Palmetto Leaflet

SUMMER 2011

AGD Working For You and Me

by Glen Willis, DMD, MAGD, President, drgwillis@gmail.com

While many of us were on Spring Break, the Academy of General Dentistry was working for us in Washington, D.C. The AGD represents more than 35,000 general dentists dedicated to staying up to date in the profession through continuing education. The AGD has grown to become the second-largest dental association in the United States, and it is the only association that exclusively represents the needs and interests of general dentists.

On April 12 and 13, 2011, Academy of General Dentistry (AGD) member dentists attended the AGD's annual Government Relations Conference in Washington, D.C. The members and guests went to the nation's capitol to discuss advocacy and lobbying issues that affect their practices and patients. More than 60 AGD members from across the country met with legislators from both political parties to discuss topics such as alternative dental health care providers, the lack of practicing dentists on Institute of Medicine (IOM) panels, and the Dental Coverage Value & Transparency Act's Employee Retirement Income Security Act (ERISA) provisions.

"It is events like the Government Relations Conference that demonstrate AGD members' ability to come together and change the face of dentistry in the eyes of our elected leaders," said AGD President Fares Elias, DDS, JD, FAGD. "It is imperative that we maximize every opportunity to communicate member needs and educate our elected officials about how their actions affect our practices and our patients."

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President-Elect Article

I have always been a big supporter of Occam's razor. This meta-theoretical principle states that "entities must not be multiplied beyond necessity" (entia non sunt multiplicanda praeter necessitatem) or simply, "when presented with multiple solutions to a problem, the simplest is usually correct." What a shame that the good idea of refining and improving healthcare became a wasted opportunity. The Health Care bill ended up as a vehicle to increase coverage, not improve care. There is very little in the bill to address changes in care and for that matter to really move the notion of the best health care as the priority. Any doctor would know you diagnose the problem and treat what is wrong. Instead, Congress created a whole new car because the tire was flat. The simple targeted solutions to correct and improve what needed tweaking per Occam's Razor, was dismissed in favor of something so massive and confusing, that no one understands it and the public certainly will not be able to connect the dots as to how this will improve the doctor and patient making the best health choices for the patient.

There was very little concerning dentistry in the bill. It stands to reason that since they were digging in the wrong hole to begin with, that they would not conclude that Oral Health is important to overall health. It is interesting that the actual salary for family practice physicians has been looked at in the media and it is far lower than what the policy makers would lead you to believe. It was said that the bonuses and salaries for those on Wall Street are justified because they want to keep the talent. I would say the talent, training and value to society of any doctor makes them a rare commodity that warrants even more effort to "Keep the Talent!"Dentists are part of that mix and the lack of value placed on these health heroes should be of concern to all of the public.

Dentistry is a vast and comprehensive knowledge base, a blend of surgical skill, artistic vision, and compassionate spirit. The skill and knowledge set required for Dentistry in this country has evolved over time and has lead us to the best care available anywhere. If there are areas where Oral Health Care is being underutilized then we all need to work to improve that. Unfortunately, the Occam's razor approach has once again been thrown out the window.

The razor's principle would suggest finding out what changes are required without out disrupting the entire quality care paradigm. In this environment, some foundations and action groups have decided to push the concept of non dentist therapists. They make sure any "research" supports their position and have had a one sided conversation so long that it seems

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President Elect article... *continued from page 1*

supports their position and have had a one sided conversation so long that it seems as if there is only one choice. One sided panels and result directed research will never solve issues but only fill in agendas. What can be said against this?

