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About the cover

Dr. Norm Palm. Photo courtesy of the Michigan Dental Association.

Mission Statement

The *Bulletin* is the newsletter of the WMDDS and its mission is to inform the membership of upcoming and recent events, state & local issues related to dentistry, and as a forum for its officers, representatives, and members to discuss appropriate topics of interest to the membership.

Communication & Advertising Policy

The *Bulletin* will publish submitted articles from members and others that relate to the practice of dentistry, small business, social, or political issues affecting dentists, or other subjects of interest to the membership. All published items are subject to space restrictions and the community standards of the WMDDS. The editors reserve the right to reject any article or advertisement deemed inappropriate and to edit submissions as they see fit.

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 Include “Newsletter” in the subject line

BPA-Free Dentistry?

By Dr. Seth Vrugink, *WMDDS President*



During my grueling years in dental school, my experience with organized dentistry was fairly limited. As a student, I do recall our current MDA Executive Director, Drew Eason, buying our class pizza once or twice a year in order to trap us all in one place while he discussed the value of the MDA. He was the Director of Membership at the time and did a great job of explaining the importance of membership to the future of our profession. As a student, I also attended annual session twice and got a little taste of what happened at the governance level of our organization.

Upon graduation, it was a given that I would become a member of our Tripartite association. Drew had done a great job with indoctrination. The ADA and the MDA were obvious, but I live in an area where one has a choice of local components. Living in Ottawa County would normally make me an automatic member of the West Michigan District, but, being just a long three hours from Muskegon District, I had the choice of joining their component. Many of my neighboring dentists are indeed Muskegon District members. Having made a handful of friends in the West Michigan District, I checked that box on the forms and didn't give it much thought at the time.

Coming up on ten years in organized dentistry, I must say that this decision, though taken lightly at the time, is one I am quite glad I made. Don't take this the wrong way. The Muskegon District is a great group of dentists. Our current MDA President-elect is a Muskegon District member. If you have never attended their annual fish fry, you should make a point of it. They are an active component and are often our best friends when it comes to issues on the state level. I simply

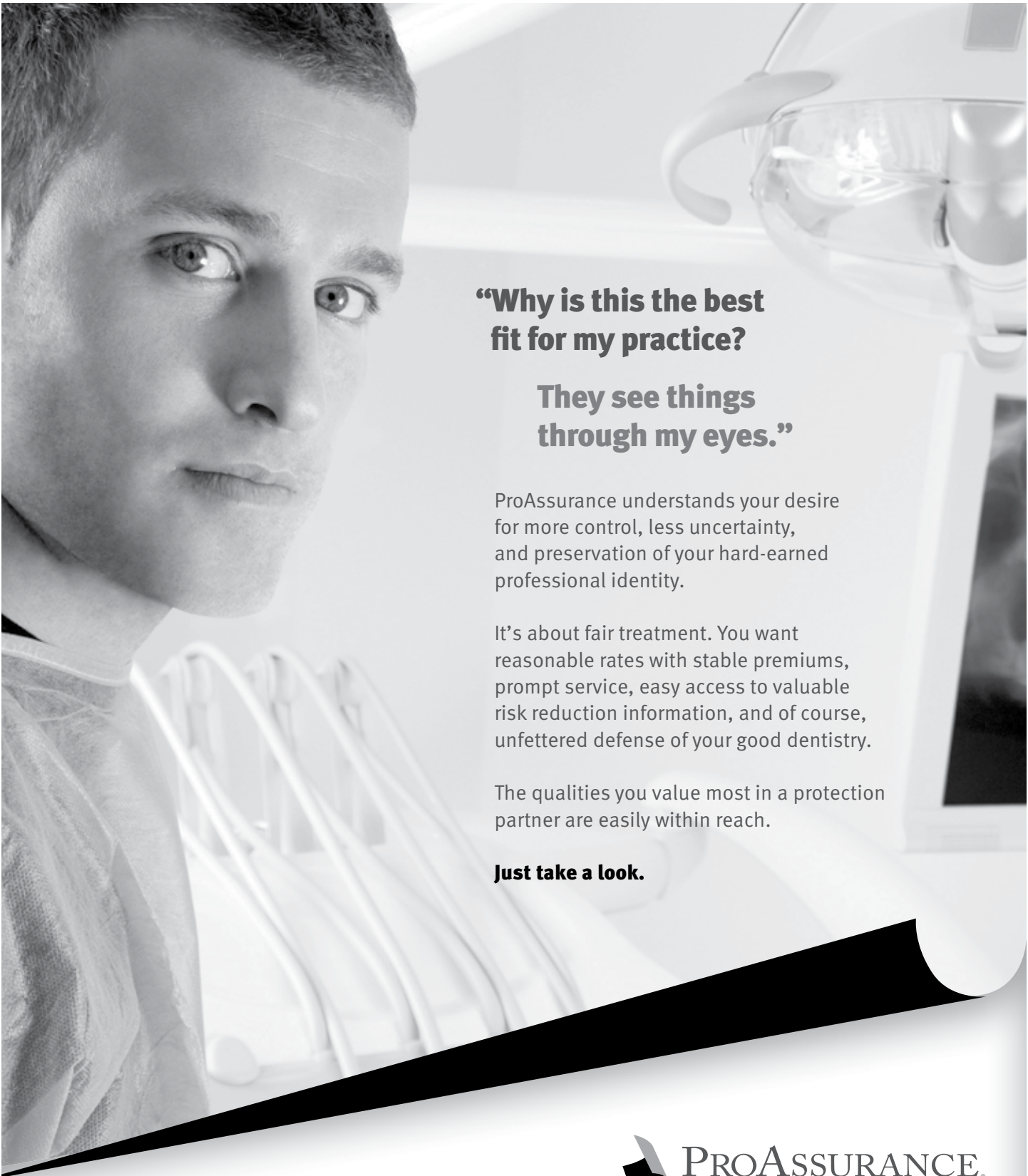
want to make the point that I am proud of what our West Michigan District has already done in the years I have been a member, and I am excited for what is still to come.

