

# Bulletin



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The *Bulletin* of the West Michigan Dental Society is published six times a year (the directory issue, fall issue, holiday issue, winter issue, spring issue, and summer issue). The opinions expressed in *The Bulletin* are not necessarily the opinions of the West Michigan District Dental Society.

Contributions to *The Bulletin* are welcome and should be addressed to The Bulletin Editor, 4880 Cascade Road SE, Ste. B, Grand Rapids, MI 49546. Requests for purchase of advertising space should be directed to the Advertising Editor, Elaine Fleming, (616) 234-5605. The deadline is the 1st of the month prior to publication.

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### 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.

**Submission & Publication Policy:** Articles and advertisements must be submitted no later than the 1st of the month preceding publication date. The *Bulletin* has six publications: the directory issue, fall issue, holiday issue, winter issue, spring issue, and summer issue. Direct submissions or correspondences to:

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Include "Newsletter" in the subject line

# Life is a Balancing Act

By Dr. Larissa Bishop, *WMDDS President*



As usual, this promises to be another busy year for the West Michigan District Dental Society. We started our operational year May 1, and have already been busy organizing committees and planning projects for the membership. I would like to take this opportunity to thank the person who makes it possible for WMDDS to be such an active organization, providing so many services to its members: Elaine Fleming, our executive secretary. The board members and officers change annually, yet WMDDS continues to run smoothly year after year thanks to Elaine. I would also like to thank the other members of the board for their service to WMDDS. It is because of the efforts of this great group of people that WMDDS continues to be so highly regarded by the other societies around the state. Each county within the West Michigan District has a representative that sits on the board. If you have a concern or an idea for the board, please take the time to contact your representative. WMDDS is here to serve its members, and we want to know your concerns and ideas so we can be sure we are serving your interests.

This year, the board will be asking our member dentists to become engaged in helping the Legislative Committee. The chair of the WMDDS Legislative Committee is Dr. Steve Dater, and I ask you to please take the time to read the excellent article written by Dr. Dater in this month's *Bulletin*. Dr. Dater has actively been working to encourage the membership to meet and get to know their representatives, and to attend events that legislative representatives will also be attending. You do not need to be active politically to attend one of these events, being a dentist is enough. Your representatives want to hear what you have to say about key issues facing our pro-

fession. If you would like to become more familiar with these issues, then please contact Dr. Dater. He has compiled a list of the issues, together with talking points that we should all become familiar with, as these issues will impact each of us in our daily practice lives.

I would also like to ask everyone to take a look at the 2011-2012 CE schedule that we have put together for our members. We are offering a wide variety of classes this year, with some well known speakers. WMDDS has worked hard to schedule these top quality speakers at an affordable price and convenient location. I hope that you will take the time to find one that you are interested in and block time out of your schedule ahead of time so that you can attend (either by yourself or with your staff, if the topic is one that will be of interest to your whole office).

Lastly, I hope that each of you will give some consideration to serving on a WMDDS committee if you are asked to do so. One of the reasons people often seem to give when declining a request to serve on a committee is that they are too busy. As the mother of two children under the age of 4 (with another one due to arrive in July), I am certainly aware of the limited number of hours in each day – and I understand the need to maintain a healthy balance between our professional and personal lives. When I initially agreed to join the WMDDS Public Relations Committee almost eight years ago, I wasn't sure I wanted to make that type of time commitment, either. However, I am grateful that I did. Joining the PR committee led to other committee appointments, and then my eventually beginning to serve on the WMDDS board almost six years ago. Through these activities, I have gotten actively out into the "dental community," where I have been able to meet a great number of other dentists I may not have met otherwise, and to discuss with them issues that impact our respective practices. In my experience, the benefits I have gained from service to WMDDS has far outweighed the time commitment involved – which, for a committee appointment, usually requires attendance at only a few meetings a year for a two-year period. If you are asked by a committee chair, or me, to serve on a committee, please know that we asked you because we want you to contribute your knowledge and ideas to the group – and please try to find a way to fit it into your schedule.

# Spring Has Sprung!

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



Happy spring everyone! And I trust all of us Michiganders certainly welcome spring following a typical stingy winter season. I do realize that this is the “summer issue,” but as I write this it is certainly well in the joys of spring. And being the Editor, I guess I can write about spring if I so desire! When spring arrives, thankfully each and every year, it seems to somehow stir a wide range of emotions. And this year seems to be more profound than years past. (Bare with me, I’m going to relate this to dentistry somehow.) When I think of spring, I think of new life, new growth, new opportunities to enjoy and look forward to in the warm season to come. It’s a re-awakening of sorts to welcome and enjoy the season. Spring, however, can also be viewed somewhat a mixed bag. Signs of new growth are often mixed with the old withered season past, giving a sense of how fragile and cyclic life can be. Rest assured, spring will soon flourish for all to enjoy with little or no sign of the withered past. But as we all know, seasons are bound to change some day again.

When looking at our economic situation, I get a sense that we are somewhat in an “early spring.” New signs of life, both on a local and national level. Over the past couple of months,

on two separate occasions, I have heard on the news of job fairs in West Michigan. A couple of companies were sited to be hiring, and Stryker in Kalamazoo was expanding and buying out its main competitor. GRCC’s Cook Hall, which houses dental, radiographic technology, nursing, business, and English classes, will be getting a facelift sometime during the summer of 2012. The remodeling is mainly intended to upgrade the healthcare training facilities and provide an up-to-date learning environment. On a national level, the ADA’s Quarterly Survey of Economic Confidence reported that there was an upswing in almost every measured indicator in the fourth quarter of 2010. Gains noted were net income, gross billings, new patient indexes, and treatment acceptance rates. When was the last time we heard these sort of things? It’s been awhile. And the “season” isn’t in full bloom quite yet, it was just the last two quarterly reports that indicated things were deteriorating. We still see the high gas and food prices. We still hear the occasional patient openly deciding on whether to invest in their dental treatment plan or save money for paying the bills. Overall, it seems that our day to day practices are on the up, but still the signs of old man winter linger.

Take advantage of the opportunities that soon will arise, savor the new growth and ride the economic upswing as it comes. Enjoy the people around you, the people in your personal life, as well as the people you associate with in your professional life. Life comes and goes, economic growth trails up and down. Enjoy the season when it’s in full bloom, because we all know it will all too soon be gone.

