Entrepreneurship in Dentistry
Dentists Lead the Way in Innovation—page 10
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Decommitment

My New Year’s Resolution cut against any promise I had ever made. 2019 is to be my year to reaffirm things that are closest to me and remove myself from what I do not hold so closely. I say that I am doing this, but it came as a very necessary mandate from my wife, Jana. With the four boys ages 8-14, we noticed that good or fun events were becoming taxing because of the sheer number of other things we were trying to do. I began to break the cycle in early January when I resigned from five organizational involvements. I also, said “no” to three asks so far this year. That still leaves our involvements in the twenties, but I have begun the process.

I mention this because this issue is exploring careers and interests outside of dentistry. From software design to dental research, dentists in Indiana are doing great things. Members are doing great things beyond dentistry that should be recognized and celebrated.

What I discovered when I looked at myself, was an array of things that my wife and I do on a volunteer basis. When Jana and I sat down to compare notes, a lot of things came into focus for us. Some things fell out of focus as well, and that is where we began to simplify. Maybe after we condense our schedule, there may be a chance at exploring another career that parallels dentistry in some form.

With the number of weather events, cancellations and delays that the weather brings, it has been difficult to focus, but 2019 is going to be my year to do so.

I hope that the New Year and this issue bring nothing but the best to our profession and each member of the Indiana Dental Association. I hope you enjoy reading about what others have done with their lives to diversify and I hope that this year brings you a laser-like focus to accomplish all that you desire.

*Journal Editor* Dr. Jack Drone is a general dentist practicing in Rensselaer, IN. He can be reached at jack@hillcrestdental.net.
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With all of the changes happening in the health insurance market, insure yourself with someone you trust.
When I joined the IDA many years ago, I joined because it was the right thing to do and all of the other dentists I knew were members. I went to the dinner meetings for the fellowship way before we had CE requirements. I never dreamed that I would join the Northwest Board, or be appointed to the Council on Dental Benefits, become the IDA Treasurer and eventually become the IDA President. My original plan was to be a good member.

Membership is the most important goal of our Strategic Plan. Numbers are great, but more important is to use your connections. There are many opportunities for local and state committee participation.

A very significant opportunity exists with advocacy for the dental profession. IDPAC supports key legislative issues to help us influence the senators and representatives to improve and protect the health of citizens of Indiana. The Governmental Affairs Committee works with our legislators to provide information to make decisions to benefit our patients. Dental Day at the Capitol is an opportunity to meet and talk with your state senators and representatives. We will have the entire third year dental class with us as we did last year. We need more IDA dentists to participate alongside the students. We hope to develop and nourish key contacts at the State House and want them to consider IDA members as the best source of information regarding oral health in Indiana.

We have already conducted Operation Stand Down, a program providing dental care for underserved veterans in La Porte and St. Joseph Counties. We have time for more and I can provide all of the information, forms and time table to conduct one in your city or county.

We have our third IndianaMoM event coming up this May in Fort Wayne. With this two day project we anticipate helping at least one thousand patients. We need more volunteers. You can sign up online at www.indianamom.org/register.

My message to you today is to get involved. You will find satisfaction in helping others. I ask you... if not you? Who will?

I am very proud to serve as your IDA President and wish all of you success in our profession.
BElOW: Operation Stand Down provides dental care to underserved veterans in LaPorte County.

LEFT: Dr. Dan Fridh with his fellow Operation Stand Down providers.
It was the summer of 1990. I was working for the Alabama Dental Association promoting a dental benefit self-funding concept called Direct Reimbursement (DR). The ADA asked me to their annual dental benefit conference to talk about the Alabama program. Unbeknownst to me, Dr. Dale Redig, executive director of the California Dental Association, was in the audience. His House of Delegates had just voted to start a DR promotion program and he was there to learn more about the concept.

After hearing my presentation he came up to me, introduced himself, and invited me to move to California to head CDA’s program.

I think my lame response was, “So you liked my speech?”

That was the beginning of my five year association with Dr. Redig. My initial reaction was that I had no interest in moving to the west coast. In fact, when I called my wife and told her I had been offered a job in California, I can still quote her reply: “You’re not moving me to a part of the country that is going to break off and fall in the ocean!”

