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Determining the Pulse of Practice

By Dr. Chris Griffin, SCDA President

Often our days become mundane and repetitious. We wonder what got us to this point, why has it occurred and how do we quickly get it moving in the right direction. We seek consultants and the first thing they will do is "a survey." Well that is certainly a good place to start.



Dr. Chris Griffin

Recently, 1400 members were contacted to get a pulse from the membership. That number would equate to about 70% of our members which is a healthy representation or generous cross-section of our organization. However, only 35% of those even bothered to voice an opinion. So let's hear what they are saying.

Nearly half of those respondents had been practicing 20 or more years and 25% of the overall participants were specialist. Good news is that SCDA has a positive opinion from the 88% of those who graciously and patiently assisted in this outreach. 65% had recently attended an SCDA Annual Meeting and 89% said they were aware of the products offered by the SCDA. So what were the concerns that were voiced?

Engaging younger dentists (#5): The SCDA is active with prospective members long before they even graduate. We engage students on a variety of levels which include seminars, drop-ins, ethical workshops and mentoring programs with dentists throughout the state. In addition, the SCDA provides significant financial support for the activities of the American Student Dental Association and maintains at least 1 non-voting position with the SCDA Board of Governors. More often, 2 students will attend the Board of Governors meetings. Following graduation and integration within the dental community, young dentists have the opportunity to participate with numerous events offered. Many occasions act as a conduit to facilitate discussion of concerns, successes, clinical issues and an overall way to relax and blow off some steam. These events are organized at the District level to more suit individual situations and preferences. Once again, mentoring opportunities are always available and all are encouraged to join activities in organized dentistry as soon as possible.

Keeping Government out of our offices (#3): S136, S245, H3452, H3994, H3508, H3078, S357 and S1036, represent bills being considered which are important to dentistry. Their impact may be as small as identification badges for dentist and other health care providers, or have more significant impacts such as the idea of Dental Therapist and assignment of benefits. Incentive programs for underserved rural areas, Good Samaritan Laws, Donated Dental Services and changes to the South Carolina Dental Practice Act concerning faculty licensure are all issues we have been actively occupied with over the last few years and further back. Lately, there have been regulations impacting office sedation and infection control. The old adage that "if you are not at the table, you are on the menu" is highly applicable in our world today. Our Executive Director Mr. Phil Latham and Drs. Thomas Edmond and Jim Mercer expend limitless hours downtown in Columbia and at various departments fighting for common sense approaches to the quagmires that inevitably follow new legislation and regulation. Many others are involved to make our voice known, but we need more active and highly motivated members to step up and make our position even louder and clearer.

Continued on Page 2

Student Loan Refinancing (#6): The ADA has been pursuing ways to deal with the oppressive educational debt that inevitably compounds during dental school. The results of these efforts have been a relationship and endorsement of Darien Rowayton Bank known as DRB. This means that our members are provided lower rates for refinancing which translates into significant savings over time. If you are experiencing crushing debt from student loans, look into this program. Call the ADA for more information.

Medical Insurance Premiums (#4): The SCDA currently manages the "Grandfathered Plan" and also offers state group and individual policies referred to as Metallic Plans. The Metallic Plans are essentially non-negotiable and contain Essential Health Benefits as set by federal regulators. Unfortunately, all new plans fall into one of these Metallic categories. For other members who were enrolled prior to the passing of the Affordable Care Act (ACA), savings and acceptance of the "Grandfathered Plan" can be experienced depending upon the demographics of your individual practice. As of this last year, the insurance company wanted to raise the premiums in excess of 8%, but SCDA was able to negotiate to a lesser 4.5% raise. The SCDA is currently trying to find even greater options to this plan for our members. Since the passing of the ACA, the market has become tightly controlled and we have few ways of manipulating it to our advantage.

Three out of the top eight issues dealt with the Annual Convention and/or District Meetings.

- **Insufficient Notification of District Meetings (2):** Spring meetings for 2016 have already been set and are posted on the SCDA website. To address this issue for future meetings, District Presidents and President Elects will be required to provide reports to the Board of Governors with meeting dates, speakers, topics, objectives and venues approximately 6 months prior to the anticipated meeting dates. All District meetings will be posted on the SCDA Website. Our next Board of Governors meeting will be April 27. Expect your District's fall meetings to be posted by the end of May. In addition, expect the brochure to be mailed approximately 90 days prior and a confirmation email 30 days before the meeting.
- **Convention Scheduling (7):** Scheduling large conventions is a daunting task. Dates, venues and contracts are required 3-5 years in advance. Recently, we have begun to explore different areas and cities in an effort to generate greater attendance. Myrtle Beach has been a mainstay for years and Charleston was fantastic last year. This year we will be on Hilton Head Island before returning to Charleston for 2017. Although 2018 has been contracted for Myrtle Beach, Convention Committee members will be looking at statistics and reviews more closely after the 2016 Annual meeting in Hilton Head. Let us know which venue you prefer and if moving the date a little closer to when school lets out is more amenable to your schedule.
- **Variety in Continuing Education with emphasis on staff (8):** This year variety and shorter pod classes (1 ½ hour) is the theme. The Convention Committee should have everyone covered. Some of the topics include: Pharmacology, Sedation, Office Emergency, Aesthetics, Implantology (beginner, intermediate and advanced), Orthodontics, CAD/CAM, CBCT, Restorative, Lifestyle/Nutrition, Practice Transition, CPR certification, Infection Control (OSHA safety and update), Forensic and many more. There are 2 ½ days of CE planned with Saturday afternoon to rest and enjoy the beautiful beach or a round of golf. Did we cover it all? Tell us what you think?