Just in the time that I have served on the West Michigan District Executive Board, we have had both Dr. Steve Dater elected as MDA President and Dr. Deb Peters elected as MDA Speaker of the House. Our delegation to the MDA House has also played a critical role year after year in shaping the policies of the MDA. The West Michigan District has established itself across the state as one of the most organized and involved components in the association.

Now we have another campaign that we can get excited about. At last year's MDA Annual Session, Dr. Norm Palm announced his candidacy for MDA Vice-President. Norm has been serving our district and our profession tirelessly for over fifteen years and he is about to take another giant step. I can assure you that there is no one more qualified to lead our association than Norm. His record of service is too long to list, and his dedication to our association and our profession is second to none.

Norm has served as our district's trustee to the MDA since the first year I sat on the Executive Board. During those many years and many meetings, I have been constantly in awe of the breadth and depth of his knowledge regarding the issues that we face as a profession. When questions arise about third-party payers, government regulations, scope of practice, or access to care issues, Dr. Palm always has an answer. He usually has an explanation of the entire history of that topic as well, if one would like to hear it. He is like the Wikipedia of organized dentistry!

Norm's history of service is without comparison. His commitment to the future of dentistry is invaluable. I was honored when Norm asked me to chair his campaign committee, as there is no other individual that I would rather have represent our organization than Dr. Norm Palm. I am a proud member of the West Michigan District, and it is leaders like Dr. Dater, Dr. Peters, and now Dr. Palm that make me glad I chose West Michigan as my home component. We should all be proud that we can call these leaders ours.



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Norm Palm Kicks Off His Campaign for MDA Vice President

By Dr. James C. Papp, *WMDDS Editor*



The *Bulletin* is introducing Norm Palm as candidate for Michigan Dental Association vice president. We have asked Norm to comment on some of the most frequently asked questions that are issues in dentistry. Norm gives his perspective on these questions in this article.

Why are you running for MDA vice president?

Service to our profession has always been a driving goal of mine. Also, I have always looked at organized dentistry as important and as a major factor in the destiny of our profession. After six years as an MDA trustee and three years as Access chairperson, I believe I have the experience to be a qualified leader. These are challenging times for dentistry and I have the skill set and temperament needed to provide the leadership the MDA expects and deserves.

In addition to leadership, what other values do you bring to the MDA with your candidacy?

Involvement in the Access issue has taught me the value of advocacy. I am a strong advocate for all patients, those served and underserved. I am an even stronger advocate for dentistry and all member dentists. Likewise, I fully value the meaning of commitment. Challenges will always be in front of us. I am not one to avoid committing to a solution that takes time and energy. There is value in persistence! Leadership, advocacy, and commitment... I think these attributes appropriately describe my value statement.

You speak of challenges, Norm.

What are some of these challenges?

The biggest challenge is having the membership realize the potential effects third-party payer intrusion will have on the profession along with workforce initiatives being introduced by non-dentists as a solution to the access problem. Insurers seeking to dictate fees for non-covered services infringe on the dentist-patient relationship. Such action by insurance companies also compromises the profession's self-determination. The development of a new provider allowed to complete surgical procedures on our patients will not only challenge the scope of practice of all dentists, but it will pose an ethical dilemma as well. In reality, the proponents of an alternative provider are creating a lower standard of care based on socioeconomic status. The result will be a two-tiered system of separate and unequal care for the underserved that is truly undeserved. This is not the standard of care elsewhere in our health care system. Make no mistake about this, no other issue facing dentistry has the potential, the power, to change the future of dentistry like a new provider that infringes upon dentists' scope of practice.

What strengths do you see dentistry having at this time?

Dentistry has some unique strengths. We are part of a health profession that is primarily market driven. Our patients can choose their dentists and their treatments. Because of this, our fee system is value driven, not part of a larger zero-sum plan of allocated care. The dentist-patient relationship is vital and needs to be understood, used, and protected as we confront encroachment by third-party payers and regulators. Because we are a market, dentists actually understand a business model. We know what is sustainable in a model. We also understand the value proposition. We deliver care daily that meets our patients' perceived value, serving their needs while adding meaning and success to our practices. We are unique, too, in that most dentists are general practitioners. There is no third party needed or government necessary to designate who is the gatekeeper of dental care. Our specialists work collaboratively with our general practitioners creating a cohesiveness that is unmatched in the other health professions.

What is important now when outside forces want to change our profession?

I think we have to start by recognizing that dentistry has a rich legacy. Decisions made by our predecessors over the decades have made oral health something to value, something that the public seeks. To maintain that value we need to understand what gives dentistry its credibility. Our credibility rests on our ethics, sound science, and proper knowledge based decision making when it comes to caring for our patients. Our licenses are social contracts. That contract, above all else, must be respected. It represents the public's trust in us. In return for this trust, we are granted a near monopoly to practice, by society, on the basis of professing to take care of the public interest and not our self-interest. Integrated into this social contract is moral imperative. By this I mean within a profession there are socially-defined goals that justify the profession. I think we have an obligation to correct social wrongs that affect the public's access to quality oral health care, that interfere with the dentist-patient relationship, and that create barriers or disparities affecting our ability to provide care for all patients.

How would you describe the MDA at this time... Its strengths? Its weaknesses?

