

Bulletin



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A GD CHALLENGES PERIODONTAL REFERRAL GUIDE

by Phil Smith

The Academy of General Dentistry (AGD) recently made public its objections to a document released by the American Academy of Periodontology (AAP) describing referral guidelines for comanagement of patients with periodontal disease. The center of the controversy is the AGD's position that many trained and skilled general dentists are able to manage these patients without the need for a referral to a periodontist.

"The AGD has communicated grave concerns over this document to the AAP," says AGD President Dr. Bruce DeGinder. "The AGD has requested the AAP immediately remove any reference to the AGD from these guidelines, and rescind the AAP guidelines until such time as a true collaborative effort can be accomplished...We certainly advocate periodontal treatment performed by a qualified professional, however, there are inaccuracies in the AAP's guides which imply that the general dentist should abstain from procedures that many of our members are qualified to administer."

In 2005, the AAP undertook the development of the guidelines for the management of patients with periodontitis. The development process took into consideration the latest research in the field of periodontics and input from various dental organizations. The final product, *Guidelines for the Management of Patients With Periodontal Disease*, was published in the September 2006 issue of the AAP's

Journal. According to the introduction for the Guidelines, Drs. Krebs and Clem state that the guidelines are meant to help identify patients who are at greatest risk early and, therefore, benefit from specialty care. The Guidelines are in no way meant to replace a practitioner's knowledge, skills, or abilities.

Three levels for patient care / referral are established in the article. **Level 1** is recognized for comanagement by the referring dentist and the periodontist. This group is primarily inflammatory disease in nature, but can also involve some systemic conditions such as diabetes or chronic respiratory illness. **Level 2** addresses a more progressive periodontal disease entity and lists risk factors as indicators for referral, but comanagement is still encouraged. Early onset periodontitis, unresolved inflammation and bleeding, and pocket depths exceeding 5mm all fall in this grouping. Medical issues include smoking, osteoporosis, and compromised immune systems. **Level 3** is that category that recommends management by a periodontist. Risk factors for care include furcation involvement, peri-implant disease, and assorted aggressive perio conditions. (see expanded guidelines at the AAP's Web site: www.perio.org)

Attorneys from both organizations are lobbying verbatim at each other. The General Counsel for the AAP in an opinion letter, states that the AGD's requests were

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GIVE KIDS A SMILE 2007, "GROWING TO SHARE"

by Phil Smith



It seems that we just finished the highly successful "Give Kids A Smile" effort, and the award winning National Children's Dental Health Month program, and already we must prepare for the next year! Early indications suggest that SCDA's enrollment should exceed last year's care! And therefore, greater preparation, increased clinic sites, and more volunteers will be needed. The date to mark on your calendars is Friday, February 2, 2007. And as before, there will be two shifts to assist with treatment.

There have been some changes this year that would benefit consideration, especially to those in the Midlands area of Central District. In the original design of a few years past, most visits were centered at a clinic facility that usually was located at a technical college. In 2007, our partners at Midlands Tech will not be able to host

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MASTER CALENDAR

- Nov 17 Stonemark Services Board meeting, 9:30 am-1 pm, South Carolina Dental Association
- Nov 17 Radiation Safety Exam, 2-4 pm, Midlands Technical College – Airport Campus
- Dec 1 Regular Board meeting, 9:30 am-1 pm, South Carolina Dental Association
- Dec 2 House of Delegates (HOD) meeting, 8 am-Registration. 9 am-2 pm - Meeting, Holland Avenue Baptist Church (Cayce, SC)
- 2007
- Jan 19 Stonemark Stockholders meeting, 12:30-1 pm, South Carolina Dental Association
- Jan 19 Regular Board meeting, 1-5 pm, South Carolina Dental Association

Please visit www.scdca.org for more events.

**SOUTH CAROLINA DENTAL
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E ditorial COMMENTS

Comments appearing in this section are the renderings of the Editor or credited authors and do not necessarily reflect the opinions or policies of the SCDA. Letters are invited. Brevity is appreciated, and the Editor reserves the right to edit all communications. Letters may be mailed to the SCDA office, or FAXed to (803) 359-3004.