The number 1 concern from this survey was Medicaid Reimbursements. Not only does this occupy the number 1 concern for our members, it is the greatest frustration among the SCDA leadership. There has not been a raise in 16 years, reimbursements are unreasonably low, service / response with DentaQuest remains contentious and the frustrations among member providers are at an all-time high. Presently, there is an issue with all providers having to re-apply as a requirement of the Affordable Care Act. Dr. Tom McDonald continues to meet with our leaders as well as Medicaid officials and DentaQuest representatives in an effort to improve things on all fronts. The latest effort was to identify the top 10 codes in an effort to get at least a raise concerning those fees. Once again, it seems as though our concerns were tossed aside. Somewhere out there someone was successful navigating the introduction and coverage of D2929 (prefabricated porcelain crown primary). Whoever you are, the SCDA and Dr. Tom McDonald have a job for you!

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Enter to Win a Free Trip to Denver

Your colleagues love attending the ADA annual meeting. We want to hear why you do too.

1. Write the reason you attend on a piece of paper
2. Take your photo holding the paper
3. Post on Twitter and/or Facebook using #whyiattend

Winners will be selected at random to win:

Grand Prize: Free airfare, hotel and registration for ADA 2016

2nd Place: Free hotel and registration for ADA 2016

3rd Place: Free registration to ADA 2016

Get posting! The contest ends Thursday, March 31, 2016. The winner(s) will be featured in ADA 2016 marketing.

Subject to terms and conditions. Visit ADA.org/whyiattend for contest details.



For more information, visit ADA.org/whyiattend.

Membership Corner

By Maie Brunson, Membership and Marketing Manager

2016 Membership Dues Deadline

Membership lapses on March 11, 2016, if you have insurance with the ADA (Great West), it will stop. You will also lose your years of service with the ADA. If you have not received your dues statement, please email me at brunsonm@scda.org. Please make sure you get your dues in so we can continue to serve you in 2016!

Late Fees

Under the SCDA Bylaws, a late fee only applies to the SCDA portion of the tripartite bill and is in the amount of \$100.00 of the original dues amount. A past dues notices were mailed out to those who have not paid their dues before the February 12th deadline.

ADA Cards

For those that have paid dues, ADA cards have been mailed. If you have any changes such as: mailing address or district changes, please contact me at 803-750-2277 or by emailing brunsonm@scda.org. Cards were printed in the fall by the ADA, so address and district changes might have been done after they were printed.

March Calendar

March 4	Pee Dee District Spring Meeting	Pine Lakes Country Club	8:30 AM
March 11	Coastal District Spring Meeting	Trident	7:30 AM
March 11	Piedmont District Spring Meeting	Poinsett Club	8:00 AM
March 18	Radiation Safety Exam	Fortis College	9:30 AM

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Gloria, 62, of Columbia, experienced domestic violence as a young woman. After being shot in the mouth, she survived and returned to her job with AT&T for 20 years until heart disease and other disabilities forced her to retire.

Gloria was in a great deal of pain from trauma to her jaw. Eating was very difficult and her 15-year-old dentures no longer were functional due to bone loss. Gloria needed implants to secure dentures, but treatment was far more than she could afford. Five volunteers for Dental Lifeline Network's Donated Dental Services (DDS) program came to Gloria's rescue. Dr. Joseph Park, an oral surgeon, donated a bone graft with material from Zimmer Biomet and two implants from Nobel Biocare, both dental manufacturers that contribute to DDS. Dr. David Lovit, a volunteer general dentist, fitted Gloria with upper and lower dentures from Sherer Dental Lab, one of 35 labs that donate fabrications to South Carolina DDS. Now Gloria can eat all the foods she likes without chopping them into small pieces.



Dr. Lovit and Gloria

"Dr. Park and his office were kind and caring and they encouraged me, because it took a long time. Dr. Lovit took my health into consideration, listened to me and gave me great treatment. The DDS coordinator worked tirelessly with me. It was a great experience. I have a lunch group and I couldn't order what I wanted to. Now I can chomp on fresh fruit and vegetables. I like a crunch."

– Gloria, DDS patient

"DDS is a very nice service that we as dentists can provide and give back to the community. Gloria's diagnostic phase and treatment, including implant surgery, took a long time. All the follow-through by DDS made everything go smoothly. I appreciated getting all the parts and lab fees donated by DDS. All we had to do was the treatment."

– Dr. Lovit, DDS volunteer

Last year, 110 volunteer dentists and 35 volunteer labs treated 67 people with disabilities or who are elderly or medically fragile.

Volunteer Today

- Try one case:**
- Review the patient profile in advance
 - Choose to see or decline any patient
 - Determine the treatment plan
 - See patients in your office
 - Never pay lab costs
 - No paperwork for office staff

- DDS will:**
- Ensure that patients arrive on time
 - Be the liaison between your staff and the patient to facilitate everything
 - Arrange for assistance from specialists and laboratories

A great staff experience

"Helping DDS patients with their oral health and smiles is rewarding, not only for the patient but, for the entire dental team. We are honored to be part of it." – Dr. Melodie Jones

PLEASE VOLUNTEER!

