Pennsylvania Dental Journal

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PDA Pennsylvania Dental Association

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Pennsylvania Dental Journal

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Features

Departments

PDA Pennsylvania Dental Association

***The mission of the* Pennsylvania Dental Journal** *is to serve PDA members by providing information about topics and issues that affect dentists practicing in Pennsylvania. The* Journal *also will report membership-related activities of the leadership of the association, proceedings of the House of Delegates at the annual session and status of PDA programs.*

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Impressions

Real Goals, Real Solutions

By now many of you have heard about the proposal to open a new dental school in Erie. Approval by the State Board of Education is needed. Architectural plans need to be approved, and job bidding and construction needs to be completed. Dental equipment and staff hiring has to be done and an entering class must be accepted. In all, the proposal states that the LECOM (Lake Erie College Of Medicine) School of Dentistry could open with 80 freshmen dental students in the fall of 2015.

This is an ambitious goal. More importantly, it begs the question, why? Why does Erie need a new dental school? What is the goal of this dental school? According to the proposal, the northeast corner of Pennsylvania has a significant access to dental care issue. There are not enough dentists treating the citizens in this region, specifically those served through the state Medicaid program and those who can't afford dental care. The proposal also highlights the aging population of our state. Not only is the general population aging placing a greater demand for dental services, but dentists are aging and are not being replaced by younger dental practitioners. The end result is a projected increased need for dental services and fewer providers.

According to a 2009 report from the Pennsylvania Department of Health and Human Services, 59 percent of all dentists in Pennsylvania are 50 years or older. In Erie County that number is 63 percent. Fewer graduates are moving to or practicing dentistry in certain regions of Pennsylvania. This workforce shortage will continue to decrease the access to care for the citizens of Pennsylvania.

Dr. Bruce R. Terry

When assessing need it is important to first correctly identify the goal.

- Is the goal to educate more dentists in a Pennsylvania dental school or educate more dentists to practice in Pennsylvania?
- Is the goal to serve Medicaid patients and patients with financial need?
- Is the goal to provide access to care to children with dental disease?
- Is the goal to provide access to care to adults with dental disease?
- Is the goal to manage and reduce dental disease in Pennsylvania?

Any researcher who begins a study must first start with a proper question. In this case, what is/are the issues and how might they best be solved?

If the goal is to educate more dentists in Pennsylvania this could be accomplished by either opening more dental schools or increasing enrollment in three existing dental schools. A feasibility study would help answer this question, and a discussion with the existing dental schools to determine if there is interest in increasing enrollment would also need to take place.

If the goal is to educate more dentists to practice in Pennsylvania or, more specifically in Erie County, then the answer might be totally different. For example, scholarships or debt forgiveness for Erie residents planning to return to the area might be offered by Erie County. In this scenario the students are not limited to attending just one specific dental school. Or, an advertising campaign directed toward dental students across the U.S. might highlight the high quality of life in Erie County or Pennsylvania. PDA has developed a brochure to encourage dentists to practice in Pennsylvania. Metrics should be employed to see if this has had any positive effect.

Is the goal to serve Medicaid patients? If this is the primary objective, then the state needs to evaluate its current program. Most would agree that lack of participation in this program is primarily due to reimbursement for services. The state and the federal government have to understand that the reimbursement levels for dental services are woefully low. I understand that there is only so much money allocated for dental care. So, there are going to be very few participating dentists as a result. No need to study this problem; it's obvious. Raise reimbursement levels by increasing available funding and more dentists will participate.

If the goal is to serve more patients with financial need, the solution might again be very different from that above. The working poor and those

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that don't qualify for Medicaid must pay out of pocket. The cost of dental services has risen in the past, not unlike medical care. Equipment, insurance, staff and benefits have raised the overhead of all dental practices. Any business owner must first consider the health of the business in order to keep his or her doors open. Tax incentives might help with serving these people. As long as I can remember, dentists have donated time and materials to serve the poor. But charity alone can't manage this amount of need.

Is the goal to provide access to dental care for children? Recent studies by the CDC have shown that dental disease is on the rise among children in the U.S. Is the solution treating the disease or treating the origin of the disease? Oral health literacy has been advocated by many as the best method to combat rising dental disease.

Is the goal to provide access to dental care for adults? One must study the barriers to dental care — cost, fear, ignorance about dental disease, and others. We can't assume that because adults have untreated dental disease that more dentists are going to solve this problem. Analyses of trends and successes need to be compared. Most likely the biggest barrier to access is cost. If the state is not going to pick up the tab and the dentist is not going to work for reduced fees, it doesn't matter how many dentists practice in Pennsylvania.

If the goal is to reduce dental disease in Pennsylvania, why hasn't the state listened to ADA and PDA for the past 40 years and considered statewide mandated water fluoridation? Research has proven the benefits of fluoridated drinking water and noted fluoridation as one of the best public health projects of the 20th Century. Legislators need to push off the "pseudo-science" promoted by the fear mongers and the fringe, and concentrate on this single most important way to fight dental disease.

I know that this is not a simple problem. These barriers to care have been batted around for decades. No one solution can solve this problem. Several solutions must be implemented and then evaluated for their success at treating dental disease at an affordable cost. It's no surprise that money is the driving force behind many of these problems. If dental care was free, more people would seek dental care. If providers could charge their usual and customary fees, there would be plenty of providers. Since these two are not likely to occur anytime soon, the debate continues. I am not for or against a new dental school here in Pennsylvania or anywhere else. All I ask is that someone answer the question, "What is the goal?" This must be done before a single brick is laid.

—BRT

PDA's Top Five Advocacy Goals for the 2011-2012 Legislative Session

PDA is the premier dental organization at the forefront of legislative initiatives to improve the dental practice environment in Pennsylvania for both dentists and patients. The new legislative session, which commenced on January 19, provides us two years in which to advocate on members' behalf for these important insurance reforms, and scope of practice and access to care initiatives:

1. *Prohibiting insurers from capping non-covered services:* PDA is lobbying for legislation that would prohibit insurance companies from capping dental services that are not covered under their dental plans. It is fundamentally unfair for an insurer to dictate fees on procedures they have arbitrarily decided not to cover. Sen. Kim Ward (R-Westmoreland) will again be introducing this bill on our behalf.
2. *General anesthesia coverage for treating at-risk patients:* Passage of this legislation would ensure that insurance companies cover all associated medical expenses when administering general anesthesia in a hospital or dental office setting to children seven years of age or younger, or patients who are disabled for whom a successful result cannot be expected unless they receive general anesthesia. Rep. Stan Saylor (R-York) will again be introducing this legislation on PDA's behalf.
3. *Assignment of benefits:* PDA is advocating for the rights of patients by allowing them to assign their insurance benefit for a covered service to any willing dental provider of their choosing. Passage of this legislation would give patients' the ability to choose their dentist, regardless of whether he or she participates in the insurers' plans. Patients should have the right to choose their dentist and their health insurance plans should be required to respect that choice by paying the dentist directly. Rep. Thomas Murt (R-Montgomery) will again be introducing this legislation on our behalf.
4. *Medical Assistance reforms:* Our goal is to work with newly-elected Governor Tom Corbett's administration and the General Assembly to enact meaningful reforms that remove financial and administrative barriers for dentists participating in the Medical Assistance program. Governor Corbett entered office facing a $5 billion budget shortfall, and with nearly 21 percent of the states' total budget spent on Medical Assistance, funding for this program is in jeopardy. We look forward to working with the administration and legislature to identify new opportunities to improve care, control costs and ensure critical programs are adequately funded.
5. *Maintaining the use of dental amalgam as a viable option for patients:* PDA will respond to any initiative at the state or city level to limit the ability for dentists to recommend the use of dental amalgam as a safe and effective option for patients seeking restorative care. At the FDA hearings on amalgam in December, many anti-amalgam activists testified before the panel in an attempt to reverse a July 2009 decision the FDA made concerning the use of amalgam. PDA will monitor the response to the FDA hearings in Pennsylvania and any other amalgam-related issues that may arise during the new legislative year.

While PDA takes a focused approach in limiting its primary advocacy efforts to these five issues, these additional issues will be monitored and addressed on an as-needed basis:

- Limiting the timeframe in which insurers may retroactively deny dental claims.
- Protecting the current dental team model and patients' safety by limiting or restricting the unsupervised practice of non-dentists.
- Restoring funding in the Dental Lifeline Network's Donated Dental Service program.
- Providing incentives to dentists to practice in Pennsylvania, particularly underserved areas (i.e. tax breaks and health care practitioner student loan forgiveness)
- Promoting oral health literacy programs to improve Pennsylvanians' oral health.
- Expanding duties for certified dental assistants.
- Protecting dentists' rights should the state require them to carry malpractice insurance.
- Supporting the dental schools' initiative to attract more dentists to serve as faculty.

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- Advocating for community water fluoridation to prevent oral disease.
- Providing healthy beverage and snack options in Pennsylvania schools
- Exempting dentists and dental staff from having to wear identification badges in private dental offices.
- Representing dentists' interests with legislation allowing dentists to apply volunteer time in a community-based clinic toward continuing education requirements.
- Representing dentists' interests as the state implements PHIX, the electronic exchange of medical and dental records.

Leadership and Standing Committee Chairs Announced

The 2011-2012 Senate and House leadership teams have been elected by their respective caucuses and the new leaders in the Senate and House have announced the men and women who will chair each standing committee during this two-year legislative session.

Senate and House committees study each bill and determine which bills will go to their respective floors. Committees also conduct public hearings on key issues, allowing citizens and interested groups to have a say in the legislative process and serve as a resource for members and others.

The following lists outline each party leadership position and key committee chairs in both the Senate and House Republican and Democratic chambers:

2011-2012 GENERAL ASSEMBLY

SENATE REPUBLICAN LEADERSHIP
President Pro Tempore: Joe Scarnati (Jefferson)
Leader: Dominic Pileggi (Delaware)
Appropriations Chairman: Jake Corman (Centre)
Whip: Pat Browne (Lehigh)
Caucus Chair: Mike Waugh (York)
Caucus Secretary: Bob Robbins (Mercer)
Caucus Administrator: John Gordner (Columbia)
Policy Chair: Edwin Erickson (Delaware)

SENATE DEMOCRATIC LEADERSHIP
Leader: Jay Costa (Allegheny)
Appropriations Chairman: Vince Hughes (Philadelphia)
Whip: Anthony Williams (Philadelphia)
Caucus Chair: Richard Kasunic (Fayette)
Caucus Secretary: Christine Tartaglione (Philadelphia)
Caucus Administrator: Wayne Fontana (Allegheny)
Policy Chair: Lisa Boscola (Northampton)

HOUSE REPUBLICAN LEADERSHIP
Speaker: Sam Smith (Jefferson)
Leader: Mike Turzai (Allegheny)
Appropriations Chairman: Bill Adolph (Delaware)
Whip: Stan Saylor (York)
Caucus Chair: Sandra Major (Susquehanna)
Caucus Secretary: Mike Vereb (Montgomery)
Caucus Administrator: Dick Stevenson (Mercer)
Policy Chair: Dave Reed (Indiana)

HOUSE DEMOCRATIC LEADERSHIP
Leader: Frank Dermody (Allegheny)
Appropriations Chairman: Joe Markosek (Allegheny)
Whip: Mike Hanna (Clinton)
Caucus Chair: Dan Frankel (Allegheny)
Caucus Secretary: Jennifer Mann (Lehigh)
Caucus Administrator: Ron Buxton (Dauphin)
Policy Chair: Mike Sturla (Lancaster)

Key Senate Committee Chairs

Appropriations
Senator Jake Corman

Consumer Protection & Professional Licensure
Senator Robert M. Tomlinson

Public Health & Welfare
Senator Patricia H. Vance

Banking & Insurance
Senator Don White

Key House of Representatives Committee Chairs

Approriations
Rep. William F. Adolph Jr.

Insurance
Rep. Nicholas A. Micozzie

Professional Licensure
Rep. Julie Harhart

Health
Rep. Matt Baker

Human Services
Rep. Gene DiGirolamo

Political Action Committees: Why We Need Them

Political Action Committees (PACs) are defined as a group of like-minded individuals who raise and contribute money to the campaigns and candidates likely to advance the group's interests. PACs connect these individuals by issues, beliefs and by the type of employment they reside in. Members combine their resources to support candidates who support a company or association's interests and issues.

According to an editorial in *The Washington Times*, "There is inherently nothing wrong with PACs. They enable groups — whether advocates for cancer treatment or baby care, or business or unions affected by prospective energy legislation or construction programs — to make their voices heard."

What does this mean? To be a successful PAC, we must educate and ask ourselves why they are important.

PACs can:

- Play a vital role in the political process
- Serve as an educating tool on politics, legislation and grassroots involvement opportunities
- Enhance voter education by communicating to membership the issues and candidates' positions on the issues
- Draw first time participants into the political arena

PACs serve as:

- Voluntary associations of persons who share the same political objectives and use their resources to increase the impact of their contributions to candidates
- An extension of the right of all individuals to participate in the political process and support candidates who share the same objectives
- A vehicle for a united voice: while an individual contributor is powerful, an association of many individual contributors usually will be heard and respected
- Legal/free speech: the courts consider it a freedom of political speech

How does this benefit you? Many times, we question ourselves as to the reasons why we would consider contributing in the first place. PACs benefit not only companies and associations, but also individuals at large.

Individual Benefits of a PAC

- Access to the decision-making process
- Opportunity to serve on the PAC board and attend board meetings
- Having a voice in making candidate recommendations
- Assisting in fundraising
- Attend briefings/shadow lobbyists
- Access to political information: newsletter/briefings/pre-election reports
- Special PAC events
- Gifts/Recognition
- Chance to deliver PAC checks
- Increased participation in the political process

PAC Association Benefits

- Makes association more proactive
- Elects officials who support its issues
- Makes the association a visible player
- Participates in good government
- Helps meet legislative goals and other government relations efforts

The success of the Pennsylvania Dental Association Political Action Committee (PADPAC) relies on YOU. It is important to become active in the political process and understand that decisions that are made by legislators directly affect your profession. Please consider contributing to your PAC today.

If you have any questions concerning political action committees, or how you can contribute to PADPAC, please contact Don Smith at dls@padental.org.

PDA®
Pennsylvania Dental Association

"Both the officials and the aides took the time to listen and ask pertinent questions. It is truly a good experience. Only after you have participated do you feel like you have made a difference."

- Dr. Thomas P. Nordone, Philadelphia

"Day on the Hill is the single most important day on PDA's calendar. Our entire year should revolve around this day. We, as a profession, need to be proactive in dealing with our legislators so that we have a strong voice in the policy-making processes that directly affect us."

- Dr. Brian M. Schwab, Reading

"Every dentist should find time to come to the Capitol and lobby for realistic and fair laws that will guide our profession. If we don't speak out and make ourselves heard on the issues, then we have no room to later complain about the laws that govern this profession."

- Dr. Dennis J. Charlton, Sandy Lake

"It is important to participate in Day on the Hill to protect your patients, your profession and yourself by being actively involved in legislative efforts. Apathy now leads to deterioration later."

- Christopher Adams, Temple University

Join your colleagues, spouses and students for

PDA's Day on the Hill

June 14, 2011

Talk with Pennsylvania's representatives and senators about the issues that pertain to you as a small business owner and those workforce issues that will impact you as the individual held liable for the health and safety of your patients, including:

- **Insurance practice reforms related to reimbursement and administrative burdens.**
- **Scope of practice issues.**
- **Improving the business climate to practice dentistry in Pennsylvania.**

You can access all of the information you need to know about PDA's Day on the Hill at **www.padental.org/dayonthehill**, including background information and talking points on our issues, directions, Capitol maps, team and legislative assignments and much more! Check this information frequently as we will update the website, especially closer to the date when we know which issues to advocate and your assignments have been made.

Please note how legislative visits will work this year. PDA will assign you to a team of five to six members, spouses and dental students. Your team is responsible for visiting a number of legislators. PDA's staff and lobbyists will schedule these meetings in advance. You will receive a packet of information about one week prior to Day on the Hill, including background information on PDA's issues. You will receive team and legislative visit assignments a few days prior. You also will receive information on where your meetings are located at the Capitol. Please plan to attend the legislative briefing at the PDA Central Office at 8:30 a.m. to meet with your team.