*The ice-king trembles on his throne,  
And holds his rod with loosened hand;  
For there are murmurs in the air  
Of one who cometh, sweet and fair,  
To break with smiles the monarch’s band.*

*The skies are dawning a new blue,  
To welcome her whose dancing feet  
Thro’ cloudland hasten from afar,  
Guided by sun, and moon, and star,  
Her waiting friends once more to greet.*

*The timid violets lift their heads,  
And heavenward turn their gentle eyes,  
And catch the fragrance newly born  
Which cometh with the Spring’s glad dawn,  
And steal their color from the skies.*

*The merry birds on twig and branch  
Trill out the news with fluttering wings,  
While Robin seeks the early fruit,  
Impatient watching the green shoot,  
And the glad tidings gaily sings.*

*The brook, grown weary of restraint,  
Has burst its weakened bonds at last,  
And rushing down the mountain-side,  
Lends its fresh influence far and wide,  
And Winter’s icy reign is past!*

— Mary Dow Brine (1816-1913)

# I Feel Like Giving Up

Submitted by Steve Dater, DDS, *Legislative Committee Chairperson*



Some of you may recall I wrote an article last year entitled *Apathy Gone Wild*. I was discussing how we just can't seem to get any of our members motivated and fired up on any of the issues that affect us in dentistry. There are many issues to be concerned about: foundations trying to push a mid-level provider on states, health care reform and what it could mean to the practice of dentistry from a small business point of view, third party payer issues, and the ongoing threat of regulation from government agencies. These are just a few of the issues that face us.

Last fall we had an article in the WMDDS *Bulletin* asking for volunteers to become contact dentists for our local legislators. I want to thank those of you who volunteered to do so. I always feel that someone who truly volunteers and does not need arm twisting to say yes is a much more motivated person. I really appreciate those members that said yes. We now have 24 contact dentists for WMDDS who cover our 18 elected officials. It is now more important than ever that all of us make an effort to become involved in getting to know our elected officials and their position on all the issues I have listed above.

We have one event a year that we invite all the legislators to: our legislative breakfast that was held May 6th. This was your opportunity to come out to meet and get to know your legislator in a casual environment and make a connection to your legislator. It was a whole hour-and-a-half time commitment. We have roughly 600 members in the WMDDS, and the entire membership was invited to attend. Anyone care to guess how many people showed up? Not even 20 dentists!

I hear the excuses: "I'm busy," "I have to work," "my child is graduating," (actually that is a good one, you get a pass) etc. The WMDDS has a great tradition of volunteerism over

the years. The countless hours out of the office and the family time missed by all volunteers are enormous.

The cost of missing an hour-and-a-half of work when you look at the cost of what could happen to your practice if some of these issues come to pass does not even compare. I realize not everyone can make it (600 would have been a little overwhelming), but this is too important an issue to not take the opportunity to establish that rapport with an elected official. Our legislators need to hear from the people in the trenches that are doing the work, and yes, actually vote for them. Our lobbyists, while they do a good job, do not have the same kind of relationship that we, as dentists, living and working in the legislator's district can have. We missed a golden opportunity to establish those relationships.

When I accepted the job of Legislative Chair, I was warned by a few people that I will never get the members fired up, and I said they were wrong. Well, it looks like I failed in my quest. We have emailed, placed articles in the *Bulletin*, and made phone calls. The result was less than twenty people signing up. Just don't call the MDA, Elaine, or any of our leaders and complain when something bad happens – we are all responsible. I don't have the answer. I do not know how to motivate people to give some time to get this done (heck, I can't get my boys to give up an hour to go to church on Sunday). Sometimes I just feel like giving up, but once more – if you are interested in even just being on the e-mail list for legislative issues, please contact me at [smdater@comcast.net](mailto:smdater@comcast.net). It doesn't have to be a huge investment of time – any involvement can help. It's our profession – let's protect it.

# PR Dues Assessment Renewal

Dear West Michigan District Dental Society Members,

Since 1990, part of the cost of membership in the West Michigan District Dental Society (WMDDS) has included a \$45 dues assessment designated for public relations. This three-year assessment, approved by a membership vote, has enabled the WMDDS Public Relations Committee to keep the WMDDS name before the public through education and service to the West Michigan community. These funds have been effectively used in a variety of ways, but the message is the same: West Michigan District Dental Society member dentists care about our communities. Recent past projects have included Tooth Time at the Grand Rapids Children's Museum during February (National Children's Dental Health Month). This is a two-day event that had over 1,000 children come and learn about oral health. The Steel Water Awards given are also included in these funds. During the 2010-2011 school year, we have partnered with 95.7 FM WHLT to sponsor Community Kids. We were the sole sponsor of this project that allows kids to be recognized for doing good things for the communities in which they live. The last thing is maintaining our WMDDS web page.

Our public relations efforts have focused attention on the significance of membership in our society. Continued efforts will enable us to strengthen the positive, caring image that WMDDS members have in their communities.

The Board of the WMDDS and the Public Relations Committee recommends that the \$45 per member per year public relations assessment be renewed for 2012, 2013, 2014. This means there will be no increase in the cost of WMDDS membership.

This article serves as notification of the vote that will be done by a mail-in ballot later this summer.

The WMDDS Public Relations Committee thanks you for your consideration of this request.

Sincerely,

Suzanne K. Port, DDS Chairperson,  
WMDDS Public Relations Committee  
Matthew Gietzen, DDS  
Brian Mulder, DDS



## Biannual Exams for Insurance?!!

- Annual Vacation
- Annual Medical
- INSURANCE REVIEW?

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Molly Murray  
molly.murray@gflfia.com

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# Adopt-A-Practice: Rebuilding Dental Offices in Haiti

Submitted by Connie Verhagen, DDS, *Muskegon District Dental Society Executive Director*

**O**n March 4, I received an email that contained the ADA Leadership Update. One of the items in the update caught my eye and my heart.

January 12 marked the one-year anniversary of the worst earthquake to ever hit Haiti, which left one million homeless, 300,000 injured, and killed an estimated 230,000 people.

Haiti is still without many essential services and remains in dire need of assistance. With nearly a third of the dental offices still destroyed, it is our desire as dentists to help our colleagues rebuild their practices so they can provide much-needed oral health care to their communities. The Haitian dentists who receive support will be required to “pay-it-forward” by donating their dental services to a very needy population – so your donation will help not just one, but countless others.

The American Dental Association in collaboration with Health Volunteers Overseas (HVO) has launched the Adopt-a-Practice: Rebuilding Dental Offices in Haiti fundraising

campaign. For just \$10,000 we can rebuild one of the 35 dental offices that were destroyed by the quake.

