



The ORACLE

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What's Inside

From the Editor's Desk

President's Message

Leadership Update

Legislative Update

The CLASSIFIEDS

Dates to Remember

September 23-25, 2011
Chesapeake Dental Conference
Ocean City, MD

October 3, 2011
General Membership Meeting
Silver Spring, MD

Class Schedule Enclosed

WE NEED YOUR HELP!!

We are in the process of planning future meetings but need help. We need members to contribute toward ideas for speakers. We need members to plan the events. If you've seen a great speaker at another lecture or if you've heard of a great speaker please let us know.

All General Membership Meetings are held at the Silver Spring Crowne Plaza
8777 Georgia Avenue
Silver Spring, Maryland

Congratulations to the Following SMDS Members!

Congratulation to the following dentists who have been members of the SMDS, MSDA, and the ADA for the past five, ten, twenty five, and fifty years. We hope you are able to attend the SMDS General Membership meeting ON OCTOBER 3, 2011 where we will be presenting these certificates and lapel pins to you in front of your peers.

Five years continuous membership:

Dr. Poonum Bharal	Dr. Joi Carroll	Dr. Nadim E. Kodsi
Dr. Thanh Lam	Dr. Sunil Lengrade,	Dr. Adela Morocho
Dr. Thuan-Anh Nguyen	Dr. Gregg Taira	Dr. Amir Zolfaghari

Ten years continuous membership:

Dr. Shannon Abel	Dr. Stanley Cohen	Dr. Al J Fisher
Dr. Norma E. Fox	Dr. Ann M. Harvey	Dr. Samuel K. Huang
Dr. Gregory Keating	Dr. Saba Lakhani	Dr. Matthew Moy
Dr. Heather Nguyen	Dr. Yutaka Okamoto	Dr. Howard Ratain
Dr. Ahmad Soolari	Dr. Ronald Taylor	Dr. Denise Taylor-Shaw

Twenty five years continuous membership:

Dr. Michael Beers	Dr. Brian Brodowsky	Dr. Cheryl Callahan
Dr. Charles Doring	Dr. Scott Lawrence	Dr. Glenn Nathan
Dr. Aaron Nicholas	Dr. Kurt Schwarz	Dr. Chris Tsintolas

Fifty years of continuous membership:

Dr. Morris Antonelli	Dr. Gerald Chasen	Dr. Theodore Chipouras
Dr. Dennis Dalton	Dr. Irvin Davis	Dr. Harvey Fenster
Dr. Sandford Glazer	Dr. Aina Hertelis-Thomas	Dr. Matthew Kessler

The SMDS Executive Committee would like to extend a very heartfelt "THANK YOU" to Dr. Charles Doring, and the many who helped the profession of dentistry overcome many legislative issues. Keep up the good work.

Southern Maryland Dental Society Executive Committee



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President's Message



Well all good things must come to an end, so this will be my last Presidents message. But first things first. We would not have a dental society without the dedication and hard work of both Val Fridley and Janice Farber. Thank you, Thank you, Thank you. You make our job easy and your commitment to the dental society doesn't go unnoticed. I personally want to thank all of those involved this year who contributed their time, their minds, and their energy to this years executive board. Alan

Heller (your next president), Chris Liang, Brian Robinson, Jay Nokkeo, Adam Schneider, Mary Ziomek, Ron Mancini, Daniel Hoffacker, Rick Williams, John Mechak, David Allick, Stanley Foxman, Corey Anolik and a special thank you to Art Fridley for always being there for us. All of these individuals gave so much of their time to make this the most exceptional dental society in the state of Maryland.

And now I want to thank all of you, the members of the dental society, for allowing me to use you as a sounding board, to get a message out there this year, one which I hope did not offend you but instead opened your minds to what is possible about change. We often talk about why we all went into dentistry and that was to put smiles on patients faces and now its time to put that smile back on our own faces and try enjoying our profession, and enjoying our lives.

Scott Gritz DDS



SAVE THE DATE



OCEAN CITY CONVENTION CENTER
OCEAN CITY, MARYLAND

From the Editor's Desk



Dr. Jay S. Nokkeo

When I first learned of another conference put on by the MSDA (DAC Gives Back), I thought - do we really need another? However, after attending the 3 day weekend conference, I am happy to say it was well worth it. It was a very inexpensive event that gave participants 12 CE, great fellowship, and a beautiful resort to enjoy.