You are still responsible for scheduling appointments with your own representative and senator. If you are scheduled to meet with either at the same time one of your team meetings is scheduled, please break away from your team to meet with your legislator and rejoin your team when you are able. All appointments should be scheduled between 10 a.m. and 12:30 p.m. in order to take PDA transportation to and from the Capitol. We request that you advocate PDA's issues and positions only.

Thanks to your ongoing support, PDA has had many legislative victories, such as:

PASSING legislation expanding the scope of practice for expanded function dental assistants.

DEFEATING legislation that would have required dentists to report information on the state's Internet database comparing fees for dental services and treatment.

AMENDING legislation prohibiting dental hygienists from opening independent private practices, while requiring additional training and education for those hygienists practicing independently in public settings.

...and MANYMORE!

PDA's Day on the Hill Schedule

June 14, 2011

8:30 - 9:30 a.m.	Continental breakfast and legislative briefing by PDA lobbyists. Please arrive at the PDA Central Office no later than 8:30 a.m. to meet with your team.
9:30 a.m.	Board buses for the Capitol
10:00 a.m. - 12:30 p.m.	Team visits with legislators or staff. Please note that PDA will schedule your team visits, but you are asked to schedule appointments with your own representative and senator.
12:30 p.m.	Group photograph at the Capitol (rear entrance of the Capitol on Commonwealth Avenue, weather permitting, or inside on the Rotunda steps if inclement weather)
12:45 p.m.	Depart Capitol for return to PDA Central Office (buses located at rear entrance of the Capitol on Commonwealth Avenue)
1:00 p.m.	Boxed lunch and debriefing by PDA's lobbyists

Schedule Note: Tuesday may be a bad day of the week for you, but it really is the only day to choose. The General Assembly is only in session Monday-Wednesday. Many legislators travel from their districts on Monday and arrive later that afternoon and leave Wednesday to return to their districts. Tuesday is the best guarantee that you will see your legislator at the Capitol.

In addition, PDA makes every effort to schedule Day on the Hill for a day that the legislature will most likely be in session. However, the legislature has not yet set its summer schedule, and there may be unforeseen circumstances in which your legislator may be called to session or session is cancelled entirely. Should this happen, you will be able to meet with legislative staff. We appreciate your understanding and cooperation should this occur. Oftentimes, meeting with legislative staff is just as effective. No matter what, the presence of hundreds of dentists, spouses and dental students at the Capitol will be noticed!

Help shape the future of the dental profession or it will be shaped FOR you!

PDA's Day on the Hill Registration Form

June 14, 2011

Please print or type:

Name: _____

❑ Member ❑ Spouse ❑ Dental Student ❑ Other (Please Specify)

Please note: Spouses and dental students are encouraged to attend!

Home Address: _____

Phone: _____

Fax: _____

E-mail: _____

Please list the legislators you plan to meet with on your own:
Please note: You may break away from your team to meet with your own legislators, then rejoin your team later on.

Transportation to the Capitol - Please check one of the following:

❑ I will need transportation from PDA to the Capitol.

❑ I will arrange my own transportation.

Please register by May 17, 2011!

Attn: Marisa Swarney, Fax: (717) 232-7169, E-mail: mss@padental.org
Government Relations Department, 3501 N. Front Street, Harrisburg, PA 17110

Customizing Your Membership: Making Membership Work for You

A study recently discussed on a popular radio show concluded that the way people listen to music is categorically generational. For example, the group most likely to purchase CDs is the baby-boomer generation and prior. Both Generation X and Generation Y, or the Millennials, are more likely to listen to music via iPods and download preferred songs from the Internet for a per song fee. Lastly, including a crossover of the previous two generations, Generation Z, or the Internet Generation, commonly opt to listen to music through custom pre-defined streaming music stations via the great wide Web, such as Pandora or Rhapsody.

In the age when consumers are willing to pay for personalization, which equates to convenience, generations have moved from full ownership to pay-as-you-go, to pay-for-custom ownership. Could this generational shift be applied to organized dentistry and the services it provides members?

To examine this further, let's review a few benefits that are already customizable:

• Dues payment options
Members can choose to pay their dues in one lump sum upon receipt of their dues invoice mailed in November, or they can choose to pay in increments through pre-payment coupons, mailed in June, or throughout the year by enrollment in the electronic eDues debit program.

• Social Network
PDA's Social Network provides a plethora of ways to customize your use and enjoyment of the member-only professional online community, including which threads you choose to subscribe to, how you receive updates to these threads, sharing your thoughts, activities and opinions with your peers by creating a personal blog, or customizing your pre-populated profile by tagging your interests or completing the biography section.

• *Transitions*
The bimonthly PDA newsletter, *Transitions*, can be received electronically or be sent to your preferred mailing address. To go "green," contact Amber Wickard at alw@padental.org to request receipt of *Transitions* electronically.

• Find a Member Dentist
The Find a Member Dentist feature on PDA's website is visited daily by prospective patients. Members are automatically provided with a listing, however, you can include additional information to market your practice, such as office website, dental school/dental degree, specialty, practice type, languages spoken and accepted insurances or credit cards. To customize your information, visit www.padental.org and click on "My PDA" to log in. Once logged in, select "My Profile." Links are provided at the bottom of the page to navigate between profile sections.

• PDAIS
The Pennsylvania Dental Association Insurance Subsidiary (PDAIS) offers some of the most flexible and customizable insurance options available and provides "one-stop-shopping" for all of your business and personal insurance needs. Visit www.pdais.com or contact a friendly PDAIS representative at (877) 732-4748 today if you are not already taking advantage of the significant savings on insurance premiums available to you.

• CROP Society Resources
The Golden Apple Award-winning Component Relations Outreach Program (CROP) provides an ample amount of district and local dental society customization. For example, you can choose from a variety of presentations, which PDA leadership or staff can present during a district or local society meeting. Or, if you are planning an event and need some ideas or examples, the Event Resource Center provides numerous templates and checklists to assist you with executing a perfectly planned reception, CE lecture or networking event. Visit www.padental.org/crc to learn more.

• Volunteering
Depending on your level of interest and availability, you can determine your own level of involvement in organized dentistry. PDA offers volunteer opportunities that range from association leadership to more philanthropic activities, such as Give Kids a Smile,

(continued on page 14)

Senior Dental Care Program, National Children's Dental Health Month or the Statewide Mentoring Program. If you are looking to climb the leadership ladder, consider volunteering as a Moderator, or e-Volunteer, on PDA's Social Network. These responsibilities require limited time and zero in-person meetings. If you want to advance your leadership role, consider attending PDA's Leadership Symposium in May 2011. Visit www.padental.org/leadership. How much time you are able to devote can determine which position is best suited for you. For more information on volunteer opportunities, please contact PDA's membership department at (800) 223-0016 or e-mail membership@padental.org.

• Continuing Education

Dentists are required to obtain 30 hours of continuing education (CE) credits per each licensure renewal term, which is the end of March of every odd-numbered year. Members have several options of how to obtain these credits, such as attending in-person lectures, attending an online seminar or borrowing materials from PDA's Member Library, where you can earn credits on your own time and accord.

• Employment Opportunities

If you are looking to bring on board an associate, partner, become an associate or partner, sell your practice or purchase a practice, members receive complimentary electronic enrollment in PDA's Placement Service. The Placement Service offers you the ability to log in to the secured website at your convenience to browse candidates seeking opportunities, as well as candidates providing opportunities. Because a request for enrollment is required, you may submit an electronic form found on the Placement Service website (www.padental.org/placementservice), or contact PDA's membership coordinator at tar@padental.org or (800) 223-0016, ext. 121, to request anonymous enrollment. Anonymous enrollment allows you to browse the list of available opportunities without any personal information being posted to the secured website.

In addition to the Placement Service, PDA offers classified advertisements for a moderate fee. More information on the classified ads can be found at www.padental.org/classifieds or in the back of this publication.

Customization is defined as allowing one to modify or build according to individual or personal specifications or preference. PDA is committed to providing members with opportunities and choices, therefore ultimately providing individual customization. If you have ideas or suggestions for new or existing services, benefits, resources or programs PDA can offer or modify to ensure your need for customization is met, please don't hesitate to share your thoughts! Please contact the membership department at (800) 223-0016 or e-mail membership@padental.org to let us know how we can better serve you.

Thank you for your membership with the Pennsylvania Dental Association.

Welcome New Members!

Following is a listing of members who have recently joined PDA, along with the dental schools from which they graduated and their hometowns.

Simi Abraham, DDS
New York University
Langhorne

Neelam Attri, DDS
New York University
Budd Lake, NJ

Lindsay Bancroft, DDS
SUNY Buffalo
Pittsburgh

Kelly A. Bateman, DMD
University of Pittsburgh
Pittsburgh

Dana L. Bilohlavek, DMD
University of Pittsburgh
Monroeville

Brian R. Bonczek, DMD
University of Pittsburgh
Pittsburgh

Stephanie A. Byard, DDS
West Virginia University
Glen Dale, WV

Thomas I. Chen, DMD
University of Pennsylvania
Philadelphia, PA

Peng Cheng, DMD
Boston University
Pittsburgh, PA

Joseph Danesh, DDS
Loma Linda University
Cherry Hill, NJ

Kurt S. Dangl, DMD
University of Washington
Erie

Thomas J. DeFinnis, DMD
Temple University
Philadelphia

Vasanth Raj Dharmaraj, DDS
New York University
Red Lion

Colleen R. Gottuso, DMD
Temple University
Butler

Sara J. Gotwalt, DMD
University of Pittsburgh
Downingtown

Susan T. Granquist, DMD
Temple University
Honesdale

Spencer J. Grossman, DMD
UMDNJ
Doylestown

Amanda Q. Hemmer, DMD
University of Pennsylvania
Philadelphia

Douglas M. Hutchinson, DMD
University of Pittsburgh
Meadville

Sara E. Iglio, DMD
University of Pittsburgh
Greentown

Justin P. Kenney, DMD
University of Pittsburgh
Macungie

David Kneal, Jr., DMD
Temple University
Bethlehem

John F. Mackin, DMD
University of Pittsburgh
State College

Lucas E. Mantilla, DMD
University of Pennsylvania
Whitehall

Robert D. Mogyoros, DMD
University of Pennsylvania
Merion Station

Heather M. Raymond, DMD
Temple University
State College

David P. Recigno, DMD
Temple University
Meadowbrook

Stephen Rockwood, DMD
University of Pennsylvania
Philadelphia

David H. Schwimer, DMD
University of Pittsburgh
McMurray

Safwan I. Shaaya, DDS
New York University
Reading

Nishit Shah, DMD
University of Pennsylvania
Parsippany, NJ

Sweta B. Shah, DMD
University of Pennsylvania
Malvern

Babak Shahrokh, DMD
UMDNJ
Wilkes Barre

Sheeba Shaju, DDS
New York University
Downingtown

Jordee B. Shapiro, DMD
Temple University
Philadelphia

Andrea F. Sinnamon, DDS
University of Maryland
Strafford

Inessa L. Slipak, DDS
New York University
Doylestown

Richard G. Snow, DMD
University of Pittsburgh
Pittsburgh

John P. Soliman, DMD
Temple University
Philadelphia

Raafat G. Soliman, DMD
University of Pennsylvania
Nutley

Teena Wali, DDS
University of Illinois at Chicago
Pittsburgh, PA

Lin Wang, DMD
University of Pennsylvania
Wynnewood

Michael P. Wong, DDS
New York University
Lansdale

Chengfeng Zhang, DMD
Temple University
Philadelphia

Jill M. Zurek, DDS
University of Buffalo
Philadelphia

Eastern Dental Society

2010/2011

We continue our 103rd year of camaraderie and education as one of the oldest dental societies in the region!

Upcoming Events

Spring All Day Program: Friday, March 18th, 2011

The Buck Hotel, Feasterville, PA

"Top 50 Most Prescribed Drugs" & "Review of Antibiotics and Analgesics"
Presented by Dr. Harold Crossley

Spring Dine Around: Wednesday, May 4th, 2011

Positano Coast Restaurant, 212 Walnut Street, Philadelphia, PA

"The Future of Lasers in Periodontal Therapy: Science, Hype, or Snake Oil?"
Presented by Dr. I. Stephen Brown

Annual Golf Outing: June, 2011

Tentative: Meadowlands Country Club, Blue Bell, PA

For more information on Eastern Dental Society,
please contact Dr. Michael Salin at **Info@Eastern-Dental.org** or
(215) 322-7810, or visit us online at **www.Eastern-Dental.org**

My Dysfunctional Love Affair with Dental Insurance

by Michael C. Verber, DMD

The Power of Love

I love dental insurance not only because it brings patients to my office and helps them afford the care they need, but also because I have an appreciation for the role it has played in my profession. Modern dentistry is the love child of third party carriers and skilled practitioners. Dental insurance brought the masses to our offices. The rise of dental plans in the early 1970s facilitated a proportional rise in dental visits. In 1970, national dental expenditures totaled $4.7 billion. This number grew to $104.4 billion in 2009. Even after adjusting for inflation, that is a 295 percent increase.[1,2]

Insurance gave us the opportunity to educate more patients on the importance of maintaining oral health and keeping their teeth. As a result, a more sophisticated patient pool was created. Functional and aesthetic expectations rose and fueled a demand for additional services. Thus, dental insurance deserves some credit for raising the standard of care.

Know the One You're With

If the foundation of a solid relationship is an understanding of your partner, than the love triangle between patient, dentist and insurance leaves a lot to be desired. Patients often have the misconception that their mouth is insured. It is not. At least not in the manner they expect. By definition, insurance is meant to offset financial loss in the case of unforeseen catastrophic incidents. Auto insurance. Homeowner's insurance. Medical insurance. They all usually make you responsible for minor occurrences in the form of a deductible. However, if a major event occurs, it will pick up the tab even if the cost is hundreds of thousands of dollars.

Dental insurance is different. It best covers the procedures that are the least expensive and most likely to occur. Conversely, it imposes maximums that provide little help in the event of major treatment. It is not unusual for an individual's maximum yearly benefit to be less than the deductibles they have on their other forms of insurance.

This doesn't mean that dental insurance is not without value. It is a benefit that encourages prevention and provides for minor services. It's just not really "insurance." It is important for dentists to educate patients in this regard. In my office, we take measures to not even use the word "insurance" with patients. We feel that "benefits" is the more accurate descriptor. In fact, whenever somebody on our team says "insurance," that offender must put a quarter in a jar that is donated to charity.

When the Spark is Gone

As with any relationship, participation with dental insurance comes with sacrifice. While many patients find their way to my office through their insurance network, I understand that this type of referral is the least valuable. If an individual seeks dental care from me because a neighbor referred them, they are coming with a foundation of trust. If new a patient schedules with our office because they were impressed by an advertisement featuring cosmetic services, the basis for the relationship is an appreciation for a specific treatment we excel at providing. However, patients that seek me out because I participate with their dental plan are selecting a dentist based on cost. They are usually looking for low cost or no cost dentistry. These patients require more time and effort to educate towards accepting good dentistry.

Another cause of love loss between dentists and insurance carriers is the infamous fee schedule of maximum allowable charges (MACs) that participating providers agree to honor. While these MACs (often referred to as UCRs) are universally lower than actual average fees established by national surveys, some are arguably reasonable. They are after all designed to provide patients with a discount. The problem is that there are too many plans out there that make it impossible to provide high quality care and remain profitable.

If corners are cut and quality is sacrificed, the end result is both financial and dental injury to the patient. In the long term, good dentistry is always the cheapest dentistry. Many good dentists participate with plans without realizing the actual cost to their practice. We are often too busy laboring chair side to study the numbers, but the numbers don't lie. When making participation decisions, it is essential to sit down with your accountant and understand all your fixed and variable costs. Too often we get entrenched in the status quo

(continued on page 18)

rather than jettisoning old plans for better options.

Stagnant annual maximums are yet another point of contention. The average maximum remains at about $1,500 per year, an amount that has not increased since the 1970s. Considering that inflation alone would have increased that amount to $8,500 dollars, it is obvious that current maximums will too often fail to provide an appropriate level of care.

Breaking Up Is Hard To Do

Breaking up is hard to do, but sometimes it is the only cure for an unhealthy relationship. When participation in a plan prevents me from treating patients in the manner they deserve, I cannot ethically agree to continue the relationship. One such area of concern is the capping of fees for non-covered services. Insurance companies are setting the rules without any skin in the game, and patients will suffer.