The numbers show that there are enough dentists to provide the most comprehensive and highest quality care to everyone. New dental schools and expansion of existing programs will continue to improve the ratios. Efficiencies in treatment modalities make the picture even better. In fact many dentists now find openings in appointment times. Opening and equipping a dental office is a real number, and paying for staff and supplies are not based on a whim. For a dental office to go into a rural area without a robust population, the dentist is rolling the dice on success, based just on numbers not philosophy. If we can bail out GM because it is too important to let fail, then what is being said about the value of oral health by the policy makers? We have all seen tax incentives, office space, special worker training, etc. to entice a business to an area. Where is that model for dental care? If a rural area sees it as important, they should be a partner with the dental community or dental school. Loan repayment for rural service, tax breaks, actual recruitment of dentists, can all work to bring a balance to the distribution. New graduates are fighting crushing loan debt and have to be driven by numbers as far as locations. Where are the scholarships for dental education? Imagine to difference this would mean for diversity efforts.

Transportation for patients was the big issue in one study. Creative and low cost solutions could include "patient navigators". A Robert Wood's Johnson study showed that you could have non medical individuals from the communities quickly trained to be able to make appointments for patients at existing facilities and then be responsible for appointment compliance and transportation. At a Missions of Mercy Project in South Carolina, the zip codes for the patients were gathered. Many of these patients traveled long distances. Sometimes having value in something helps with the creativity in solving problems.

Economic issues go to the "keeping the talent" argument. Most dentists do a good deal of pro bono work. Free clinics and volunteer hospital staffs add to the picture. A program in our area has senior dental students rotating through a technical school's assisting clinic. The care is free and comprehensive and the assisting students get great hands on experience. There is an FQHC two miles away. Some of the physicians at the FQHC send their patients to the Tech program rather than their own dental clinic. Again, coverage was addressed not improving Care from the Government. In ….. the statistics quoted say toothache is the number one out patient hospital issue. You would think a paid dental staff would be required at every hospital. Diabetes is the number one admittance. I feel certain the hospitals have endocrinologists and emergency room doctors who deal with diabetes. Again, dollars for dental is not on the radar. Unlike Diabetes which is lifelong, dental disease can be reduced if the focus was on treating the disease and working with the patients to stay that way. Some studies say up to 40 % of patients with dental insurance never go for care. Is it surprising that there is not a 100% utilization rate?

There are social pressures where some patients don't want to be in a private setting and have to be confronted with their oral condition. Sometimes these are the individuals that go to the MOM projects because there is comfort in being part of a crowd. Some communities believe you go to the hospital to die. That has been a hurdle for some dental schools that need patients but are part of a university with hospital ties.

There is a shortage of funds for dental educators. This has lead to a shortage in the numbers of educators. Those who have the responsibility of educating the dental professionals now want to create a new level of training. The infrastructure and cost of retooling for this will be huge. You already have enough highly trained individuals, why waste resources? Training this therapist will take time; there are dentists who are ready to go right now. Remember the rush for the bank and car bailout? Let's apply that mentality to creating a need for oral health care now. Layering care with undertrained individuals will drive costs up by creating the need for duplicate services in diagnostics and treatment planning plus will break the patient doctor relationship that allows fully knowledge based decision making on the part of the Doctor.

What would the razor say? It would ask," what you are trying to do?"
One should say, "Let's get the best comprehensive dental that we can to all who seek it." Therapists can't buy equipment and staff an office for less than the numbers show and multiple studies indicate that there must be a reasonable expectation of success to start a business in an area. For what you spend on therapists you could give incentives and have a full dental office come to an area. There is also a component of the patient's responsibility. Unfortunately, oral health literacy has not been on the radar. Do you see the government pushing this? Is it up to the dentists to do this? Do the parents blame the doctor if their child overeats and gains weight? Probably not, but when the parents load the kids up with candy at the checkout line and a painful cavity results, dentistry is being blamed.
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SC AGD Membership News

Dr. Bill Burn, Membership Chair

The 2010 – 2011 period has been very good for South Carolina. We now have a total of 476 members as of April 30, 2011. This represents a dramatic increase in membership, especially with the dental students at MUSC. With this increase, we were granted a third delegate for our state. Dr. Albenesius has been instrumental in revitalizing the student interest, forming a student council which meets with our board members so we can assist the students in the future. We also have planned several events at MUSC involving the students. In the future, we are considering an AGD Master Track for our state, so our Fellows can seek Mastership right here instead of having to leave the state. Dr. Rivers is very interested in this endeavor. There are many benefits to being a member of the AGD, which can be viewed on the national website at www.agd.org.