Let’s demonstrate our solidarity as component dental societies in Michigan. The Muskegon District Dental Society has stepped forward with a \$5000 donation to help rebuild the oral health infrastructure and support our Haitian colleagues. Can we count on WMDDS to help out too? We would like to collect the donations and make a lump sum gift on behalf of the components to adopt a practice and be matched with the same Haitian dentist and be kept informed of the progress being made in Haiti.

Please send checks by July 1, 2011, payable to: Health Volunteers Overseas, and send to Connie Verhagen, DDS, 755 Seminole Road #101, Muskegon, MI 49441.

For more information, visit [www.ada.org/international](http://www.ada.org/international) or [www.hvovusa.org](http://www.hvovusa.org) and click on Adopt a Practice: Rebuilding Dental Offices in Haiti.

## I N M E M O R I A M

The West Michigan District Dental Society was saddened by the passing of our colleagues:

**Dr. Willard Wolfe – February 16, 2011**

**Dr. William Easley – April 15, 2011**

**Dr. Robert Ludwig – April 19, 2011**

**Dr. John English – June 5, 2011**

Those wishing to make a memorial donation to the West Michigan Dental Foundation in their memory should contact Elaine Fleming at the WMDDS office at 616.234.5605, or checks may be sent made payable to:

West Michigan Dental Foundation  
161 Ottawa Avenue NW, Suite 511-F  
Grand Rapids, Michigan 49503

# ADOPT-A-PRACTICE Rebuilding Dental Offices in HAITI



Give hope to a colleague  
and a community in need



Dr. Vadna Georges



Dr. Louis Marie Fene

On January 12, 2010, a regular day at Hope Dental Clinic, we could not imagine that our world would be torn apart in a few seconds. Now, more than a year later, we are still without an office and our patients and communities continue to suffer.

Our clinic is just one of 35 dental offices that need help. Those of us who receive support will “pay-it-forward” by donating our dental services—so your donation will not only help us, but it will make a tremendous difference to countless others.

## Donate today!

Visit [ada.org/international](http://ada.org/international) for more information, or donate at [hvousa.org](http://hvousa.org).

Health Volunteers Overseas, 1900 L Street, NW #310, Washington, D.C. 20036, 1.202.296.0928.

Please make checks payable to Health Volunteers Overseas, memo line: ADA/HVO Haiti.



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# Tech Q & A

Submitted by Greg Feutz, *President, DDS Integration*



*Greg Feutz is President of DDS Integration, a Grand Rapids based dental technology company.*

In each WMDDS *Bulletin*, I will be fielding your questions about technology, its place in the dental practice, and beyond. Send your questions to [askgreg@ddsintegration.com](mailto:askgreg@ddsintegration.com) and I'll answer them on my blog and in each *Bulletin*. To start things off, I will begin with a question many of you have likely been asking.

## Can I use an iPad in my Practice?

That question, of course, has an easy answer. It depends. How you wish to use these devices dictates a more specific answer.

### Answer: Yes. Here is what the iPad can do brilliantly in your practice.

- Patient education. With programs like Dentrix's Guru, DDS GP, or CurVED's free web-based patient education, you can easily pull up the video of your choice and hand the iPad to your patient.
- Before/after pictures and other videos from your practice. They'll have to be formatted to work on the iPad, but that's not too difficult. You can also create these on the iPad using an app like Keynote as well.
- Social media. We all know by now how social media can boost marketing efforts, but it largely depends on users interacting with your pages. Hand them an iPad and ask them to write on your wall, tweet, or check in with Facebook Places or Foursquare.
- Going paperless. Some Practice Management Systems offer a Kiosk app that allows your patients to view and sign documents, alleviating the need for printed forms. There are other programs like YAPI that can assist in doing this as well.

- Accessing the office remotely. If you have an iPad, iPhone, or Android based device you can use your PMS's app or something like Logmein to connect to your office computers from anywhere in the world.

### Answer: No. Here is where the iPad could use some help.

- Viewing/modifying patient records. While most practice management systems have apps for the iPad, most do not allow you to view complete patient records, and fewer still allow you to actually modify records. These are really designed as a means to check basic information when you are offsite. We've found some ways around this that work quite well, you just have to be willing to use methods that require some IT expertise and are "unsupported" by your PMS.
- Taking xrays & capturing intraoral images. If you've seen an iPad you've likely noticed that it doesn't have a USB port. There will likely someday be a way to use sensors and cameras with a tablet, but that day is not today, and that tablet may not be the iPad either.

Something to keep in mind with any new piece of technology in your practice is how it will affect your staff. Will they be receptive? Do they have time to learn and implement it? Patients should be considered as well, as not all will be eager to view and sign HIPAA forms on an iPad. Expect a transitional period rather than a rapid change if you are going paperless or implementing any other major shift.

iPad integration is only going to get better as more and more dentists demand it. At the MDA session, I spoke with reps from Dentrix and Eaglesoft who both acknowledged that they are hearing their clients' requests for tablet integration. If this technology is something you want, make sure to remind your software rep often. The squeaky wheel gets the app!

### Resources

Dentrix Guru	<a href="http://dentrix.com/products/guru/">dentrix.com/products/guru/</a>
DDS GP	<a href="http://ddsgp.com">ddsgp.com</a>
CurveED	<a href="http://curveed.com/">curveed.com/</a>
Facebook Places:	<a href="http://facebook.com/places/">facebook.com/places/</a>
Foursquare:	<a href="http://foursquare.com/business/">foursquare.com/business/</a>
YAPI:	<a href="http://yapicentral.com">yapicentral.com</a>
Logmein:	<a href="http://logmein.com">logmein.com</a>
My Blog:	<a href="http://ddsintegration.com/blog">ddsintegration.com/blog</a>