Our Association is strong. A core strength is a talented staff that is well lead and on task with a focus on its customers, the members of the Michigan Dental Association. We have a strategic plan that is alive and is literally a work in progress. Our MDA staff uses the plan to stay on the task of meeting our short- and long-term goals. The plan is reviewed at each Board meeting.

What MDA does best is provide services to its members. The Insurance and Financial Group subsidiary provides a revenue

stream to the Association that reduces your MDA dues by about 50%. The MDA is working hard at membership and retention, and has a goal that half of our components will have a membership and retention committee by the end of 2011.

I do, however, believe we need to tell our story better to all. We need to better safeguard our professional credibility and not have the public second guess that we are a strong advocate for their common good. We need to do this through messaging the common goals of increasing the public trust. Likewise, we need to further our relevancy as an Association and as a profession that serves.



Dr. Norm Palm is assisted by Anissa Rangel on a 2008 mission trip to Honduras, which he says was a transformational trip for him.

Why is local West Michigan member support important to your campaign?

Campaigning for a state wide office means visiting components and delivering my message of what I can offer as an MDA leader. Gaining all

members' confidence and support is an important goal not only as a factor in being a good leader, but in keeping the membership unified and informed. It starts here in West Michigan, and I will truly value all of our District's good will. I trained in Chicago and came to West Michigan on the urging of family and friends. I have always felt welcomed despite not having a network of classmates in town. This acceptance is something I have always appreciated.

Mr. Timothy Chester: Candidate for the “Steel Water Award”

Submitted by Dr. James Wieland

More than twenty-one years ago, Timothy Chester attended his first meeting of the 50th Anniversary Fluoride Commemorative Committee.

Several months earlier, leaders of the West Michigan District Dental Society, including Gene Bonofiglo, strongly lobbied Grand Rapids Mayor Gerald Helmholdt to appoint a citizens’ committee to celebrate the approaching fiftieth anniversary of community water fluoridation. Timothy Chester, as Executive Director of the Grand Rapids Public Museum, advised Mayor Helmholdt to appoint a “Blue Ribbon Committee” to suitably celebrate the anniversary with an art piece or monument. The Grand Rapids Water Fluoridation Commemorative Committee was born.

At the time, Tim Chester was a very busy man. As the Public Museum’s director, he was leading the effort to plan, design, and raise funds

for what would become the 150,000 square foot Van Andel Museum Center. Why was someone so busy willing to give some of his precious time for community water fluoridation? He wanted to avoid having any built monument to end up on the lawn of the new Van Andel Museum Center. Little did he know that this was the beginning of more than twenty-one years of giving his time and talents to the West Michigan District Dental Society.

To really appreciate all that Tim has done for the Fluoridation Commemorative project, it is important to acknowledge his background as well as the other roles he was playing in the community simultaneously. Tim Chester attended the University of Michigan, earning an M.A. and additional certification in Museum Studies in 1980. His graduate studies were completed at Henry Ford Museum & Greenfield Village, which led to his post of Assistant Director for Collections at the Louisiana State Museum in New Orleans. After six years, he came to Grand Rapids to lead the

Grand Rapids Public Museum, the nation’s first accredited museum, for twenty years.

Through these experiences, Tim Chester managed numerous preservation projects; strategic planning, capital, program and endowment campaigns; facility expansions; collecting and research programs, and new museum planning and construction. Further, through his work on exhibition planning and fabrication he has had substantive experience in designing and managing temporary, traveling, and long-term exhibitions.

Tim Chester is a peer reviewer of federal grants for museums. He has been active with the American Association of Museums’ national assessment and accreditation programs for twenty-five years, also serving as Chair of the Grand Rapids/Kent County Convention & Visitors Bureau. He is a leader on the Boards of the Association of Midwest



WMDDS President Dr. Seth Vrugink (left) and Dr. James Wieland (right) present the Steel Water Award to Timothy Chester (center).

Museums, the Michigan Museums Association, the American Museum of Magic, and the Michigan Humanities Council, where he currently serves as Board Chair.

In 2006, Tim Chester started Timothy J. Chester & Associates, LLC, which offers consulting services for museums and cultural organizations. His work centers in Michigan and the Midwest, but it carries him around the nation and even to international destinations.

In addition to these other responsibilities, Tim has remained committed to the projects of the Fluoride Commemorative Committee. In fact, his work has been central to our success. In those early years, 1989-1992, there were several times when it appeared as though the 50th Anniversary Project would unravel and die a painful death. The task was much more difficult than anyone had imagined. Our passion to celebrate the astounding success story of community water fluoridation was not understood or shared by the general public. Funds were difficult to come by since this was viewed as a “dental”

project. Maneuvering through city politics and bureaucracy was a quagmire of which the four dentists on the committee had little understanding.

Tim was not only crucial in designing the fundraising, raising the funds, and successfully navigating municipal and state bureaucracy, but also guiding and counseling the committee's leaders. Tim is a gifted writer and communicator... a man of vision. His skills were invaluable in achieving our success. The monument was dedicated on the east bank of the Grand River in September, 1995.

For seven years the 50th Monument stood silently doing its job, but we began to hear about the winters taking their toll. The once beautiful white marble became soiled and chipped around the edges. Vandals had attacked the piece numerous times. One of the stones was cracked in half.

When the new JW Marriott Hotel was being designed, planners wanted to remove the adjacent 50th Anniversary monument because its white marble had not weathered well and it really did not fit the new plaza environment that was being developed. At that point, it was Tim who suggested that this was not an end, but an opportunity to redevelop the fine art sculptural piece that the original committee had envisioned from its inception. A new committee was formed

and again we developed a plan to raise the money, choose an artist, and develop the site complementing the new Marriott. Once again, Tim played a major role in the fundraising and guiding us to successfully commission and dedicate "Steel Water" in 2007.