Change a Life with Donated Dental Services (DDS)

To volunteer or for more information, contact Coordinator Dawn Peltier at 803.726.4522 or dpeltier@DentalLifeline.org



SOUTH CAROLINA DONATED DENTAL SERVICES (DDS)

Fiscal Year 2014-2015

PATIENT TREATMENT	
Number of Patients Treated ¹	67
Number of Patients on Wait List	216
Number of Volunteer Dentists.....	110
Number of Volunteer Labs	35
FINANCIAL	
Value of Care to Patients Treated ¹	\$235,199
Average Value of Treatment/Case ²	\$3,553
Value of Donated Lab Services ³	\$29,182
SINCE SOUTH CAROLINA PROGRAM INCEPTION (1998)	
Total Patients Treated	175
Total Value of Care to Patients Treated	\$688,614

¹ Of this amount, two patients received \$4,254 in ongoing care from DDS volunteer dentists who provided these patients with initial restorative treatment and have elected to continue providing routine and ongoing care.
² Does not include treatment for patients receiving ongoing care.
³ Value also included in Value of Care to Patients Treated.

DENTAL LIFELINE NETWORK • SOUTH CAROLINA

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South Carolina Donated Dental Services (DDS) is a program of Dental Lifeline Network, a national humanitarian organization providing access to comprehensive dental care for society's most vulnerable people with disabilities or who are elderly or medically fragile and have no other way to get help. Nationally, DDS has more than 15,000 volunteer dentists and 3,700 volunteer laboratories.



**You treat the patient.
DDS does everything else.**

To ask questions or to volunteer, contact
 Coordinator Dawn Peltier at 803.726.4522
 or dpeltier@DentalLifeline.org.

Don't miss our updates on Dental Lifeline Network and its Donated Dental Services (DDS) program! Sign up today at www.bit.ly/signupDLN and follow us on social media.

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 American College of Dentists
 American College of Prosthodontists
 American Dental Assistants Association
 Hispanic Dental Association
 National Association of Dental Laboratories
 National Dental Association
 The Pankey Institute

SCDA Annual Session- Registration is Open!



It is time to make plans to attend the upcoming SCDA Annual Session!

By now, you should have received your brochure in the mail. You can also visit www.scdannualsession.com for all of the details and events for the meeting.

Once again, the SCDA will offer the \$100 voucher program. This program has proven to be advantageous to the SCDA Annual Session and our members. This year, a voucher will be mailed to each SCDA member dentist who registers for the Convention. The voucher can be used on the exhibit floor with participating exhibitors.

The SCDA Foundation will be holding its Silent Auction during the Convention again this year. This is an important fundraiser for scholarships for MUSC dental students and Technical school Hygiene and Dental Assistant students. This continues to be a main attraction at the Convention. The Chair of the Foundation, Dr. Mona Ellis, urges everyone who may have contacts with restaurants, hotels, beach houses, sports teams, jewelry, art galleries, boutiques, salons, spas, colleges and universities, to please work with those relationships and obtain items for the auction. You may contact her or Phil Latham at the SCDA with questions.

New EPA Amalgam Regulation June 1, 2016

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16th District Trustee Update

By Dr. Hal Fair, 16th District Trustee



Dr. Hal Fair

Since my last article the 2015 House of Delegates has taken place and I will devote most of this article to the messages that were delivered to the Delegates and Alternate Delegates. First I would like to commend our 16th District Delegation on their dedication and careful deliberations of all of the resolutions that we were presented both at our caucus in Hilton Head, SC and at our Annual Meeting in Washington DC. The South Carolina Delegation was a great host and all that attended had a wonderful time. Likewise, Washington DC proved to be a great choice for **America's Dental Meeting**. I would also like to thank our Delegation Chair, David Watson for a superb job in leading us through our deliberations. We opened our first session of the HOD with the speeches from the three candidates running for President Elect of the ADA. Subsequently on Monday morning Dr. Gary Roberts from the 12th District and the state of Louisiana was elected as our President Elect. Dr. Roberts in his address to the HOD emphasized that the more unified we become, the brighter the future of our profession becomes. He stated that this would require increasing market share by re-energizing the Power of Three to better serve our member needs.

The candidate speeches were followed by the Report of the President to the HOD. Dr. Feinberg's message was simply stated; that everything we as an association does for our members must support our core purpose and values. We must continue to add value for our members. Membership and membership share is still a work in progress, but she feels that progress is being made and our efforts are beginning to pay off. ***"This year's membership loyalty survey showed that in the past three years, our members have become more loyal, they are more likely to stay members, and they are more likely to recommend membership to others."*** These are all very good signs of that point toward positive membership retention and recruitment and a possible beginning to a turnaround to the trend of membership share decline.

On Monday our ADA Executive Directors message to the delegates concentrated on how the ADA must make it easier for a perspective member to join and how we must remove the barriers to easy direct membership. Dr. O'Loughlin said that we have to change what we are doing and that includes our governance. ***"I believe we need to be an organization that possesses an innovative mindset, not a status quo. The innovation mindset requires that we see each other as trusted partners—volunteer leaders and staff alike. This partnership stands on the values of integrity, excellence, science, being member centric and ensuring the health of the public. This partnership demands much of us: gossip, politics of divisiveness and personal agendas have no place in our quest to possess an innovative mindset. We have to act with confidence, determination and political courage. We have to stay the course. To have courage."***

We must have this innovative courage and if we do our members are more likely to stay members, more likely to find value at the local level and our members will be more loyal than they were yesterday. Finally on Tuesday morning Dr. Carol Summerhays of California was installed as the new President of the American Dental Association. ***Her message to all of us was to seize the moment together, Embrace challenges and opportunities and make the most of the possibilities that lie ahead.*** As you can see the common thread in all of these messages is membership and the importance that membership growth will play in the long term viability and sustainability of our association. I want to close this article by sharing with you a true story that I experienced. It convinces me what I already knew; that the best way and maybe the only way to grow membership are at the local level and a one on one conversation with a nonmember.