Dear Dr. Phil Smith:

After reading the article written by you and Dr. David Jordon and the related column by Gordon Christensen on the off-shore dental labs, I decided to call you because I felt there was much more to the story.

The article by Gordon Christensen suggested that 10% of U.S. crowns are being fabricated in the Philippines, Mexico, Costa Rica, or China. I suggest that the percent might be between 20% and 30%. There are a number of U.S. labs that send all their cases off-shore. One of these labs does 50+ million dollars a year. I think some doctors know where crowns are being made and some do not. There are five U.S. groups that I know of that own part or all of a foreign lab. Also it is interesting that Dentsply International announced earlier this year that it had bought a lab in China. I suppose they are offering their services to labs they do business with. I suggest this is short term and soon they will go directly to the doctors.

Even today there are some U.S. dentists doing business directly with foreign labs. This is not a new issue. The first foreign lab I am aware of is in the Philippines and was started by a lab in California 20+ years ago. A study club I was in tried unsuccessfully to lobby Senators and Representatives to make this lab accountable. We finally gave up.

These foreign labs cannot compete with U.S. labs on quality and service, but as you know a U.S. lab cannot

compete on price with these labs. The average technician wage in the U.S. is \$16.00 per hour and in China the average wage is \$1.00 to \$3.00 per hour. The average Chinese worker in all industries makes 1/10 that of U. S. workers. The price they pay for gold, teeth and supplies is discounted to their economy. In China some of these labs build dormitories for technicians at no charge and include three meals a day. I suggest that this foreign connection will continue to grow. Add to this Cad Cam technology that is slowly eating away at lab business, producing a bleak picture for the long term.

Also the Gordon Christensen article mentioned the need for certifying dental technicians in other states. The sad part is that when I was certified we had a two day exam, written and practical. I had to prove I could construct a crown, partial denture, and full denture. There was nothing on the exam about ortho. The way it is now, I believe I could take a person with no knowledge and in three months have them ready to take the state exam with them having done no work at the bench. This is an ax I ground some years ago and finally gave up. These off-shore labs are not regulated in any way.

Joe E. Sherer
Sherer Dental Labs

Till next time, Phil



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P resident's M E S S A G E

Having just returned from the ADA Convention in Las Vegas, I want to share with you the seriousness of the issues facing dentistry by reprinting an article in the ADA News concerning a speech given to the House of Delegates from Health and Human Services Secretary Michael O. Leavitt. After you finish reading this please make plans to be in attendance at the SCDA House of Delegates meeting on December 2, 2006 at Holland Ave Baptist Church in Columbia. We need your participation.

The ADA News article was written by Judy Jakush and is as follows:

When U.S. Health and Human Services Sec. Michael O. Leavitt was born in 1951, health care represented just 5 percent of the gross domestic product.

Today, it's 16 percent. By the time his newborn grandchildren reach age 9, the number will have climbed to 20 percent.

If that trend isn't reversed, the country's ability to compete economically will be severely compromised, the HHS secretary said in an address Thursday to the ADA House of Delegates.

"We will have either fixed it or we will have been eliminated from the economic competition. Because in a global economy there is no place on the leader board for a nation that devotes 25 to 30 percent of its GDP to one sector," he told the House. "We will have been eliminated because we will have neglected by necessity many other pieces of the economy that are

required for prosperity."

Sec. Leavitt explained the government's plan to counter that trend, what he described as a decade-long reshaping of the health care system.

During his speech he referred to his introduction by ADA President Bob Brandjord, who had described "prevention" as dentistry's middle name. Sec. Leavitt acknowledged the importance of prevention, noting that one of the overriding reasons costs keep going up "is that we don't take very good care of ourselves in this country. We should approach prevention and staying healthy with the same rigor that we do treatment."

He described the health care system as "cost blind and quality deaf," adding, "Our payment system rewards all the wrong things."

He decried the current health care system as anything but a system. "We might start by admitting that we really don't have a health care system. What we have is a health care sector."

The secretary gave examples of cell phones and banks as systems with interoperability and connectivity. An ATM card from one bank will work with any other bank's machine, he noted, as he switched gears from problems to solutions.