Most recently, Tim helped procure the new Michigan Historical Site's bronze historical marker placed on the grounds of the restored Monroe Avenue Water Filtration Plant site where water fluoridation first began. His writing skills again proved invaluable and this time his understanding and insight into the State of Michigan's bureaucracy were keys to our ultimate success.

For twenty-one years Tim has been there to help us whenever we needed him. His wit, wisdom, and willingness to help have led to innumerable hours of volunteer work on our behalf and three successful, very public projects for the West Michigan Dental Society, Grand Rapids, and the Michigan Dental Association.

Timothy J. Chester is a man of vision with his community planted squarely in his heart. His experience, his exceptional writing ability, his irreverent sense of humor, and his willingness to give unselfishly were all essential to our success. There is no one more deserving of the "Steel Water" Award.

"In 1980, the West Michigan District Dental Society established the WMDDS Distinguished Service Award, better known as the The Silent Bell, its highest honor. The Silent Bell is awarded to dentists in the five-county WMDDS area who have made outstanding contributions to their profession and community.

The WMDDS Board founded the Steel Water Award in 2007, recognizing a need to honor individuals or groups in the WMDDS area who have made significant contributions to dentistry or our dental community, but who are not dentists. The name, Steel Water, was given to this award honoring our history as the birthplace of community water fluoridation. It shares its name with the dramatic sculpture by Cyril Lixenberg adorning the east bank of the Grand River in downtown

Grand Rapids commemorating this historic event. The first Steel Water Award was presented to the Dental Auxiliary Programs at Grand Rapids Community College on January 16, 2009.

On January 8, 2010, the West Michigan District Dental Society's second Steel Water Award was presented to Lois Havermans, RDH, CHES, Oral Health Team supervisor, Ottawa County Health Department 'Miles of Smiles.'

The Steel Water Award Task Force who makes this award a reality is comprised of Dr. Eugene Bonofiglio (Chairman), Dr. Larissa Bishop, Dr. James Wieland, Dr. David Hosking, and Dr. Arnold Baker. Dr. Seth Vrugink is the liaison and Elaine Fleming ably assists the task force."

Gum Disease and Diabetes: A Two-Way Street

By Dr. James C. Papp, DMD, *WMDDS Editor*



Periodontal (Gum) Disease

Periodontal disease (gum disease) is a chronic infection that affects the gum tissue and other structures supporting the teeth. The cause, or etiology, is a marked overgrowth/accumulation of bacteria (plaque) surrounding the teeth coupled with a persistent immune response to the infection in the mouth. Symptoms classically associated with gum disease include bleeding gums, bad breath, gum recession, bone loss around the teeth, loosening teeth and eventual tooth loss. Periodontal disease is often painless or exhibits mild tenderness and the patient is usually unaware unless detected by his/her dentist or periodontist. Early reports estimated that at least 35% of the adult population aged 30 to 90 have periodontitis, however, a report published this year by the Centers of Disease and Prevention (CDC) and the Academy of Periodontology (AAP) suggests that this may be underestimated by as much as 50 percent.^{1,2} Two predominant risk factors found to be associated with greater prevalence of periodontal disease are smoking and diabetes mellitus.^{6,14}

Diabetes Mellitus

Diabetes mellitus is a metabolic disorder characterized by hyperglycemia due to faulty secretion or activity of insulin and can be classified into one of four categories according to signs and symptoms: Type 1 (lack of insulin production), Type 2 (insulin produced/body cells respond poorly), Gestational diabetes and other specific type diabetes.

Complications of Diabetes

Several long term complications may occur in both type 1 and type 2 diabetes. Most notable being coronary heart disease

from accelerated atherosclerosis of the larger blood vessels, retinopathy which may lead to blindness, nephropathy which may lead to kidney failure and neuropathy or pain in the lower extremities due to poor circulation.³

The Effect of Diabetes on Oral Health

Alike from the affects of diabetes on other body systems, diabetes has a dramatic affect on the oral cavity. Oral complications of diabetes include xerostomia (dry mouth), opportunistic infections (candidiasis), greater plaque/bacteria accumulation, increased risk of tooth decay, greater susceptibility of the oral tissues to trauma, burning sensations of the mouth or tongue, altered taste sensations and greater susceptibility to periodontal (gum) disease.^{4,5,13}

The Effect of Diabetes on Periodontal Disease

Several studies have found a significant positive relationship between poorly controlled diabetes and increased periodontal disease. In 1994, a landmark study involving over 1400 patients found that diabetics have a 2.3 times increased risk for periodontal disease.⁶ Other studies have reported the diabetic patient has a 2.5 to 4 times increased risk of periodontal disease. It is important to note that the aforementioned data applies to diabetics with poor glycemic control. Diabetics that were able to control their glycemic levels had no greater risk for periodontal disease compared to non-diabetic subjects.^{7,8}

The Effect of Periodontal Disease on Diabetes

Research has also focused on whether or not periodontal disease can influence diabetes. Studies have shown that an increase in periodontal disease was associated with increased difficulties controlling their diabetic condition.^{7,8} In addition, treating periodontal disease in patients with diabetes improved their overall periodontal condition as well as their metabolic control of diabetes.^{9,10} The theory that exists to help explain this relates to the harmful bacteria associated with periodontal disease entering the bloodstream. Once the harmful bacteria enters the bloodstream, the immune system is activated thus producing an excessive amount of inflammatory cells that interfere with insulin receptors throughout the body, thus impairing metabolic control of diabetes (insulin resistance).¹²

Management of the Diabetic Patient: Dentist, Periodontist, Physician

The clinical evidence continues to grow showing an association between oral disease, such as periodontal disease, and diabetic control. Conversely, there is strong clinical evidence showing poor diabetic control greatly increases susceptibility to periodontal disease. It is essential for the dentist, periodontist and primary health care provider to understand the relationship between diabetes mellitus. Fluent communication, exchanging knowledge, between the oral health care provider and the physician will allow appropriate assessment, prevention and management of diabetic patient health needs. You, as the patient, have the empowerment to inquire with your oral health care provider and physician to better your health needs.