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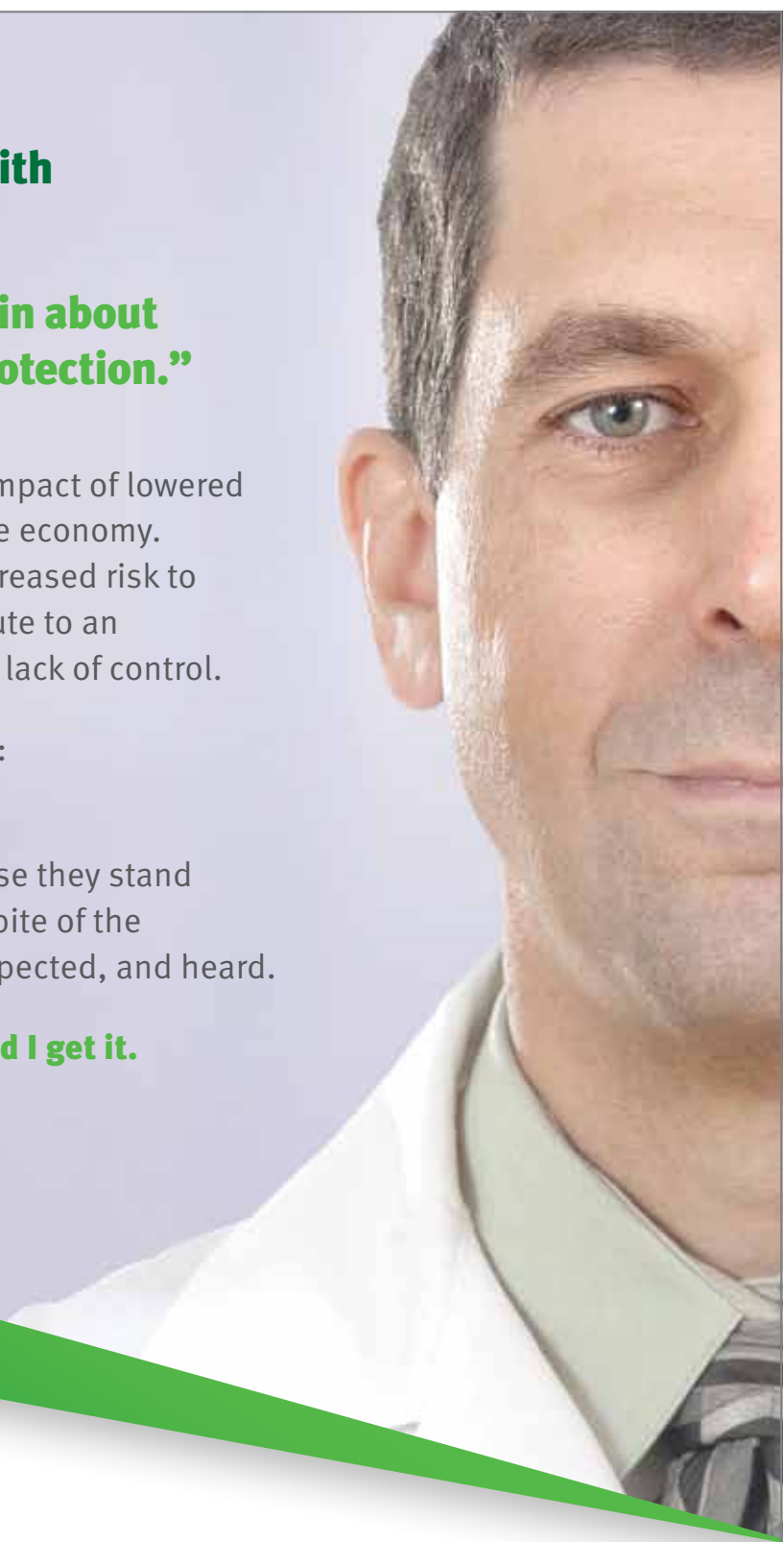


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# West Michigan Academics Update

Submitted by Margaret S. Gingrich, DDS, *WMDDS Vice President, Dental Education Committee Chair*

We are blessed to have two hygiene schools located in the WMDDS area, GRCC and FSU. Between both schools, 69 competent hygienists graduated this spring. With the NERB having been taken in April, the graduated students are now beginning to receive their test results.

Both programs are now in the accreditation mode for February-March 2012. GRCC's Cook Hall has also been notified of an overhaul that is to take place during the summer (see Dr. Papp's editorial). Both schools are always looking for dental offices that are willing to assist in the externships for both the hygiene and assisting programs, so if you are interested please call GRCC at 616.234.4542 or FSU at 231.591.2260.

Both schools are similar and yet both have their individual differences. I would like to focus on a special interest of mine that we try to teach at Ferris State University. All of us know about the "hot topics" in dentistry, including serving the under-served. But how many of you were taught to give back when you went to school? Until recently, most of us were not even taught how to run the business end of our field of work.

At Ferris State, each student must take a Community Dentistry class with Mrs. Sandra Burns, RDH, RN. In that class, the students have to prepare table clinics to educate the population. Mrs. Burns takes the students to some of the underserved areas and also to the schools. She also has set up a community outreach program at the "Focus on Fours" so the students can apply fluoride and do oral exams. Another opportunity offered in this class is to go to the Mecosta Osceola Intermediate School District and give oral hygiene instructions to the physically- and mentally-challenged persons. A third and fourth opportunity exists for nursing home visits where Mrs. Burns has set up a one-room clinic for treatment, or visiting the Hope House Free Medical Clinic to select patients for free cleanings and x-rays to uninsured individuals in Mecosta County and surrounding areas.

To even further the teachings of "giving back," a Guyana, South America Dental Mission Trip is offered to all second-year dental hygiene students. Although it is not a school sanctioned or required trip, the students must raise the funds and give up their senior spring break for an opportunity of a lifetime to further their education by serving patients in a

third world country. I have accompanied these students on five of the eight trips. The students go through a life-altering change that sets their hearts on fire for giving back. Several former students have contacted me about future missions to other countries, or to share their stories of local missions.

We also encourage the students to volunteer their time at Special Olympics, Special Smiles, both Summer games in Mt. Pleasant and Poly Hockey Finals in Lansing. Students from both GRCC and FSU give free oral hygiene, oral exams, fluoride varnish, and make custom mouthguards for the participants. If interested in participating, please contact me at [littlestister1978@yahoo.com](mailto:littlestister1978@yahoo.com).

For the hygienists continuing their education for a BS degree at Ferris State University, the opportunities do not end. A study away program was started last year by Mrs. Burns in Manenberg, South Africa. While these students were there, they participated in a professional exchange with oral hygiene students at Western Cape University. They conducted oral health assessments and instruction at the Mustadafin Early Childhood Center.

Now granted, going to South Africa or South America is not required, but it is still teaching students how to give back. Hopefully, these trips will help the future RDH's to look for opportunities in the communities they settle down in and have an employer willing to help achieve these future missions. I am a firm believer if it is not taught in school, when will we learn it?