Earlier this year while attending the Washington Leadership Conference I was having a conversation with a prominent ADA member about our loss of membership share and how we could turn the trend around. We both agreed that it was at the component level that we could best build membership value. Then to my surprise this member boldly said: ***I can tell you right now that I could go speak with twenty members tomorrow and convince 19 of them to join.*** Well I am sure that most of you could guess what my first thought was, although I didn't say it out loud, ***THEN WHY DON'T YOU GO DO IT.*** I shared this story when I addressed the NC House of Delegates this past May at their Annual Session. Afterward one of the delegates came to tell me that he appreciated my story, but just how frustrated he was that in the town that he practiced in 8 out of the 18 dentist in that town were not members of the ADA. He took the initiative to go and speak to all 8 of the nonmembers and to his disappointment and somewhat exasperation he could only get 4 of them to join. I calmly looked him in the eye and simply said to him: ***CAN YOU IMAGINE WHAT WOULD HAPPEN IF EVERY MEMBER WENT TO 8 NONMEMBERS AND SUCCEEDED IN GETTING 4 TO JOIN.*** He said, "Well I guess I never thought of it that way."

We could solve our membership problem if we had more members that actually took the same initiative that this member took. As the saying goes all politics is local, well I believe we can also say that all membership growth is local.

My New Year's challenge to you is go seek out a nonmember, share with them what ADA membership means to you and just simply ask them to be a part of our great organization.
You may be surprised that all you have to do is ask!

DentaQuest and SCDHHS

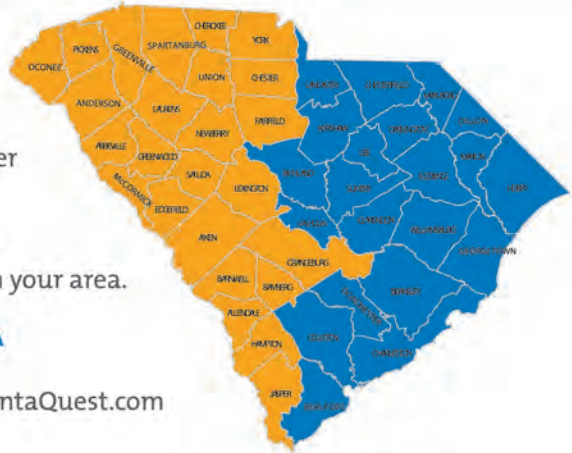
Working together to improve the oral health of South Carolina's residents

DentaQuest manages the Healthy Connections dental program. We greatly appreciate the contributions of providers. Our provider web portal makes it easy for you to submit claims and authorizations, check member eligibility and more. Responsive service from our call center reps keeps your offices running at peak efficiency.

To learn more about the Healthy Connections program or DentaQuest, contact a provider relations representative in your area.

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Executive Director's Notes



Mr. Phil Latham

The following information was provided by the South Carolina Prescription Monitoring Program:

The South Carolina Prescription Monitoring Program (**PMP**), known as **SCRIPTS** (South Carolina Reporting & Identification Prescription Tracking System) went into effect on February 1, 2008 for pharmacies and dispensing prescribers to comply with submitting schedules II-IV controlled substance dispensing activity. **SCRIPTS** is intended to improve the state's ability to identify and stop diversion of prescription drugs in an efficient and cost effective manner that will not impede the appropriate medical utilization of licit controlled substances where there is a valid prescriber-patient or pharmacist-patient relationship.

What is SCRIPTS? It is an on-line service available to prescribers and pharmacists, or their delegates. Healthcare professionals can apply for access to the database by supplying the **PMP** with appropriate credentials prior to receiving any patient information.

Which drugs are included in the tracking system? Controlled Substances Schedules **II, III & IV** (i.e., OxyContin®; Percocet®; Vicodin®; Klonopin®; Xanax®; and Valium®) dispensed in South Carolina. The database does not include most long-term care and assisted living dispensing; methadone clinic, and emergency room/department dispensing (less than a 48-hour supply).

What is the turnaround time for a report? The website is available 24/7. In most cases, the patient report is available for viewing within seconds. **PMP** does not warrant any report to be accurate or fully complete. The report is based on the search criteria and data entered by the dispensing practitioner or pharmacy. For more information about any prescription in a **SCRIPTS** report or to verify a prescription, contact must be directed to the practitioner or pharmacy that dispensed it.

Is there a delay before the data is available? There may be 24-48 hour delay from the actual dispensing date until the data is available on-line. The **PMP** requires dispensers to report daily.

What are the uses for the report? A **SCRIPTS** report provides information for schedules II-IV controlled substance prescriptions a patient has had filled for the specified time period, as well as the prescriber who prescribed them and the dispenser who dispensed them. The report should be used to supplement a patient evaluation, to confirm a patient's drug history, or document compliance with a therapeutic regimen.

What must a practitioner, pharmacist, or delegate do to gain access? Online registration is available at: <https://southcarolina.pmpaware.net/login>.

Does SC allow delegates to run a PMP report for their practitioner/pharmacist? Once a practitioner/pharmacist has been approved for access, they may delegate someone to run PMP reports on their behalf. Delegates must also register online at: <https://southcarolina.pmpaware.net/login>.

What can occur to those who do not report or disclose confidential information? Dispensers who fail to report will be subject to a two thousand (\$2,000) dollars fine and/or two (2) years imprisonment. Authorized users who knowingly disclose their account user information or breach confidentiality of the information will be subject to a ten thousand (\$10,000) dollars fine and/or ten (10) years imprisonment. Drug control shall maintain procedures to ensure that the privacy and confidentiality of patients and patient information collected, recorded, transmitted, and maintained is not disclosed. Practitioners or pharmacists who request information must certify that the requested information is for the purpose of providing medical or pharmaceutical treatment to a bona fide patient.