The lectures were very informative, everything from practice/risk management lectures to "digital dentistry" updates. Everyone seemed to feel all the lectures were of the highest quality giving attendees valuable information that could be incorporated into their

practices immediately.

The venue was the Omni in Bedford Springs, PA. This resort has undergone an unprecedented \$120 million renewal and expansion project which was completed in 2005. The legend began over 200 years ago at Bedford Springs, where eight mineral springs became famed as a mecca of rejuvenation. Today, the legacy continues at the world-class Springs Eternal Spa incorporating treatments with mineral waters, and a magnificently restored golf course. My kids loved the indoor Olympic sized spring water heated pool and my wife took advantage of the spa.

It's true that organizing conferences was not the original goal of DAC, but when a great event can be seen as a member benefit, promote the organization, provide excellent CE and actually make money for the association, I don't see why this can't be a yearly event people will be looking forward to for years to come.

Jay S. Nokkeo, DMD



DAC Gives Back Risk Management Lecture



Dr. Bob Wilson



Omni Bedford Springs Resort and Spa



Left to right: Dr. Allen Heller, Dr. Michael Blackwood, Dr. Scott Gritz

The ORACLE is published eight times a year by the Southern Maryland Dental Society, 4920 Niagara Road, Suite 306, College Park MD 20740, (301) 345-4196, Fax: (301) 345-0016, and mailed to all members of the Society.

The SMDS will publish signed articles relating to all phases of dentistry (space permitting), but assumes no responsibility for opinions expressed by the contributors. Acceptance of advertising in no way constitutes professional approval or endorsement.

Deadlines for all materials is the 1st of the month preceding the issue. Publishing dates are September, October, November, December, January, February, March, May/June.

Leadership Update

Dear Colleagues,

Congratulations to the New Mexico Dental Association (NMDA) on its successful effort to get the state legislature to legalize the creation of Community Dental Health Coordinators (CDHCs) based on the ADA model.

The new law authorizes the state dental board to certify CDHCs to provide educational, preventive and limited palliative care and assessment services. CDHCs will work with the general supervision of a licensed dentist in settings outside of traditional dental office and dental clinics.

The NMDA negotiated the provisions of this new law with the New Mexico Dental Hygienists' Association. The law also creates expanded function dental auxiliaries (EFDAs); allows persons licensed to practice dentistry or dental hygiene in another state or students enrolled as dental residents at the University of New Mexico to obtain a temporary public-service license; and authorizes the dental board to accept the results of clinical examinations from all current regional testing agencies for initial dental licensure.

IOM Delivers First Oral Health Report to HHS

The Institute of Medicine (IOM) today delivered to the Health Resources and Services Administration the first of an anticipated two reports on federal agency activities in oral health research and delivery. *Advancing Oral Health in America* deals mainly with the organization of the oral health infrastructure within the government, focusing on the Centers for Disease Control and Prevention, the Indian Health Service and the National Institute for Dental and Craniofacial Research.

We have not yet fully analyzed the 211-page report ([available for purchase from the IOM](#)). The following initial observations are based on the report's 4-page [report brief](#), and our *preliminary* review of the report itself. The brief is available at no charge.

Many of the report's recommendations align with longstanding ADA policy and echo statements that the association has long made to government, other stakeholders and the public.

The report brief offers 10 "Organizing Principles for a New Oral Health Initiative" which:

- Emphasize the need for better coordination among the various agencies within the Department of Health and Human Services including the Centers for Disease Control and Prevention, the U.S. Public Health Service, the Indian Health Service and the National Institute of Dental and Craniofacial Research;
- Underscore the need to train physicians, nurses and other health professionals to identify oral disease;
- Point to evidence of associations between oral disease and diabetes, cardiopathy and complication with childbearing and birth;
- Call for greater emphasis on oral health literacy; and
- Point out the weaknesses in public assistance programs such as Medicaid, noting that even when people are covered, many cannot overcome attending barriers such as transportation and identifying a dentist able and willing to treat Medicaid patients.

Among the 10 are two addressing workforce issues: "Explore new models for payment and delivery of care," and "Enhance the role of nondental health care professionals." We will of course pay particular attention to these recommendations and how the federal agencies interpret them.

Unfortunately, the report brief—which is the only part that most people are likely to read—risks creating concerns among policy makers and the public by stating, "Few quality measures are used in oral health, and there are no standards in practice to determine the overall quality of oral health care in the United States. Because quality measures do not exist, patients cannot find information to help them make decisions about their oral health care, and best practices are limited."