I would like to say kudos to Mrs. Sandy Burns and Ferris State University for setting the goals so high for their students. Many of the dentists in WMDDS continue to employ the local graduates and assist with the goals of "giving back" to the underserved both near and far.

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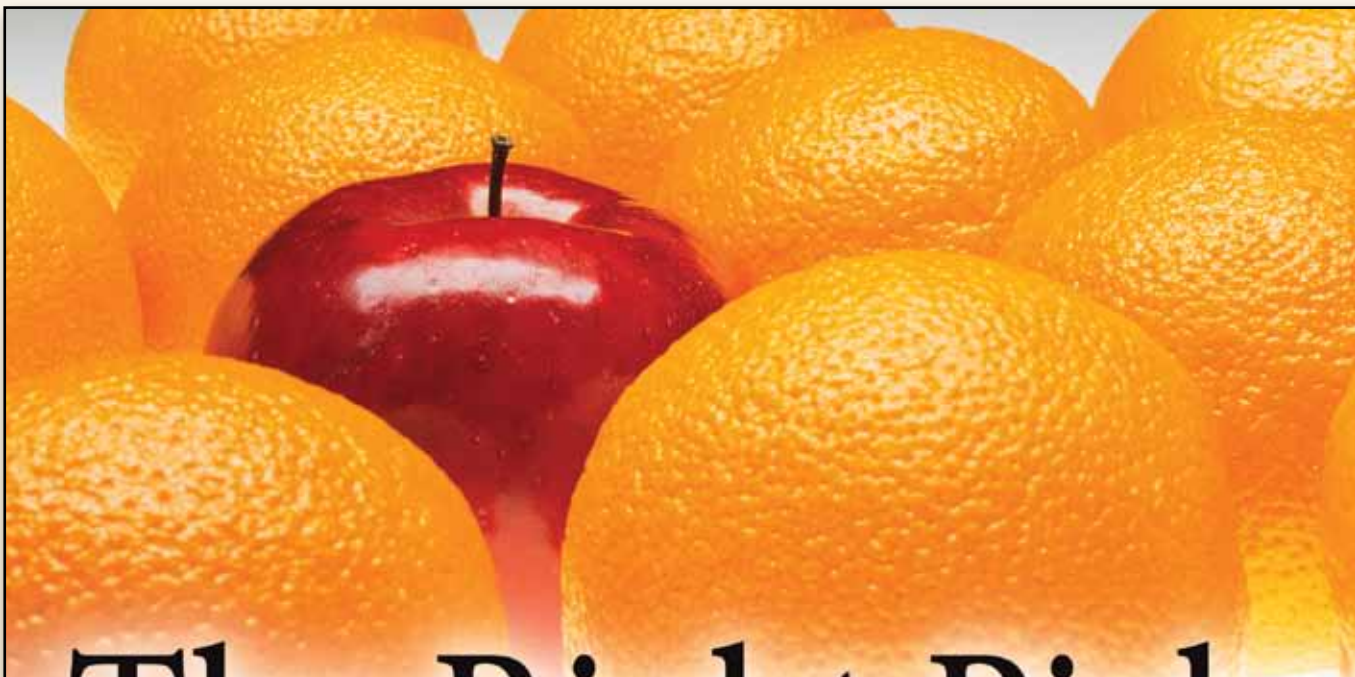
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# What's Happening at GRCC?

Submitted by Julie Bera

As we welcome in spring, GRCC dental programs are getting ready to graduate a dental hygiene class of 32 in April and a Dental Assisting class of 22 in June. The dental hygiene class took their NERB and national examinations in early spring, and the dental assisting class took their RDA exam in May, at GRCC.

The faculty at GRCC are in ADA Commission on Dental Accreditation Site Visit mode! We have been notified by the Commission that our site visit will be February 28 – March 1, 2012. We have begun the task of writing the self-study documents for both programs, along with teaching our usual courses.

Spring also brings a time when our graduates are looking for employment; please consider hiring one of our very competent DH and DA graduates! Also, this is the time when I am looking for approximately 75 dental offices for clinical externships. I am so grateful for all of the offices who are participating in the program, old and new offices. However, I am also disappointed in so many offices who say no to having a student. Since GRCC is the only accredited DA program in this area, we *must* have each student complete a total of 300 hours in at least two different offices. This is a mandatory requirement set by the ADA. I hope that you reconsider the month-long commitment to the education of an ADA-accredited program student – it is crucial to their dental career. Please give me a call if you would like to participate, or if you have any questions about the student externship requirements. My phone number is 616.234.4542, or email at: [jbera@grcc.edu](mailto:jbera@grcc.edu).

Lastly, in case you haven't heard, the state of Michigan has finally changed some RDA tasks. Up until now, the RDA could only do legal tasks under "direct" and "general" supervision. As of February 2011, some of the RDA functions have been moved into "assignment," which means that RDA's can now perform some tasks while you are not in the office, as long as you have assigned the tasks to your RDA. Here is the law as it is revised in the Administrative Rules – Dentistry. The entire document can be found at: [www.michigan.gov](http://www.michigan.gov).

**R 338.11404a** Registered dental assistant; performance of intraoral procedures under assignment.

Rule 1404a. A dentist may assign to a registered dental assistant the following intraoral dental procedures, if they are performed under the assignment of a dentist, as defined in

R 338.11101:

- (a) Operating dental radiographic equipment.
- (b) Making impressions for study and opposing models.
- (c) Placing and removing a rubber dam.
- (d) Removing excess cement from supragingival surfaces of a tooth with a non-rotary instrument.
- (e) Polishing specific teeth with a slow-speed rotary handpiece immediately before a procedure that would require acid etching before placement of sealants, resin-bonded orthodontic appliances, and direct restorations.
- (f) Applying anticarcinogenic agents including, but not limited to, sealants, fluoride varnish, and fluoride applications.
- (g) Polishing and contouring of sealants with a slow-speed rotary handpiece immediately following the procedure for the purpose of occlusal adjustment.
- (h) Inspecting and charting of the oral cavity using a mouth mirror and radiographs.
- (i) Replacing existing temporary restorations and existing temporary crowns and temporary bridges.
- (j) Removing orthodontic elastics, ligatures, and elastic or wire separators.
- (k) Replacing elastic or wire separators.

There have also been some other revisions that have changed some of the rules in the state of Michigan, so when you have time, check it out.

Thanks to all of you for your continued support of the Dental Hygiene and Dental Assisting programs here at Grand Rapids Community College. We have also been blessed with Dr. Colette Smiley's retirement, as we have "hired" her to help us out with both of our programs. If you have any questions, or have interested "future students," please give Eve Sidney a call at 616.234.4240.