For more information on the **PMP**, contact (803) 896-0688, <http://www.dhec.sc.gov/scripts> or scripts@dhec.sc.gov.

SCRIPTS requires that every individual register as a separate user, using their email address as their username within the system. A user is able to register as a delegate, a role which is designed to allow the user to generate reports on the behalf of another current user. An example for a delegate role would be a nurse at a doctor's office. The nurse would act as a delegate to the physician to create Patient Rx reports for the patients that physician would be helping that day.

Registration Process

1. To request a new account in PMP AWARXE, the user must first load the login screen for the application. The login screen is located at <https://southcarolina.pmpaware.net/>.
2. Once at the login screen, the user must click the "Create an account" option to begin the process.

Login

Create an Account

3. The first screen displayed requires the user to enter their current, valid email address and select a password. The password must be entered a second time for validation.
 - a. The password must contain at least 8 characters, including 1 capital letter and 1 special character (such as !, @, #, \$)
4. After the email and desired password have been entered, the user must click the "Save and Continue" button.
5. The second step is the role selection screen. The user can expand the role categories to select the role that fits their profession.
6. After the role has been selected, the user must click the "Save and Continue" button.
7. A message is temporarily displayed to the user stating that an email has been sent to their email address for verification. The email should arrive in your inbox within a few minutes and will contain a link that the user will click to verify that their email address is valid and current.
8. The final screen is the demographics screen. Here the user must enter their name, date of birth, employer information, and other information as configured by the PMP Administrator.
 - a. Required fields are marked with a red asterisk
 - b. User may enter more than one DEA number if necessary.
 - c. If the user or employer identifier number is located within the system, the user will be able to autofill their information and employer information using the "AutoFill Form" buttons. Searchable identifiers include DEA, NCPDP, or NPI depending on which fields are required by the state administrator.
9. After all information has been submitted, the user must click the "Submit Your Registration" button to complete the process.
10. The user will be taken to a landing page notifying them if any additional documentation is required. It will also indicate the account's current status in the upper-right corner.



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3 Reasons You Should Accept The CareCredit Credit Card

By Mark Brown



Mr. Mark Brown

As we are starting to get into the swing of 2016, now is the perfect time to take a look at what your practice can offer your patients. You may decide to provide some new services or new payment options. If you're interested in expanding the payment options available to your patients in 2016, look no further than CareCredit.



CareCredit helps minimize the cost and risk of billing and collections

The CareCredit healthcare credit card benefits both patients and practices. CareCredit can make it easier for more patients to access the care they need and want. When you accept CareCredit it can also help minimize the risk and cost of billing and damaged patient relationships from past-due accounts and collection efforts.

CareCredit helps patients get care without delay or compromise

CareCredit is a healthcare credit card accepted at more than 100,000 dental practices for treatment not covered by insurance and when the cost of treatment exceeds insurance coverage. This helps more patients get the care they need and want without delay or compromise. When CareCredit is available as a financing solution, financial conversations can be easier.

CareCredit helps patients fit paying for care into their family budget

It may be the total cost of care that makes a patient delay or decline recommended dentistry. Fitting payments into the patient's family budget may be difficult. The CareCredit healthcare credit card is a financing option that can help make it easier for patients to move forward with needed care.

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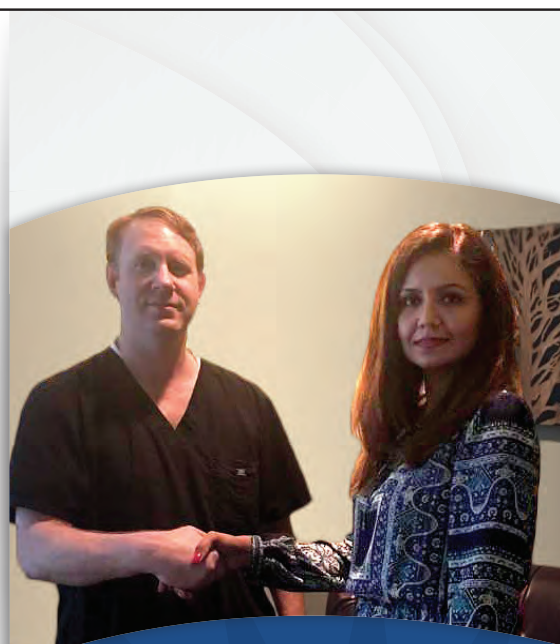
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Amalgam Separation in the Dental Industry- The Time is Now

By Michael Toole

In the dental industry, there are very few subjects more polarizing to dentists than amalgam separators and amalgam waste. Which begs the question...why?

Since the passing of the Clean Water Act in the 1970's, it has been the policy of the United States that "Pollution should be prevented or reduced at the source whenever feasible; pollution that cannot be prevented should be recycled in an environmentally safe manner."¹ This policy has led to the creation of the National Pollution Discharge Elimination System (NPDES), which strives to reduce mercury and other contaminants to low levels to protect beneficial users. The dental profession finds itself under increasing fire as one of the chief sources of mercury pollution.

As of January 2016, there are 11 statewide mandates and approximately 25 municipalities requiring dental offices to manage their mercury waste. Additionally, there is likely going to be an EPA requirement for all 50 states to install an ISO approved amalgam separator within the next 3 years. Despite this fact, there still seems to be a marked resistance to installing amalgam separators and adopting a (Best Management Practices) BMP plan for amalgam that would effectively reduce mercury pollution at its source.