For more information

Contact your general dentist, periodontist and primary care physician.

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Dr. William Avery Receives the MDA's John G. Nolen Meritorious Award



The West Michigan District Dental Society and Michigan Dental Association are very proud to recognize Dr. William Avery for receiving the 2011 MDA John G. Nolen Meritorious Award at the WMDDS's annual holiday dinner and awards night on December 16th. Dr. Avery has been involved in and has made contributions to organized dentistry since 1969 and is recognized throughout Michigan as a vocal advocate for our profession. He has been active at all levels of our Society serving on various committees, as a board member and past president in the West Michigan District, as a member of various MDA committees including Annual Session, Scientific Programs, Dental Education, Peer Review, House of Delegates, as well as numerous committees for the ADA. Some of his greatest contributions have come during the numerous years he served in the MDA House of Delegates. He continued this contribution by providing historical perspective to newer delegation members in the West Michigan District.

Further demonstrating Dr. Avery's commitment to dentistry, he has served on the State Board of Dentistry, as an examiner of the North East Regional Board of Dental Examiners and has maintained long-standing memberships in the American College of Dentists, Pierre Fauchard Academy, and the Francis B. Vedder Society of Crown and Bridge Prosthodontics, from whom he was awarded Honorary Life Membership in 2007. Dr. Avery is one of only five members upon whom this honor has ever been bestowed.

Most recently, Dr. Avery was awarded the 2009 Distinguished Service Award, or Silent Bell Award, by the West Michigan District Dental Society for his outstanding contributions to dentistry, our dental society and his community. The award was a glowing testimony to Dr. Avery's positive influence on his family, his patients and employees, his community, and dentistry as a whole. He is not only a skilled and caring practitioner, a great leader, and mentor, but a tremendous human being as well.

Congratulations Dr. Avery!


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West Michigan District Dental Society



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New Dentist Forum Calendar of Events

Title: Anterior Esthetics by Elizabeth Bakeman, DDS
Location: Pietro's, 2728 Birchcrest Dr. SE, Grand Rapids
Date: Wednesday, January 19th at 6:00 pm
Sponsor: Dental Arts Laboratory

Title: New Dentist Social Event (members and significant others)
Location: Bar Divani, 15 Ionia Ave. SW, Grand Rapids
Date: Friday, February 11th, Time TBD
Sponsor: Biohorizons

Title: Tax Management for New Dentists
Location: Pietro's, 2728 Birchcrest Dr. SE, Grand Rapids
Date: Wednesday, March 16th at 6:00 pm
Sponsor: Beene Garter LLP

Title: Staff Management Strategies
Location: Pietro's, 2728 Birchcrest Dr. SE, Grand Rapids
Date: Wednesday, April 20th at 6:00 pm
Sponsor: TBD

Title: Complex Rehabilitation and Multidisciplinary Cases
Location: Pietro's, 2728 Birchcrest Dr. SE, Grand Rapids
Date: Wednesday, May 18th at 6:00 pm
Sponsor: TBD

If you have any questions, please feel free to call Dr. Jacob Lueder at 616.855.4070 or Dr. Erin Charnley at 616.896.7600.

MARK YOUR CALENDAR



**West Michigan Dental Foundation
Annual Golf Outing
Friday June 3, 2011
Returning to
beautiful Egypt Valley Country Club**

Watch for more information about this event!

Mission Statement: An organization dedicated to the improvement of oral health through the financial support of education and service programs to address the needs identified by the dental profession and the communities it serves in Kent, Ottawa, Ionia, Mecosta and Montcalm counties.

West Michigan Dental Foundation Awards \$25,219 in 2010

Submitted by Dr. Richard Panek

The West Michigan Dental Foundation is dedicated to the improvement of oral health through the financial support of educational and service programs to address needs identified by the dental profession and the communities which it serves.

The Foundation supports projects that impact oral health within its five county service area (Kent, Ottawa, Ionia, Montcalm and Mecosta). Grants are generally limited to educational projects, treatment-based projects, supplies, and equipment. The foundation does not generally support salaries, operations, or research-based projects.

This year, there were eleven grant applications. Applications were reviewed by the committee and the following grant recommendations were approved by the Board of the West Michigan Dental Foundation.

Baxter Community Center GAP Project – \$3,000

The Dental Health “GAP” (Getting Accustomed Preventative) Care Project partners with Baxter’s Jubilee Jobs program to provide care for unemployed job-seekers. The grant will subsidize reduced fees for needed dental care to restore oral health for these individuals. WMDF previously granted \$1,900 in 2007 to initiate the GAP program. Since that time the program has grown to serve the needs 39 individuals. The goal is to fund care for an additional 25-30 individuals in 2010-2011.

Grand Rapids Children’s Museum Open Wide Exhibit – \$1,450

The Open Wide Exhibit is an interactive learning experience promoting oral health to young children. Funds granted will be used for repair and replacement of worn features as well as painting, and new costumes for children’s dental role playing.

Mel Trotter Ministries

Digital Radiography Machine – \$3,000

Mel Trotter Ministries dental clinic will use the funds towards the purchase of a digital x-ray machine.