This statement fails to take into account the degree to which regulatory boards, specialty societies, graduate and continuing education and, most pointedly, the emergence of evidence-based dentistry all help advance clinical practice in terms of the quality, currency, efficiency and cost-effectiveness of care.

Although the IOM—including its president—denied

our requests to include ADA representatives on its two oral health panels, it did invite Drs. [Tankersley](#) and [Gist](#) to testify at separate public hearings last year.

A second IOM report will focus more on the delivery system than on the role of the federal government and is likely to include a greater focus on alternative provider models, including so-called “midlevel” providers.

We will follow up with a more in-depth analysis of the current report.

U.S. Revises Position on Amalgam Treatment in Proposed UN Mercury Treaty

The ADA recently learned that the United States has revised its position on how dental amalgam should be treated under a proposed United Nations treaty on mercury in the environment. There had been significant pressure on the U.S. government to support a ban on dental amalgam and, at one point, it appeared that this would be reflected in the official U.S. position.

The ADA and a number of allied organizations aggressively opposed any such action with the U.S. State Department. Instead, the ADA argued that all nations should strive to “phase down” the demand for all dental restoratives through a public health, prevention-based emphasis. In addition, the Association argued, any treaty should encourage research into alternative materials at least equal in effectiveness to dental amalgam. In the meantime, all reasonable steps should be taken to minimize any environmental impact from the ongoing use of amalgam.

In its newly stated position, the U.S. government has largely adopted this position. “The United States supports ...the phase down, with the goal of eventual phase out by all Parties, of mercury amalgam upon the development and availability of affordable, viable alternatives. ... [The proposed treaty] could commit Parties to phase down the use of mercury amalgam or address mercury releases through conducting and promoting further research on alternatives, mandating the use of separators in dental offices, promoting and incentivizing prevention strategies, educating patients and parents in order to protect children and fetuses, and training of dental professionals on the environmental impacts of mercury in dental amalgams, and to report on their progress in doing so to inform

the Conference of the Parties on the progress being made to phase down amalgam use.”

Much work remains to be done, to further clarify the U.S. position (specifically about the basis for the statement regarding children and fetuses) and to assure the final treaty follows this basic approach. The next international negotiations over the proposed treaty will be in October in Africa.

Senate Passes 1099 Relief Bill

On Tuesday, the Senate voted to exempt dentists and other small employers from a law that would require filing of IRS 1099 forms for any exchange of goods valued at \$600 or more in a year. The requirement is 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.

The bill that passed the Senate is identical to one that passed the House earlier this year. The legislation now goes to the president, who has said he will sign it.

Council on Scientific Affairs Updates Whitening Report

In response to a 2008 House of Delegates resolution, the Council on Scientific Affairs (CSA) developed a report entitled, *“Tooth Whitening/Bleaching: Treatment Considerations for Dentists and Their Patients,”* which was disseminated to the constituent societies in 2009. The revisions are editorial and technical in nature and do not affect the substance and overall findings of the original 2009 report. A link to the CSA report may also be found on [ADA.org](#).

Upgrade plans for ADA core systems with Association Management Software

More than 50 constituent and component executive directors and their staff participated in a March 25 ADA conference call briefing on our plans for using an association management software provider, Aptify, to enhance core ADA systems for e-commerce and customer relationship management. Upgrades to these core systems were included as part of the special technology dues assessment passed by the 2010 ADA House of Delegates.

Leadership Update *Continued from Page 5*

The ADA has additionally asked Aptify to provide estimates for further customizing the Aptify software that ADA now owns to become the new Tripartite System. Plans for upgrading the Tripartite System preserve all of the core capabilities currently available in the system. In addition, the system will incorporate new, online functionality to enable the Tripartite System to provide added value to members. This Tripartite opportunity will likely require additional funding through ADA budget proposals to the 2012 House.

We will provide you with regular updates, both here in Leadership Update and via conference calls with constituent and component executive directors, to

ensure that you have the latest information about this initiative. A team of constituent, component and ADA staff (a TRIO team) will be formed in June to serve as a sounding board to help facilitate tripartite input and discussion on development of an enhanced Tripartite System running on the Aptify platform. The next conference call for tripartite executive directors is scheduled for June.