There are many reasons for this resistance, but the largest seems to be a lack of accurate information to the dentist and dental office staff. Dentists are largely unaware of the BPM's prescribed by the American Dental Association (ADA) for amalgam waste (2007)² —or the fact that these BMPs still fall short of the impending restrictions expected to be issued by the Environmental Protection Agency (EPA). However, when these restrictions are enforced, hefty fines will likely be the penalty for noncompliance. Clearly, the time for dentists to mobilize to reduce mercury discharges—for the health of their practices as well as the health of the environment—is now.

Mercury in Dentistry

Understanding mercury and its effect on humans and the environment is typically a good place to start. Mercury is a well-known neurotoxin. Once mercury is discharged to the environment, it converts to methylmercury, a very toxic form, which bio accumulates in fish. Fish consumption is the number one exposure to mercury for humans and wildlife.

The EPA has designated mercury as its number one hazardous waste.³ As a part of the EPA's strategy, sewage treatment plants are required to meet lower discharge limits for mercury in their liquid effluent discharge and in their sludge content. Sewage treatment plants receive discharge whether a facility is connected to a sewer or not; septic tanks are pumped regularly and the contents are discharged at sewage treatment plants. The most common use of mercury in dental operations is dental amalgam. Amalgam is made up of approximately 40% to 50% mercury, 25% silver, and a 25% to 35% mixture of copper, zinc, and tin.

The total amount of mercury per amalgam capsule can range from 327 mg to 982 mg depending on the size.⁴ Amalgam particles enter the wastewater from dental offices when dentists remove old amalgam fillings or place new fillings.

What most in the dental community do not understand is what actually happens to the amalgam/ mercury they discharge, which ends up in the sludge at the sewage treatment plant. Any amalgam/mercury (or other hazardous waste) received at the sewage treatment plant is either incinerated, land-filled, or made into fertilizer pellets, which are land-applied on lawns and gardens and sold to farmers for their crops. In every case of disposal, the mercury in the amalgam will be discharged to the environment.

Estimates of the contribution of mercury in wastewater from dentists to publicly owned treatment works (POTWs) range from 11% of the total mercury load in San Francisco to 14% in King County, Washington, to 76% to 80% in Minneapolis.⁵ In a recent survey of seven major wastewater treatment plants in California, Minnesota, Ohio, and Maine, dentists were identified as the greatest contributor of mercury.⁴ It is estimated that the dental industry uses approximately 35 tons of amalgam annually, and that 97 million restorations are removed which equates to 29 tons of mercury in the form of amalgam discharged to POTW's annually.⁶ It should be noted that "mercury-free dentist" (that is, one who places only non-amalgam fillings) is not truly mercury-free if he or she removes amalgam fillings and allows that amalgam/mercury to be discharged down the drain.

Amalgam Separators

Since the year 2000, the best tool to fight against amalgam waste in the waste streams has been the use of an amalgam separator. Since 2007, the ADA has recommended, under its BPM's, that every dental office that

places or removes amalgam restorations install an amalgam separator.

What does an amalgam separator do? It's installed on the central suction system, so that all waste flows through the amalgam separator before it gets to the vacuum. All amalgam separators must meet the International Organization for Standardization protocols (ISO 11143). Most amalgam separators on the market today in the US are certified to greater than 99% separation under ISO 11143: 2008, providing dentists with a range of certified treatment options to purchase. Because 99% or more of amalgam is captured by the separators before it reaches the sewers, POTW reductions have been dramatic. Toronto recorded a 58% decrease in the amount of mercury in its sludge six months after the required installation of amalgam separators in dental offices.⁷ Seattle 50%⁸ and Victoria, BC, a 70% reduction.⁹

The two leading amalgam separators on the US market represent 86% of the devices sold. Each offers responsible solution to recycle amalgam waste captured within their systems. They have an average capital purchase cost of \$828. Installation costs are approximately \$250 and in some cases rolled into the cost of the separator. Operational costs of these separators average \$528 per year.

While the amalgam separators are good for the environment by reducing the amount of amalgam/ mercury in the waste streams, the hidden benefit is to the dental vacuum. By installing an ISO 11143 certified amalgam separator, the dentist can increase the life of the vacuum by capturing at least 95% of all harmful debris that would typically travel through the vacuum. This saves the dentist time, lost production and new equipment expense.

Conclusion

Amalgam separation has been effective in 11 mandated states and 25 municipalities as a way to reduce mercury from the waste streams. While regulation seems to be imminent, dental offices should consider the alternative benefit of an amalgam separator as well, which is protecting their vacuum and ensuring productivity in the long haul.

1 Pollution Prevention act of 1990. Public Law 101-508 2 Best Management Practices for Amalgam Waste. ADA -2007 http://www.ada.org/~media/ADA/Member%20Center/Files/topics_amalgamwaste_brochure.ashx 3 Mercury Study: Report to Congress. U.S. Environmental Protection Agency Volume I, Executive Summary, 1997 4 Dental Offices and Mercury Pollution Prevention. Best Management Practices Central Contra Costa Sanitary District 5039-04/06. 5 Mercury Source Control & Pollution Prevention Evaluation. NACWA 2006. 6 Federal Register "Dental Rule" 40 CFR Parts 403 and 441 VOL. 79, No. 204 7 Stone M. Implementation of Amalgam Separators at Navy Dental Clinics. Naval Institute for Dental and Biomedical Research, PowerPoint Presentation. December 2003. 8 Dental Office Waste Stream Characterization Study. Municipality of Seattle. September 1991 <http://infohouse.p2ric.org/ref/03/02193.pdf> 9 Metals in Sewage Significantly Reduced. Times Colonists. Thursday May 5, 2005.