My office does a considerable amount of complex full mouth implant reconstruction. From treatment planning to temporization to final prosthesis, dozens of hours can be spent on these cases. When using the best available materials and technology, the lab fees for a single arch are over $8,000. At a cost to the patient of $13,500 for the restorative side alone, I am not suggesting that this is the appropriate treatment for every patient. I do, however, insist that a patient has a right to choose this treatment option. The problem is that the UCR for a code that best describes this service is usually under $1,500. Even if you employ multiple codes to better describe the procedure, the combined UCRs don't come close to covering even half of your lab costs. If insurance companies are now going to be able to dictate the fees for everything I do in my office, no matter how unique, there will be services I can no longer afford to offer my patients.

My practice has tried to work with some insurance carriers to find a resolution, but often it is as if they don't even recognize the issue. We have identified multiple codes where the UCR is lower than the lab fee. We have tried to ask questions and discuss various solutions. Most often we are passed back and forth between customer representatives with minimal knowledge of complex dental procedures. After much persistence with one particular carrier, I finally got a couple of straightforward answers. One customer service rep told me that the procedures in question were not done frequently enough to be of any concern. Another rep told my office manager that his superiors were just not going to answer our question. He explained that it was not in their best interest. Communication is an essential component of every relationship. When it's gone, so is the love.

Group Therapy

We need to work together with each other and with insurance companies to make the relationship work. However, the right therapy comes at a cost. It requires both a financial commitment and time. Recently, PDA has stepped to the plate and led the charge against unfair insurance practices. The time to rally behind the PDA is now, especially with crucial legislation like our non-covered services bill at stake.

The prescription is simple. Educate ourselves on the issues. Be proactive in working with insurance carriers and legislators. And pony up and support the PDA's advocacy efforts. Because it is time to put my money where my mouth is, I will be submitting with this article a $1,000 check to PDA's political action committee (PADPAC). If we pry ourselves away from our chairs long enough, we can recognize our influence as a group. The dental insurance industry is huge, but the dental service industry is bigger. It is our responsibility to use our influence to maintain standards of care and protect the people we treat, because in the end, the only relationship that counts is between us and our patients.

REFERENCES

1 H. Barry Waldman, BA, DDS, MPH, PhD. Economics of Dental Practice Improve in the 1990s. Journal of the California Dental Association, April 1998.

2 U.S. Department of Health and Human Services. Centers for Medicare & Medicaid Services, Office of the Actuary. http://www.cms.gov/NationalHealthExpendData/downloads/tables.pdf

PDA Meets with Delta Dental

On November 3, Dr. Tad Glossner, chair of PDA's Dental Benefits Committee, and government relations coordinator Ivan Orlovic met with Dr. Cheryl Learner, Delta Dental's director. They discussed Delta's letter to participating providers about its new policy regarding covered and non-covered services, which took effect on February 11.

Essentially, Delta's new policy is not very different from what the rest of the industry is doing. The change that will most affect participating dentists is the provision that prevents the participating dentist from balance billing to their fee on services that an alternate benefit is determined. This most commonly pertains to posterior composites and inlays/onlays. As of now, Delta Dental PA contracts allow the dentist to balance bill the difference between their fee and the amalgam allowance that is the alternate benefit. The change will result in the participating dentist only balance billing to the contracted fee of the performed service. It seems that all of the other provisions currently exist in participating agreements. If the lab bill for any case is greater than 60 percent of the determined allowance, the provider may request an increase in the allowance.

Below is a chart to help better illustrate Delta's new policy:

Delta's New Policy for the Capping of Uncovered Benefits

Example procedure codes	Delta's current policy	Delta's policy as of 2-1-11
Frequency for prophys D1110	If a subscriber's contract only allows for two D1110 in a year then a third or forth would be billed to the subscriber at the provider's full fee.	If a subscriber exceeds his D1110 frequency for the year the subscriber shall only be billed to Delta's fee with no balance billing.
Alternate treatment for posterior composites	If there is no coverage for posterior composites Delta will allow an alternate benefit to an amalgam and the provider may balance bill the subscriber to his full fee.	If a subscriber does not have coverage for posterior composites when Delta allows an alternate benefit to an amalgam the provider may only balance bill to Delta's fee for composite resin.
Tooth whitening 9972	On most contracts tooth whitening is not a covered benefit so the provider can charge the subscriber up to his or her full fee.	This will remain the same as Delta considers it an uncovered benefit. The provider will be able to balance bill the subscriber to his or her full fee.
Full or partial mouth reconstruction with crowns and/or implants that results in a change in the patients VDO	The patient would receive benefit for however many covered services combine to exhaust the patient's maximum allowance and the dentist can only bill up to Delta's fee for additional covered services.	This is a non-covered service even though the individual procedures may be covered. Due to the fact that dental insurance is not intended to address full or partial mouth reconstructions, the patient will receive no benefit from Delta and the provider may bill his/her fee. This should be confirmed with a narrative and a predetermination prior to quoting fees.

Please contact Ivan Orlovic at iio@padental.org, with any questions or concerns about Delta's policies.

143rd Annual Session

Gary S. Davis, DDS
General Chair

William T. Spruill, DDS
President

As the General Chair of the 143rd Annual Session of the Pennsylvania Dental Association, it is my pleasure to invite all PDA members to the Hotel Hershey on April 8-9, 2011! At the direction of the 2010 PDA House of Delegates, our 2011 Annual Session will be more than a little different. The 2011 meeting will conduct our governance activities in 2 days, beginning Friday, April 8 at 8:00 a.m. At the completion of the First Meeting, we will hold reference committee hearings. Those hearings are open to all PDA members and I encourage you to take advantage of this great opportunity to voice your thoughts and concerns to the PDA House of Delegates.

On Friday afternoon and evening, everyone will have the opportunity to renew old acquaintances and make new ones at the Pitt, Temple, PADPAC and Candidate's Receptions, and the district hospitality suites.

The annual Fun Run/Walk begins bright and early on Saturday morning. All participants will receive commemorative t-shirts and winners in several categories will be awarded trophies. Don't forget to pack your running shoes! The PDA Former Presidents' Breakfast and district caucuses also will take place on Saturday morning. After a special luncheon for all delegates, alternates and officers, the 2011 House of Delegates will reconvene to consider, debate and vote on the important issues facing dentistry as well as elect new officers and ADA delegates and alternate delegates.

Once the business of the 2011 House of Delegates is complete, we will celebrate the past year's accomplishments and the promise of our future. Our outgoing president, Dr. Bill Spruill, and our PDA "First Lady," Dr. Lillian Wong, invite you and your family to attend the President's Reception and Dinner Dance on Saturday night. We will gather to honor our president and celebrate everyone's heritage and legacy.

In the Scottish tradition, our celebration will be all about the "Quaich" — the joyous fun, the social life, the good times! There will be pipers and drummers and tartans and kilts and a surprise guest from the East. Every leader in the Pennsylvania Dental Association, in fact every member of our profession, is a legacy among our colleagues, within our communities and most importantly, within our families. When we build each other up and enjoy each other's company, the whole becomes greater than the sum of its parts. And isn't this the essence of the Pennsylvania Dental Association? To protect, defend, enhance, involve and uplift our profession and each other. That indeed is worthy of a joyous celebration.

The Alliance of the Pennsylvania Dental Association also has planned many entertaining events. All spouses are invited to register and participate. The registration form can be found on page 45.

Committee Chairs

Dr. James M. Boyle, III
Printing and Publicity

Dr. John P. Grimes
Hospitality

Dr. Elliott D. Maser
Fun Run/Walk

Dr. Steven M. Parrett
Finance and Fundraising

Dr. Martin L. Schroeder
Entertainment & President's Dinner

Dr. Samuel E. Selcher
Registration

As you review the Program Highlights on the following page, please note the various social events sponsored by PDAIS, the Pennsylvania Society of Oral and Maxillofacial Surgeons and Thayer Dental Laboratory. On behalf of the committee, we would like to express our appreciation to all of our sponsors for their generosity in hosting these events. The members of the Annual Session Committee hope that you and your entire family will come and enjoy the many activities available during the meeting. Hershey has many attractions for the entire family — shopping, Hershey Gardens, Zoo America, Chocolate World, golf, swimming, great restaurants and the Spa at the Hershey Hotel. Please feel free to contact the Hotel's guest services staff at (717) 534-8860 for information on things to see and do in the Sweetest Place on Earth.

The committee members look forward to welcoming you to Hershey and we encourage you to check the PDA Annual Session link at www.padental.org/as regularly for updates.

See you in Hershey!

Gary S. Davis, DDS
General Chair

Program Highlights

Pennsylvania Dental Association | 143rd Annual Session
April 8-9, 2011, Hotel Hershey

Thursday, April 7, 2011

Registration	3:00 PM

Friday, April 8, 2011

Registration	7:00 AM
House of Delegates	8:00 AM
Reference Committee Hearings	10:45 AM
Luncheon for Delegates and Alternates *Sponsored by PDAIS*	12:45 PM
Reference Committee Hearings Resume	1:45 PM
Pitt Alumni Reception Open to all Attendees	4:30 PM
PADPAC & PDA Candidates' Reception Open to all Attendees	6:30 PM
Temple University Kornberg School of Dentistry Reception Open to all Attendees	7:30 PM
Hospitality Suites	8:30 PM

Saturday, April 9, 2011

Fun Run/Walk	6:30 AM
PDA Former Presidents' Breakfast	8:00 AM
District Caucuses	8:00 AM
Voting	11:00 AM
Luncheon for Delegates and Alternates *Sponsored by PDAIS*	11:45 AM
House of Delegates	12:45 PM
President's Reception & Dinner Dance *Sponsored in part by the Pennsylvania Society of Oral and Maxillofacial Surgeons and Thayer Dental Laboratory*	7:00 PM

Hotel Reservation Information

Reservation Deadline February 25, 2011*

Reserve your room at the Hotel Hershey by calling (717) 533-2171 or (800) 533-3131 and providing the group code 53108.

Room rate: $212 single/double plus 11% tax. All guest rooms are non-smoking.

*The block of rooms at the Hotel Hershey will be held until February 25, 2011, or until rooms are exhausted. After February 25 or once rooms are exhausted, whichever shall occur first, rooms will be assigned on a space available basis.

ATTENDEE REGISTRATION FORM

143rd Annual Session

April 8-9, 2011 | Hotel Hershey

Please fill out this form and return by February 25, 2011, even if you will not be attending any social events. Return to:

Pennsylvania Dental Association
Annual Session
P.O. Box 3341 • Harrisburg, PA 17105
Fax: (717) 232-7169 OR Register via the PDA website at www.padental.org/as

NAME _____ NICKNAME FOR BADGE _____

SPOUSE/GUEST (IF ATTENDING) _____ NICKNAME FOR BADGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (WORK) _____ FAX _____

SPECIAL DIETARY/ACCESSIBILITY NEEDS _____

Mark the appropriate line with "M" for yourself and "S" for spouse.

____ PDA Member (District #_____) ____ ASDA Member ____ APDA Member (Alliance) ____ Guest

I am a: ❑ PDA Delegate ❑ PDA Alternate Delegate

Please help us spend our resources wisely by indicating your attendance plans below.

Event Date	Event	# Attending	Cost	Total
Friday, April 8	Luncheon for Delegates and Alternates (sponsored by PDAIS) *Use zero if you are not attending*	_____ X	Complimentary for delegates & alternates	
Friday, April 8	PADPAC and Candidates' Reception *Open to all attendees, spouses and guests*	_____ X	Complimentary	
Saturday, April 9	Fun Run/Walk — Circle t-shirt size: S M L XL XXL	_____ X	$15	= _____
Saturday, April 9	Luncheon for Delegates and Alternates (sponsored by PDAIS) *Use zero if you are not attending*	_____ X	Complimentary for delegates & alternates	
Saturday, April 9	President's Reception and Dinner Dance	_____ X	$85	= _____
	Children age 12 and under (chicken tenders)	_____ X	$25	= _____

Total Enclosed $ _____

Method of Payment — Please make check payable to: **2011 PDA Annual Session**

❑ Check ❑ MasterCard ❑ VISA ❑ American Express ❑ Discover

CARD NUMBER _____ EXP. DATE _____ SIGNATURE _____

President's Reception and Dinner Dance — Our outgoing president, Dr. Bill Spruill, and his wife of 34 years and partner in life, in love and in practice, Dr. Lillian Wong, invite you to enjoy a night of celebration with pipers, drummers and a surprise guest from the East. Sponsored in part by the Pennsylvania Society of Oral and Maxillofacial Surgeons and Thayer Dental Laboratory. The reception and dinner dance are semi formal events. Business attire, dresses and dark suits are encouraged.

Cancellations must be received, in writing, by March 18, 2011, in order to obtain a refund. NO on-site ticket sales.

Alliance of the Pennsylvania Dental Association

Partnering to promote oral health in the community

The Alliance of the Pennsylvania Dental Association (APDA) welcomes all dental spouses into membership to support oral health education and legislative involvement.

143rd Annual Session

61st Annual Meeting

Friday, April 8

APDA Registration	1:30 PM
APDA Social Event and Member Project* *Chocolate and Wine Pairings*	2:00 PM

Saturday, April 9

APDA Registration	9:15 AM
APDA Board Meeting	9:30 AM
APDA Member Luncheon *Honoring APDA Past Presidents*	1:30 PM

*The 2011 Member Project involves assembling oral care kits to be donated to charity. We need toothbrushes, toothpaste, floss, etc. So please solicit donations from your friends and other Alliance members. Kindly bring the supplies with you or ship them to Stephanie Test at 888 Kingwood Lane, Danielsville, PA 18038

2011 APDA Convention Registration Form

Registration Deadline February 25, 2011
Make Checks Payable to APDA and mail with completed registration to Stephanie Test at 888 Kingswood Lane, Danielsville, PA 18038

Questions? Contact Stephanie at (610) 462-1109

NAME _____

COMPONENT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ CELL _____

SPOUSE'S NAME _____

Event	Cost	# Attending	Total
APDA Friday Social Event	$45 per person	X _____	= _____
APDA Member Luncheon	$37 per person	X _____	= _____

The luncheon will be held off-property at the Chocolate Avenue Grill. Transportation is on your own.

PDA Launches Newly Redesigned Website

by Natalie Kinsinger, Web Content and Graphic Design Manager

After months of careful planning and preparation, we are pleased to unveil PDA's newly redesigned website, still found at www.padental.org.

The new site is another step up for our members in terms of dynamic visuals and improved navigation capabilities. It features a quick-glance calendar and rotating news box on the homepage, a user-friendly navigation structure and a more intuitive organization of information. In addition, we selected a new color palette, and the site was given a facelift with page headers featuring photos and text that can be easily customized by staff. Also, the login process has been overhauled, giving members the ability to now reset their own password or easily contact staff for assistance.

Another exciting addition coming soon to the site is an events module, which will provide an attractive, detailed calendar and online event registration and payment.

One very important item of note is that to correctly view the website, it is imperative to have downloaded the latest version of your Internet browser. Many of the new features will not work properly with older browsers. We recommend using Mozilla Firefox.

PDA communications and membership department staff members met in early March to begin discussing possible concepts and features for the new site, trading ideas and establishing a wish list with priorities for the site. After a plan was crafted, cSystems provided two site design concepts in May and over the ensuing months, we had a productive dialogue about colors, concepts, headers and other features. The final stages included moving content to the new site and learning the ins and outs of the new site.

We hope you will take the time to go check out the new and improved padental.org right away and begin making use of this dynamic communications tool.

If you have any questions about the website, please contact Natalie Kinsinger, web content and graphic design manager, at nmk@padental.org.

Dr. Bruce Terry, seen here on his Mt. Elbrus climb, also climbed Mt. Kilimanjaro (in background) in 2007.

ONE PEAK AT A TIME

PDA members have a wide variety of interests away from your profession. You all have hobbies, passions, things you do for fun. And we want to know about it in 2011. This feature on our very own *Journal* editor, Dr. Bruce Terry, is a jumping off point to what we hope will be a continuous effort to share more human interest and personal stories. We need your help to make that happen. If you have a suggestion about one of your colleagues who would make a great story, or maybe even want to volunteer yourself to be interviewed, please contact us and let us know at pullpulp@aol.com or rap@padental.org.

Most of you know Dr. Bruce Terry as the editor of this *Pennsylvania Dental Journal*. Some of you know he is an endodontist and lives in Wayne. But how many know he is an avid outdoors enthusiast, who has trekked and climbed all around the world?