But Dr. Redig could be persuasive. He flew Alice and me to Sacramento to learn more about the CDA and the opportunity he was offering. He and his wife, Diane, treated us to a wonderful dinner. He then set the hook by giving us a tour of the new CDA headquarters. Construction was complete, but they had not yet moved in. He took us to the 15th floor where floor-to-ceiling windows offered a spectacular panoramic nighttime view of downtown Sacramento and the California State Capitol. He intended to impress. He succeeded. Three months later, October 1990 – exactly one year after the Loma Prieta earthquake nearly caused San Francisco to break off and fall in the ocean – the Bush family moved to California.

To say that Dr. Redig took a chance on me would be a huge understatement. I was young, naive and my lifetime in the Deep South had imprinted me with a southern accent that sounded like a cross between Andy Griffith and Jethro from the Beverly Hillbillies. He also confided in me that the decision to bring Direct Reimbursement to California had been deeply controversial. But the House had spoken and it was his job to fulfill the wishes of the membership to the best of his ability.

It was not an easy job. California wasn’t Alabama. Not only was the new dental benefit program divisive, shortly after my arrival California was hit with a significant and prolonged recession. During a time when employers were cutting back on benefits, I was tasked with convincing them they needed to add dental benefits, using a self funding concept that, on the surface, sounded risky. But Dr. Redig was fiercely loyal to his staff. I remember when Dr. Jim Pride, president of the Pride Institute and a personal friend of Dr. Redig, spoke to a group of dentists in Alabama. During the Q&A, someone asked Dr. Pride how Direct Reimbursement was going in California. Dr. Pride had no idea that he was on my home turf and he responded very negatively about the program and the “new guy” CDA had hired to run it.

The next day my phone was ringing with calls from my Alabama buddies who wanted me to know what had been said about me. Dr. Redig got the same calls. He fired off a blistering letter to Dr. Pride, basically telling him that when it came to DR, he had no idea what he was talking about. Dr.
Redig’s confidence in me transferred to Dr. Pride. Months later, Dr. Pride and I shared the stage at a panel discussion on dental benefits. He and I became friends and I helped him set up Direct Reimbursement for his staff at the Pride Institute. Subsequently we appeared on several programs together.

While Dr. Redig was loyal to staff, he did have an “old school” leadership style that was often perceived as autocratic. While he could be open to input, once he made up his mind the discussion was over. He had a commanding physical presence - I’m guessing he was about six feet tall - but on the rare occasions I raised his dander I felt I was being dressed down by Goliath. His intense stare could make you squirm. He relished that persona and loved to tell the story of a new administrative assistant he hired. His “intensity” was a bit more than she could handle and she left for lunch on her first day of work, never to be seen again. I remember a particular executive staff meeting when he was upset because a critic had told him that his staff was intimidated by him. He scanned those of us around the table and with a slightly raised voice asked, “Are any of you intimidated by me?” There was absolute silence. We avoided eye contact. I may have smiled at the irony that everyone around the table was too intimidated to admit that we were intimidated.

That’s not to say that I didn’t learn much from Dr. Redig. He had extremely high standards in every aspect of his life. His expectations were that those around him would live up to those same high standards. He was meticulous about his approach to everything. Each memo or letter was perfect. He was always in a starched shirt with a perfectly knotted tie. His office was spotless and completely void of clutter. More than once I saw him alone in the conference room following a staff meeting precisely repositioning each chair around the table. To him, every detail mattered.

He deeply loved dentistry and the CDA. Under his leadership, the organization thrived. He oversaw construction of the 17-story central office building that is still a downtown Sacramento landmark. While the recession hit just as the new building was completed, it was a huge financial success. Every square inch was leased to a tenant or occupied by CDA. He even managed to lease the flagpole on top of the building to a radio station that used it for its broadcast antenna. CDA’s for-profit subsidiary and wholly owned professional liability insurance company were the envy of other professional associations. Other executives strived to emulate his innovation and leadership.

After five years with CDA, I received a call from an executive search firm in Indianapolis. The IDA was looking for a new executive director and they wanted to know if I would be interested. Dr. Redig was one of the first people I consulted. His encouragement and ultimate recommendation played a significant role in getting me to where I am today.