"Our task over the next decade is to organize the health care sector into an economic system that rewards choices that produce high quality and low cost," the secretary said. "We need a

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Larry Ferguson
President

He described the health care system as "cost blind and quality deaf,"

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E

xecutive Director's N O T E S

My wife gets more than a little amused at me in the middle of May and then again in late September of the even numbered years. This is when I start voicing my opinions – at least at home – about the quality of candidates for local, state and national elected offices.

She is amused because 30 years ago as Governmental Affairs Editor of the Piedmont Newspaper in Greenville (the paper no longer exists), I ate, slept, and would bend the ear of anyone willing to talk politics.

I don't know whether it occurred in the transition of getting older or if the times changed and I did not, but it gripes me that politics has basically out paced the common man. He or she may want to serve in an elected office for the benefit of their fellow man, but can ill afford the cost of running for even a local elective office and certainly don't want every thing they have done since birth broadcast to the entire populace.

I have yet to figure out how President Bush (the current) endures the constant criticism heaped upon him by all the media. Has he done everything right? No, but I don't know of anyone else who could have done a better job – or was even willing to attempt to do a better job.

This brings me to the point of my thoughts of the news media – an industry from which I earned my living for more than a decade. I know I am an old foggy, but if I had written one one hundredth of the crap that television and liberal newspapers put out as facts today, I would have been fired on the spot and would have deserved it.

It's a governance issue and I must appreciate the fact that some of the candidates and new office holders are willing to give of their time to serve in often thankless jobs. More power to you and support for you regardless of party!

More on Gift Annuities

I received a large post card from the MUSC Development Office the last of October showing a picture of Connie and (Dr.) Lynn Wallace. They were being recognized for their gift annuity to the new College of Dental

Medicine's building program.

This is not the first gift Lynn and Connie have provided for worthy causes. The first was to the SCDA Foundation. I applaud their actions and appreciate their dedication to the profession of dentistry.

Now is a good time to be considering a gift annuity. Before long you will be compiling your financial records for 2006 and heading off to tap the wisdom of your CPA. Ask him or her if establishing a gift annuity for the College of Dental Medicine or the SCDA Foundation would be to your advantage, both from a sense of giving and meeting a need and to help your bottom line.

The bottom line is not what motivates Connie and Lynn, but I have been assured that it is a strong motivation for most individuals and I am not above using it as a sales tool!

ENewsletter

Those of you who have shared your email addresses have recently received the fifth edition of the SCDA ENewsletter. I simply think it is amazing that up-to-date information can be delivered in such an easy and fast fashion.

While you are updating your personal information for the SCDA's records as you complete paperwork for membership renewal, please provide us with your email address so we can include you as a recipient of this information newsletter.

This member benefit, along with the SCDA website are fast becoming the source of news and information for our members. Christy Campbell has informed me that the SCDA website received 5,921 hits in September 2006 and with one day left to go in October 2006, there had been 7,028 hits.

The numbers of individuals going to the site continues to remain high, which is a good testimony to the fact Christy is keeping information as current as possible.



Hal Zorn
Executive Director

*The numbers of
individuals going to the
site continues to
remain high*

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EXECUTIVE DIRECTOR'S NOTES

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Express Yourself

Dr. David Watson has been firmly convinced for decades that if you give the SCDA members the opportunity to voice their beliefs concerning their profession, the members will show up and be vocal.

You have that opportunity beginning at 9 a.m. Saturday, December 2, 2006, at the SCDA House of Delegates/General Membership meeting. This will be held at Holland Avenue Baptist Church in Cayce, which is halfway between the Krispy Kreme Donut shop and Zestos restaurant.

If nothing else will get you out to the meeting, there will be about 14 dozen glazed Krispy Kreme Donuts available with hot coffee. They are worth the drive of at least four hours just to taste the first bite. Think for a minute, there is no place in South Carolina that can't get to Columbia in less than four hours.

Seriously, your profession and your association need to receive your input during this meeting on several issues which have the potential of greatly impacting your practice in the future. Your voice will be heard.

See you there.

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AGD CHALLENGES PERIODONTAL REFERRAL GUIDE

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included in the development of the Guideline document. He continues to state that the AGD is listed as an organization that contributed comment. No formal AGD logo is used nor endorsement implied. And finally, the AAP guide states that "The education, experience, and interest of individual practitioners vary, and therefore, specialty referral may occur at different stages of a patient's disease state and risk level."