Dr. Terry is on a quest to make it to the summit of the highest peaks on each of the seven continents. In 2007, he reached the summit of Mt. Kilimanjaro, the highest peak in Africa. And his latest achievement came over the summer, when he successfully summited the highest peak in Europe, Mt Elbrus, on July 23.

Dr. Terry began his outdoor adventures during his youth as Boy Scout in Los Angeles, CA. He reached the rank of Eagle Scout at the age of 17.

"I loved the Scouts because we would go camping each month," Dr. Terry said.

His love of the outdoors has grown over the years. Now Bruce enjoys hiking with his wife of 23 years, Susan.

ONE **PEAK** AT A TIME

After conquering Mt. Elbrus, Dr. Terry has his sights set on Mt. Aconcagua in Argentina.

"She loves to hike all day with me. We have been to the Pacific Northwest, the Rockies, the Italian, Swiss and French Alps, as well as Austria, England and South America," he said. "Susan doesn't enjoy sleeping on the hard ground or eating Raman Noodles and trail mix. But when I want to do these more intense climbs, she just says, 'Have a good time.'"

Dr. Terry trains around his home in Wayne. His favorite place to hike is Mt. Misery in Valley Forge National Park.

"It's appropriately named," he said. "I get a 50 pound bag of sand and put it into my backpack. I get my golden retriever, Scout, and we spend 2 hours hiking over and back over Mt Misery."

"Each mountain has been a different experience", Dr. Terry said. "Most peaks in the U.S. are usually climbed alone or with a guide in one or two days. There is no need for Sherpas or porters. Mountain peaks like Mt. Rainer, Mt. Baxter and Mt. Whitney are all challenging mountains with risks of bad weather and avalanches, but are all below 15,000 feet."

Mt. Elbrus, located in the western Caucasus mountain range in Russia, is unique in that the high camp is at the base of the glacier at an elevation of 12,500 feet.

"We spent five days moving from base camp to high camp," he said. "We shuttled gear twice to high camp and spent the other days hiking on and off the glacier for more acclimatization. The summit is at 18,500 feet, making summit day a climb of 6,000 vertical feet up and then 6,000 feet back to high camp.

"We woke at 12 a.m. and left camp at 1 a.m. We hiked to the base of the summit in 12 hours and then knew that a storm was approaching. We made the decision to make the summit in another hour of tough hiking with very steep terrain and at high altitude. We finally made the summit 13 hours after leaving high camp. It was already snowing and very windy. We spent no more than 10 minutes on the summit before descending. It was another 6 hours back down to our high camp in heavy snow and wind. After more than 19 hours of hiking, we returned to the comfort of our camp. We all had a bite to eat and then crawled into our sleeping bags for a very restful night of sleep."

Mountains like Denali in Alaska require guides and teamwork to achieve the summit in about three weeks. A climber pulls a sled with over 100 pounds of gear just to get to base camp. As on other peaks above 19,000 feet, climbers will often carry gear in multiple trips to each higher camp to ease the load uphill. The multiple trips up and down also aid the climber with acclimatization to the altitude, often the worst enemy of any high altitude ascent.

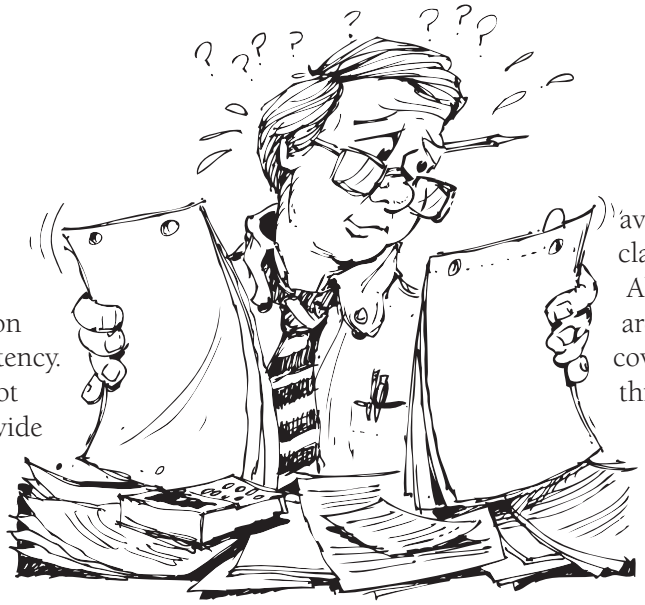
So what is next for Bruce?

"I was all trained and ready to climb Mt. Aconcagua in Argentina in January 2010. Unfortunately, I broke my ankle only three weeks prior to leaving and I needed to cancel that trip," he said. "I spent the spring healing and going to physical therapy. I accepted an invite from a friend and fellow climber to climb Mt. Elbrus in southern Russia this past July. Knowing that I needed to be in great shape for Elbrus was a great incentive to rehab quickly. The healing was slower than expected, but my will to succeed led to the successful summit experience. I am trying to get to Argentina at my earliest opportunity."

What does Bruce enjoy most and least about these climbs?

"I like being outside and seeing all the beauty of mountains, glaciers, sunrises and sunsets. I enjoy the people I meet and the solitary time to myself," He said. "I least like the extreme cold and the lack of indoor plumbing. Every time I return I remember how much I enjoy living in this century in a developed country with all the creature comforts that we take for granted."

What They **Did Not** Teach You In Dental School



Dental school is geared toward providing you the education and experience to develop the tools necessary to practice the profession of dentistry with skill and competency. As a result of this focus, it does not have the time or resources to provide you with an education as to the non-technical aspects of practicing as a dentist. This article is intended to provide some highlights as to the more important business aspects of being a professional dentist.

Know Your Regulations

Your most valuable asset is your license to practice dentistry in the Commonwealth of Pennsylvania. Without it, the skill and expertise obtained in dental school, your compassion for your patients and your wonderful chairside manner will have no value.

Upon graduating from dental school and passing the NERBS (or their equivalent), you had to apply to the Department of State for issuance of the license to practice in the Commonwealth. Upon issuance of the license, you become subject to the terms of the Dental Law and Regulations promulgated by the State Board of Dentistry. In the event you do not have copies of these documents, you can obtain them from the Department of State, Bureau of Professional and Occupational Affairs, State Board of Dentistry, P.O. Box 2649, Harrisburg, PA 17105-2649 or by contacting them through the Internet at ST-DENTISTRY@state.pa.us. They are also available as downloads from the State Board of Dentistry webpage. Although familiarity with the Dental Law is certainly encouraged, it is the regulations that provide more the nuts and bolts guidance as to what is expected of you as you practice in the Commonwealth. It is strongly encouraged that you obtain a copy of the regulations and familiarize yourself with them. Not only will compliance help preserve your status as a dentist, adherence to the regulatory guidelines is an efficient risk management tool for purposes of avoiding potential malpractice claims and/or patient complaints. Although the regulations themselves are too extensive to adequately cover in the space provided here, this article will provide an overview as to some of the more significant provisions.

Initially, your dental license is valid only for two years and must be renewed in the spring of every odd year. A large number of practitioners forget this requirement and find themselves practicing on a lapsed license for some period of time. This occurrence is also more prevalent with younger dentists who may not be aware of the requirement as to the bi-annual renewal, and further, have their employer take care of the administrative requirements for renewal. Should you change jobs or addresses, you should be sure to contact the state board to notify them of the same so that you ensure your receipt of any important notices from the board. (49 Pa. Code §33.105.)

Should you change your address or name, you are required to notify the board of the same within 10 days. (49 Pa. Code §33.109.)

In the event you anticipate administering any general anesthesia, deep sedation, conscious sedation and/or nitrous oxide-oxygen analgesia as part of your practice, you are required to obtain a separate appropriate permit for the level of sedation to be used in your practice. The requirements for the various permits are spelled out in the Regulations. See generally, 49 Pa. Code §33.331, et seq. The separate sedation permit is renewable on the same two-year cycle as your dental license.

The regulations also provide the minimum standards for proper recordkeeping, including the nature of the information that must be included, as well as the duration of retention for the records (generally 5 years after last treatment) and what must be done upon request for a copy of the records from the patient. (49 Pa. Code §33.209.) The regulations also provide additional requirements for

recordkeeping in reference to the prescribing and dispensing of controlled substances. (49 Pa. Code §33.207.)

The regulations also spell out the requirements for use of fictitious names in association with your practice and the registration of the same. (49 Pa. Code §33.202.) In a related area, the regulations define permissible advertising in relation to the practice of dentistry, including holding oneself out as a specialist or limiting your practice to a specialty area. (49 Pa. Code §33.203.)

The regulations also detail your responsibility in the event, in your professional capacity, you gain information that leads you to believe that a child has been abused. See, generally, 49 Pa. Code §33.250. Under such circumstances, there are mandatory reporting requirements. An oral report of the suspected child abuse must be made to Child Line at 800/932-0313 immediately. In addition, written reports must be filed within 48 hours of the oral report and made on forms available from your county Children and Youth Social Services Agency.

Relatively recently, the State Board of Dentistry promulgated regulations specifically stating that sexual misconduct by a dentist shall constitute unprofessional conduct. 49 Pa. Code §33.211(a). Sexual misconduct is defined as any conduct with a current patient, including words, gestures or expressions, actions or any combination thereof, which is sexual in nature, or which may be construed by a reasonable person as sexual in nature. (49 Pa. Code §33.211.) Of particular significance is the fact that consent is not a defense to sexual misconduct. (49 Pa. Code §33.211(a)(c).) However, the regulation does not apply to a practitioner's spouse or an individual cohabitating with a practitioner. As a result, should your boyfriend/girlfriend/ significant other want to become a patient of yours, such activity is precluded pursuant to the sexual misconduct regulations.

Other than the bi-annual period during which the dentist passed their licensure certification examination, all dentists must obtain 30 continuing education credit hours for each two-year period of licensure. (49 Pa. Code §33.401.) The continuing education courses must be in subjects that contribute directly to the maintenance of clinical competence. The regulations specifically prohibit credit for courses dealing with billing, office management, practice building, insurance reimbursement and communication skills.

Choices of Employment

Once you have your education and license to practice dentistry, you need the appropriate location to work. Although job opportunities may be difficult to locate, the variety of practice settings and employment situations are virtually limitless. This portion of the article will touch upon some of the more significant concerns younger dentists should recognize when electing to work in a private practice setting.

New dentists are usually presented with the opportunity of working in an associate capacity for an established practice. When assuming such a position, the new dentist must determine whether he or she is working as an independent contractor or an employee of the practice. An independent contractor position provides greater flexibility to new dentists and enables them to potentially work in more than one setting. However, it also requires the new dentist to assume greater responsibility in terms of tax withholding and the provision of any fringe benefits.

Working as an employee dentist typically provides greater stability from an administrative standpoint. The practice will take care of payroll deductions, as well as oftentimes have in place standard benefits applicable to all employees.

Employment Contracts

New dentists may be presented with a proposed contract from the practice as a condition for assuming the position. It is advisable to have the contract reviewed by legal counsel of your choice to be informed as to the specific provisions of the agreement and also determine whether there are any areas that are open to negotiation. Regardless of the form of the contract, there are likely to be several provisions for which you should be on the lookout.

Restrictive Covenants

Many employment agreements will attempt to limit the employee's ability to work in the same geographical area after separation from employment. These are typically called restrictive covenants or covenants not-to-compete. They are enforceable in Pennsylvania as long as supported by adequate consideration. If they are contained in the initial contract for employment, the offer and acceptance of employment will be deemed to be sufficient consideration. If they are added after the employment relationship already exists, some form of consideration other than continued employment will have to be given by the employer to render the provision enforceable.

Although these provisions are enforceable in Pennsylvania, they are not favored by the courts. As a result, they will be viewed on a reasonable standard in terms of the duration of the restrictive period, as well as the geographical area. These provisions will typically prohibit the employee from working within a certain mile (5, 10, 25) radius of the employer's location for some specific period of time (6 months, 1 year or 2 years). Particular attention has to be given if the employee dentist works for a practice that has multiple

offices. Oftentimes, the provisions will read that the restriction applies to the identified mile radius around any office location of the practice. This could obviously significantly increase the size of the restricted area.

Contracts containing restrictive covenants will also typically provide the employer the right to injunctive relief should the employee violate the restrictive covenant. This means that should the employee dentist leave the practice and begin working in an area arguably in violation of the restrictive covenant, the former employer can go to court seeking an order that would prevent the new dentist from continuing such employment. Obviously, such a provision could have significant financial consequences for the former employee, and further, cause strained relations with any new employer.

These contracts will also often have a provision awarding attorneys' fees to the employer should they prevail on their claim. Given the litigation costs associated with these types of claims, this is a further significant deterrent.

Duration of the Contract and Grounds for Termination

Pennsylvania is an "at-will" employment state. This means that typically the employment relationship can be terminated at will by either the employer or employee. As a result, barring a contract that provides a specific period of time for employment, the employer is free to terminate the employee at any time (as long as it is not done for discriminatory purposes or in violation of public policy), and, likewise, the employee is free to quit at any time. The mere existence of a written employment agreement, even one that suggests that it covers a particular period of time, does not necessarily guarantee employment for that period of time. As a result, caution must be used in reviewing the contract to determine the likely period of employment, as well as what grounds can be used to terminate the relationship. Care should be used when comparing those events that enable the employer to terminate the agreement and those that enable the employee to do the same. Oftentimes, employers will reserve the right to terminate the employee at any time while requiring the employee to give some notice time before terminating the relationship. Although such a provision is not improper, the employee should be aware of its existence so that they can manage their expectations appropriately.

Job Responsibilities

Many contracts will merely indicate that the employee is employed as a dentist to practice dentistry on behalf of the employer and fulfill such other job responsibilities as may be delegated by the employer from time to time. To the extent possible, the employee should see that as much ambiguity as possible be removed from the job title so that, again, expectations can be managed. If working in a practice setting that requires on-call duties, the schedule should be identified so that the new dentist will know the frequency with which they will be called upon to serve in this capacity.

Fringe Benefits

Whether a formal written employment contract is used or not, an understanding should be reached as to what benefits will be provided to the employee. These include not only the customary items such as health insurance and vacation time, but other items such as who will pay for malpractice insurance, continuing education courses and memberships in professional associations.

Ownership Possibility

Again, whether a written employment agreement is used or not, the parties' understanding as to the potential for acquiring an ownership interest in the practice should be discussed and decided early in the relationship. If there are going to be criteria reached, such as years of service, levels of production, necessary for the associate to be afforded the opportunity for an ownership interest, they should be clearly spelled out so as to avoid potential confusion and animosity in the future.

As with any anticipated long-term relationship, caution must be used when exploring the possibility of obtaining ownership in the practice. Although ownership certainly provides a sense of achievement and anticipated financial security, it also brings along additional responsibility and potential headaches. The new dentist should use their time as an associate dentist as a period of "dating" to determine whether the practice setting meets their needs and expectations.

Other Considerations for New Dentists

There are numerous other considerations you will face as you begin your profession as a dentist. Oftentimes, these items are overlooked as a result of the pressure of trying to build a practice, as well as address student debt. However, the sooner you can put in place a plan to address the ancillary administrative matters, the better managed your professional and personal life will be.

From a financial/security standpoint, these types of matters include obtaining malpractice insurance, disability insurance and planning for retirement. It is not necessary to obtain malpractice insurance to practice dentistry in the Commonwealth of Pennsylvania. However, it is extremely prudent to do so. Fortunately, the cost of dental malpractice

insurance, in comparison to certain medical specialties, remains relatively inexpensive. The peace of mind obtained from this insurance can also be invaluable.

Likewise, as a new dentist, the thought of disability insurance may seem irrelevant. However, the pricing of the same at a young age makes it the ideal time to start to plan for one's future. In addition, one typically cannot plan for the onset of a disability, and, therefore, this makes this type of insurance particularly valuable.

Similar to disability insurance, retirement planning may seem like an unavailable luxury when facing student debt and potentially practice ownership costs. However, the appropriate planner can assist in making this luxury manageable.

The Pennsylvania Dental Association's wholly-owned subsidiary, PDAIS, offers advice and products tailored to address the financial and administrative needs of dentists of all ages.