Additionally, we need some members from this state to step up and get actively involved in the leadership of the SC AGD. Board members are needed, as well as several other positions. While this is a commitment of time, it has been and can be very rewarding. Consider giving back to the organization that looks out for your best interests as general dentists! Be there or be square!

Bill Burns

AGD Working for you and me... *continued from page 1*

Rep. Paul Gosar, DDS (R-Ariz.)--a special guest due to his dual role as politician and dentist-- spoke about encouraging dialogue within the profession and with elected officials, the success of the 1099 repeal, and many other opportunities for change. Rep. Gosar sponsored the Competitive Health Insurance Reform Act (H.R. 1150) in an effort to repeal the McCarran-Ferguson Act, a federal law that exempts the insurance business from most federal regulation.

Rep. Gosar's attendance at the conference will provide invaluable guidance and insight to help the advancement of advocacy efforts for the general dentists. Additionally, in recognition of his outstanding legislative achievements throughout the past year, Sen. Patrick Leahy (D-Vt.) received the Legislator of the Year Award. Sen. Leahy also has been a strong leader in a cause that is very important to the AGD: The repeal of the McCarran-Ferguson Act.

In this time of Health Care Reform, please remember to contact your state and local leaders to help strengthen our voice as general dentists.

President-Elect... *continued from page 1*

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Ed Mills Interview

By Paul R Downing DMD, FAGD

I recently had a chance to speak with Dr Ed Mills, the director of the MCG Dental Implant Maxi Course. I asked him several questions that will give us another perspective on incorporating implant placement and restoration in our practices.

1) What is the current trend in training for implant placement, is it mainly the specialists? A. Brannemark brought implantology to the forefront of the dental profession. Historically the development of dental implantology was primarily driven by a group of clinicians that were mostly general dentists. A team approach involving a surgeon trained through a formal residency program inserted the fixture and a prosthodontist or general dentist completed the prosthetic restoration. For more than fifty years members of the AAID have been inserting and restoring dental implants. The majority of the academic memberships are general dentists or dual specialty trained clinicians. The AAID credentialing process has been challenged in courts of law. The courts found that the AAID's credentialing processes as well as the clinical skill sets of its credentialing members distinguished these dentists in their ability to treat both the surgical and prosthetic aspects of dental implantology. Dental implant corporations along with educational institutions have discovered a growing trend in which general dentist are seeking out extensive and comprehensive dental implant programs which properly prepare them in the care of patients seeking out replacement of missing teeth with dental implants. Approximately 95% of the 2011 MCG comprehensive dental implant program "Maxi Course" is made of general dentists.

2) What do you offer at MCG that all GP's should know? A. The MCG comprehensive dental implant training program "Maxi Course" is one of the longest running and most respected comprehensive CE programs in America today. The program is approximately 380 hours of CE both clinical and didactic education. It is almost 200 hours longer than our 3 year implant prosthetics residency. After completion of the "Maxi Course", numerous clinicians continue ongoing studies in dental implantology. The advanced dental implant studies group which is comprised of maxi course graduates meets on an ongoing basis of 4 times a year in Atlanta to enhance their skill sets. Advanced Dental Implant Studies.com Joey Pitts

3) I just want to place simple implants, why do I need more than a weekend course? A. To prepare the patient for the best long term outcome. The old adage that "you don't know what you don't know until you find out what you didn't know"would best address this question. The more training you have, the greater is your awareness and skill sets associated with any endeavor. Patients' expectations as well as the medical-legal environment that exists today are not conducive to weekend trained clinicians that seek to be successful in long term patient care.

4) What implant system is best? A. We teach principles and methodology not just one system fits all.