Years after I left the CDA for the IDA, I was passing through Sacramento. I called Dr. Redig and asked him to join me for breakfast. He had long since retired from the CDA and we enjoyed reminiscing about the five short years we had worked together. As our time together drew to a close, I thanked him. I expressed appreciation for what he had taught me and the opportunities that he had given me. For the first and only time I can remember, he was at a loss for words. The man who was never intimidated by anything or anyone, was uncomfortable. I realized he didn’t quite know how to accept a heartfelt thank you.

Nonetheless, I’m grateful I had opportunity to say the words.

Dale F. Redig, DDS, served as Executive Director of the California Dental Association from 1978 to 1996. He passed away on November 15, 2018, following an extended illness.

Mr. Doug Bush is serving his 22nd year as IDA Executive Director.

He can be reached at doug@indental.org.
The explosion of technology over the past three decades has spurred a parallel growth in entrepreneurship and endless opportunities for innovation. The speed and breadth of technological change has indelibly affected the practices of every type of industry, and dentistry is no exception. From wearable technology to innovative software to cutting-edge research, entrepreneurship is changing the business aspect of dentistry in Indiana and putting a Hoosier stamp on dental products and technology around the world.

Software Intervention

Discount plans are common in dental offices, and they’re a great way to provide affordable dental care to patients. More than a decade ago, Dr. Jason Flannagan saw an optometrist giving free eye exams with a membership plan and he knew that primary care doctors were providing similar benefits, which gave him the idea of creating a membership plan for his dental practice. When Dr. Flannagan began offering his membership option to patients in his Westfield practice in 2013, enrollment soared quickly and the plan proved to be a great benefit to his patients. The monthly recurring revenue was also growing and proving the benefits of this type of business model. However, with popularity came the difficulties of managing details and participation.

“You can imagine how difficult it can be to run hundreds of different credit cards. It can be a long and tedious process, in addition to the risk factor,” he said. “I couldn’t find a software that would automate the credit card processing and also let us know if cards were expiring.”

Up until this point, membership agreements fell into a grey area for providers because there was no state legislation on the practice. Fortunately, discount plans became approved by the Indiana state legislature in 2016, a decision that
allowed patients and healthcare providers to agree on a set fee in exchange for preventive care. Dr. Flannagan took advantage of the legislative green light and put his idea for his company, PlanForward, into motion.

In fall 2017 Dr. Flannagan reached out to a former employee, Megan Lohman, who had helped him create and launch his membership plan in 2013. Dr. Flannagan hired Lohman to research existing products on the market and to find a solution to managing his membership plan. After extensive research and many conversations, they both saw an opportunity to create a solution that would add value to a practice at a more affordable price than current products.

Together Lohman and Dr. Flannagan navigated the pitfalls and possibilities of creating the technology necessary to make PlanForward a success. “At the time, software development and payment processing were two industries with which we were not familiar,” said Lohman. Hiring software developers to write the code and maintain the system was therefore not only a necessity but also a challenge. “Working with all these types of people who think differently has been so interesting and rewarding,” she said. “Turning an idea into a product and making sure we were building in features that would add value to the practice was the biggest challenge.”

As with any new idea, Lohman and Dr. Flannagan also knew that creating awareness of their new product could be difficult. “We had never gone to market with a digital product or had any experience branding a new digital company,” explained Lohman. To begin, the two secured the assistance of six dental offices to test and critique the system, and Lohman relied on her diverse professional background to bring the technology of PlanForward to life.

PlanForward launched in November 2018 and the result was a system that organizes member profiles and membership billing history for a dental practice. PlanForward manages billing, autorenewals, autonotifications such as payment receipts, payment expiration, declined payments, and the ability to control plan start and end dates. The cost for a monthly software subscription is $80 to $200 per month depending on member participation, which includes credit card processing fees. The software is flexible and can be modified to comply with dental plan laws in other states. Dr. Flannagan notes that the ADA’s toolkit on membership plans is tremendously helpful in allowing dental offices to understand the membership laws in every state.

Since the company’s launch, PlanForward has clients in three states and the two founders are looking to add a third member to their team. Dr. Flannagan’s advice for other dentists who want to develop dental-related businesses is simple: “Trust others, and don’t be deterred.” He also emphasizes the importance of using technology or business experts where needed: Allowing Lohman to take the reins and build a business out of his idea has allowed PlanForward to grow and thrive, while Dr. Flannagan continues focusing on dentistry and running a successful practice while offering support when needed. “If you see an opportunity or a gap, trust others to help you execute and fill that gap. A lot of us are doers, and we like to do it ourselves, but that can be a roadblock.”