Maintain Your Professional Contacts

Malpractice insurers will often cite involvement with professional associations as being an indicator for a lower frequency of malpractice claims or patient complaints. As you begin your career, do not become so focused on your individual success that you lose sight of the important social networks around you. Participation in your local and state professional association and local study groups can be of invaluable importance to your professional practice and personal well-being. The groups will often provide assistance in dealing with the unexpected occurrences of practice. In addition, they provide a sounding board for your concerns and the reassurance of knowing that you are not the only individual encountering these heretofore unexpected occurrences. In addition, they provide a source of patient referral that oftentimes cannot be duplicated.

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

BE CAREFUL WHO AND WHAT YOU ARE RECORDING

By Thomas J. Weber, Esq.

I have faced a number of questions regarding the propriety of utilizing recording devices to memorialize conversations or events. One such question involved using a tape recorder to record interaction with a troublesome patient. The dentist had a concern that the patient may later complain regarding the interaction and/or treatment rendered and, therefore, the dentist wanted a recording of the conversation to refute any inaccurate accusations made by the patient.

In addition, I have received questions regarding business entities that offer a service of secretly recording telephone calls to the office receptionists so as to provide feedback on how the receptionists may better interact with potential new patients. I have also had involvement with an office partner who has secretly recorded his partner in anticipation of a practice breakup. Finally, I have learned of individuals routinely recording their telephone conversations.

Both the federal government and Pennsylvania have laws prohibiting the intentional interception and/or recording of private conversations without the consent of the participants to the conversations. These laws are frequently referred to as wiretapping laws, and Pennsylvania's can be found at 18 Pa. C.S.A. §5701 et seq. Although there are numerous sections and specific provisions contained in Pennsylvania's wiretapping law, generally speaking, it makes it a felony of the third degree to record someone else's conversation without their consent. The law also serves as the basis of a civil action for its violation. Pursuant to this law, the scenarios identified above would violate the Act.

I believe the businesses that offer the service of evaluating the telephone skills of a receptionist take the position that since the telephone is owned by the practice, the receptionist does not have an expectation of privacy and, therefore, the recording does not constitute a violation. This position is not consistent with Pennsylvania's wiretap law. The use of answering machines does not violate the law since the caller is the one who elects to leave a message thereby giving his or her consent to the recording.

So as to ensure that one does not violate the wiretapping law, any time the recording of a conversation is desired, you should obtain the consent of all participants. Ideally, this consent should be recorded at the beginning of the taping. Likewise, if you desire to record association, local or committee meetings, all participations should be made aware of the taping, and if possible, the taping device placed in plain sight.

In the event there is a strong desire to generally record patient interaction in the office, it would be possible to prepare a form that alerts patients that due to the office's desire to ensure the appropriateness and integrity of the treatment rendered, that surveillance cameras and tape recorders might be utilized. The patient should then be asked to sign such a notice, and a copy of the same maintained in the patient's record. (Similar to the practice with the HIPAA Privacy Notice.)

It would also be advisable to post signs throughout the office that surveillance and voice recordings may be utilized to protect the safety of the patients and maintain the integrity of the treatment. However, before adopting such an approach, I would consider the potential adverse impact this could have on the practice due to patient's possible perception that it constitutes an invasion of their privacy. Furthermore, the existence of tape recordings may not always benefit the recorder. The practice did not work out to well for the late President Nixon.

If you have a concern about a

disruptive patient, you could ask for their permission to record the visit. You could also have another office staff person attend and act as a witness. Additionally, if you are this concerned about a patient's motives and possible actions, you could simply dismiss this person as a patient. Before taking this step, make sure your dismissal would not constitute abandonment as defined in the dental regulations. (49 Pa. Code §33.211(a)(4) withdrawing dental services, often a dentist-patient relationship has been established so that the patient is unable to obtain necessary dental care in a timely manner.)

In summary, in the event you feel a compelling need to record any interaction with another individual, you need to obtain that individual's consent. Additionally, you should have some evidence confirming that, in fact, the consent was given whether it is an acknowledgment on the recording itself or a signed authorization.

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ABOUT SIXTH DISTRICT

By Samuel R. Rockey, DMD

The Sixth District is geographically one of the largest and least populated districts in our state. The district is comprised of nine counties having an area of more than 6,000 square miles, with a population of less than a million people.

Approximately 200 PDA members practice within these counties, which include Tioga, Bradford, Sullivan, Lycoming, Clinton, Montour, Union, Snyder and Northumberland. Lycoming is the largest but at one time was much larger than it is today. Founded in 1795, Lycoming County once took up most of the land that is north central Pennsylvania. Gradually, the county was broken up to form Armstrong, Bradford, Centre, Clearfield, Clinton, Indiana, Jefferson, McKean, Potter, Sullivan, Tioga, Venango, Warren, Forrest, Elk and Cameron counties.

Development and settling of the lands encompassed by the Sixth District centered around lumbering, coal and other natural resources. Originally, the Susquehanna River provided transportation of timber to the sawmills and the movement of finished products and raw material south to the more populated areas.

6th District

Later, the West Branch Canal, which started in 1828 at Northumberland and traversed 73 miles to Farrandsville, became a major means of transportation. Completed in 1835, the canal carried passengers, bituminous coal, lumber, pig iron and other products through 19 vertical locks (some of which are still visible today), with a total rise of 140 feet. The canal continued to operate until the flood of 1889 caused so much damage and destruction that repair was not feasible.

The area is fortunate to have some fine institutions of higher learning. Mansfield University, Lycoming College, Newport Business Institute, Pennsylvania College of Technology, Lock Haven University, Bucknell University and Susquehanna University are all located within the district boundaries.

The remoteness of the district provides an ideal setting for the many state parks located here. Hills Creek, Colton Point, Leonard Harrison, Mt. Pisgah, Ricketts Glen, Worlds End, Upper Pine Bottom, Susquehanna, Little Pine, Bucktail, Hyner Run, Hyner View, Kettle Creek, Ravensburg, R.B. Winter, Sand Bridge and Shikellamy State Parks are all located within the nine counties that comprise the Sixth District.

Although the Sixth District does not offer the amenities found in the more urban areas of the state, it provides a very comfortable setting in which to live or just to visit.

Leveraging Your Value

By Dr. Steve Muench
PARAGON Dental Practice Transitions

NOTE: This article was written a number of years ago about a practice that was truly extraordinary at the time. The numbers this practice was producing were far beyond any we had ever seen and we have done thousands of practice valuations all across the country. During that period of time, it was simply unheard of for a general dentistry practice to have gross collections in excess of a million dollars. Many years later we now see practices that are producing these type numbers and greater, but even these high production practices of today were nowhere close to the same production levels as our subject practice during the same period in time.

Occasionally we have the privilege of evaluating that very rare practice that has successfully mastered the combination of both delivering extremely high-quality dentistry and also receiving the well-deserved high compensation for such services rendered. Many practitioners offer exceptional services, but few have figured out how to convince patients to have the services performed or how to get fairly compensated for such services when they are delivered. Those practitioners who know the secret are astounding in their ability to produce exceptional financial results on a relatively limited patient base. A while back we had such a rare privilege.

The practice had merely 1,900 active patients (all fee-for-service) and was producing $1,200,000 annually. Just in case you thought this was a misprint, I will state this once again. This practice produces an average $1.2 million dollars each year working with just 1,900 active patients! That is an average of over $630 annual production per patient per year!

We were brought in to evaluate this practice because this 46-year-old dentist was interested in an associate. He was ready to share his secrets and become a mentor. The thought was that he would cultivate his "heir apparent" while also teaching a younger doctor how to achieve such fantastic results. Seems like a logical plan… read on.

During the course of our consultation, we discovered that this would not be the first associate that had been in this practice. In fact, it would be the third.

The first was a recent graduate and just could not get accustomed to the fast paced operations of the practice. He left after only three months. The second had been out of school a couple of years and had already developed some speed and practical experience. This associate was a great addition to the practice. Unfortunately, the host

and the associate did not have a formal succession plan in place and the associate abruptly left to establish his own practice not far away after three years with the host. He did hurt the practice some and became a competitor, but unlike many hosts that experience such a loss, this host quickly recovered.

Further consultation revealed that the host was indeed interested in being a mentor. He also wanted an associate to create another passive income source (hygiene is also a passive income source). We investigated the possibility of selling his practice under the Pre-Sale Program (seller remains as the associate for the buyer for as long as he desires) but he was really not ready to relinquish ownership yet. He said he wanted another associate, but this time with a formal contract. He would even consider provisions for a long-term transition of practice ownership. We proceeded with our analysis and transition plan formulation on this basis.

Our analysis revealed that this practice was simply outstanding. In hundreds of practice valuations since 1988, we had only encountered a small handful of practices quite like this one. The practice produced at a per-patient rate that was 50 percent greater than the per-patient production goal that other practices were just trying to achieve… not actual production but the production goal! The fees were on the high side (as they should have been for the area) and the procedure mix was tilted in favor of high-dollar procedures. Even the hygiene department was quite efficient with more than 60 percent of the total active patients in active recall (more patients could have been in the recall program but frankly this doctor did not have the time or desire to check more hygiene patients). As you might expect, the experienced staff was phenomenally trained and quite competent. It was obvious that this doctor had an extraordinary talent and should indeed be a mentor for some lucky dentist… but should this extraordinary doctor be limiting his mentorship ability only to young dentists?

Now our story takes a rather sharp turn. We presented our practice analysis and showed Dr. A (we will call him Dr. A from now on) the best plan to bring in his next young associate. The plan made perfect sense and he was ready to proceed. But then we threw him a curve. We consulted him on the concept of leveraging his value…not the value of his practice but rather leveraging his value as an extraordinary practitioner.

We explained that the majority of other practitioners did not have his unique insight and extraordinary talent to lift a practice to such lofty financial heights. We were able to get him to realize that his talent was distinctive and quite valuable to his colleagues.

We further explained that there were a number of practitioners in his area that were interested in getting out from under the responsibility of practice management and ownership – some are good at it and some are not – some enjoy it and some don't! Such practice owners desire to sell their practices utilizing the PARAGON Pre-Sale Program and remain with the practice as a full-time associate for the purchaser for many years. Sellers such as these had reached a point in their life where managing a practice was a stressful burden and they simply wanted the opportunity to treat patients and go home without concerns or worries.

Gross income per patient in the $200 to $250 range is quite standard in the majority of dental practices. The owner/practitioners of such practices just do not posses either the special ability or the energy required to take a practice to such high levels as Dr. A has already accomplished. Acquiring and merging one of these practices into his own practice is simply the most profitable move that a doctor of Dr. A's caliber could ever make.

Take a typical scenario. The practice has 2,200 active patients and grosses $475,000 per year. That is an average of $215 per active patient (remember Dr. A averages $630 per patient). This practice is just three miles from Dr. A's office. The practice's fees are in the same ballpark as Dr. A's fees. The hygiene department is well developed with about 30 percent of the total practice collections from hygiene. The seller has a great reputation in the area and is the type individual that anyone would be proud to work with. The only glaring difference in the two practices is that the seller is either not presenting and/or not having optimum treatment accepted by his patients. He does some large cases but only on a small percentage of his vast patient base. The seller sincerely wants to learn how to improve his practice production and has even attended various practice management seminars through the years. But, like many dentists, each time he returns from such a self-help seminar he simply slips back into his usual routine with little or no improvement in his practice production. The seller is 52 years old.

Dr. A can purchase this practice for $330,000 and the entire transaction will be financed. No out of pocket costs to Dr. A whatsoever. The seller would like to continue working full-time for a minimum of 8 years and plans to continue to treat 100 percent of the patients he is currently treating. The acquisition and merger of this practice into Dr. A's location is projected to result in a net positive cash flow to Dr. A of more than $65,000 per year after all practice expenses (including any

additional staff requirements), after all annual production commissions to the seller and after all annual debt service payments on the acquisition loan. This increased cash flow of $65,000 also assumes absolutely no improvement in the production capabilities of the acquired practice.

Now the true magic starts. Remember that Dr. A is a very talented dentist and is also looking for an associate that he can teach. Dr. A's value is being able to increase the production of a practice. The seller desires to learn to be more productive and recognizes that his personal income (commissions as Dr. A's associate) can substantially increase if he can just learn to produce at a mere fraction of the pace of Dr. A's production per patient.

So let's look at the possibilities. Let's say that Dr. A is able to teach the seller to improve his average production from the $215 he currently does to $400 per patient (still some $239 per patient less than Dr. A is currently producing). That is an annual production increase of $405,000 ($475,000 to $880,000). You can clearly see the financial boost the seller will experience (almost doubles his personal income), but what is Dr. A's gain?

If the seller receives a 40 percent commission (a standard in the Pre-Sale Program) and Dr. A's production related expenses average about 18 percent of production (typical production expense ratio in most practices), Dr. A will profit by 42 percent of the increase in the seller's total production. This equates to an additional $170,100 over and above the $65,000 net cash flow Dr. A achieves by simply acquiring and merging the practice. In summary, Dr. A will have his associate; will be the mentor he wants to be; and will significantly leverage his personal value into an additional annual take home cash flow of $235,100 as a result of acquiring and improving the seller's practice. Nearly ¼ of a million dollars more income each year and Dr. A does not treat a single one of the seller's patients!

So which associate is really best for Dr. A… a young associate who brings enthusiasm and a desire to learn OR a seller who brings enthusiasm and a desire to learn PLUS an additional 2,200 active patients into Dr. A's practice? There is time to bring the "heir apparent" in later on in your career. Don't use your unique talents to create potential competitors… leverage your value to increase your personal net worth and practice value.

It may be time for you to investigate which "associate" is best for you and how you can leverage your value into new financial heights that you never dreamed existed. Call PARAGON today for a free consultation. It just may be the best investment of time you will ever make.

AAE and AAOMR Joint Position Statement

The following statement was prepared by the AAE Special Committee on Cone-Beam-Computed Tomography in conjunction with members of the American Academy of Oral and Maxillofacial Radiography. AAE members may photocopy this position statement for distribution to patients or referring dentists.

Use of Cone-Beam-Computed Tomography in Endodontics

Introduction

The American Association of Endodontists and the American Academy of Oral and Maxillofacial Radiology have jointly developed this position statement. It is intended to provide scientifically based guidance to clinicians regarding the use of cone-beam-computed tomography in endodontic treatment as an adjunct to planar imaging. This document will be periodically revised to reflect new evidence.

Endodontic disease adversely affects quality of life and can produce significant morbidity in afflicted patients. Radiography is essential for the successful diagnosis of odontogenic and nonodontogenic pathoses, treatment of the pulp chamber and canals of a compromised tooth, biomechanical instrumentation, evaluation of final canal obturation and assessment of healing.

Until recently, radiographic assessments in endodontic treatment have been limited to intraoral and panoramic radiography. These radiographic technologies provide two-dimensional representations of three-dimensional tissues. If any element of the geometric configuration is compromised, the image can demonstrate errors.[1] In more complex cases, radiographic projections with different beam angulations can allow parallax localization. However, complex anatomy and surrounding structures can make interpretation of planar "shadows" difficult.

Cone-Beam-Computed Tomography

The advent of CBCT has made it possible to visualize the dentition, the maxillofacial skeleton and the relationship of anatomic structures in three dimensions.[2] Significantly increased use of CBCT is evidenced by a recent Web-based survey of active AAE members in the United States and Canada, which found that 34.2% of 3,844 respondents indicated that they were utilizing CBCT. The most frequent use of CBCT among the respondents was for diagnosis of pathosis, preparation for endodontic treatment or endodontic surgery, and for assistance in the diagnosis of trauma-related injuries.[3]

CBCT, as with any technology, has known limitations. There are also numerous CBCT equipment manufacturers and models available. In general, CBCT can be categorized into large-, medium- and limited-volume units based on the size of their "field of view."