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Dr. Franklin Brannon Hines, Jr.

By Dr. Gene Atkinson, SCDA Historian



Drs. Gene Atkinson and Frank Hines

The following is a feature by Dr. Gene Atkinson, the SCDA Historian, about Dr. Frank Hines, Jr., who has been an outstanding leader in the South Carolina Dental Association through the years. His zeal and commitment for dentistry in South Carolina is unparalleled. Dr. Hines' biography, as written for the upcoming SCDA History, follows below.

Besides being an outstanding orthodontist, Dr. Frank Hines distinguished himself as a leader in many aspects for the South Carolina Dental Association.

Dr. Frank Hines, Jr. was born in 1927 in Hartsville, South Carolina to Dr. Frank Hines, Sr. and Leo Hicks Hines. He graduated from Hartsville High School and subsequently at the University of South Carolina with a B.S. degree in Biology. His dental education was at Emory University where he graduated in 1951. Dr. Hines practiced with his father in Hartsville before serving in the United States Navy for two years as a general dentist during the Korean War. Afterwards he was a resident in orthodontics at the University of North Carolina and received his M.S. degree there in 1956. From 1956 to 1995 he practiced orthodontics in Columbia as well as Lexington, S.C. In 1977 Dr. Hines became a Diplomate of the American Board of Orthodontics.

Dr. Frank Hines was extremely prolific, serving in numerous capacities in dentistry in South Carolina. He was president of the Richland County Dental Association in 1961-1962, president of the South Carolina Orthodontic Association in 1964-65, and served on the State Board of Dental Examiners from 1964-1968 as well as being its president.

The activities Dr. Hines performed with the South Carolina Dental Association were extensive. He was the president of the SCDA during its centennial year of 1968-1969. One of his greatest contributions was on the Legislative Committee from 1965-1985 where he served as chairman from 1969-1985. During that time his service was exemplary as he was a "one man lobbyist" for the SCDA in all aspects of the legislative arena, while still practicing orthodontics full-time. His outstanding service and thoroughness earned him a lengthy standing ovation at the SCDA House of Delegates when he stepped down from this position after the 1984 legislative session. Dr. Hines was also chairman of the SCDA Dental Health and Public Information Committee from 1960-1965. He also served on the Constitution and By-Laws Committee for many years as well as being its chairman. Dr. Hines also represented the SCDA as a Delegate to the American Dental Association's House of Delegates from 1967-1969 and again from 1986-1989. Dr. Hines was also the Directing Secretary(overall chairman) of the South Carolina Dental Association's Annual Session both in 1977 and 1981.

In South Carolina Dr. Hines served twice on the committee to revise the South Carolina Dental Practice Act from 1965-1968 and again from 1982-1985 when he served as its chairman.

Within his orthodontic organizations, Frank Hines dutifully served in many capacities. Among these was the presidency of the South Carolina Orthodontic Association in 1964-1965. With the Southern Orthodontic Association he served as a Trustee, Director, as well as its president in 1988-1989.

Dr. Hines was a dedicated member of the faculty at the Medical College of Georgia's Department of Orthodontics for over 20 years, ultimately serving as the Course Director of the post graduate clinic as well as Interim Chairman of the entire Department of Orthodontics.

Because of his outstanding service to dentistry, he was inducted as a Fellow into the American College of Dentists. In the ACD he served as the Secretary-Treasurer, Vice Chairman, and Chairman of the Carolinas District that represented both North Carolina and South Carolina.

Many honors have been bestowed on Dr. Hines for his many contributions to dentistry and mankind. The South Carolina Dental Association honored him with the George Hoffman Award in 1981, the most prestigious award it gives. In 1969 he was selected as the Dentist of the Year for the greater Columbia area by the Columbia Dental Assistants' Association. The Business Women's Association of Columbia proclaimed him the Boss of the Year in 1974. Because of his leadership with the Boy Scouts, they awarded

him their highest honor, the Silver Beaver Award in 1970. In 2012 the South Carolina Dental Association awarded him a Presidential Citation for his prolific activities for the SCDA throughout his entire career.

In the community Dr. Hines continued his outstanding service by working as a consultant to Richland Memorial Hospital, the Crippled Children's Society, and the Central South Carolina Council of the Boy Scouts of America where he served on their Board of Governors and was their president in 1970-1971. Additionally Dr. Hines was very active with the United Way and the Rotary Club. At the Medical University of South Carolina, he served on their Board of Visitors on two occasions. At Midlands Technical College Dr. Hines was a member as well as chairman of their Dental Hygiene Advisory Board.

Religiously Dr. Hines was a faithful member of Kathwood Baptist Church where he served on their Board of Deacons for many years and was also their Chairman.

One of Dr. Hines' dedicated hobbies was that of hunting with his bird dogs.

Dr. Hines married the former Josephine Wickliffe, and they had four children: Dr. Frank Hines, III who followed his father's profession of Orthodontics, Billie H. Muthig, Daniel W. Hines, and Lee H. Muthig.