Megan Lohman, who helped plan the business side of PlanForward.
A Passion for Research

Most successful entrepreneurs will tell you that passion is the key ingredient to making any business successful. Years ago Dr. Jeffery Milleman discovered his passion for research, and this passion has developed into one of the most successful dental research facilities in the world, located right here in Indiana.

In the early 1970s, a group of scientists began a dental research lab at Indiana University-Purdue University Fort Wayne. Dr. Milleman had been in private practice for several years following his graduation from IUSD in 1982 when he was invited to work part-time at the IPFW lab to be an examiner for a multi-year caries trial on school children. Dr. Milleman ended up spending 11 full-time years at the lab doing clinical trials and testing, and he found that he had a tremendous love for the research and the investigative aspect of dentistry.

“Even though this started as just part-time research, I found that I really enjoyed it,” said Dr. Milleman. “Research was so much fun for me. Working for a university didn’t have the financial rewards like being a general dentist, but I had a passion for research and so every day felt like a paid vacation.”

After 11 years at IPFW, Dr. Milleman and some of his fellow researchers decided to leave the university and create their own for-profit research facility, University Park Research Center. The move came largely out of frustration over the slow speed and bureaucracy associated with university research, even though it also meant giving up a reliable income and good benefits. “We were growing but the university wasn’t growing with us. Obviously IPFW’s mission was to educate students, not to operate a research facility, and everything had to be approved by a review board at Purdue University that met only once a month,” recalled Dr. Milleman. “Things move a lot faster in the private sector, and IPFW wasn’t providing the services we needed to grow.”

University Park Research Center operated successfully for about 11 years. When one of the other business partners decided to retire, Dr. Milleman and his wife Kim, a dental hygienist, decided to form their own company, Salus Research. “Things lined up right for us, and it was a good time to start new,” said Dr. Milleman. “You start all over when you start a new company and you don’t know if your sponsors will come back to you, but they all did, and we’ve been able to grow.”

In the years since the creation of Salus, the company has become an internationally known, state-of-the-art clinical research facility. Sponsors have included some of the largest companies in the country: GlaxoSmithKline, Johnson & Johnson, Philips Oral Healthcare, Wrigley, Hershey and Procter & Gamble. Dr. Milleman also does a considerable amount of work for national chains such as CVS and Walgreens that want him to test their store brand products. Salus has even caught the attention of international companies who are hoping to sell their products in the United States. Dr. Milleman has conducted research studies for companies in Israel, Germany and the United Kingdom, and he and Kim have worked on projects in China and Guatemala.

LEFT: Working with a test subject at Salus Research.
“There are not that many for-profit research facilities in the U.S., or even in the world, to do this kind of work,” notes Dr. Milleman. “Many of the research labs or scientists work at universities and focus on a specific area of dental research, but our services are much broader, so we can conduct a wider range of studies.” The reputation of Salus has become so positive and widespread that the ADA designated the lab as a preferred research site in 2017.

Dr. Milleman and his team have conducted myriad research studies related to all kinds of dental products, including toothbrush design, denture food occlusion, dentinal hypersensitivity, tooth whiteners, dry mouth, stain removers and pediatric dental studies. Salus has become particularly well-known for its ability to work on oral malodor studies using Halimeters, OralChroma and Gas Chromatograph. Dr. Milleman has also developed a unique group of trained organoleptic judges, national specialists who can differentiate the efficacy between bad breath products. Regardless of the topic, studies can last a single day or years, and Dr. Milleman uses the services of three Independent Review Boards to review and approve his studies. Once the research is complete, Dr. Milleman is frequently invited to present his findings at conferences around the world.

Salus conducts its human research trials using volunteer test subjects, most of whom live in the Fort Wayne area, and all of whom are paid. The lab’s database of nearly 10,000 active subjects eliminates the need to advertise for volunteers and provides an efficient, time-saving method to recruit study populations. Dr. Milleman notes that entire families have been test subjects, and he’s now seeing the children of volunteers from years past participate in studies.

