. Retiring owner willing to consider a role reversal--part-time or full-time. Email agent Reggie.VanderVeen@HenrySchein.com or call (616) 485-9482.

General Dentistry Practice for Sale. Located East of Cleveland. With approximately 3,300 active patients, the Practice collected \$862,000 in 2013 and is expected to collect \$880,000 in 2014. Please email mnadaud@kingbarrett.com for more information.

Growing, well established general practice Lake County, Northeast Ohio. Free standing building in prime commercial location. Buy practice and building or buy practice and lease. Gross production has increased every year since opening. 2013 gross adjusted production: \$1,442,826.00. Seven state of the art, fully equipped operatories. Entire office recently remodeled. Associate willing to stay. If buyer desires, owner will stay. For more information email exceptionalpractice@gmail.com.

Ohio-30 miles east of Cleveland. Well established fee for service General Practice with annual collections over \$1,000,000.00 for more than five years. 1270sq ft. office, four treatment rooms, digital x-rays, intraoral camera, panorex, and low overhead. Excellent opportunity with benefits of both city and country living. Call (937) 657-0657.

Paragon Dental Practice Transitions currently has multiple GP listings in OHIO, Oral Surgery and PERIO practices in Columbus and Dayton. Please see our website at www.paragon.us.com to see the details of all current listings or contact Jennifer Bruner at (614) 588-3519 and/or email jbruner@paragon.us.com.

Small Town dental office for sale 45-50 min NW from Columbus. Office is currently open only 12 hours per week and collects over \$400K. Great addition if looking to add hours to your current

practice or open more days and increase production at this location. Current doctor is moving out of area. Real Estate also for sale. Please email tamcoa@hotmail.com for more information.

Practices for Sale – Ohio. Please call Steve Jordan, (888) 302-3975 or visit pmagroup.net.

Well established Boardman, Ohio dental practice for sale. 3 fully equipped operatories and panorex. Practice includes 1700 square foot building with full basement. Call (330) 519-9786 or email jfmarsico@gmail.com for more information.

Position Wanted

Are you looking for a team player with a great attitude? Are you looking for an associate that meets your expectations? Do you have a part-time opening for a top-notch associate? If so, I am looking for you. I have 15 years of diverse experience, including community service and the U.S. Air Force. Let's talk about the possibilities. Please give me a call at (216) 338-6700.

Space Available

Dental office for lease in Worthington, Ohio. Three and six chair suites available with ability to expand. Plumbing in place. Located on heavily trafficked N. High Street, South of Route 161. Monument signage available. Call Lauren Tonti at (614) 224-4331, or email ltonti@tontiorg.com.

For lease: approx. 2600 sq ft. dental office; Mentor, Ohio. Great location - 18,000 cars daily, near Wal-mart, Bob Evans, Applebee's, K-Mart etc. Features 6 ops, lab, private Dr. office w/ private bath, customer and employee bath. Renovated approx 5 years ago, great condition. Call TR Hach (owner/agent) for details (440) 479-1607.

For Lease: in Central Ohio, approximately 900 square ft. Three furnished operatories suited for an oral surgeon or other dental specialty. Panorex, Intraoral xray, sterilizer, etc. Located 50 miles north of Columbus. Contact Docfdds@ecr.net.

Newly renovated 1750 sq. ft., four

Ohio Dental Association announces new tools for member recruitment and retention

By ODA Staff

The Ohio Dental Association is excited to announce new resources for membership recruitment and retention.

Dentist-to-dentist contact is the proven, most successful form of outreach. In order to help facilitate dentist-to-dentist outreach, the ODA has created a toolkit of resources for members to use when contacting non-members and non-renewed members. The toolkit provides information such as scripts, talking points, answers to common questions, information on member benefits and email templates to help facilitate conversations. The toolkit can be accessed at oda.org under "Member Resources" on the "Membership Recruitment and Retention" page, and all members are encouraged to use these resources to reach out to non-members in their communities.

The ODA is also launching a new recruitment and retention workshop

for local component societies, where attendees will learn about local trends and challenges and participate in an outreach skills training session. This workshop will provide attendees with the skills and resources they need to successfully reach out to non-members and non-renewed members. For more information and a sign up form, visit the "Membership Recruitment and Retention" page on oda.org.

The ODA also will be awarding local component societies for successful member outreach programs through the Membership Award Program for Success (MAP for Success).

For more information on these programs and to get involved, visit oda.org and click on "Member Resources" in the top red bar, then click on "Membership Recruitment and Retention." Contact Karli Hill, ODA director of Membership and Marketing, at karli@oda.org or (800) 282-1526 with any questions.

Miscellaneous

Hospital based, one year GPR at the University of Toledo. Starting July 1, 2015. ADA Accredited. Rotations are Emergency Medicine, Anesthesiology and Internal Medicine. Emphasis in pediatric, medically compromised patients and all phases of General Dentistry. Salary 50,376 plus benefits. Call Brandi at (419) 383-3504 or brandi.hendrickson@utoledo.edu.

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Change of address?

Contact the ODA Membership Department if you have moved your home or practice, changed your phone number, changed your name or changed your email address.

membership@oda.org
(800) 282-1526

Classified Advertising

Classified ads appear in each issue of ODA Today. The cost is \$55 for members (\$88 for non-members) for the first 40 words. Each additional word is \$1. Ads may be submitted via mail or fax to the attention of Amy Szmania, advertising manager, or by email to amy@oda.org. The deadline to place, cancel or modify classified ads is the 1st of the month prior to the month of publication.

ODA Classifieds can also be found online at <http://www.oda.org>.



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