The AGD feels that many of the procedures indicated are managed by their membership routinely, and may not require specialty referral. The AGD believes that a more accurate statement would have read, "Referral to a periodontist should be discussed and offered to the patient as a part of their diagnosis and treatment review." Dr. DeGinder recommends

that, "The bottom line is that the patient should have the freedom of choice to select the most qualified professional to help them manage their periodontal disease." (the AGD Web site is: www.AGD.org)

Whatever the resolution of this professional controversy, all indications suggest that the debate will continue. The American Dental Association is included in the organizations that were asked to participate in the Guideline development. In light of the conflict, the ADA may soon follow up on its recommendation.

GIVE KIDS A SMILE 2007, "GROWING TO SHARE"

(continued from page 1)

the February 2 event due to planning associated with accreditation. Dr. Hanks and her students and faculty will assist with screening prior to GKAS. The Palmetto Health Dental Center at Richland Hospital will be available, and Dr. Jim Curtis and residents will be working hard to see the overflow. But in order to provide care for the 400 children that are expected, it will be necessary to enroll private offices to receive patients on GKAS Day. Doctors please look at your schedules, consider participation, invite other dentists to join you in order to simplify patient attendance, and commit the day. Ideally, this would be a day dedicated to seeing only GKAS patients. However, we need your help, and will encourage any participation dentists can give.

The rest of the state has already developed procedures for the nine other sites. If your community might be a candidate for a dental organization to establish a new "Give Kids A Smile" location please contact Christy at the SCDA office. There are two new sites under development currently, that could raise the number of communities involved to twelve. Volunteers are needed. Assistants, dentists, hygienists, clerical and logistical personnel will need to enroll in December and early January. It is critical to the planning of this event to develop an expected number who would be able to help. This is an opportunity to help the children of South Carolina, and participate in the single biggest charity venture that SCDA does!



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PRESIDENT'S MESSAGE

(continued from page 5)

system of competition in health care based on values. Value isn't just price. Value is the combination or the intersection of quality and price: an economic system, a system of competition based on and driven by value."

He outlined four cornerstones of such a system:

- Electronic connectivity.
- Independent assessment of the care a patient receives based on standards that medical specialists in the field have established. (After his speech, in an interview, the secretary quipped, "If the DDSs don't do it, the MBAs will.")
- Information on cost that is understandable and is comparable.
- Competition. "Given reliable information on quality and cost, patients, doctors, hospitals and payers will all make decisions that will improve quality and reduce cost overall."

Progress is being made in all four areas, he said, noting the effort under way to promote interoperability. Some 85 percent of all medical sector records are still on paper and of those that are electronic, only 15-17 percent are interoperable. "They can't talk to each other. For electronic health care records to be interoperable, national standards need to be established."

He referred to the National Health Information Infrastructure, which is addressing electronic standards in health care. "Many of you are talking about it in the course of this conference," Sec. Leavitt said. "This is an important discussion we need to be engaged in. It's a problem faced by every other economic system I spoke of today. The good news is it can be done and we are making very good progress."

He commended the ADA for its efforts. "I had a meeting this morning with your leadership. What is developing inside the dental profession can be integrated into the overall electronic health record. If we don't have a picture of the dental record with the rest of the medical record, we have an incomplete record."

Sec. Leavitt cited the need for transparency, changing from a system where cost is blind to one in which cost and quality are easily read. He said it is a near certainty that pay for performance will be part of the reimbursement scheme for nearly every large payer in the future.

One of the immediate challenges is gathering information, and this will have to be done on local and regional levels.

"I would like to suggest today to the dental profession that you need to be involved, not just in development of standards for the profession, but you also need to be involved in the development of local and regional quality collaborations. It's going to happen at the local level, not national."

Change is hard, but it is essential and inevitable in a global economy, he said. As a nation we have a choice among three approaches to change: "You can fight it and fail; you can accept and survive; or you can lead it and prosper. This is the United States of America. We have become the strongest and most influential force in human history because we have always been willing to lead and prosper."

After his speech, Sec. Leavitt in an interview emphasized the importance of having the health care professions develop the standards used in the payment equation. "If dentists don't define quality [in oral health care], somebody else will. It will be a lot better if dentists do it because they can work through the subtleties. The ADA is and needs to continue to be involved in helping its membership understand what a serious culture shift this is. There is understandable anxiety about this—it's a big change."