Despite his success and international reputation, Dr. Milleman notes that operating a research lab can be a precarious business. “It’s a unique business, which has its up side and down side,” he explains. “The up side is that because we’re unique and so specialized, the costs to conduct these trials can get pretty expensive. The down side is that there are only a few companies and not many new products, so it’s tough to keep a balanced workload for our research team. Some years we’ve done as many as 30 human clinical trials, but unfortunately it’s not always like that.”

As with many small business owners, Dr. Milleman and Kim are rarely off the clock. “Because it’s an international business, clients are everywhere and emails and calls can come at any time of the day,” he said. “We got client emails on Christmas this year, so we take our laptops with us everywhere we go.”

Salus has 12 employees who work together in a close-knit atmosphere. “We treat our study participants like family members and the research team members all have each other’s backs. It’s a lot like a dental office; you’re building a trusting relationship with your patients, and that’s how we treat all of our participants.”

As a dentist, Dr. Milleman enjoyed having his own business, and even though he no longer sees patients in private practice, he enjoys being able to combine his dental expertise with his love of research, all in a business setting. “I’ve almost always been a business owner starting with my private practice in 1982. That’s the part I really still enjoy, being a business owner,” he said. “I still love to come to work each day and feel like this has been the best career ever.”
Dr. Ryan Hungate, IUSD graduate, orthodontist and founder of SimplifyEye.

walkie-talkies to direct customers to the most appropriate salesperson, then being walked to the door by the staff member after their purchase was complete. “Before that, people would hang around the store after they bought something and that interfered with customer flow. After my idea was implemented, the stores appeared more empty to new customers, profits increased, and the concept spread to 300 stores worldwide.”

Dr. Hungate returned to Indiana in 2008 to enroll in the IU School of Dentistry. “I always wanted to go back to dental school and I always had that passion, but I wanted to apply what I’d learned at Apple into the world of dentistry. That was my ultimate goal,” said Dr. Hungate. He admits to ruffling feathers at IUSD by questioning low-tech practices and suggesting newer technology to modernize processes such as classroom note transcription. In the end his lobbying was successful, and he is quick to point out that IUSD Dean John Williams was always supportive of his efforts.

Following his IUSD graduation, Dr. Hungate returned to California to enroll in the orthodontics program at the University of Southern California School of Dentistry. During his studies, he made his first foray into entrepreneurship after observing the same phenomenon that occurred at both USC and IUSD, and probably every other dental school in the country: Students at the dental clinic waiting for a professor to come and sign off on their work, a process that can be time-consuming and illogical when one professor is observing the work of 60 students. “You would line up behind the professor and just wait for your turn,” recalls Dr. Hungate. “There was no rhyme or reason to where the professor went, so I came up with the thought process of ‘what if I could triage that?’” Dr. Hungate entered an engineering competition at USC to create a queuing system to organize the flow between the professor and the students and he won the competition and the $50,000 prize, which he earmarked toward the development of his future company.

After graduation and starting private practice in California, Dr. Hungate noticed an abundance of updated dental hardware but a distinct lack of software. “Nothing was updated or automated or a good user experience,” he noted. This frustration gave Dr. Hungate the idea for automation that would streamline and modernize processes within the dental office, but getting his idea off the ground wasn’t a mere side hobby. Despite being perfectly happy practicing orthodontics and trying to manage his mound of student loan debt, he decided to throw himself into the project completely by applying to AngelPad, an intense business accelerator program that helps budding entrepreneurs launch ideas and companies through intense business coaching and assistance with marketing and fundraising.

With the guidance of AngelPad and the help of investors from Silicon Valley, Dr. Hungate began developing his business, SimplifyEye. He recruited engineers who built and refined the technology and relied on mentors to help him develop crucial business skills. The process wasn’t easy; Dr. Hungate admits that he “didn’t know how to talk to engineers,” and he
described how establishing formal partnerships dragged on literally for years, with the cost of lawyers eating into his seed money. Nevertheless, by 2017 the company had fully launched and even formed a partnership with Henry Schein to provide sales and distribution support.