5) Can I just place mini implants without worrying about all that complicated stuff? A. Know the limitations of your system. Treatment planning for positioning the patient for their best long term results. Retreatment leads to lowered prognoses.

6) Does MCG offer other training like sedation? A. Go to website to see the full array at www.GAHealth.edu.

7) How long has this maxi course been given, is it a new thing? A. No, currently we are in our 23rd year. I have been involved since it's inception but have been the director for the last 15 years. Terry Reynolds was the first director.

8) Are you the only doctor that trains? A. No, there are about 30 faculty, plus advance dental implant studies docs have about 30 volunteers that help mentor.

9) What kind of changes and innovations do you see for the future of dental implantology? A. Stem cell research, equipment and basic science progress will lead to more versatility of our ability to restore the mouth and other associated body structures back to normal esthetics and function. Also, there are on the horizon big advances in imaging and bioengineering.

10) Do you foresee dental implantology becoming a recognized specialty? No, too many people that look at dental implantology as a critical financial element in their future, and would not allow an implant specialty to be approved by the ADA. Having said that, what is important is that clinicians obtain comprehensive training so as to care for patients most effectively.

11) Are implant training programs pretty much the same? No, not even all maxi courses are the same. The basic minimum educational standards for a "maxi-course" have been set by the AAID, There have been many programs that have tried to duplicate MCG program. This is incredibly difficult to do primarily because of the past 23 years of practical teaching experience. The quality of the MCG faculty and the personal focus that is made towards each student needs define the vision of the MCG program.

is comfort in being part of a crowd. Some communities believe you go to the hospital to die. That has been a hurdle for some dental schools that need patients but are part of a university with hospital ties.

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What would the razor say? It would ask," what you are trying to do?" One should say, "Let's get the best comprehensive dental that we can to all who seek it." Therapists can't buy equipment and staff an office for less than the numbers show and multiple studies indicate that there must be a reasonable expectation of success to start a business in an area. For what you spend on therapists you could give incentives and have a full dental office come to an area. There is also a component of the patient's responsibility. Unfortunately, oral health literacy has not been on the radar. Do you see the government pushing this? Is it up to the dentists to do this? Do the parents blame the doctor if their child overeats and gains weight? Probably not, but when the parents load the kids up with candy at the checkout line and a painful cavity results, dentistry is being blamed.

The razor would ask what do we have that can help increase the number of patients that a dentist can care for while keeping the quality high. The term Physician Extender is used in medicine. In dentistry this is the Expanded Duty Dental Assistant. EFDAs are already trained in the basic treatments and procedures in dentistry. With very little additional training, they could significantly increase the efficiency of the team and still have the team intact. SCDAA President and ADAA Councilmember Lori Paschall points out that there is no uniformity across the country for EFDA certification. It is time to look at using the work force we already have in a smarter way. Uniform standards throughout the country and certification in different modalities of EFDA duties would give us the tools to quickly increase capacity.

"I see the DHAT that Connecticut is proposing as a mixed bag," Lori Paschall said. "My biggest concern is that it calls for certification and not licensing. If you are going to train someone for 2-4 years to do restorative, pulpotomies and uncomplicated oral surgery and you are NOT going to license them, this could potentially be a lawsuit looking for a place to happen even if they are "doctor supervised". If the rationale is to have something such as a nurse practioner for dentistry to be able to have care given in areas where few dentists are available, they need to look at models that have been created in the nursing profession. For 85 years dental assistants have been looked upon as "less than" in many ways in dentistry and I believe it to be for the lack of certification/licensing required. Any dentist can go to their local McDonalds and take someone back to their office, train them, pay minimum wages and when they don't produce or quit, can go back and get another. If the lay public knew that the person sitting next to their dentist was not required to have ANY formal training or certification they would be outraged. Many dentists that I have spoken to will tell you that the most important team member is their assistant yet there is very little recognition professionally as a whole. Statistically, dental assistants who are certified by DANB and are involved in their professional organization are better educated and more stable than an OTJ assistant meaning they stay with an employer longer. That being said, some of the best assistants that I have had the privilege of working with were trained on the job and have gone on to be Certified. I feel very strongly that after the required two years of working chairside they should be required to challenge the DANB. DANB Certificants have a higher respect for education and their profession."