The cost of implementing these changes will go down with time, especially as there is great interoperability among software programs.

The adoption of change is dependent on the private sector. "If 15 to 20 years ago someone said the Internet would change the world, that everyone would have to have it to do business—and the response was that the government needed to pay for it, then we'd still be 20 years from having the Internet be ubiquitous."

Important House of Delegates meeting

Saturday, December 2, 2006

8 am-Registration
9 am-2 pm-Meeting

Holland Avenue Baptist Church (Cayce, SC)

American College Inducts Three From SC

by Phil Smith

The American College of Dentists honored three South Carolina dentists as part of the ADA Annual Session in Las Vegas. Drs. Carlos Salinas, David Moss and Lee Ayers were inducted into the ACD during a Convocation Ceremony held at the MGM Grand Hotel on October 17, 2006. The ACD is an Honorary Dental Organization whose commitment is contribution to dentistry and promotion of core ethical values throughout the dental community. Congratulations to the fine inductees.



Your Practice: Will It Have a Happy Ending?

by Brent Dees

“Begin with the end in mind,” says Stephen Covey in his book *Seven Habits of Successful Living*. Those who have created successful business know it does not happen without planning, hard work, and a little luck. Yet, most have no plans for leaving their business, ever. Entrepreneurs are optimists (and for the most part dentists struggle with business management), but all of us will stop work one day. The truth is that most business relationships do not have a happy ending. The question is: Will it happen as I want or will it just happen?

Research in the UK indicates that 75 percent of small to medium sized businesses have no exit strategy. In Canada, 92 percent of entrepreneurs say it is a good idea to have an exit strategy, but only 44 percent have one. A full 96 percent of dentists and physicians believed that poor planning left them unable to exit their practices on their own schedule.

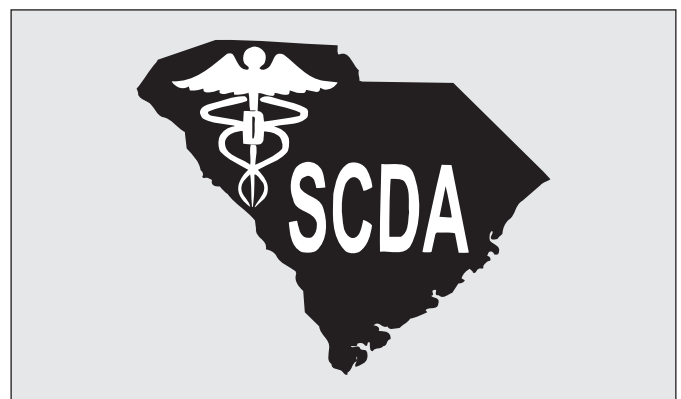
Life shows us that we have to depend on ourselves. Yet we continue to believe someone else will someday take care of us. We will live on Social Security and income from the practice we created. The idea that your business will strive to provide you with income after you retire, is to believe that you will have money in a Social Security account. Your practice will not work for you after you are gone and there is no money in your Social Security account. It is time to look at reality.

Eventually you will leave your practice. To ensure revenue after you retire, you must proactively plan, and act now. The time for preparation begins when you step into your office. It escalates as you become more productive and as you raise a family. To get you started on the road to self sufficiency, there are certain things that must be done:

- **Insulate...**Many office situations find opportunity in practice incorporation. This offers the dentist to legally be recognized as a separate entity from his personal life.
- **Save...**Live below your means. Establish a retirement account or benefit plan that will assist in the case of death or disability. Include insurance.
- **Partner or Apprenticeship...**Having another to help carry the load and maintain the practice is a goal that may insure continued income.

A smooth transition from professional life to retirement can be complex and confusing. Planning with a goal in mind can ensure security for you and your family. Success requires hard work, a little luck, and an exit strategy.

(Mr. Dees is an author and keynote speaker providing training to CPA's. He is the previous host of the Financially Speaking radio program, and currently works with Focus Four.)



