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VOLUNTEER DENTIST

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The *Volunteer Dentist* is the official publication of the Tennessee Chapter of the Academy of General Dentistry. It is sent to all ADA members in the state of Tennessee and has a circulation of 2,200. The Tennessee Academy of General Dentistry does not necessarily endorse opinions or statements contained in articles published in this Newsletter. The editor believes that the contributing authors are sincere in their efforts to foster the interests and educational concepts of its readers.

Upcoming Events

*TDA Annual Meeting
May 13-15, Chattanooga*

*AGD Annual Meeting
July 8-11, New Orleans*

*TNAGD Annual Meeting
August, 13-14
Franklin Marriott*

PRESIDENTS REPORT

Ernie N. Oyler, Jr.

As this newsletter reaches you, I hope it brings as much excitement as the New Year has. Each January we should look forward to new challenges and goals for what could be the best year ever. One true thing is that this new year brings change.

I am constantly amazed at the anxiety that change brings along as a passenger. I am writing to a group of dentists who embrace change and strive to see improvements. The thirst for education did not end when you rejoiced as you accepted the parchment announcing your graduation.

As I remind my patients, dentistry is a daily practice of what we know and our daily re-evaluation of what we believe can provide the best treatment result. As a member of the Academy of General Dentistry, you have embraced the idea that we strive to improve our skills, to become better educated and qualified to keep pace with the ever changing modalities of modern dentistry. There are many who feel this same way yet have not chosen to join our organization. Take the time to take a young dentist to dinner, find out how he feels about the issues we all deal with and ask them to join us.

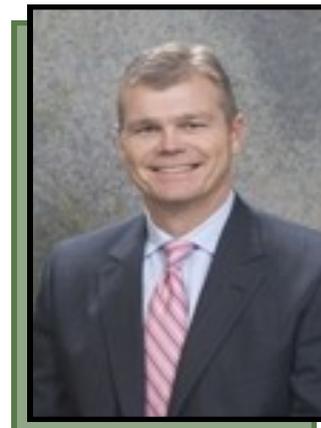
There is a movement underway that will attempt to change our role as care givers. I am too young to remember how physicians lost control of the way they practice medicine to insurance companies. We all have heard from many of our peers that we do not want to have the same thing happen to us.

We may not be able to convince the politicians that we should stay in control of our profession but we must work every day to convince our patients of that. Our legislative leaders for both the TNAGD and the TDA have been working diligently to protect our profession. I encourage each of you to contact your legislators, contribute to their campaigns and e-mail them frequently. Relationships matter. I also want you to educate your patients about this process and that it is in their best interest to voice concern and opposition to insurance company control of dentistry.

I do not pretend to know a great deal about politics but I have seen for myself that it is not always the majority that sways the process. It is the group, the organization or in some cases, the one person who is always involved that can make the difference. We members of TNAGD can make a difference!

Have a great spring.

Ernie



Dr. Ernie N. Oyler, Jr.
TNAGD President

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Legislative Platter Provides Mouthful This Session

By Roy Thompson, Legislative Chair



For what may have been anticipated as a light legislative year, your AGD leadership and lobbyist, in conjunction with the TDA, has their plate full. The legislative agenda is in fact so complex that

for the first time we have had to prioritize our objectives and handle bills sequentially and with focus. AGD lobbyist, Mark Greene, has been working with TDA lobbyist, Jack Fosbinder, tag teaming the issues and sometimes dividing them so that they can cover all issues adequately. *“Their (Mr. Fosbinder and Mr. Greene’s) collaborative work is exactly what the AGD anticipated when Mr. Greene was hired three years ago. Mark has been an integral part, from day one, on handling dental issues at legislative plaza,”* said Leon Stanislav, President Elect of the TDA and Vice President of the TN AGD.

Issues being addressed follow in no particular order of importance:

Two bills introduced by the dental hygiene association are being opposed by the AGD. One bill imposed a limit on the amount of continuing education hours that hygienists can get online to 25% of their total requirement. Although the AGD feels this imposes a financial burden on hygienists to attend meetings in person and that many quality multimedia online courses

exist, our greatest concern is that this is a matter that should be handled by the Board of Dentistry in its rule process and not by statutory language. The second bill by the hygiene association would place in statute a definition of dental hygiene. That language referenced hygienists as primary care providers and bypassed the Board of Dentistry in setting some parameters for how hygienists could possibly be utilized in alternative programs. This language is generally defined in Board of Dentistry rules already and the hygienists have failed to offer an explanation of the true purpose of this bill. Both of these bills are opposed by the Board of Dentistry also.