The first component of Simplifeye, Amplify, is a 24/7 online concierge that answers patient questions (in seven languages, no less), refers patients and arranges for follow-up responses. Simplifeye also streamlines the verification of benefits process from the typical 30-45 minutes per patient to about three minutes for most patients. Dr. Hungate said the system takes care of 90 percent of verifications and cuts down on billing errors and a bad patient experience. Lastly, the company offers an online billing portal to give patients online tools for payment and billing, email invoices and text invoices. The service even provides monthly payment options by billing patients monthly and storing credit card numbers.

The Simplifeye website offers innovative tools such as integration with Amazon’s Alexa devices so that dentists can pull up patient records, view patient images, and display educational videos without having to remove and replace gloves. Simplifeye’s Flow system equips an entire office with smart watches so that dentists can keep staff updated on schedules, patient priorities and special notifications.

Four years after Dr. Hungate’s decision to pursue his tech dream full-time, it would be hard to describe Simplifeye as anything other than a runaway success. The company is headquartered in New York City, employs 85 people and has 2,000 customers around the U.S. and internationally. The company has been featured in numerous tech and dental news sites for its innovative approaches to workflows, patient support and billing. Simplifeye remains primarily a service for dental offices, but Dr. Hungate says about 20 percent of his customers are other types of medical providers, and he anticipates that this number will increase over time.

Dr. Hungate now lives in New York City and devotes most of his time to the running of Simplifeye, but he flies to California monthly to continue seeing orthodontic patients by volunteering regularly at a children’s dental clinic in Inglewood. He has advice for dentists who are interested in becoming entrepreneurs: “Believe in yourself. Dentistry is still ripe for innovation and it always will be. Believe that if you think something needs to be changed, it probably does need to be changed. Make sure to lean on mentors and friends who have been there before, because it’s a miserable process. Get a good cofounder or a technical partner. Just take the first step and put your whole heart into it.”

About the Author
Kathy Walden is IDA’s Director of Communications. She can be reached at kathy@indental.org.
The Indiana Dental Association has been in the business of providing continuing education for members in most of its 160 years of existence. We will of course continue this invaluable benefit for members and their teams in the years to come, but for 2019 our goal is to “kick it up a notch.”

We know that the number of continuing education offers has grown exponentially. You probably receive daily requests, invites and offers for CE. We also know you probably have been drawn in by a course offering, only to find out it was a sales pitch or full of bad research, or given by a speaker who really should consider another profession. The IDA is remaking its continuing education offerings to help our valued members and their teams find an affordable, reliable, relevant and convenient menu of continuing education options. These exciting changes to IDA’s continuing education are something you won’t want to miss.

Online Options

That’s right, CE on demand 24/7! At the office, at home or anywhere else you choose, IDA has created a suite of continuing education options for you to access online. Currently we offer online courses in Ethics and Infection Prevention Strategies and Dental Home by Age 1. Other topics coming soon will include opioids, social media, Indiana Plan for Oral Health, legislative updates and resources, wellness, HIPAA, and IDA news and organizational actions. These CE topics are in development and will soon be added to the schedule. These resources can be found by visiting www.INDental.org/CE and on the IDA YouTube channel, www.youtube.com/user/IndianaDental.
Free CE Opportunities

IDA knows that the cost of continuing education can be high, so we’re determined to help dentists with some of that expense by offering a FREE monthly webinar for members. Those not able to attend live will be able to view later rebroadcasts of the webinars. Content has been scheduled based on the needs of our members and frequently asked questions. See page 19 for a schedule of 2019 webinars.

IDA CE Catalog

Planning ahead is key to juggling your busy schedule, and IDA can help plan your year as it relates to continuing education. Coming to your email inboxes and physical mailboxes soon is the IDA CE Catalog. The catalog features the Indiana Dental Association’s programming schedule for 2019 to help you and your team discover sessions that are professionally relevant to your practice and make the most of your time. Details for registration and educational requirements will be included in this must-read catalog.

IDA Center for Excellence in Continuing Education

Formerly the Academy of Continuing Education, the Center for Excellence offers the same great two full days of continuing education as in the past, but in 2019 it will be even better. Your entire dental team is invited to participate in two one-day live seminars at a brand new facility, Embassy Suites Conference Center in Plainfield.