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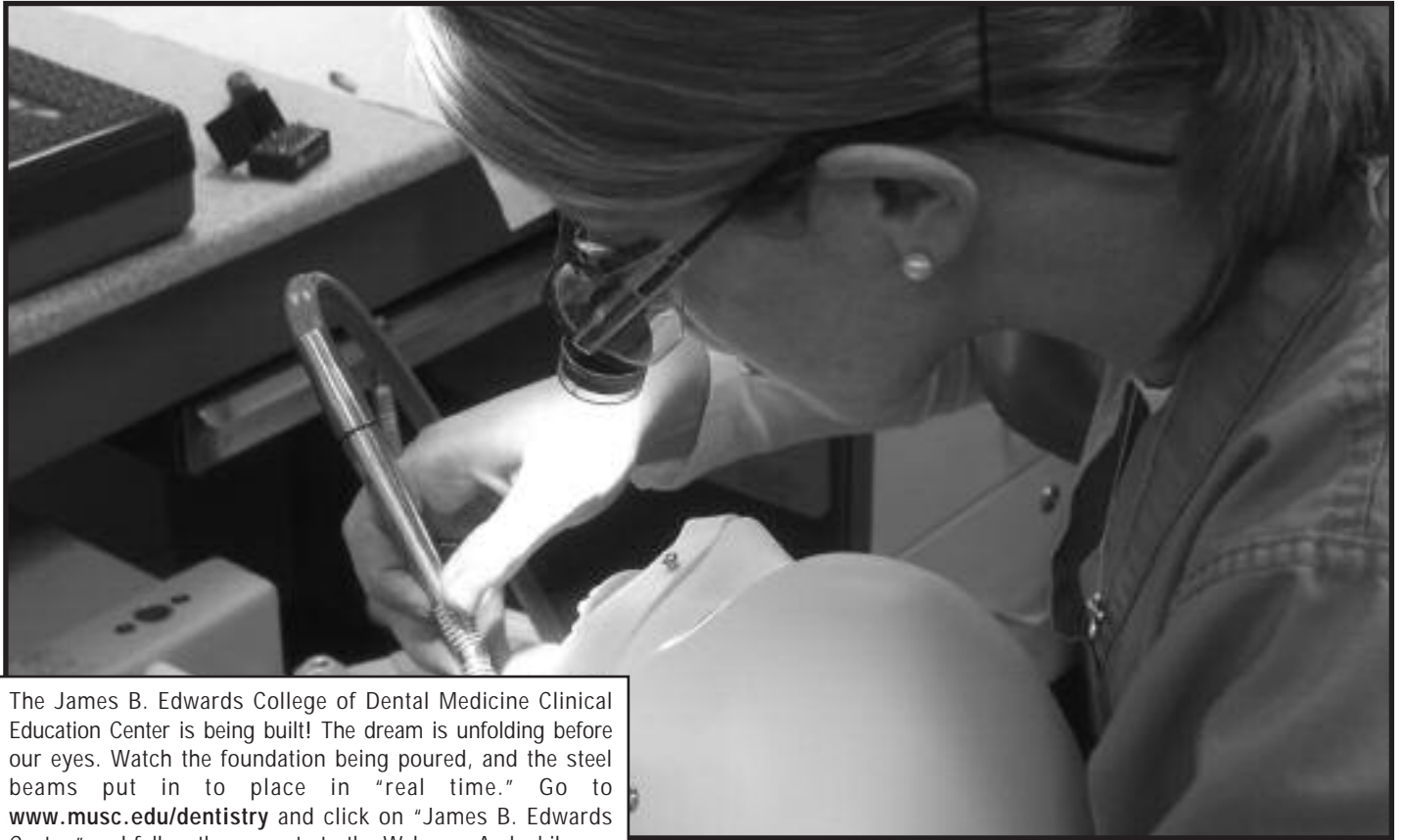
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PLEASE NOTE THAT THE JOBS WANTED / HELP WANTED column is a free membership service of SCDA. Please call us if you are looking for a job or looking for someone to fill a job. The SCDA office also maintains a JOB BANK file and all ads can be kept confidential if so desired. If you are interested in receiving or submitting information into the JOB BANK, please call the SCDA office. If you have registered with us previously and have found work or filled your position, please let us know so that we can take your name out of our files 1-800-327-2598.



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by Mark K. Brown



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