I think that Occam's razor would not choose recreating the dental team and destroying the doctor patient relationship. It would not like wasting resources making less trained redundant personnel. It would not ask how therapists can solve transportation issues. These are social services and government issues. Therapists can't solve economic issues by offering less trained care, especially when those dollars can go to bringing in long lasting real comprehensive care. Studies in England have shown therapists to not be economically viable and in Canada they have not helped the distribution of care. Patient navigators and recruitment of future dentists from certain communities can address the social and cultural barriers. The razor would say it is a no brainer to have EFDAs working as dentist extenders. We should all work to make these kinds of positive and really effective changes the discussion and not let a few foundations and groups control the dialog without challenge.

SCAGD ANNUAL MEETING LESS THAN 90 DAYS AWAY!

Jeffrey W. Horowitz, DMD, FAGD,
President-Elect and Annual Meeting Chair, SCAGD

By the time you read this article, less than ninety days will remain until one of the premier C.E. events in the south- east takes place in Myrtle Beach at the only four-star ocean front resort on the Grand Strand! Since the last newsletter, more events have been added to an already jam-packed agenda at the Marriott Grande Dunes, with something for everyone. Get your co-workers ready to head to the beach for "The ABC's of Dentistry", as low tuition makes it easy for the whole office to Add essential pieces to the dental puzzle, Bind the team together and receive quality Continuing education. Yes, fun and learning can go together!

The meeting begins Thursday, September 15 with an implant seminar for the dentists followed by an afternoon golf outing or a very informative session for everyone on salivary D.N.A. testing. Thursday night caps off with the President's welcome cocktail reception and an early night will prepare everyone for the busy days ahead.

Friday starts off with a motivational kick-off breakfast with Cliff Ellis, head basketball Coach for the local Coastal Carolina Chanticleers. The exhibit floor will open, and an amazing day of C.E. specifically scheduled to accommodate the entire team will commence, highlighted by internationally renowned implant expert, Dr. Carl Misch. During Lunch, we will hear from the current AGD president Fares Elias, followed by a brief ceremony, recognizing the fellows and masters of the South Carolina AGD. Put your dancing shoes on Friday night as a live band and DJ combine to make for a memorable Gala, but don't stay up too late, as Saturday holds another full day of C.E. and fun for everyone.

After another great day including many materials hands-on opportunities and exhibits, Saturday night offers an optional outing to "Pirates Voyage" a brand new, multi-million dollar, dinner-theater production by Dolly Parton. Attendees can get a good night of rest for the trip home on Sunday and there will be much to talk about after this amazing weekend. But don't leave until you have signed up for the 2012 annual meeting as deep discounts will be offered for early registration!

Your SCAGD has worked tirelessly to provide this meeting at a very reasonable cost, and is committed to continue for the years to come, but the only way it can, is with the support and involvement of our membership and the dental community as a whole. Many thanks to our sponsors, the SCDA, and the individual districts for their assistance in making this meeting go off without a hitch. If you haven't signed up already, do so now as early registration means lower tuition! I challenge each of you to speak to one other dentist and have them sign up as well. Even deeper discounts are available for non-AGD members who sign up for the ever-growing, vast array of benefits afforded by AGD membership. For more details on this incredible meeting and online registration, visit our new website at www.scagd.org. For those who may still resist the electronic age, feel free to contact Cindy Ott, our Executive director at (803) 387-7864. She can provide brochures or register you by telephone. The fall is a beautiful time on the Grand Strand, so bring your families and don't miss out! I might date myself here, but as the song goes, "See you in September!"
Jeff

MUSC

Joe Vuthiganon, DMD

On March 31, the newly created AGD student group at MUSC held its first seminar with Dr. Carter Brown as our inaugural speaker. His talk entitled "Dental Therapists: Where we are and what we need to do now", discussed the pros and cons of mid-level providers.