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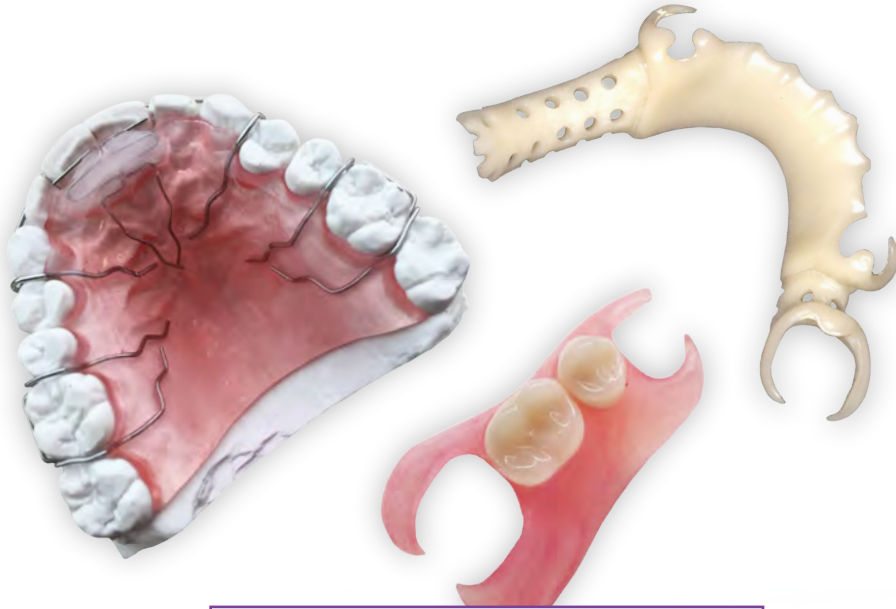
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Part-time certified dental assistant. Immediate position for a CDA with at least 3 years experience with professional skills and behavior to promote comprehensive, cost effective and meaningful care for consumers in a diverse environment. Contact tamarawstockton@gmail.com.

Licensed dental hygienist needed for family practice in Newberry, SC. Benefits are provided with salary. Office hours are Monday-Thursday 8-5. Please send resume to info.bakerdental@comcast.net

FT Dental Assistant- are you a multi-tasker and team player? We have a modern office and enthusiastic team dedicated to quality care. Previous dental experience needed as well as great attitude and strong work ethic. Irmo area. Send cover letter and resume to: scdentalresumes2@gmail.com.

Dental Assistant needed for Florence general dentist office. Must possess excellent organizational skills and be dependable. Office hours are M-W 8-5. Fax resume to 864-715-0688.

Seeking full time Dental Assistant. Must have radiation and nitrous oxide certification. Experience preferred. Send resume to northaikendental@att.net or mail to 1466 Columbia Hwy N, Aiken, SC 29801.

Practices/Office Space Available
Dental practice for sale in Columbia, SC - SC1037 Great practice in a prime location, collecting \$425k+ on 3 days a week. Huge upside potential! Please call 678-482-7305 or email info@southeasttransitions.com for details using listing ID SC1037.

Dental Office for Rent in Rock Hill. Built as a Dental Office this freestanding building has 3 operatories plumbed for nitrous oxide, suction and compressed air. Located in the center of the medical community at 1342 Ebenezer Rd. Contact John Rinehart at jdrinehart@ccim.net or 803-517-0229 or 803-329-3285.

Southwest SC #8930-Gross collections-\$936K; 3 operatories; 4 days. For more information contact Dr. Earl Douglas at 770-664-1982 or earl@adssouth.com

Columbia General Practice#8843-Gross collections-\$559K; sale price \$449K. 3 operatories; 1300 sqft. office space. For more information contact Dr. Jim Howard at 919-337-1162 or jim@adssouth.com

SW Greenville Area #9016 - Gross Collections-\$640K; 5 operatories; 4 days For more information contact Dr. Earl Douglas at 770-664-1982 or earl@adssouth.com

Dental practice for sale in North Augusta, SC Excellent 7 operator practice with real estate available. Collecting over \$550K. Seller retiring, but will stay on for a smooth transition. Please call 678-482-7305 or email info@southeasttransitions.com for details using listing agreement SC1041. www.southeasttransitions.com

Dental Practice for Sale in Coastal, SC- Multi doctor, 10 operator, powerhouse practice. All updated with digital equipment. Amazing staff. Real estate available. Dr. to stay on for transition. Contact us at 678-482-7305 or info@southeasttransitions.com for more details. Listing ID SC-1048. www.southeasttransitions.com

Satellite Dental Office for sale in Northeast Columbia, in a busy upscale area. It has 3 operatories with an esthetic & boutique style setting. Office is open only 2 days a week and ideal for new dentist to add additional days with great growth opportunity. Please email smilstudio@aol.com

Two Pee Dee area General Dentist practices for sale. Locations are 15 minutes apart in Florence & Darlington. Can be purchased together or separate. Offices collect approximately \$850,000 on three days per week. Call 864-200-1999 or email dr.rogers@charter.net

Satellite dental office; 52 foot trailer. One operatory fully equipped white coastal chair. One operatory plumbed and ready. Lab, reception, business office, 1 full bathroom and HVAC included. Ready to move to your location. \$30,000 OBO call 803-648-3251 for more information.

Equipment For Sale
For Sale: Dental equipment chairs, units, lights, cabinetry, x-ray, vacuum, compressor, sterilizers and handpieces. Any and all things dental call 843-697-7567.

For sale: 1 CEREC Blue Cam acquisition unit with latest version of software (version 4.3). Unit is in very good condition. Only used in the mouth once. Also included, 1 CEREC 3 Compact milling unit with milling cabinet to reduce sound. Milling unit is in good working condition but does have some cosmetic defects. Many accessories included. Call 864-855-9585 or 864-654-3520 Asking \$15K.



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