A bill introduced by the TDA would require that municipalities that discontinue placing fluoride in their water systems must notify the Department of Health in writing of this action.

Three bills have been introduced relating to the Board of Dentistry and Boards in general. One bill would eliminate the ability of associations to recommend names to the Governor to be considered on Boards. This is seen by some politicians as a way to control who is placed on the Boards. The AGD supports wording in legislation that allows us to submit names but says the Governor “may” select one of those names. Secondly, some Boards break into what are called screening panels to review certain issues. Legislation has been introduced that would eliminate the use

of screening panels. This legislation is thought by the AGD to be a step backward and would bog down the business of the Boards and is being fought by our lobbyists. Lastly, this is the year for sunset review of the Dental Board. Sunset review is the process by which the life of the Boards are extended and it is the intent of the TDA and AGD that the Board of Dentistry continue to represent dentistry

At the request of the Board of Dentistry, the TN AGD has introduced a bill that would change the format of the coronal polishing examination. The language of the bill would allow course directors to administer the coronal polishing examination as opposed to the Board members themselves having to proctor the exam.

One bill monitored by the Academy involves encouragement of public health departments to see adult dental emergencies when their time and existing resources allow this. Many public health departments already provide these services but some refer all emergencies to other agencies of which there are few resources. Faith based clinics are inundated with emergencies and it is the goal that this legislation would offer some mandated encouragement for all health departments to follow suit and see their share of adult dental emergencies.

Lastly, a bill has been introduced in Tennessee, similar to legislation introduced in many other states referred to

as “capping of non-covered services”. Some insurance carriers, even when they do not provide coverage of a procedure, cap what a dentist can charge. This affects only dentists that are in-network providers. The legislation introduced and supported by the AGD and TDA would not allow carriers to cap non-covered services.

On any one of these issues I could have delved much more deeply. I have not tried to expand on all aspects of each bill. The issues are complex and interwoven. Rest assured that Dr. Stanislav, Dr. Richard Dycus and I are in daily contact with each other and with Mark Green regarding these bills and strive to represent your AGD’s interest. If you want specific information on these bills you may contact me most efficiently at wroyt@comcast.net . Please pay very close attention to any legislative alerts from the TDA or e-blasts from the AGD and take time to immediately contact your legislators or those we list on the committees of interest.



Diagnosis and Treatment of Periodontal Disease: Standard of Care Changes Risk Exposures

Kathleen M. Roman, MS

Allegations that a doctor had failed to screen for, or to address, a patient's gum disease used to be fairly common. And, when this type of lawsuit occurred, it could be difficult to defend the doctor if the patient's record was devoid of important information. It was not uncommon for patients' records to note periodic prophylactic care and occasional restorations over the course of many years. Then, the patient would suddenly lose first one tooth and then another. Eventually, the patient might seek a consult, returning to the original dentist to demand, "Why didn't you tell me I had gum disease?"

During a 20-year span, from roughly the mid-1980s until the present, many dental schools have changed their approaches to the identification, diagnosis, and management of periodontal disease.

In addition, within the past ten years, it would be safe to say that the standard of care for periodontal disease has changed. More and more dentists are incorporating regular soft tissue exams into their practices. Dental hygienists and dental assistants have played a role in this more aggressive exam process through recall cleaning programs, supportive patient education and compliance reminders.

As a result, there's been a decline in the number of lawsuits alleging negligence in the diagnosis or treatment of periodontal disease. Since 1990, Medical Protective has seen a 70 percent decrease in the number of lawsuits involving flawed periodontal care. That's the good news.

The bad news, however, is that, because soft tissue exams and aggressive perio treatment have become much more common, it is increasingly difficult to defend doctors who *haven't* updated their processes. Here's an example of their risk exposure. In 1990, approximately 78 percent of all Medical Protective dental malpractice claims were closed in the doctors' favor. However, during this same period, only 15 percent of perio-related claims were closed without payment.

Just as the number of perio-related lawsuits has declined in the past decade, the amount of money required to close these claims has steadily increased, on average more than doubling.