# 2011 HOD Proposals and Actions

By Dr. Brian Cilla, MDA Trustee



The 2011 MDA Annual Session was held in Grand Rapids this past April. Overall, this meeting should be considered another success. There was a slight downturn with attendance when compared to the last Grand Rapids meeting. However, the Annual Session revenues were up slightly because many courses were full or sold out. Steve Ford, the son of President Ford, was our keynote speaker for this year's meeting and he was well received by the audience. Attendees, vendors and MDA staff consider Grand Rapids to be a great venue for the Annual Session!

WMDDS and MDDS were once again well represented by our delegates and alternate delegates at this year's MDA House of Delegates (HOD). They are to be commended for the time and effort that is required to fulfill the duties of serving our membership at the HOD. The process involves attending several meetings, staying current with the *Delegate Digest*, and being active participants in the ongoing discussion of HOD proposals and other relevant MDA issues.

I would like to report on the most pertinent 2011 HOD proposals and actions:

- The 2012 Michigan Dental Association budget was approved. This budget is balanced and our dues will remain the same over this next year.
- The HOD did not adopt a resolution, which advocated that the State of Michigan should fund and sustain a statewide dental sealant program through its oral health program for children at high risk of dental disease in the State of Michigan.
- It was resolved that the MDA should develop best practice recommendations for the delivery of appropriate and ethical oral health care for children in school-based or school affiliated programs in Michigan. These recommendations

will be presented to the 2012 MDA House of Delegates for review.

- The Head Start Dental Home Program is endorsed by the MDA and has been demonstrated to be a success at reaching a specific targeted group of underserved children. The HOD adopted a resolution urging pediatric dentists and general dentists, practicing in Michigan, to provide a dental home for a minimum of five (5) new head start children annually. This would be done on a voluntary basis only.
- It was resolved that the MDA should adopt the following strategy for seeking changes to the current Dental CT requirements:
  1. The MDA will no longer pursue the Dental CT issue at the CT Standards Advisory Committee level.
  2. The MDA will seek a sponsor on the full Certificate of Need (CON) Commission to make a motion to exempt the Dental CT from CON regulation.
  3. The MDA will seek legislation to exempt Dental CT from CON regulation.
  4. The MDA will work to streamline the CON process for Dental CT.
  5. The MDA will work towards changing the terminology from "Dental CT" to "3D Cone Beam"
- The MDA Bylaws were changed to allow student members the ability to attend all scientific meetings of the association, observe the meetings of the House of Delegates and its reference committees, participate in the association's insurance programs, receive the *Journal* of the Association, and serve on certain committees as determined by the Board of Trustees.
- It was resolved that the MDA Committee on Governmental and Insurance Affairs (CGIA) will continue to monitor the political and economic climate in order to determine when it might be feasible to pursue new revenue sources dedicated to funding public oral health programs in the State of Michigan. When the timing is right, CGIA will provide the MDA Board of Trustees and the MDA HOD with its recommendation on appropriate revenue sources and legislative strategies.
- One proposal of significant merit concerned the idea that the Healthy Kids Dental Program should be expanded to all counties in Michigan. With an eye on the State

of Michigan budget realities and the important goal of promoting effective early prevention and treatment of disease, the HOD resolved that the MDA Committee on Governmental and Insurance Affairs (CGIA) become an advocate for reallocating the existing amount of state dollars spent on the Healthy Kids Dental Program. The priority is to cover the greatest age range of children beginning at birth and up to a minimum of age eight in all 83 counties in the state; continuing to expand the age range of those covered in the program, by funding the expansion through cost savings realized from effective early prevention in these young children; and increased funding for Healthy Kids Dental. Furthermore, CGIA will seek inclusion of any willing Michigan licensed dentist in the Healthy Kids Dental Program regardless of their participation status in any other programs by the program administrator. Currently, Delta Dental (the plan administrator) only allows participating Delta providers to be part of the program. Additionally, it was resolved that if the age eight goal is not attainable, then CGIA will investigate other options and report back to the House of Delegates and Board of Trustees with its recommendation on the appropriate revenue source and legislative strategy.

- The HOD approved a resolution that the Michigan Dental Association's Committee on Public Relations examines strategies to promote the work of the MDA on reducing barriers to care as well as promote our position on any dental workforce issues that may arise.
- Public Act 161 (PA 161) was once again a topic of the most discussion and debate. In the end it was resolved the MDA endorse and pursue the following additions, legislatively or otherwise, to PA 161:
  1. A Michigan licensed PA 161 provider must have a written procedure for emergency care for patients treated. This written procedure is to include arrangements for treatment or a referral to a private dental office, community dental health clinic, federally qualified health center, or public health department in the area where comprehensive services may be provided. Records obtained from that patient must be forwarded to the comprehensive provider free of charge to that patient and provider.

2. A PA 161 supervising dentist with a current Michigan dental license must provide the Michigan Department of Community Health with a list of names of dentists who will provide the patient with clinical evaluation and treatment if the supervising dentist is unable to do so.
3. A PA 161 provider is prohibited from providing dental hygiene services to a patient more than once unless that patient has had a clinical evaluation prior to any planned subsequent care. Clinical evaluation means the diagnosis and treatment plan determined for an individual patient by a Michigan licensed dentist.
4. The provisions for care under PA 161 do not provide for, endorse, or make legitimate the independent or private practice of hygiene. The Michigan licensed dentist is the head of the dental team.

Our executive director, Drew Eason, provides updates on current activities at the MDA. Here are a few of the items that keep Drew and our fine MDA staff busy:

If you were at the 2011 Annual Session, you might have noticed the MDA Dental PAC Action Campaign fundraiser booth near the MDA Member Center. Members were asked to make donations at levels ranging from \$100 to \$500. Through this campaign effort, over \$11,000 was raised. Anyone that missed this event and is interested in participating can still make a contribution to our PAC. Please get involved and send Bill Sullivan, our MDA political guru and strategist, a personal check made out to the "MDA Dental PAC."

The subject of financial control is a topic that is important for all organizations. Dental society officers are often times unclear as to their fiduciary responsibilities. Additionally, given limited financial resources, executive directors or administrators are unsure of what can be done to improve internal controls.