Volume Size(s)

The size of the "field of view," or FOV, describes the scan volume of CBCT machines and is dependent on the detector size and shape, beam projection geometry and the ability to collimate the beam. Beam collimation limits the x-radiation exposure to the region of interest and ensures that an optimal FOV can be selected based on disease presentation. Smaller scan volumes generally produce higher resolution images, and since endodontics relies on detecting disruptions in the periodontal ligament space measuring approximately 200µm, optimal resolution is necessary.[4]

The principal limitation of large FOV cone-beam imaging is the size of the field irradiated. Unless the smallest voxel size is selected in these larger FOV machines, there is also reduced resolution compared to intraoral radiographs or limited-volume CBCT machines with inherent small voxel sizes. The limited-volume CBCT imaging in endodontics is advantageous, but by irradiating only one site or area, projections acquired may not contain the entire region of interest. Reconstructed images may suffer from truncation artifacts5 when comparing medical CT with CBCT reconstructed images; medical CT scans provide the most suitable images for tumor-derived alterations due to their capacity for soft tissue visualization.[6]

For most endodontic applications, limited-volume CBCT is preferred over large-volume CBCT for the following reasons:

1. Increased spatial resolution to improve the accuracy of endodontic-specific tasks such as the visualization of small features including accessory canals, root fractures, apical deltas, calcifications, etc.
2. Highest possible spatial resolution that provides a diagnostically acceptable signal-to-noise ratio for the task at hand.
3. Decreased radiation exposure to the patient.
4. Time savings due to smaller volume to be interpreted.

Dose Considerations

Every effort should be made to reduce the effective radiation dose to the patient for endodontic-specific tasks. Using the smallest possible FOV, the smallest voxel size, the lowest mA setting and the shortest exposure time in conjunction with a pulsed exposure mode of acquisition is recommended. If extension of pathology beyond the area surrounding the tooth apices or a multifocal lesion with possible systemic etiology is suspected, and/or a nonendodontic cause for devitalization of the tooth is established clinically, appropriate larger field of view protocols may be employed on a case-by-case basis. Interpretation of the entire acquired volume will be essential to justify the use of task-specific modification of acquisition protocol in such cases.

CBCT has a significant advantage over medical grade CT as radiation doses from commonly used CBCT acquisition protocols are lower by an order of magnitude.[7] Selection of the most appropriate imaging protocol for the diagnostic task at hand is paramount.

Patient Selection Criteria

CBCT must not be used routinely for endodontic diagnosis or for screening purposes in the absence of clinical signs and symptoms. The patient's history and clinical examination must justify the use of CBCT by demonstrating that the benefits to the patient outweigh the potential risks. Clinicians should use CBCT only when the need for imaging cannot be answered adequately by lower dose conventional dental radiography or alternate imaging modalities.

Patient Consent

Significant risks, benefits and alternatives of special importance should be explained by disclosure and patient education, and then documented in a patient's record. The use of CBCT will expose the patient to ionizing radiation that may pose elevated risks to some patients (e.g., cases of pregnancy, previous treatment with ionizing radiation and younger patients). Patients should be informed that CBCT volumes cannot be relied upon to show soft-tissue lesions unless they have caused changes in hard tissues (teeth and bone), and some of the images may contain artifacts that can make interpretation difficult.

A patient may understand the relevant facts and implications of not following a recommended diagnostic or therapeutic action and still refuse the proposed intervention. This is known as the medico-legal concept of "informed refusal" and is recognized in certain state laws and court decisions.[8] Should a patient be incapable of understanding or responding to an informed consent presentation or be a minor, the informed consent or informed refusal should be documented in the patient's record and signed by an individual legally responsible for the patient.

Interpretation

Clinicians ordering a CBCT are responsible for interpreting the entire image volume, just as they are for any other radiographic image. Any radiograph may demonstrate findings that are significant to the health of the patient. There is no informed consent process that allows the clinician to interpret only a specific area of an image volume. Therefore, the clinician can be liable for a missed diagnosis, even if it is outside his/her area of practice.[9] Any questions by the practitioner regarding image data interpretation should promptly be referred to a specialist in oral and maxillofacial radiology.

Protection of Patients and Office Personnel

At this time, all CBCT equipment produce dose levels and beam energies that are higher than conventional dental radiography, requiring extra practical protection measures for office personnel. Appropriate qualified experts should be consulted prior to and after installation to meet state and federal requirements, and manufacturer's recommended calibration routines should be conducted at the recommended intervals.

Recommendations

The decision to order a CBCT scan must be based on the patient's history and clinical examination, and justified on an individual basis by demonstrating that the benefits to the patient outweigh the potential risks of exposure to X-rays, especially in the case of children or young adults. CBCT should only be used when the question for which imaging is required cannot be answered adequately by lower dose conventional dental radiography or alternate imaging modalities. Initial studies regarding the use of CBCT for a variety of endodontic related imaging tasks have demonstrated the effectiveness and comparability of CBCT to conventional radiography.[10-16] In general, the use of CBCT in endodontics should be limited to the assessment and treatment of complex endodontic conditions such as:

- Identification of potential accessory canals in teeth with suspected complex morphology based on conventional imaging.
- Identification of root canal system anomalies and determination of root curvature.
- Diagnosis of dental periapical pathosis in patients who present with contradictory or nonspecific clinical signs and symptoms, who have poorly localized

symptoms associated with an untreated or previously endodontically treated tooth with no evidence of pathosis identified by conventional imaging, and in cases where anatomic superimposition of roots or areas of the maxillofacial skeleton is required to perform task-specific procedures.

- Diagnosis of nonendodontic origin pathosis in order to determine the extent of the lesion and its effect on surrounding structures.
- Intra- or postoperative assessment of endodontic treatment complications, such as overextended root canal obturation material, separated endodontic instruments, calcified canal identification and localization of perforations.
- Diagnosis and management of dentoalveolar trauma, especially root fractures, luxation and/or displacement of teeth, and alveolar fractures.
- Localization and differentiation of external from internal root resorption or invasive cervical resorption from other conditions, and the determination of appropriate treatment and prognosis.
- Presurgical case planning to determine the exact location of root apex/apices and to evaluate the proximity of adjacent anatomical structures.
- Dental implant case planning when cross-sectional imaging is deemed essential based on the clinical evaluation of the edentulous ridge.

Summary

All radiographic examinations must be justified on an individual needs basis whereby the benefits to the patient of each exposure must outweigh the risks. In no case may the exposure of patients to X-rays be considered "routine," and certainly CBCT examinations should not be done without initially obtaining a thorough medical history and clinical examination. CBCT should be considered an adjunct to two-dimensional imaging in dentistry. Limited field of view CBCT systems can provide images of several teeth from approximately the same radiation dose as two periapical radiographs, and they may provide a dose savings over multiple traditional images in complex cases.

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THE QE2

By Mark J. Funt DMD, MBA

I am sitting here in front of my computer two days after the midterm elections and I am ready to sail away. After all, the news today is all about QE2 — but then I read on to find out it has nothing to do with cruising. It's about the next move the Federal Reserve is planning to do to jumpstart our economy.

The beautiful thing about QE2 is its timing in relation to my discussion on fixed income investing and the great lesson it teaches on understanding monetary policy, it effects on interest rates, the yield curve and the economy. QE stands for quantitative easing and the 2 stands for the second round of such easing by the Federal Reserve.

As I mentioned before, the Federal Reserve controls monetary policy. Its most powerful weapon is its ability to increase and decrease interest rates via the federal funds rate. There are no more bullets left in that gun for the Fed because interest rates are between 0-2.5 percent. So, the Fed is reaching into its bag of tricks and basically going to plan B, if you will. The Federal Reserve is now going to purchase from banks up to $600 billion dollars worth of Treasury securities at the rate of $75 billion per month for the next 8 months. For all intent and purposes, they will "print" money to give to the banks to lend out.

What does the Fed hope to accomplish by doing this? Keep in mind that the Federal Reserve can only control very short-term interest rates; the market controls longer-term rates. By going into the market place and purchasing treasuries, the Fed is hoping interest rates will decline. Remember, as the demand increases for any asset the price will go up. In the case of bonds, as the value of bonds increase, the yield on those bonds will decrease. Although the Fed is purchasing securities of most maturities, it is targeting those in the 5-6 year range and avoiding the longest term maturities. The reason they are looking at those maturities is because most mortgage rates are based on the yield of the 10-year bond.

If they are successful, and interest rates decline (yields decreasing), the Fed hopes that more people and businesses will take advantage of these lower rates, borrow money and spend it. If mortgage rates get low enough, this could encourage more people to buy homes or refinance their mortgages at lower rates. If you lower your monthly mortgage payment, you now have more money in your pocket to spend on other things. This could also encourage more people to take out home equity loans and use that money to make other purchases. The lower rates could also qualify people for loans who would not have qualified before. The hope is that more people will now have more discretionary income to spend.

In addition, when bonds and other fixed income investments are yielding next to nothing, investors will be more tempted to buy stocks or other assets in search of a higher return. If investors start to rotate their money from fixed income to stocks, the stock market will go up. This so-called wealth effect makes people feel richer and better about spending money. As a matter of fact, the day after the Fed announced QE2, the Dow was up 2 percent — a good start.

As I mentioned in a previous article, the Fed is very concerned about deflation, especially as the economy slows. They are hoping that by pumping money into the economy this will actually prevent deflation and even increase inflation to their goal of 2 percent. A little inflation is actually a good thing as one of the goals of the Fed is price stability. They hope that QE2 will actually increase asset prices and if people believe that inflation is on its way, they will buy before prices go up even more.

Adding dollars to the economy pushes down the value of the dollar. A lower dollar makes our goods less expensive on the world market, which encourages foreigners to purchase our goods increasing our exports. So, of course there are risks with the proposed QE2. Among these include the creation of asset bubbles. I have already discussed the real estate bubble that some people believe rest on the shoulders of Alan Greenspan for lowering interest rates too low. There is also the risk of a stock market bubble. As investors search for higher yields in the market, they could push stocks to a level that isn't sustainable or correlate with stock market earnings. Anyone remember the tech bubble? There is already talk of a treasury bond bubble and this could just add to that concern. Finally, there is the risk of rampant and dangerous inflation.

The lowering of the dollar also presents its own risks. For one thing, as our interest rates decrease, those foreign countries that buy our debt may look for higher interest rates and in order to attract that money, the Fed may have to raise interest rates. The devaluing of the dollar pushes up the prices of commodities, including

(continued on page 42)

oil, which could increase inflation higher than the Fed would like. Finally, as our dollar weakens, other currencies strengthen making their goods more expensive to buy and decreasing their exports. This could lead to a nasty currency war.

The Fed did an earlier easing (QE1) in December 2008, which lasted for 16 months, where they purchased $1.7 trillion dollars of treasuries. The Fed believes they were successful in lowering interest rates and pulling the economy out of a very steep decline. Considering the weakness of our economy, the 9.6 percent unemployment rate and the depressed housing market including the high number of foreclosures, the Fed believes the risk of any asset bubble and inflation is low and they point to the fact that none of the doomsday scenarios happen when they did QE1.

The bottom line is that this could be a great time to be a borrower, either in new borrowing or refinancing any loans you may have. If you were thinking of making an investment in your practice, this may be the best opportunity you may ever have, assuming this works the way the Fed is predicting. As discussed, the Fed is concentrating their purchases on the shorter end of the yield curve, which should bring interest rates down. The longer maturities could sell off predicting future inflation. If this is the case, the yields on shorter duration maturities will decrease as yields on longer maturities will increase, steepening the yield curve.

Of course, no one knows if this will happen and if it does whether or not it will do what it is intended to do. **As I put the finishing touches on this article and update it for submission in mid-November, there has been huge fallout from other countries, causing interest rates along the entire yield curve to spike up, especially on the longer end. Of course the Federal Reserve says not to worry because they haven't started buying treasuries yet.

I hope they're correct, because I sure would like to cruise the high seas with all of you.

Dr. Mark Funt is a Board Certified Oral and Maxillofacial Oral Surgeon who maintains a full-time practice in Elkins Park. He received his MBA from Temple University in 1994. Since that time, he has lectured and written articles on practice management and investing topics.

Making Things Happen on PDA's Social Network Forums

By Brian Mark Schwab, DMD
Associate Editor

In previous columns, I have introduced and expanded upon the many facets of social networking. We have touched on some of the basic and more advanced uses of these wonderful Internet sites.

Now I'd like to share with you one of the more useful tools that we can all utilize on the PDA's Social Networking site — forums. A forum is an area on the PDA Social Network where dentists can ask questions of their colleagues, discuss virtually any aspect related to the practice of, legislation pertaining to, or the business side of dentistry.

Our PDA Social Network currently has a number of forums that are open to all members. One such forum is the Legislation forum. PDA president Dr. Bill Spruill has communicated regularly on this forum, most recently posting some very useful information about the new health care reform laws and how they will impact the practice of dentistry. All members can sign onto the network and ask questions of your PDA leadership or state your own thoughts on health care reform. Who knows? Your thoughts could influence PDA lobbying policy this year. The Board of Trustees wants to hear your thoughts.

Another forum is specifically for general dentists. This forum will soon be a very busy place because so many dentists in our state fall into this category. There was a recent posting by Dr. Richard Gonsman from

Hollidaysburg regarding endodontic irrigants and his interest in products other than sodium hypochlorite. Not long after Dr. Gonsman posted, Dr. Bruce Terry, our *Journal* editor and an endodontist from Wayne, made an excellent suggestion and made some clinical observations. I wonder if these two gentlemen ever would have had an opportunity to communicate prior to the advent of social networking? Imagine the endless possibilities when general dentists can ask their thousands and thousands of colleagues in this state questions about products, local continuing education opportunities, or the technology that is changing our practices every day.

There are additional forums for new dentists and specialists. There are forums where members can discuss equipment and products, membership benefits and even a forum to discuss the regulation of our profession by the State Board of Dentistry. PDA's committees also have private areas where they can communicate with individuals or groups.

A recent article by Fox Business Center stated that social networking will play an even bigger role in the day-to-day operations of small businesses in 2011. Seventy-five percent of small business owners will use social networking to market their business in the upcoming year. Interestingly enough, the article stated that small and medium-sized businesses are utilizing social networking to not only boost sales but also to promote name recognition within their niche or community. Because of the recession, business owners are enjoying the depth of exposure their business can get via social networking sites, all without increasing their marketing budgets since the use of most sites is revenue neutral. The only cost associated with using the sites is staff time.

Come join your friends in the dental profession and take a few moments to log onto the PDA Social Network. Browse the multitude of forums and search for a colleague who moved to the other end of the state or an old dental school friend. Your Social Network is here to offer you some great opportunities to expand your practice of dentistry, enlighten a colleague, be enlightened, or rekindle an old friendship, all without leaving your desk.

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ABOUT THE SPEAKERS

Daniel A. Martell, PhD, is Vice President of the American Academy of Forensic Sciences and a board-certified forensic psychologist specializing in mental disorder and violent crime.
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A Dentist for the Ages

By Jay Cohen, DMD

Dr. Irving Chutzpah, of Allentown, has recently made public the incredible fact that he is 5,000 years old. Here is my exclusive interview with the amazing Dr. Chutzpah.

Dr. Chutzpah, I must admit I am skeptical. You might just be looking for some cheap publicity.

A: Believe me, or don't. I've got the birth certificate to prove it, but it's in Aramaic, so I don't know if it will help you all that much.

You look awfully good for 5,000.

A: Thank you. I stay out of the sun.

You can't have been in Allentown all that time. Why hadn't we heard about you before?

A: I've only been in Allentown since 1789. I keep a low profile. I'm not a joiner, and I don't advertise. Hippocrates once told me professionals shouldn't advertise, though I happen to know that he occasionally sent out direct mailings. I've always just relied on internal marketing. You know, positive patient word of mouth. Unfortunately, I don't get much of that either.

Where were you born, and when did you become a dentist?

A: I was born in Egypt, February 23, 2990 BC. My father was doing public relations for the Sphinx Project. I liked Egypt. It was hot, but a dry heat. There weren't many good career paths open to us in those days. I had an opportunity to become a slave, but dentists worked better hours.

You must have seen some amazing changes in dentistry over the years.

A: Not really. You know they had 32 teeth back then too. There's only so much you can do with 32 teeth.

But you've seen so many important dental inventions in your time! Which would you say was the greatest?

A: Cotton balls. It used to be such a mess. Saliva, blood, just terrible. Now you stick a ball under the tongue, in the cheek, up the nose. It's terrific. Anesthesia is good, too. Before anesthesia we didn't get much call for elective dentistry. X-rays I never cared for. Sometimes it's better not to know too much. Also good is forceps. Before forceps you had to grab teeth with your fingers and pull. You'd get cramps like you wouldn't believe.

The quality of dentistry in those days must have been pretty primitive.

A: Sure. Like when I first started placing laminate veneers back in Sparta. The big problem was getting adequate retention. We didn't have these fancy-shmancy twelfth generation bonding agents you've got today. We didn't even know about glue yet, so we had to rely completely on mechanical retention. Nails. The demand was never really there.