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What are the key factors that will help dentists avoid this type of lawsuit?

1. Always conduct a soft tissue exam. Document all findings, including negative findings. Document pocket depths and make a reminder in the note to recheck deteriorating areas during the patient's next appointment.
2. Always document any kind of lesion, swelling, bump, etc. As the saying goes, if you find a lesion, it's *yours* until it's treated or gone.
3. Document all patient education, diagnostic conversations, recommended treatment, and referral discussions. The patient can't claim that no one ever told her she had periodontal disease if her record clearly shows that, every six months, her dentist has reminded her of the progression of the disease and offered treatment options.
4. When a patient agrees to treatment, note this in the chart. Abide by a formalized informed consent process. Whether using a signed form or making a notation in the patient's record, the informed consent discussion – including treatment options, risks and benefits, and including the risks that will likely occur if the patient foregoes treatment – should all be documented in the record. If the patient doesn't follow through with the agreed treatment, it will become difficult for him to allege that "the doctor didn't tell me."

"During a 20-year span, from roughly the mid-1980s until the present, many dental schools have changed their approaches to the identification, diagnosis, and management of periodontal disease."

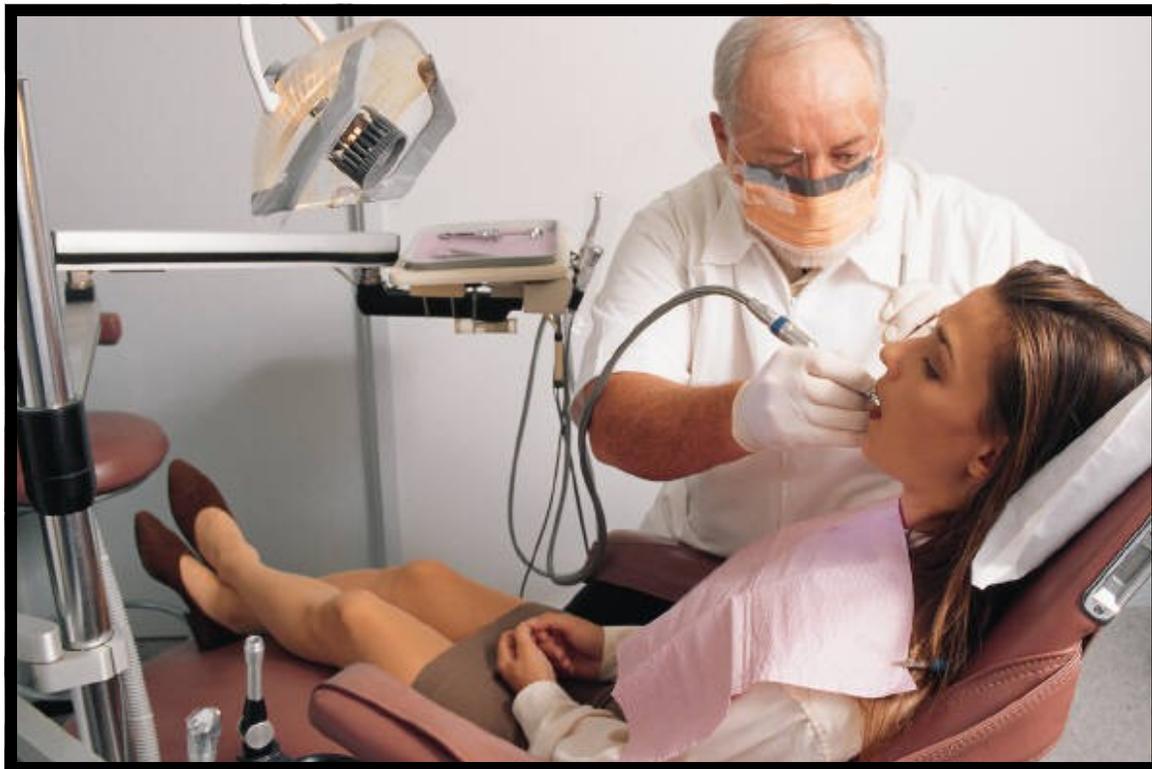
5. Document all instances of patient non-compliance with a perio treatment plan, including failure to follow through with recommended frequent recall exams, home hygiene practice, or referral to a specialist.