Grand Rapids Dental Hygienist’s Society – \$999

The GRDHS is promoting oral health by giving away and demonstrating the use of toothbrushes for children and fami-

lies attending WOOD TV produced “Maranda Park Parties.” These parties take place throughout the greater Grand Rapids area.

Cherry Street Health Services – \$4,000

Cherry Street Health Services is applying for a grant to partially fund the Complete Smiles program. Funds will be used to purchase instruments and equipment used for operative dentistry procedures. This grant, which represents 3.2% of the total cost of the program, will be matched 3:1 via other grants.

Tooth Time – \$2,000

This grant is to help the WMDDS fund the Tooth Time program at the Grand Rapids Children’s Museum. This program is expected to draw 1,500-2,000 area children and their parents and teachers in February of 2011.

Mid-Michigan District Health Department – \$1,100

“Varnish” is a program targeting children in Head Start Centers in the Mid-Michigan service area. The program will have a lasting effect on at-risk children by combating early childhood caries. This past year 511 children attending 21 Head Start Centers in a four county region were served.

Kid’s Food Basket – \$1,625

Kid’s Food Basket provides take-home sack dinners for children that receive subsidized school lunches. Twice a year they provide a toothbrush and small tube of toothpaste for the kids at holiday breaks. This December, 3,250 children will receive break bags. Funds will be used to purchase toothbrushes and toothpaste.

Metro Health – \$1,645

The Tommy and Sue Brann Dental Lab in the Assisted Breathing Center at Metro Health hospital is a ‘first-of-it’s-kind’ facility equipped to provide dental care to ventilator dependent patients. Funds will be used for the purchase of additional needed supplies and equipment.

Ottawa County Health Department – \$6,400

The “Miles of Smiles” dental van program is used by the county health department to provide dental services to low

income, at-risk, non-Medicaid eligible children in Ottawa County. Delta Dental Foundation also donated \$5,000 to Miles of Smiles via West Michigan Dental Foundation.

Grand Rapids Griffins Youth Foundation - \$600

Funds will be used to provide mouthguards and dental health information to children in the youth hockey program.

West Michigan Dental Foundation grants are funded through interest from the foundation endowment as well as income from our special event and annual appeal. Help grow the endowment and support the foundation with your contribution to the annual appeal. Gifting of appreciated securities as well as estate planned giving opportunities are available. Call Elaine Fleming for details at 616.234.5605.



The Ottawa County Miles of Smiles dental van provides dental services to low income, at-risk, non-Medicaid children.

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2010 ADA Annual Session

By Dr. Brian Cilla, *MDA Trustee*



In October, the ADA Annual Session was held in Orlando, Florida. Drs. Norm Palm, Deb Peters, Ryan Lebster, Connie Verhagen, Steve Dater, Chris Smiley and I were part of the MDA delegation, from the Ninth District, to the ADA House of Delegates (HOD). The weather was great in Florida. However, as it turned out, we found that it's a little difficult to acquire a tan basking under meeting room fluorescent lights. Most of us even missed the U of M/MSU game, but we did send scouts (Steve and Ryan) to give us an appropriate post-game review of the game.

There were over 100 resolutions and reports considered by the 2010 ADA HOD. I will attempt to summarize or provide a synopsis of the actions that were of most interest.

- Adopted a statement on determination of "customary" fees by third parties. "Usual" and "reasonable" were eliminated from prior ADA UCR language and action will be taken to encourage adoption of these guidelines at the state and federal levels.
- Adopted a policy amendment regarding dental benefit plans and claims, which define bad faith insurance practices and inappropriate fee discounting practices by insurance companies.
- Amendments were passed which eliminate the use of UCR from various ADA positions or policy statements.
- Adopted a policy for the ADA to pursue legislation or regulations that require full disclosure (name, degree and direct phone number) of the individuals reviewing any dental claims and that dentist involved in the process must be licensed in the USA.
- The Dental Practice Parameters Committee has been disbanded. The Council on Dental Benefits is now charged with monitoring the parameters of care.
- Resolved that the terms "customary" or "UCR" for insurance claim denial is inappropriate. Definitions were created for "usual fees" as those charged by the dentist for patient services and "customary fees" as those set by the dental benefit plans. It was resolved that use of UCR in claims denial is inappropriate and that the ADA should communicate this information to interested parties.
- Updated terminology on the duties of the Counsel on Dental Education and Licensure to include all allied dental personnel.
- Adopted resolutions that allow for recognition of interest areas in general dentistry outside the scope of the current ADA specialties. Criteria were proposed that must be met in order to allow for recognition.
- Resolved that the ADA urge State Boards of Dentistry to allow licensure renewal with CE credits obtained in courses accredited by ACCME.
- Adopted an ADA member conduct policy. Referral was made to CEBJA for development of enforcement procedures.
- Adopted a policy defining professional demeanor in the workplace.
- Resolved to engage the services of at least one outside lobby firm for the purpose of working with federal agencies that will implement the new health care reform law.
- Resolved that the ADA and AAOS (orthopedic surgeons) continue collaboration on evidence-based guidelines for antibiotic prophylaxis of dental patients with total knee replacements.
- Adopted a resolution on school-based oral health programs, which will emphasize the role of education on disease prevention and to assist in the referral of children to establish a dental home.
- Defined the role of the New Dentist Committee. In particular, changes were made so that the Committee should emphasize enhanced member value and development of future leaders.
- Adopted a resolution pertaining to developing a new Part 3 of the National Boards that would eliminate live patient exams. Specifically, a request for proposals will be initiated which calls for development of a portfolio-style examination for licensure purposes. A new Work Group will be formed to oversee the development and announcement of the proposal process.