As a consequence, the MDA has asked the auditing firm, Plante and Moran, to provide us with some easy-to-implement suggestions which would be necessary for a local component society to guarantee good internal controls. Plante and Moran's Gretchen Gomolka has created a video (less than 10 minutes in length) that provides advice and appropriate information. Brian Stump, the MDA's director of finance, and Josh Lord, MDA director of membership and student affairs, participated with this production.

The MDA Insurance & Financial Group (IFG) has announced its new Board of Directors. Our former WMDDS treasurer, Dr. Ryan Lebster will be serving his second term with IFG. Congratulations! I know he will continue to provide insightful suggestions and provide great leadership.

It has become apparent that the MDA needs a stronger grass roots legislative program. The MDA has a Committee on Governmental Affairs and Insurance Advocacy and a lobbying team, but without strong member involvement, that is not enough. As a consequence the MDA has hired an independent contractor, Lynn Aronoff, to help assist us with this development process. She has great deal of legislative and grass roots-building experience. Statewide MDA member commitment with the legislative process is required. Historically, legislators listen to their constituents. It is critical for MDA members to develop good one-on-one relationships with their elected officials. We need to keep lawmakers informed that MDA member dentists are concerned, politically active, and vote.

The American Dental Association has agreed to pay for the MDA ComNet membership program this year. The MDA used ComNet, which is a direct marketing firm, to telephone 2009 MDA members who had not renewed their membership for 2010. Of the 398 members that were called, 22 percent renewed their membership. Drew Eason and Josh Lord are planning on using the MDA membership recruitment efforts to showcase the need for a national version of this initiative.

The Care and Well-Being Committee and individuals in our MDA membership area have come up with a novel program. It is to be called COVER (Colleagues Offering Varied Emergency Relief). This program is designed to help doctors, which have had an unplanned office absence, obtain clinical coverage for their practice. Examples would include doctors who must leave practice temporarily because of illness, a family crisis, or some other problem. Apparently, there are locum tenens services, but they might be cost prohibitive or provide scheduling challenges. It is anticipated that this new MDA program will create a database of doctors willing to help out in a colleague's absence. Signing up to the database will be voluntary and will be without obligations. Any financial or contractual arrangements will on an individual basis and not involve the MDA. Josh Lord can be contacted for more detailed information.

I recently had the opportunity to attend the ADA's Washington Leadership Conference (WLC.). ADPAC and the ADA Council of Government Affairs (CGA) hosted over 500 dentists at this annual meeting. Drs. Steve Dater, Deb Peters, Norm Palm and Connie Verhagen were our other local representatives in attendance at the meeting. Steve, as a CGA member, even had the opportunity to sit at the head table. This conference is the association's principle political grass-roots lobbying event. Many ADA members were there to visit elected officials for the purpose of discussing issues which are of interest to the dental profession. Current topics of concern were access to dental care, repeal of the anti-trust exemption for insurance companies (McCarran-Ferguson Act) and elimination of the cap on Flexible Spending Accounts (FSAs). WLC attendees also heard presentations from members of Congress and Dr. Howard Koh, the Assistant Secretary for Health in the U.S. Department of Health and Human Services. Dr. Ray Gist, the ADA president, succinctly defined the ADA position on access and barriers to dental care:

Americans deserve access to quality oral health care. Licensed dentists and appropriate support personnel should be responsible for providing this dental treatment.

Workforce issues, oral health education, preventive measures and financing are only a few examples of the barriers, which can keep individuals from enjoying good oral health. As a consequence, the ADA believes that initiatives that focus only on the dental workforce will not have a significant impact on the control of oral disease.

There are a sufficient number of dentists to treat the nation's dental needs. Projections have determined that there will be an adequate supply of dentists for the next 20 years.

The ADA supports workforce innovations, which might improve our ability to practice more efficiently and prevent disease. However, dentists should be the only dental team member to diagnose and develop treatment plans, and perform surgical/irreversible procedures. Individual states should be responsible for defining the scope of practice and the degree of supervision which is deemed appropriate for all health care providers within their borders.

Some of the other pertinent national ADA political agenda issues that have been topics of interest and/or concern are as follows:

The U.S. Department of Health and Human Services' Centers for Disease Control and Prevention (CDC) has given notice that it is proposing to downgrade its Division of Oral Health. It is anticipated that if the Division of Oral Health becomes a branch, rather than a division, then oral health issues may not remain as a significant priority within the CDC. The American Dental Association will be lobbying for maintaining the Division of Oral Health as a division because currently they are considered to be a critical component of ADA oral disease prevention strategies.

ADA lobbying efforts were important in the creation of an exemption for dentists and other small employers from legislation that would have required the filing of IRS 1099 forms for any exchange of goods valued at \$600 or more in a year. The requirement was a provision in last year's health reform law that the ADA and others believe did not reflect the intent of Congress or the president.

Dentists and other small employers will not be required to report health care premiums on employees' W-2 statements

for the 2011 tax year. This IRS ruling is considered to be "transition relief" until reporting is required in January 2014. The current health care reform law mandates that everyone have health insurance coverage. It is believed that tracking health care premiums on W-2 forms will help the IRS verify that coverage is in place for individuals and their families. Big Brother will be watching!

One of my tasks as an MDA trustee is to keep our membership informed about current events and any potential tsunamis that might impact the dental profession. Dr. Norm Palm used this format as if he were the canary in a coal mine regarding access to dental care and mid-level dental provider issues. As a point of personal privilege, I want to express my appreciation for his literary endeavors with these trustee reports over the past six years. I now get to share writing responsibilities with our new MDA Trustee, Dr. Colette Smiley. Hopefully, she won't make me look too much like a slacker! As always, if anyone has any questions or concerns, do not hesitate to call or write to: [blcilla@aol.com](mailto:blcilla@aol.com). Enjoy the summer.



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**Associate position wanted** – Newly graduated dentist from UDM looking for full time position as an associate of progressive dental practice in Grand Rapids and surrounding areas. Please call 616.617.9725 or email [ranaazzo@gmail.com](mailto:ranaazzo@gmail.com).

**Dental Office for Lease** – Rockford, MI. 1,000 sq ft, includes some dental equipment and furnishings. \$675/mo., plus utilities. Traffic flow/10,000 daily. 616.874.5300.

**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](mailto:smile01@sbcglobal.net).

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**Current student at the University of Michigan School of Dentistry** – graduating May 2011, looking for full-time or part-time position in a private practice as an associate in the Grand Rapids and surrounding areas. Please contact 954.562.1122 or [dent@umich.edu](mailto:dent@umich.edu).