So, what can dentists do to assure themselves that they are covering the bases when it comes to periodontal care? As always, the first step toward process improvement is awareness. A records audit is one method doctors can use to identify opportunities for improvement. Audits can be used for a number of purposes, but in this instance it would be used to find out if there is consistency in the way that perio assessments are performed and treatment is provided:

1. At random, pull ten or twelve charts. (Pulling just two or three is unlikely to provide a clear picture of the way various tasks are documented. Pulling two dozen records may take too much time and dull the group's enthusiasm for periodic chart review. Your goal is to incorporate chart review as a periodic process that will help you and your staff find ways to improve quality. If you inadvertently make the project onerous, it will die on the vine).
2. Look for consistency. Review the key factors above and check to see if they are addressed in each patient's record. Compare hygienists' notes with doctors' notes.
3. Look for obvious gaps in the record: a) No perio assessment for a significant period of time; b) No documented update information given to patient, e.g., pocket depths on specific teeth have suddenly worsened; c) No action plan; d) No commitment from patient; e) No notations regarding patient compliance.

Missing, partial, or confusing documentation is a sure sign that oversights occurred in the perio plan for a particular patient. When these inconsistencies are evident in numerous records, it's time to revise and update the dental practice's perio management policies and procedures. By reviewing the way periodontal care is provided in each dental practice, doctors and their teams can improve patient safety, reassure themselves that their perio-related activities are within the standard of care, and reduce liability exposures for the risk of negligence in this important area of oral health.

Kathleen M. Roman is Risk Management Education Leader for The Medical Protective Company, the nation's oldest professional liability insurance company, founded in 1898. She can be reached at: kathleen.roman@medpro.com



Annual Session TN Academy of General Dentistry

August 13-14, 2010
Franklin Marriott Cool Springs

(Full Registration and Brochure to be mailed in the coming months)



Bill Blatchford, DDS

Saturday, August 14, 2010

**Flourishing in Changing Times
Making Bold Moves Or Retreat to Safety?**
6 hours of CE

For more than 20 years, Bill Blatchford has been working with doctors just like you as they create the dental practice environment and personal lives they desire. Dr. Blatchford sees certain common characteristics and behavior of very successful doctors he has coached. Successful dentists exhibit behavior that is bold. They have taken the time to see clearly who they are and where they want to position themselves. They surround themselves with a team who sees the same and supports their vision. When it comes time to make the big decisions, their actions are bold and rarely do they retreat back to their old comfort zone. Employees hunger for regular and clear vehicles for communication and perform best when given systems of accountability and reward. They come to feel needed and wanted.

Do you value your team enough to train together on a monthly basis so everyone is speaking as one? Does your office have layers of paperwork and managers of managers with more people doing the paperwork than the actual dentistry? Do you have hygienists and assistants scheduling, entering treatment, producing insurance forms and collecting fees? How would this change the sense of service in your practice?

This presentation will help to refocus the doctor and his team toward common goals. Dr. Blatchford will present systems and out-of-the-box ideas for clarifying your direction or setting your sails for new horizons. This will be an interactive presentation and team participation and involvement will be expected. Participants will leave invigorated and motivated to achieve a higher level of service for their patients. Doctors will leave with encouragement to set clear expectations for their team and create an atmosphere of team accountability. Quality patient communication skills will be played out so that all team members can be equally involved in discovering what patients want and lead them ethically to make decisions that will improve their dental condition.



Carl Misch, DDS

Friday, August 13, 2010

Implants

A New Paradigm for the General Dentist

6 hours of CE

In this fast-paced presentation, Dr. Misch will take the participants from theory to reality on treatment planning philosophy, implant possibilities, surgical overview and restorative options in the dynamic arena of implant dentistry. This lecture is intended to give an overview of how implants can impact your philosophy of treatment planning in general dentistry and in all dental specialties where tooth loss is still sometimes an unfortunate fact of life. This lecture is not meant to be a surgical symposium nor a comprehensive restorative course. If you never plan to place an implant, this information can be an entryway into developing a tool for treatment planning that every practicing dentist should have available. In your career in dentistry you will see implants used. This course will aid in understanding the biomechanics and dynamics of implants and how they can be used to the benefit of your patients.