- Resolved that dentists must be actively involved in the clinical supervision of dental assisting and dental hygiene educational programs. Additionally, the programs should be administered by dentists whenever possible.
- Adopted a resolution that the ADA will strive to maintain the highest quality of oral health care by maintaining that the dentist be the healthcare provider that performs examination, evaluation, diagnosis, and treatment planning. Additionally, the dentist should be the provider of surgical or irreversible procedures that involve cutting or removal of hard/soft tissue.
- Adopted funding for the purpose of an active Tripartite marketing collaboration approach. Market segments (those with historically low membership rates) that offer the greatest opportunity will be targeted.
- Resolved that ADA will engage in negotiation with the EPA regarding the rulemaking process of dental office wastewater. Parameters for the points of discussion were defined.
- The HOD did not adopt a resolution that would have required a 60% vote on matters with a budgetary impact.
- Adopted a resolution for the ADA to commission development of up to six online continuing education courses for addition to the ADA CE library.
- Resolved that the Commission of Dental Accreditation communicate information on the process of accrediting education programs and that a single accreditation model for dental or dentally related programs be supported.
- Adopted, as modification of existing policy, a statement encouraging active participation by dental laboratory technicians as meeting presenters.
- A resolution was passed that encourages U.S. dental schools to interact with U.S. dental labs and that, whenever possible, in-house labs should be utilized to facilitate interaction with the student and technician. Furthermore, the ADA encourages U.S. dental schools to combine dental education programs with existing dental technology programs.
- Amended the duties of the Council on Dental Practice to encourage development and improvement of standardization for dental informatics.
- Approved funding for the Health Science Program (free health screenings) at the 2011 ADA annual session.
- The HOD approved a new ADA-CODA funding model so that expenses are shared equally. Currently, the ADA provides 60% financial support for CODA. There will be a six-year timeframe to lower this percentage to 50%.
- Adopted a resolution on non-covered services. Resolving clauses define covered and non-covered services. Additionally, the ADA will work on federal legislation to prohibit NCS provisions and encourage constituent societies to seek passage of state legislation prohibiting insurance plans from applying such provisions.
- A resolution was passed which amended the definition of the primary dental care provider and dental home.
- Referred to the Council of Dental Education a study on the impact of existing and emerging models of dental education.
- Adopted a process for nomination of the ADA treasurer. Specifically, this precludes nominations from the floor of the HOD.
- Amended the existing policy on opposition to pilot programs that allow non-dentists to diagnose needs or perform irreversible procedures. It was resolved that the ADA may support these pilot programs so long as patient oral health is not jeopardized. The program is based upon a valid assessment that it is necessary to fulfill unmet needs and does not allow the non-dentist to diagnose, treatment plan or perform irreversible or surgical procedures. Additionally, if the pilot program involves a new dental team member, a dentist must supervise this individual. Creation of any new member should be based upon determination of need, involve a CODA-accredited program, and ensure protection of the public's oral.
- The ADA will oppose attempts to allow federal statutes pertaining to the definition of dental services under the Medicaid program that would permit services to be delivered by non-dentists or without supervision of a dentist. Additionally the ADA encourages member dentists to enroll in Medicaid to ensure the EPSDT guidelines are met.
- Adopted a resolution to make it a legislative and regulatory priority to monitor and advocate change to the new health care reform law that deviate from current ADA policy.
- Resolved that the ADA work with the FDA on drug labeling for medications that cause dry mouth and the resultant risk of decay.

- Approved support for the National Dental Association (NDA) efforts regarding access to care and mid-level providers for underserved communities. The NDA position is that dentists should be the sole provider of irreversible dental care. A patient's social economic status should not be used as a determinant for delegation of treatment by mid-level dental care providers.
- Adopted a provision for a 12-month calendar year electronic dues payment program. Transactional cost may be imposed by the constituent dental societies. Special assessments would be included as part of the program.
- Resolved that the ADA, in future communications regarding dental access issues, will emphasize barriers to care for unmet oral health needs. Such examples would include financial, geographic, governmental policy, personal, cross-cultural and language barriers. This allows for a more balanced approach to the ADA position regarding the realities of providing dental care to those individuals with unmet dental needs.
- The HOD did not adopt a proposal for an ADA sponsored retrospective study of workforce programs involving mid-level dental care providers.
- Approved the ADA proposed 2011 budget. Dues were set at \$505 (an increase of \$7.00) for active members. Additionally, there will be a one-time special assessment of \$23 for the purpose of funding ADA information technology infrastructure.

This year there was an attorney-client session with the HOD, the ADA executive director, the ADA Board and legal counsel. Prior to arriving in Orlando, the HOD received information that was to be discussed at this meeting. Matters disclosed in the reports and subsequent discussions at this session are to remain confidential in order to protect ADA member legal interests. Only generic information can be discussed regarding these issues. This session was, in part, an extension of events that were put into play at our last ADA HOD. Essentially, the ADA has had a case of institutional complacency. Over time, problems developed which have necessitated a series of corrective actions for the ADA and ADA Foundation. It became apparent during these discussions that our President, Dr. Ray Gist, the current ADA Board and executive director

Dr. Kathleen O'Laughlin are up to the task of implementing the appropriate policies that are necessary to move the ADA forward in a positive direction.

That wraps up my report on the 2010 ADA annual session. The challenges facing our profession are significant. Your time and effort in staying informed is important. Do not hesitate to contact either Norm or myself if you have any further questions or desire further clarification of ADA or MDA related issues.

Thank You for Volunteering to Be A Contact Dentist!