Sincerely,



Kathleen T. O'Loughlin, DMD, MPH
Executive Director / Chief Operating Officer

Legislative Update

New Dental Bills in Congress

Last week, two key pieces of oral health legislation were introduced in the U.S. House of Representatives—the Breaking Barriers to Oral Health Act and the Special Care Dentistry Act. Both bills have been referred to the House Energy and Commerce Committee.

The Breaking Barriers to Oral Health Act would help oral health stakeholders at the state and local levels form public-private partnerships to improve oral health education and dental disease prevention and reduce the many other barriers to oral health care. The bill also offers support for local and state programs that provide free dental services. The title of this bill purposely mirrors the ADA's series of "Barriers to Oral Health" papers, the first of which, released February, discussed the role of workforce.

The bill, introduced by Reps. Mike Simpson (R-Idaho) and Mike Ross (D-Ark.), would direct resources closer to the end user than many federal programs do. Local and state entities are in the best position to understand what can be most effective in improving oral health in their communities.

The Special Care Dentistry Act would extend Medicaid oral health coverage to the aged, blind and disabled. The bill's sponsors are Reps. Eliot Engel (D-N.Y.) and Jan Schakowsky (D-Ill.).

Ancillary Staff Welcome at Annual Session

Every year, the ADA receives numerous questions from ancillary dental staff wanting to know one thing: can I attend ADA Annual Session? And our answer is, absolutely! The Annual Session welcomes everyone who is involved in the world of dentistry. In 2006, the last time the Annual Session was in Las Vegas, the meeting drew 3,919 dental assistants, 3,161 dental hygienists and 2,442 dental business assistants out of a total registration of 40,223. The dentist attendance in 2006 was 12,381.

The American Dental Assistants Association has been holding its Annual Session in conjunction with the ADA Annual Session since 2007. Dental assistants register through the ADA's registration system and gain access to more than 250 continuing education courses offered during the Annual Session. These attendees have access to the ADA's World Marketplace Exhibition, Opening General Session and more. Dental assistants in 2011 can also attend the ADAA's own business meetings (headquartered at Luxor) and their own social events.

Sincerely,



Raymond Gist, DDS
President

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ANNE ARUNDEL AND PG COUNTY: Seeking a part-time opportunity as a billing/insurance coordinator...experience in financial reconciliations and working knowledge of the claims process, patient billing and scheduling... team player, fast learner with attention to details, initiative, customer service skills. Available to work 4 days/week, maximum 6 hours daily. Please contact Eraina Brooks on 240-421-5530 for an appointment.

Reminder: The Maryland State Board of Dental Examiners does not recognize "practice management" lectures for Licensure CE.

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The ORACLE MAY/JUNE 2011

THANK YOU SMDS TEACHERS

The Southern Maryland Dental Society Executive Board would like to thank our dedicated teachers. They have diligently presented excellent courses for the dental team. We appreciate their commitment to providing a high quality educational experience.

- Dr. R. John Mechak
Dr. Robert Tilkin
Dr. Ted Thomas
Dr. Charles Doring
Dr. Jen Fan Weng
Dr. Henry DiLorenzo
Dr. Kathy Marshall
Dr. Joseph Frew
Dr. Stephen Eisenberg
Dr. Daniel Melnick
Dr. Gary Funari
Dr. Ngoc Chu
Dr. Nancy Tilkin
Ms. Sharon Reilly

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Anesthesia CE Course

Need Anesthesia CE? The MSBDE now requires anesthesia CE for any dentist giving oral and/or IV sedation beyond "anxiolysis." Ten (10) anesthesia CE Hours are required for the 5 year permit renewal.

The Maryland Component of the American Dental Society of Anesthesiology is proud to present:

Enteral Sedation Update
Kenneth L. Reed, DMD

Assistant Director, Advanced Education in General Dentistry & Attending, Dental Anesthesiology Residency, Lutheran Medical Center, Tuscon, AZ

DATE: October 21, 2011 at the BWI Marriott

Course Description: A review of oral sedation, commonly used medications and their basic pharmacology along with rationale for sedation agent selection and dosing appropriate for various patient populations.

Register in advance or on-site at 8 AM on October 21, 2011 at the BWI Marriott Hotel.
Fee: ADASA members \$150; non-members \$275 (anesthesia CE: 7.5 hours)
Airway Station Fee: \$50 for registrations before 10/03/11 or \$75 after 10/03/11 (an additional CE of 1.0 hour)

For More Information or to Pre-Register:
www.adsahome.org/component.html or call 312-664-8270.