“Most of our members are within a tank of gas and a four hour drive of two national level speakers, hotel rates 33% less than last year, a luau celebration of our Dentist of the Year and a gathering of your AGD colleagues. You’ve asked for an annual meeting of this caliber – we now need your participation. Register by June 30 for additional saving.”

Ernie Oyler, DDS, President, TN AGD

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Official Publication of the Tennessee Academy of General Dentistry

TNAGD Annual Meeting 2010

SAVE THE DATE!

August 13-14, 2010

EDITOR'S COMMENTS

GARY M. MCCOWN, DDS, MAGD

What are the benefits of being an AGD member?

Fellowship and life long relationships with other AGD member dentists are at the top of my list.

The best continuing education experience I have ever had was the time I spent with a great group of dentists to obtain my AGD Mastership. The "gift" was truly my increased confidence in my ability to deliver the best possible care for my patients every day that I walked into my office.

TNAGD's advocacy for general dentists with our state government as it relates directly to our practice of dentistry becomes more important every year. Thanks to our lobbyist, Mark Greene, we are able to stay informed and acutely active in protecting our professional interests. Believe me, even non-AGD member dentists receive a great benefit from

our involvement in Tennessee legislative issues which impact the practice of dentistry!

The AGD national website, which you all should consult frequently, goes on to list all these benefits:

- Your licensing board transcript.
- Achievement awards: Fellowship, Mastership and LLSR
- (Lifelong Learning and Service Recognition)
- Practice management assistance.
- Advocacy and representation. (Which I mentioned.)
- Patient education.
- Dental insurance contract evaluation and assistance.
- Premier publications.
- Annual meetings. (AGD national is coming back to Nashville in 2013!!)
- Product and services discounts. The AGD Career Center. (Helps when looking for a partner, selling a practice, selling equipment, etc.)

- Web tools. (Web page builder and AGD wallpaper.)
- Patient referrals. ("Find-an-AGD-Dentist")
- Finding program speakers. ("AGD speaker forum".)

You will find in this issue of the newsletter a new article provided by Kathleen Roman who is Medical Protective's "Risk Management Leader". Our recent association with Medical Protective has provided this additional benefit for TNAGD.

Wow!

I'm glad I'm a member.





March 3, 2010

Dear TN AGD colleague,

Your TN AGD Board of Directors and the TN AGD need your help! AnMeet 2010 will be here before you realize it and now is the time to plan to be there. Tennessee AGD members have asked that top ranked speakers that appeal to both doctors and their teams be scheduled for our annual session. You have asked for speakers that are exciting and vibrant. Survey results show that you equally desire clinical and practice management courses and you want them time appropriate for today's practice.

This year on August 13-14, the TN AGD will host two top tier speakers – Dr. Carl Misch and Dr. Bill Blatchford on Friday and Saturday respectively. Your Board has made a significant financial commitment to these speakers and it is now more critical than ever to support this meeting and your Academy. Dr. Misch will present information relative to implant dentistry that is critical to your thinking as you plan and present treatment in the coming decades. Even if you never plan to place an implant, his information can be an entryway into developing a tool for treatment planning that every practicing dentist should have available. Dr. Blatchford is a team building practice management specialist that helps dentists regularly create the life and practice of their dreams. This interactive seminar will involve both team members' and doctors' active participation to gain full benefit.

We realize that the present economy forces each us to be very selective in our continuing education choices. Each of us search for high value in our CE selections. Your Board feels that these two courses offer you the ability to enhance the services you offer to patients and equally enhance the satisfaction in your office of both you and your team members. With this in mind, it is our ambition that this will be our best annual session ever.

We have attempted to set registration fees so that the average dentist with a team of 3-5 can register for this meeting for around \$1000. Located in Franklin, just south of Nashville, the Marriott at Cool Springs has reduced their rates to \$99 a room this year. Most dentists are within driving distance of this meeting. Included in your registration fee are lunch both days, the Dentist of the Year luau celebration, breaks and admission to both courses. Your Board is requesting that you make this meeting one of your top CE commitments for 2010. You will receive registration information in early April with June 30 being the deadline for early registration discounts. Young and "mature" – we need all AGD members to attend this meeting.

Be on the lookout in your mail for the meeting brochure in the spring and register early. More timely and detailed information will be on our website within weeks!

Respectfully,

Roy Thompson, DDS
AnMeet 2010, Committee