While initially started with good intentions to increase access to dental care, it seems that in areas where this has been implemented, the programs have not been a success. In fact, at a Perth meeting with the presidents of the American Dental Association, the British Dental Association, the Australian Dental Association, the Canadian Dental Association, and the New Zealand Dental Association, it was determined that dental therapists resulted in no improvement in access to care as well as no cost savings. It seems the limiting factor is not the number of dental providers but rather other barriers to the patient, such as finances, transportation, health literacy, and social and cultural issues. Thus, focusing on these areas would be more prudent in trying to improve access to dental care.

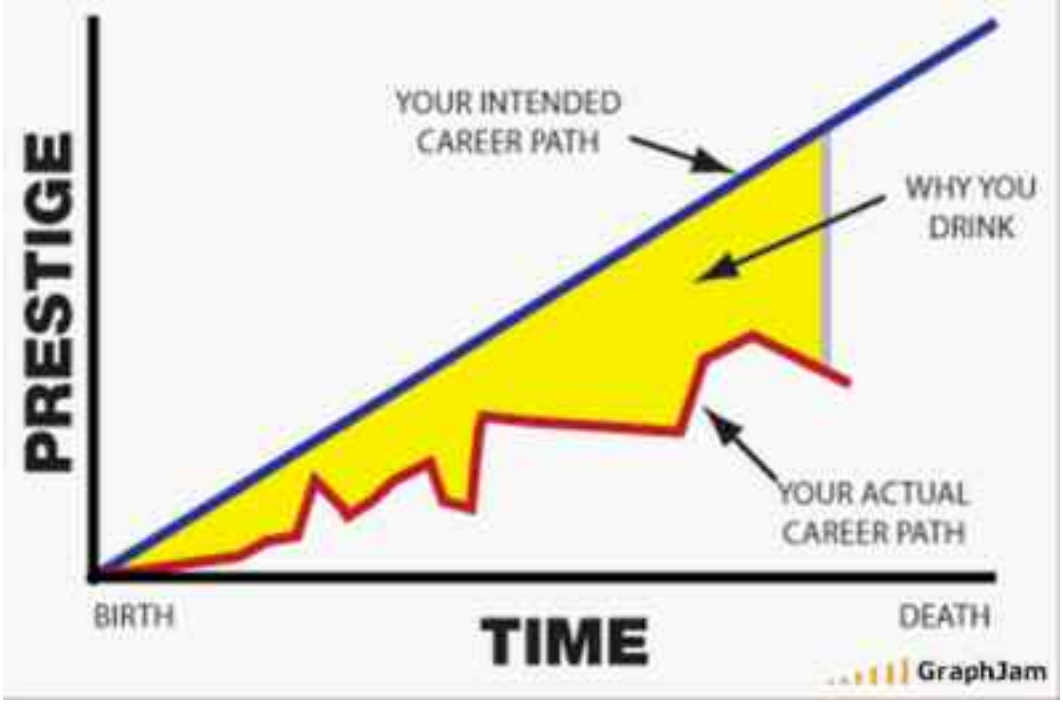
In addition to the seminar this semester, 39 additional students signed up this Spring to join the Academy with the SCAGD generously covering membership dues for the students

Editorial

by Paul Downing DMD,FAGD

The following graph sums up life pretty well I think. But if you think about it, we need the AGD to help us change the yellow portion of this graph from "drink" to "think"!

PAUL DOWNING



There was an incorrect statement in the last issue of the newsletter. In Carter Browns article Ms Lori Paschall was incorrectly identified as an "ADAA Trustee". However, she is on the ADAAF Board of Directors and serves on the membership council.

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