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Never Transport a Boxspring on the Roof of Your Car

Submitted by JoAnne Hodder, RDH, BS

It seemed like a logical solution as a means to an end. My daughter was donating a double mattress, box spring, and adjustable metal support frame, but had no way to get it to “Love in the Name of Christ” in Hudsonville from her home in Walker. I had a Ford Edge with a hatchback rear window and seats that folded down. The mattress and metal framework fit in the back of my car, but not the box spring. So my husband attached the box spring to the top of my car and secured it in place with bungee cords and several tie-downs with ratchet closures. I was not too sure about the whole thing, but he assured me it was ok, and not to drive over 45 mph.

Everything was fine for the first twenty minutes. I was driving on a divided highway with two lanes headed west, when suddenly I heard a “wap-wap-wap” on the car roof. I had my side view mirrors turned up so I could see the mattress while I drove, and sure enough, a couple of the tie-downs had loosened. As I slowed down to pull off the highway, there was a loud “whoosh” and I watched in horror in my rear view mirror as the box spring flew off my car and turned end over end toward oncoming traffic. It flipped into the passing lane and landed in time for a car to drive over it. Then a snowplow drove up and pushed it off to the side of the road. After the driver of the car who ran over it and I exchanged information, I drove around the block to look at the damage. It was toast! There were pieces of wood and metal and fabric mangled in a pile. Now what do I do?!

Then, the county sheriff drove up. I told him what happened, and he told me I could not leave it there. Well, I knew that! So he used the ax in his trunk to chop up the larger pieces of wood frame and together we loaded the disaster into my car. I continued my journey, donated the mattress and metal framing, discarded the broken box spring in their dumpster, and returned home to call my insurance company. The claims adjustor actually laughed at me because, he said, that kind of incident has happened a lot. Fortunately, I was not given a traffic ticket and I am grateful that the whole incident was not a lot worse. However, because the other car sustained minimal damage, there is a “tort” law in Michigan that allows that driver to collect \$500 for damages. The downside

of this whole incident is that my car insurance has increased substantially for three years because there was a pay-out (minimal as it was) and the incident was my fault.

What’s the connection between this incident and dentistry? Nothing that I can see. But as human beings, we all have our moments when something seems like a logical solution as a means to an end. If it does not feel “right” to you, don’t do it. And never, NEVER, transport a box spring on the roof of your car.



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The classified ad rate is \$10.00 up to and including 30 words; additional words 15¢ each. Space permitting, WMDDS members may place ads free of charge as a membership service. Ads should be submitted in writing and sent with payment to Elaine Fleming, WMDDS, 511-F Waters Building, Grand Rapids, MI 49503. Telephone numbers and hyphenations count as two words, abbreviations count as one word. Ads received after the first of the month prior to publication may appear in the following issue.

Dental Office Space for Lease – Dental suite available in great location! 1350 SF located in Ridgepark Professional Building at 2426 Burton St., SE. Fully equipped and furnished, 4 operatories, lab, private office, reception, business office, FULL BASEMENT. Call Dr Sam Bander 616.949.5980 or e-mail drsam@sbcglobal.net.

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Associate Position Wanted – General dentist looking for a position in a private practice as an associate in the Grand Rapids and surrounding areas. Open to all options (buy-in, partnership). Please call 616.307.2472 or email kmvdds@gmail.com.

Practice Merger Opportunity – Grand Rapids: Looking to transition your patient care? General Dentist in the Grand Rapids area is seeking an opportunity to bring in an additional patient base (up to 1,000 patients) into existing practice. Opportunity for doctor transition is also negotiable. If you are interested in this unique opportunity, call 616.975.2870.

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Practice Wanted – Experienced general dentists wish to grow existing practice through buy-out or merger. Greater Grand Rapids. All options considered. Contact smile01@sbcglobal.net.

Dental Equipment for Sale – One DEN-TAL-EZ model JSR taupe dental chair, one of the most desired chairs on the market; four recessed (in wall) Rinn x-ray view boxes – can be purchased separately or together; one Biotec dental pass-through housing for x-ray arm to be used between two operatories. Please contact Joseph Ellis, D.D.S. or Lisa Tartaglione-Ellis, D.D.S. at 616.949.7290 or eastparisdental@tds.net.

Dental Office for Lease – Time to move up? Busy northeast area dental suite at 1750 Grand Ridge Ct. NE, 3295 SF, ten-year old modern dental office available. 3 pvt ops, 4 chair bay area, plumbed for nitrous, air, water, power and vacuum, lab, x-ray, staff area, pvt. office, reception, storage available. Former pedo practice obtainable Jan. 1st 2011. Contact Dr. John Monticello 616.364.1700 or info@grandridgeorthodontics.com

Associate Position/Practice for Sale Wanted: General dentist with 13 years experience looking for a place to practice in the Grand Rapids and surrounding east areas. Open to all options. Please email to midds331@yahoo.com.

General Dentist Seeking Associate Position in Grand Rapids area – General dentist residing in the Grand Rapids area is seeking an associate position for 1-2 days per week in the Grand Rapids and surrounding area. If you are looking for an associate for your practice, please call 616.975.2870.

P/T Dentist needed in Grand Rapids nursing home two days per week.
No equipment needed. Please email CV to cweeeg@yahoo.com or call 231.733.1224.

Associate Dentist Wanted – Mid-Michigan. We are seeking an associate dentist to join our growing \$2M+ practice. Our two dentists have been serving the community for over 40

years. Applicant must be friendly, personable, reliable, flexible and open to change. Proficiency in cosmetic dentistry, oral surgery, endodontics and prosthodontics is a plus. Opportunity to become partner available to the right applicant. Please send resumé and letter of application to dentalapp12@gmail.com.

ADVERTISER INDEX

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