I guess there weren't many women dentists in those days.

A: Not many women were interested back then. It was hard work. When I was with Genghis Khan, I not only had to pull men's teeth, but their horses' teeth too. Today it's nice. You work sitting down, you turn on a light, maybe play some Sinatra…with Genghis it was mostly impaling and blood-curdling screams. It wasn't a career path many women wanted. But then maybe I'm a little sexist.

Did you make money as a dentist?

A: Didn't make any money. Made chickens. For the first 4,000 years or so I only got paid in chickens. I was living near Paris when Charlemagne was running things, and he started giving government workers dental insurance. We had high hopes, but the parchment work drove you crazy, and no matter what your fees were, they only paid you what they called the "usual and customary" fee.

And that would be…

A: Chickens.

I understand that in the middle ages, dentistry was performed by barber-surgeons.

A: True. I was a barber-surgeon in Verona. A shave, a haircut and in-office whitening would be two chickens. One, if you had a coupon. But jobs were more flexible in those days. Sure there were barber-surgeons, but there were also shepherd-tax attorneys, jester-certified public accountants and sorcerer-reflexologists.

So tell our readers the secret of your long professional success in dentistry.

A: First of all, don't work too hard. I started cutting my hours back gradually in 1553, and now I'm down to Tuesdays between 10 and 11. Also never let your spouse get involved in the office. I've been married 85 times and not one even knew where my office was.

We learned about your extraordinary age because you just recently decided to join the Pennsylvania Dental Association. I guess after all these years you've come to appreciate the importance of dentists working together for the improvement of their profession.

A: That, and the fact that it was the only way I was going to be able to get any life insurance.

Dr. Cohen practices in Allentown and has been a PDA member for 24 years.

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PDAIS Qualifies for President's Council Award

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The President's Council Award is bestowed upon individuals and agencies that have demonstrated professional excellence in the sale of health and disability income insurance and sales management.

The National Association of Health Underwriters represents 20,000 professional health insurance agents and brokers who provide insurance for millions of Americans.

PDAIS CEO Gil Davis accepts the President's Council Award. Left to right — Julie Cave, PDAIS account executive; Ken Kurtz, PDAIS senior account executive; Julie Martin, chapter president of Health Underwriters Association; PDAIS CEO Gil Davis; and Shelly Bloom, president of Pennsylvania Health Underwriters Association (PAHU).

Thayer Dental Laboratory Achieves Sales Record In 2010

Greg Thayer, CDT, FICOI, president of Thayer Dental Laboratory, a Certified Dental Laboratory located in Mechanicsburg, announced that the company set a new sales record in 2010. The sales record, surpassing the previous best from 2006, is the highest sales achieved in the laboratory's 34-year history. Thayer believes that this was a real coup given the fact that the laboratory has not raised prices in four years.

Thayer said that the main focus of the laboratory in 2010 was restoring cases quicker, cheaper and faster. With the help of five scanning systems, two milling systems and a wax printer, the technicians and 10 CDTs were able to achieve this goal. "CAD/CAM technology has allowed our staff of highly trained technicians to grow our laboratory business without hiring additional employees," Thayer said. "We are finally seeing some light at the end of the tunnel, and the dental laboratory industry will start back on positive growth for 2011."

Thayer Dental Laboratory is a full service laboratory, specializing in implants and cosmetic restorations. Established in 1976, Thayer Dental Laboratory prides itself on delivering consistent, high quality restorations, outstanding customer service and innovative treatment planning solutions.

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Dr. Robert F. Gallagher
Philadelphia
University of Pennsylvania (1952)
Born: 7/25/24
Died: 11/17/10

Dr. William H. Gearhart
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Dr. Eugene Scaramucci
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Born: 8/7/43
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Macungie
Temple University (1951)
Born: 12/25/24
Died: 11/27/10

Dr. Thomas X. Kissell
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Temple University (1981)
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Dr. Steven Weinberg

March 18
Updates in Pediatric Dentistry: Treating Tiny Tots to Teens
Dr. Lance Kisby

April 15
Current Issues In Health and Disease
Dr. Kenneth Etzel

Johnstown

March 24
Esthetic and Implant Dentistry
Dr. Mark Ochs
Dr. Edward Narcissi

April 17
Achieving Excellence in Treating and Counseling the Oncology Patient
Sandra Boody

Pittsburgh (VAMC)

February 23
Porcelain Veneers: The Prep vs. No-Prep Controversy… The Whole Story!
Dr. Steven Weinberg

March 9
Exquisite Complete and Implant Retained Over-Dentures Calibrated for the General Practitioner
(8:45 - 3:45)
Dr. Joseph J. Massad

April 13
Restoration of the Complex Denture, Fixed and Implant Patient; And Pitfalls to Avoid
Dr. Carl F. Driscoll

May 11
Current Concepts In Bone Biology, Bone Harvesting and Bone Grafting for Dental Implants
Dr. Arun Garg

Pottsville

March 24
Immediate Load Implant Retained Overdentures, Utilizing Mini and Small Diameter Implants
Dr. Joseph Buttacavoli

April 14
Smart Bonding: Extraordinary Solutions For Ordinary Problems
Dr. Howard Strassler

Reading

April 8
An Overview of Oral Pathology
Dr. Bobby Collins

May 20
Achieving Excellence in Treating and Counseling the Oncology Patient
Sandra Boody

Scranton

March 16
Options for the Restoration of the Dental Implant
Dr. Steven Kukunas

April 6
Current Issues In Health & Disease: The Whole Story!
Dr. Kenneth Etzel

Steubenville, OH

March 24
Medical Emergencies in the Dental Office
Dr. Michael Cuddy

April 28
Smart Bonding: Extraordinary Solutions For Ordinary Problems
Dr. Howard Strassler

Titusville

March 30
Immediate Load Implant Retained Overdentures, Utilizing Mini and Small Diameter Implants
Dr. Joseph Buttacavoli

April 27
New Developments in Endodontic Therapy
Dr. George Just

Williamsport

March 30
New Developments in Endodontic Therapy
Dr. George Just

April 20
Periodontics 2011: Pearls For The General Practice
Dr. Francis Serio

17th Annual Bowser Memorial Lecture

March 26
Dr. Paul L. Childs, Jr

May 28-June 5
Under the Tuscan Sun
Italy and Land Tour of Tuscany
Topics: Bone Regenerative Procedures
Periodontics
Restorative Dentistry and Endodotnics
For full itinerary details call Jodi at Cruise and Travel Partners — (800) 856-8826

Temple University

Contact: Dr. Ronald D. Bushick
or Nicole Carreno
(215) 707-7541/7006
(215) 707-7107 (Fax)
Register at
www.temple.edu/dentistry/conted.htm

February 23
Nitrous Oxide Sedation (Hands-On)
Andrea D. Haber-Cohen, MD, DMD
Stanton Braid, DMD
Allen F. Fielding, DMD, MD, MBA

March 4
Advance Technology Update: Emerging Options in Materials, Diagnostics, and Devices for Dentistry
Steven R. Jefferies, MS, DDS, PhD

March 9
Dental Management of Emergencies and the Medically Compromised
Gary Jones, DDS
Allen F. Fielding, DMD, MD, MBA

March 12
Contemporary Treatment Concepts in Implant Dentistry for the GP
Matthew Palermo, DMD

March 18
Non-Surgical Periondontal Therapies: Advanced Skills for Improved Clinical Outcomes (Hands-On)
Jon B. Suzuki, DDS, PhD, MBA
Stacy Matsuda, RDH, BS

March 30
Adoption and Interpretation of 3D Cone-Beam CT in your Practice
Jie Yang, DDS, MMedSc, MS, DMD

April 1
Predictable Extraction Socket Therapy — Techniques and Materials to Form Vital Bone (Hands-On)
Robert A. Horowitz, DDS

April 8
A Complete Guide to Predictable and Profitable Anterior and Posterior Esthetic Restorations (Hands-On)
Marvin A. Fier, DDS, FASDA, ABAD

September 10
Advanced Lawsuit Protection and Tax Reduction Strategies
Larry Oxenham, Author, Senior Advisor

September 16
Implementing Evidence-Based Dentistry in Practice (Hands-On)
Richard Neiderman, DMD

September 23
Occlusion Based Restorative Dentistry
Jack Shirley, DDS

October 14
Lasers in Dentistry: The Journey to MID
Howard Golan, DDS, JD

October 21
Turning Assessments into Action
Brian B. Nový, DDS

Brookville

Educational Conference Center, Brookville Hospital Annex
Contact: Rebecca Von Nieda, PDA
(800) 223-0016, ext. 117

March 4
Oral Surgical Considerations for the Dental Patient: Diagnostic and Treatment Modalities
Robert Pellecchia, DDS

April 15
The Link between Oral and Systemic Disease
Scott S. De Rossi, DMD

St. Marys

Gunners Inn and Restaurant
Contact: Rebecca Von Nieda, PDA
(800) 223-0016, ext. 117

May 6
Practical, Predictable Prosthodontics
Nels Ewoldsen DDS, MSD

Wellsboro

Pennsylvania College of Technology, North Campus
Contact: Rebecca Von Nieda, PDA
(800) 223-0016, ext. 117

May 6
A Simple Path to Excellent Endodontics
Michael J. Ribera, DMD, MS

September 16
Updates in Pediatric Dentistry: Treating Tiny Tots to Teens
Lance E. Kisby, DMD

October 21
Ethics in Dentistry—Ethical Principles and Code of Professional Conduct
Lillian Obucina, DDS, JD

Greensburg

Giannilli's II Restaurant & Banquet Facility, Greensburg
Contact : Rebecca Von Nieda, PDA
(800) 223-0016, ext. 117

March 25
Analgesia/Anesthesia Update: Being Informed
Allen F. Fielding, DMD, MD, MBA

April 29
A Comprehensive Review of Pediatric Dentistry for the General Practitioner and Staff—2011
Lance E. Kisby, DMD

May 20
New Perspectives in Esthetic Restorative Dentistry
Steven P. Weinberg, DMD

PDA and PDAIS

Reading
The Inn at Reading
Contact: Rebecca Von Nieda, PDA
(800) 223-0016, ext. 117

March 18
Women's Health — Medical and Dental Considerations
Barbara J. Steinberg, DDS

Pittsburgh
Crowne Plaza Pittsburgh South
Contact: Rebecca Von Nieda, PDA
(800) 223-0016, ext. 117

June 3
Oral Pathology for the Joy of It — You Are the Object of My Infection
John A. Svirsky, DDS, Med

PDA Forensic Odontology Committee

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

April 16
Detecting Abuse in Vulnerable Populations — Psychological Warning Signals for Dentists and Their Staff
Daniel A. Martell, PhD
Thomas J. Weber, Esq.

Dental Society of Chester County and Delaware County

DKU Continuing Dental Education
Springfield Country Club
Delaware County
Contact: Dr. Barry Cohen
(610) 449-7002
DKUdental@aol.com

April 15
Innovations in Implant Dentistry
Dennis Tarnow, DDS

May 12
Growth and Planning Strategies to Improve Your Practice
Mark Murphy, DDS

Beaver Valley Dental Society

Contact: Dr. David Spokane
(724) 846-9666

March 4
CPR Training
Vangard Medical

March 31
Tips for Counseling and Treating Oncology Patients During Treatment
Sandy Boody

April 14
Site Preparation for Dental Implants
Dr. Mark Silberg

May 12
Updates in Third World Dental Care
Dr. William Manteris

Seventh and Eighth District

The Penn Stater Hotel and Conference Center, State College
Contact: David Schimmel, DMD
(814) 234-8527
drschimmel@verizon.net

March 18
Infection Control and Challenging Issues in Infection Control
John Molinari,PhD

April 1
Restoration of the Worn Dentition
Terry Donovan, DDS

May 13
Introducing Sleep Medicine into your Dental Practice
W. Keith Thornton

DOCS Education

Philadelphia
DOCSeducation.org
(888) 611-8080

May 20-21
N20 and the Single-dose Sedative: An Effective Partnership
Anthony S. Feck, DMD, DDOCS
Dean of Faculty, DOCS Education

Classified *Advertisements*

Rates: $45 for 45 words or less, $1 for each additional word. $1 for each word set in boldface (other than first four words). $10 to box an ad. $5 for PDA Box number reply. One free ad to deceased member's spouse.

Website: All *Journal* classified ads will be posted on the public section of the PDA website, unless otherwise requested. Ads will be posted within 48 hours of receipt, but no earlier than one month prior to the date of the *Journal* issue. Ads will be removed at the end of the two months of the *Journal* issue.

Deadlines: Jan/Feb Issue — Deadline: Nov 1 • Mar/Apr Issue — Deadline: Jan 1 • May/Jun Issue — Deadline: Mar 1 • Jul/Aug Issue — Deadline: May 1 • Sept/Oct Issue — Deadline: Jul 1 • Nov/Dec Issue — Deadline: Sept 1

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How to reply to a PDA Box Number:

Your Name
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Pennsylvania Dental Journal
PO Box 3341
Harrisburg, PA 17105

Attn: Box J/F____

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In Pennsylvania, providing ongoing professional development, financial advancement and more. Positions also available in FL, GA, IN, MI, VA and MD. For more information contact Jeff Dreels at (941) 955-3150, fax CV to (941) 330-1731 or e-mail dreelsj@dentalcarealliance.com. Visit our website: www.Dentalcarealliance.com.

Lancaster Group Practice

Associateship or Associate to Partnership in Lancaster. Large group dental practice. Income potential of $100,000 to $200,000 plus. Must be a multi-skilled, excellent dentist. This may be one of the best dental practices in the state! Call (717) 394-9231 or e-mail SJRDMD@aol.com.

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Part time. What unique skills can you bring to our practice? Fax resume to (215) 396-9517 or e-mail resume to Jrhodedds@yahoo.com.

Dentist Jobs

Aspen Dental offers tremendous earning potential and a practice support model that empowers dentists. We eliminate obstacles for dentists to own their own practice. Call (866) 451-8817 or www.aspendentaljobs.com.

Associate Needed

Do you aspire to be a partner in a growing group practice? Do you have management abilities? Then you may be the kind of associate we are seeking. Our group is located in the Central Susquehanna Valley near Bucknell and Susquehanna Universities. We are seeking a general dentist capable of a wide range of procedures. No HMO's. Medical Assistance is optional. Want to know more? Call (570) 742-9607, e-mail copdha@sunlink.net or fax your resume to (570) 742-9638.

North West Philadelphia

Chestnut Hill dental practice seeking associate. Well-established fee-for-service general dental practice. Great opportunity for the right individual. Please send cover letter and resume to the attention of CD, P.O. Box 9935, Philadelphia, PA 19118.

Lehigh Valley (North of Philadelphia) Associate Dentist

Outstanding opportunity for an ambitious, self-motivated, experienced, multi-skilled general/cosmetic dentist as a short-term associate leading to buy-in partnership/ownership. Preference for GPR or military experience. Modern dental office/real estate ownership a possibility. Doctor retiring. E-mail CV to Dentalassociate.future@yahoo.com or fax to (610) 559-0247.

General Dentist Wanted

Pennsylvania dental practice seeks full-time dentist. Excellent salary/fringe benefits to include malpractice. Modern working environment. Family-oriented community two hours from major cities. Reply: Practice Manager, P.O. Box 20103, Scranton, PA 18501.

Allentown — West End

General dentist, oral surgeon, endodontist and pedodontist wanted in Allentown. Modern office, long term staff, patients waiting for you. Contact Mikelkee@aol.com.

Classified *Advertisements*

ORTHODONTIST WANTED
Ambitious orthodontist willing to travel to three offices in the Allegheny-Kiski Valley. Practice treats a large population of Medicaid patients and we would like to have an orthodontist in-house to service our very local patients. Excellent support with our well-trained staff. Please call (412) 779-6064 or e-mail sluser.timothy@comcast.net. Salary commensurate with similar orthodontist corporate staff situations.

GENERAL DENTIST FOR ASSOCIATESHIP
Seeking general dentist for associateship leading to partnership/ownership in a 36-year established FAMILY PRACTICE in Lower Bucks County. Partner is retiring. Interested parties please respond to PDA Box J/F 1.

General Practitioner Wanted
Thriving group practice in need of a GP associate leading to partnership. Adjoining the Allegheny National Forest, Warren is a beautiful community with many social, educational and recreational activities. If interested, please contact (814) 723-4488, ext. 14, or e-mail wdah@westpa.net.