**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](mailto:dentalapp12@gmail.com).

**Dental Office for Lease** – Sparta, MI. Classy, finely appointed 1900 sq. ft. dental suite. \$8.00 per sq. ft. (\$1267 per month). Recent \$70,000 interior renovations. Vacuum extraction equipment, two X-ray machines, one dental chair, laboratory, dark room, cabinetry, etc. Huge road-side sign. Traffic flow 14,265 vehicles daily. 616.887.8974.

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# Dreams Do Come True

Submitted by JoAnne Hodder, RDH, BS

On April 29, 2011, people all over the world watched on television as the English Prince William and commoner, Kate Middleton, were married. It was the stuff of “Dreams Come True” for little girls and grown-up women as well. We watched as Kate walked with her father down the tree-lined aisle of Westminster Abbey. We saw Kate’s sister, Pippa, who was maid of honor, expertly arrange the not-too-long train of Kate’s beautiful white wedding dress several times during the hour-long ceremony. We smiled when Prince Harry, standing at the front of church with Prince William, stole a peek back at his future sister-in-law as she walked up the aisle. We were impressed with the ceremony full of appropriate pomp and circumstance. We cheered for the bride (now Princess Catherine) and groom riding in the horse-drawn carriage (complete with two footmen – just like Cinderella!). The two kisses on the balcony of Buckingham Palace were the frosting on the cake. Wow!

For a little while, we didn’t care that gasoline costs over \$4.00 a gallon, that our spring weather was more like winter, that the national as well as state budgets were not done yet, that the recession is still a grim reality. For a little while we watched as dreams came true.

We can take a lesson from this. Every so often, step back, take a deep breath, and look around you. See your family who loves you, your grandchildren who keep you laughing, your friends who are there when you need them, your dental practice which supports you, your dental staff and patients who are loyal to you, your faith which sustains you. Have your dreams come true? I think maybe they have.

## MDA NEWS

### MDA Launches Program to Assist Members on Extended Absences

The MDA is seeking participants for a new program that would provide member dentists with practice coverage while they are on an extended absence – consider participating in the MDA Colleagues Offering Varied Emergency Relief (COVER) program. This members-only service will provide dentists with a statewide list of colleagues who have expressed interest in providing temporary coverage while he or she is away from the office.

Throughout the year circumstances arise that force dentists to be out of their offices for extended periods. This new program is designed to assist members with what can be a troubling and stressful process. But, the MDA needs your help to get the program started!

If you are interested in joining the program and willing to help another member during a time of need, without the obligation of making a formal commitment, e-mail Josh Lord, MDA director of membership and student affairs, at [jlord@michigandental.org](mailto:jlord@michigandental.org), or call 517.346.9415.

### Reminder: Third of Dental Licenses Expire in August

It’s almost that time of year again – one-third of dental licenses in Michigan expire on Aug. 31. Is this the year your license expires? Do you have enough continuing education credits to qualify for relicensure?

Now is a great time to check!

Typically, the state of Michigan sends just one notice to dentists whose licenses are expiring. Sometimes these notices are overlooked and dentists allow their licenses to lapse. Practicing with a lapsed license can have serious consequences, so it makes sense to take a few moments – right now – to check the expiration date on your license.

For information on continuing education credits required for relicensure, see the MDA website at [www.smilemichigan.com](http://www.smilemichigan.com) (dental professionals area), or call the MDA at 800.589.2632 and ask for the CE department.

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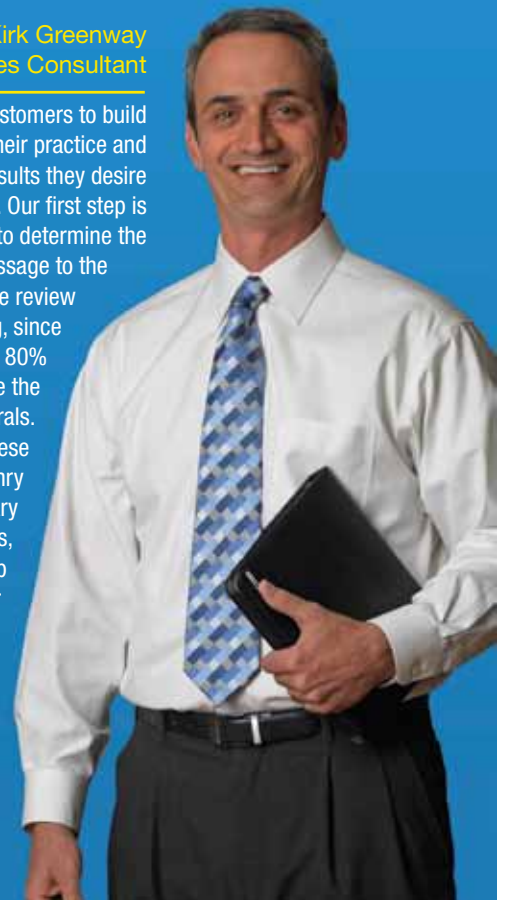
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[www.HenryScheinWeDoThat.com](http://www.HenryScheinWeDoThat.com)

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Making Technology Work for Your Dental Practice

### SERVICES OFFERED:

- **Technology consultation and treatment planning**  
Similar to your process with new patients, **DDS** will offer expert advice to accomplish your technical goals.
- **New systems installation and integration**  
Whether it's new computers, cameras, sensors, or monitor's, **DDS** is the company to call.
- **Remote "real-time" system monitoring and supporting**  
**DDS** will know when your system has issues and proactively manage them before they ever affect you.
- **Onsite and Offsite backup services for your most critical data**  
One backup method is not enough. At **DDS Integration**, our goal is to ensure that no scenario will cause a loss of valuable data.
- **Ongoing system maintenance**  
The world we live in contains dust, viruses, and other things that you don't want in your computers. Through ongoing maintenance, **DDS** can make sure these things do not affect the performance of your system.

### Technology Treatment Plan:

You provide your patients with the best service possible by implementing an individual, custom tailored, "treatment" plan. Why should you receive anything less than the same service for your technology?

**Digital Dental Systems Integration** will create an individualized, custom treatment plan specifically for your practice. As part of our free consultation process, you will receive the following:

- Analysis of your current technology problems
- Discussion of your concerns and goals
- An image based Technology Treatment Plan that lays out the necessary steps to get from *today* to where you want to be
- A detailed hardware and services list that supports the Technology Treatment Plan so you know exactly what you are getting
- Personalized solutions to meet your specific practice needs

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