General Dentist Wanted
HealthDrive is looking for a general dentist to provide services to residents living in nursing homes and assisted living facilities in the Chambersburg, Gettysburg, Hanover, Dallastown, Weigelstown, Carlisle, Lewistown and western Harrisburg areas. This is a two day a week position, Monday-Friday. If interested, please call Maria at (877) 724-4410 or e-mail caring@healthdrive.com.

General Dentists and Specialists Opportunity Available
Advanced family specialty group of Pennsylvania has openings for: general dentists, oral surgeons, endodontists, periodontists, pedodontists and orthodontists.

Our locations include: Center City Philadelphia, Huntingdon Valley, Lancaster, Elkton, MD and Cherry Hill, NJ. For immediate consideration, e-mail CV to LVIGlobal1@gmail.com or leave a message for Dr. Tom at (267) 242-7472. Positions can be either F/T or P/T.

North West Philadelphia
Chestnut Hill dental practice seeking associate. Well-established fee-for-service general dental practice. Great opportunity for the right individual. Please send cover letter and resume to the attention of CD, P.O. Box 9935, Philadelphia, PA 19118.

General Dentist Wanted
Dentist needed for busy, three-year-old, four-chair, nonprofit dental center in north central Ohio. Lovely rural community with university and hospital. Full time or part time considered. No administrative responsibilities. Digital X-rays and electronic records. Great support staff. Compensation negotiable. Contact Cindy J. Payne at (410) 289-1430 or cindy.payne@acohs.org.

Dentist Wanted
Bruce D. Lanke, DMD & Associates (Robinson), Inc. (Dental Care Partners, Inc.) seeks a dentist for Pittsburgh location. DMD required. Must be licensed to practice dentistry in the state of PA. Exp. or education must include removing decay and placing fillings, performing root canals, placing crowns and bridges, restoring dental implants, placing veneers, performing surgical/non surgical extractions and fabricating dentures. Send resume to: Brandy Watson, Ref: HC, 5875 Landerbrook Drive, Suite 250, Mayfield Heights, OH 44124.

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Northeast Pennsylvania
IMMEDIATE SALE: Active general practice – Northeast Pennsylvania. Well-established, busy, close two-office practice. EXCELLENT gross and net revenues. OUTSTANDING OPPORTUNITY. Contact stanpoll@aol.com.

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This is a great opportunity. This practice is located in 1,400+ square feet and has four fully equipped treatment rooms, and is collecting over $990K with high earnings. The real estate is also available for purchase. This is a great practice for someone that has a dead end job and wants to control his or her destiny. We have 100 percent bank financing available at reasonable rates and terms. THE McNOR GROUP, (888) 273-1014, ext. 103 or johnf@mcnorgroup.com. www.mcnorgroup.com.

Dental Practice Sale
Northampton County, general, freestanding building w/1,600 s/f, 4 new Adec ops + 2 add'l ops, 2,000 active pts. Rev $1.2M. Call Donna at (800) 988-5674. www.snydergroup.net.

Dental Practice Sale
Northampton County — 3 ops, paperless, digital. Over 1,200 active patients. 2009 Rev. $1M — Cerec — mercury free. Call Donna Costa (800) 988-5674. www.snydergroup.net.

Practice for Sale
Salem County, NJ. W/E, general with 3 ops, freestanding bldg., newly renovated, great net! Rev. $600K. Call Donna at (800) 988-5674. www.snydergroup.net.

Dental Practice for Sale
Northwestern, PA. General practice, wonderful community 5 ops w/room for expansion. Rev. $541K. Call Donna at (800) 988-5674. www.snydergroup.net.

Practice w/Real Estate for Sale!
South Central PA. General - family, 4 ops, freestanding building. Rev. $650K. 2,000 active pts. Contact Donna at (800) 988-5674. www.snydergroup.net.

Practice for Sale
Delaware County — Perfect Area! 2,700 s/f general practice. 7 ops, building for sale also. Panorex, Imaging system. Rev. $964K. Contact Donna at (800) 988-5674. www.snydergroup.net.

Dental Practice Sale
Cumberland County. 4 ops in 2,200 S/F (r/e also available) freestanding building. Over 3,000 active pts. 4 days/wk. Strong hyg. Rev. $527K 6 yr. young practice. Contact Donna at (800) 988-5674. www.snydergroup.net.

Camden County, NJ Home Office for Sale
Beautiful corner property, office — 1,300 s/f home — 2,400 s/f, 4 large ops. — 2,000 active pts. All endo referred. Rev. $324K. Contact Donna at (800) 988-5674. www.snydergroup.net.

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PRACTICE FOR SALE
DUTCHESS County, NY. Wonderful, 4 ops, digital, general practice with 2,000 active patients. Rev. $825K. Contact Donna at (800) 988-5674. www.snydergroup.net.

PRACTICE FOR SALE
Camden County, NJ - 2 equipped ops + 2 plumbed, room for expansion! Great area!! Rev $250K. Call Donna (800) 988-5674. www.snydergroup.net.

PRACTICE FOR SALE
Central Pennsylvania - Well established 5 ops. Rev. $755K. R/E avail. Call Donna at (800) 988-5674. www.snydergroup.net.

Practice for Sale
Hudson County, NJ - Beautiful office in busy area close to NYC. General family practice w/ 4 ops. Digital freestanding bldg. (for sale), doctor retiring. Rev $340K. Call Donna at (800) 988-5674. www.snydergroup.net.

Halifax
$500,000 part-time. 1, 600 s/f, 4 ops (2 dentists, 2 hygienists). Growth potential, low overhead. Staff stays. Area underserved. 25 miles north of Harrisburg; great for outdoorsman. Office tour: Dolphin-dps.com. (512) 864-1628.

FOR SALE
Small town dental practice and real estate in Lancaster County. First floor with three operatories. Employee parking in rear. Second floor private one bedroom apartment. Average collections over $265,000 on two day/week. Priced to sell. Call (717) 665-1587 or edhaas@dejazzd.com.

NE Philly
Busy practice w/tons of visibility and off street parking. Extremely well kept office w/4 ops and very low overhead. 2009 collections of $625K. Contact Sharon Mascetti at Henry Schein Professional Practice Transitions at (484) 788-4071 or (800) 730-8883.

Dauphin County
Newly renovated office, 6 ops, plumbed for 7 w/expansion opportunity for 9. Dentrix software — great staff. Real estate could also be part of this transition. Contact Sharon Mascetti at Henry Schein Professional Practice Transitions at (484) 788-4071 or (800) 730-8883.

Lancaster County
Very established practice for sale. Newly redecorated, equipment is approximately 3+ years old. Dentrix software – limited insurances. Contact Sharon Mascetti at Henry Schein Professional Practice Transitions at (484) 788-4071 or (800) 730-8883.

Bucks County
Immaculate, high-end restorative specialty practice. 6 op facility w/2500 sq. ft. FFS practice, very established patient base. A MUST SEE! Contact Sharon Mascetti at Henry Schein Professional Practice Transitions at (484) 788-4071 or (800) 730-8883.

Lehigh County
Very nicely kept FFS pedo practice. Open bay concept with an immaculate waiting room, excellent staff and excellent equipment. Please contact Sharon Mascetti at Henry Schein Professional Practice Transitions at (484) 788-4071 or (800) 730-8883 or e-mail Sharon.mascetti@henryschein.com.

York
Busy dental practice in York for immediate sale. Owner semi-retiring and relocating. Will stay on 20 hours max a week to assimilate new owner. Five operatories with three hygienists. Please respond to BACbac123@aol.com.

Dental Practice for Sale
Dental practice for sale and/or lease. Dental office with 4 operatories, private office, 2 restrooms, storage, lounge/lab, darkroom. There is also dental equipment available. Office ready immediately for dentist to begin practicing. Reply to PDA Box J/F 4.

Eastern and Central Pennsylvania Practices for Sale
We have practices currently in Berks, Schuylkill, Chester, Delaware, Wayne, Cumberland and Dauphin counties. Please contact Jennifer Bruner at (614) 588-3519 or e-mail jbruner@paragon.us.com to learn about these great opportunities. Visit www.paragon.us.com to see all our opportunities.

Orthodontic Practice for Sale
Greater Berks County area, 2009 collections exceed $1 million. Pre-tax cash flow of $460,000, after debt service. Excellent location and new patient flow. Seller willing to stay on as desired by purchaser. Excellent opportunity. Real estate also available. Contact Jennifer Bruner at (614) 588-3519 or e-mail jbruner@paragon.us.com.

ERIE
Established general practice. Sold as practice only enhancing your practice and profit margin OR as a turnkey operation, including equipment and real estate. Respond to PDA Box J/F 2.

MONTGOMERY COUNTY
Gorgeous dental practice for sale. 12 ops, gross $2.5M, hi-tech, ultra modern ops., digital X-ray, computer imaging, Cerec and paperless charts. Owner is retiring, but will be available to transition patients. Practice was fully renovated one year ago. Large base of active patients with high number of new patients per month. In-house specialist. Contact Mr. Crocken at (443) 250-8082 or e-mail dentalwizard@gmail.com. The Dental Wizard, P.O. Box 576, Lisbon, MD 21765.

Northeast Pennsylvania
Well-established general practice for sale in Wayne County/Pocono Mountain area. Owner looking to retire. Completely renovated 1,300 sq. ft. modern office with room for expansion. Real estate also available. Please contact aes631@gmail.com or (570) 862-4921.

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PA - (#'s are collections)

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South Hills	$330,000
Shadyside	$700,000
North Huntingdon	$500,000
Mercer County	$660,000
Mercer County	$155,000
Clearfield County	$1,000,000
North Huntingdon	$550,000
Clearfield County	$500,000
South WestmorelandCounty/ Greensburg area	$210,000
South Hills Pediatric Practice	$500,000
Mid Mon Valley	$250,000
Tri-State Periodontist	$750,000
Latrobe	$400,000
Forest Hills	$320,000
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Delaware County	$260,000
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Philadelphia County	$173,000.

OH -Numerous

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Please contact Bob Septak at (724) 869-0533 ext 102 or e-mail bob@udba.biz.WW.UDBA.BIZ.

As always, we treat these matters with the highest amount of confidentiality and any contact with United Dental Brokers of America will be kept completely confidential.

PRACTICE FOR SALE NEAR PITTSBURGH
This is a great opportunity. This practice is located in 1,400+ square feet and has four fully equipped treatment rooms, and is collecting over $990K with high earnings. The real estate is also available for purchase. This is a great practice for someone that has a dead end job and wants to control their destiny. We have 100 percent bank financing available at reasonable rates and terms. THE McNOR GROUP, (888) 273-1014, ext. 103 or johnf@mcnorgroup.com. www.mcnor-group.com.

Practice Sales
Please call Nancy Schoyer at (888) 237-4237 or e-mail to nschoyer@comcast.net and ask about our 19 listings in PA. We have practices for sale near Harrisburg, four in York County, the Pittsburgh and Philadelphia areas, Linesville, Williamsport, Berks County and Hanover. Call The McNOR GROUP AT (888) 273-1014, ext. 103 or e-mail johnfm@adstransitions.com.

NEW PRACTICES FOR SALE
We have six excellent new listings!

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Near Pittsburgh — Practice and building for less than $295K. Motivated seller.

Scranton — Practice and building available. This practice grosses $600K.

Berks County — Great place to raise a family. This practice collects over $900K.

Near Chambersburg and Bedford — Practice and building for sale. Great practice.

Near Philly — Seeking an associate to buy-in and buy-out. $1.4 million in revenue in this modern highly profitable practice just 30 minutes from Philadelphia.

Please see John McDonnell's article in the November issue of the Dental Economics magazine, page 94 titled "Why Not Sell Now?" Contact THE MCNOR GROUP AT (888) 273-1014, ext. 103 or johnfm@adstransitions.com for more information on these and other opportunities in the area. www.mcnorgroup.com.

PRACTICE BUYERS WANTED
For great practices in the Pennsylvania area. We have many practices available for sale. Are you tired of being an employee in a dead end job? Call us for a FREE CONSULTATION to find out about these opportunities. THE MCNOR GROUP, (888) 273-1014, ext. 103 or johnf@mcnorgroup.com. www.mcnorgroup.com.

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State of the art facility located in the City Line Avenue area. Existing fee-for-service practice looking to lease space. Excellent opportunity to build or transfer existing practice. For immediate correspondence, please contact (267) 206-9011.

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We have many satisfied clients with associates in your area that we have helped to either buy-in, buy-out or a delayed sale with the current associate. Without a quality valuation and plan up front these transactions normally fail. Call or e-mail us to arrange a FREE CONSULTATION to find out if you are a candidate for this service. The result is higher income and a higher practice value for the seller and a clear financially positive path for the associate. THE MCNOR GROUP, (888) 273-1014, ext. 103, or johnf@mcnorgroup.com. www.mcnorgroup.com.

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Our family and organization has represented over 1,000 new owners over the last 65 years in the Mid-Atlantic area that have purchased, started or became partners in a dental practice. Ownership is a decision that is too important to make without a qualified facilitator. We can get the new owner 100 percent financing plus working capital. Call us for a FREE CONSULTATION and allow us to send you a list of our references. THE MCNOR GROUP, (888) 273-1014, ext. 103, or johnf@mcnorgroup.com. www.mcnorgroup.com.

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We are the only transition consulting company in the area that has a Certified Valuation Analyst (CVA) as a principal that focuses exclusively on the transition of DENTAL PRACTICES. Please see the article by CVA Karen Norris on page 82 of the April '07 issue of Dental Economics on this subject or call or e-mail us for a FREE CONSULTATION and a copy of the article. If you are selling, buying, creating a partnership or just want to find out the current value of your practice contact THE MCNOR GROUP, (888) 273-1014, ext. 103, or johnf@mcnorgroup.com. www.mcnorgroup.com.

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

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PProfessional temporary coverage of your dental practice (locum tenens) during maternity, disability and personal leaves. Free, no obligation quotes. Absolute confidentiality. Trusted integrity, since 1996. Nation's most distinguished team. Always seeking new dentists to join the team. No cost, strings or obligation - ever! Work only when you wish (800) 600-0963. www.doctorsperdiem.com. E-mail: docs@doctorsperdiem.com.

March 2-3-4, 2011

PENNSYLVANIA'S PREMIERE DENTAL CONFERENCE

VFDC 25TH Anniversary

Celebrate, Discover & Grow Your Practice!

VALLEY FORGE CONVENTION CENTER
KING OF PRUSSIA, PA

WEDNESDAY, MARCH 2, 2011

Dr. John Olmsted	Endodontics
Ms. Sandy Roth	Communication
Dr. Tieraona Low Dog	Alternative Medicine & Dietary Supplements
Dr. Sam Low	Periodontics & Lasers

THURSDAY, MARCH 3, 2011

Dr. Richard Wynn	Pharmacology
Dr. John Olmsted	Endodontic Participation Program
Dr. Tieraona Low Dog	Emotional Well Being
Ms. Carol Jahn	Implications for Oral Health Care
Mr. T. Andre Shirdan/Patterson Dental	Computer Technology

FRIDAY, MARCH 4, 2011

Dr. Henry Lee	Forensics - Famous Cases
Dr. Jeff Brucia	Dental Materials
Dr. Nevin Zablotsky	Tobacco Cessation & Pathology Associated with Tobacco Cessation
Great Lakes Ortho Lab	Bleaching & Mouth Guards
TDIC Risk Management	Good Intentions - Bad Outcomes

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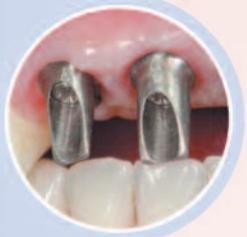

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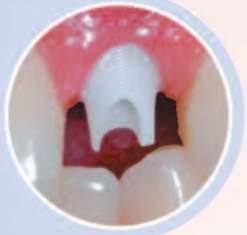
e.max® CAD	$548	$566	$611	$484
e.max® Press	$593	$611	$656	$529



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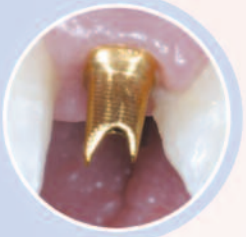

** Noble or High Noble alloy is additional*

For more information, please call our Implant Coordinator, Mark Cherewka, DMD, FICOI at:
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