While the name and format are new, the same great pricing still is available to our members even though the program has been expanded and enhanced. Members are eligible to attend both sessions for a special bundled pricing of $250 total. Individual session pricing is also available to residents, dental students and dental team members. Each registration will now include five live, high-quality clinical CEUs, a full lunch buffet, networking time with colleagues and the convenience of hosting your entire team in a central Indiana location.

Dr. Gerard Chiche will present “Smile Design, Bonding and Esthetic Materials” on Friday, April 12, and Dr. Sam Low will present his “Perio Series” on Friday, November 1. Register online at www.INDental.org/CFE to receive the full benefits of this exclusive opportunity.

Midwest Dental Assembly, July 12–15

The IDA Annual Session has a new name but also a new feel, flow and relevance to Indiana dentists, their teams and families. The Midwest Dental Assembly has become the new name of the IDA Annual Session to energize your practice with innovative thinking, create new memories and fuel new experiences for you, your entire team, and families.

Lots of questions have been raised about the new name of the Annual Session. The Midwest Dental Assembly name was carefully selected by our subcommittee to communicate that the conference is open to future regional possibilities. It also focuses on the importance of the entire dental team, and will become the annual gathering place for the Indiana dental community. The objectives of the Midwest Dental Assembly is to CONNECT with colleagues through numerous social events and new Marketplace activities, ENVISION the possibilities of an energized and enhanced dental team and IGNITE practice growth. Our subcommittee put a considerable amount of time and energy into their innovative Midwest Dental Assembly program planning to see that each attendee has the opportunity to CONNECT, ENVISION and IGNITE. Join your colleagues, their teams and families in this movement June 12-15 at the French Lick Resort.

Our one-fee registration system allows you to take as many continuing educational session as you desire, while taking advantage of our plentiful amount of on-site and off-site resort activities and special events. On Thursday, June 13, the Midwest Dental Assembly will kick off with an Opening Keynote session for all attendees featuring Chuck Blakeman, in which he’ll
communicate the importance of the Participation Age and why managing your practice is costing you money.

The full two-day programming will feature topics on customer service, hygiene products and techniques workshops, caries managements, women’s health, restorative materials and techniques, updates on pediatric dentistry, communication, case acceptance, HIPAA, dental assisting, prescribing, business, family law, implants, front office and opioids. Blakeman will close out the continuing educational sessions on Friday, June 14, at 3 p.m. and leave you and your team with the plan to IGNITE the passion in your practice.

Our social events at the French Lick Resort will continue to be one of your favorite reasons for attending and making memories! This year will feature sporting clays, the hospitality suite, associates meet and greet, afternoon tea, zip lining, a progressive dental team crusade, our annual awards program, dinner with entertainment by The Woomblies Rock Orchestra, new dentist social, slot tournament, IDPAC reception, and 80s Night with The Molly Ringwalds. Visit the French Lick Resort’s website at www.frenchlick.com for a full listing of activities available for you, your team and families.

Open on Friday, June 14, a new exhibit area called The Marketplace will feature rotating fast-paced presentations, scientific posters, non-traditional open concept and a lounge to encourage continued conversations. With 60+ vendors signed up to participate, this is a remarkable area where you’ll want to spend some time.

Visit www.INDental.org/Register to complete your online registration and for hotel reservation specifics. Bringing a team of three or more? Use the discount code TEAM during the online checkout process and receive 10 percent off the registration fees.

We’re proud to continue our partnerships with other affiliate dental organizations such as the Alliance Indiana Dental Association, Pierre Fauchard, IDPAC, ACD/ICD, Indiana Dental Assistant’s Association and the IUSD Alumni Dental Association.

CE Folders Available

Back by popular demand, complimentary 2018-2020 CE pocket folders are available to members. These convenient folders allow you to just drop your CE certifications in one pocket folder to maintain your CE records and certificates. We also include all the requirements to maintain your Dental or Hygiene licenses on the outside of the folder. If you’d like a folder for yourself or multiple folders for your team, call us at 800-562-5646 or email contact@indental.org.

New! Opioid Continuing Education

Opioids have dominated the news for the last few years, and Indiana has signed new regulations into law to try and equip dentists to help in the fight against opioid abuse. As of July 2019, anybody who holds a controlled substance registration (CSR) will need to complete a two-hour course on opioid abuse, addiction and prevention. IDA is working on live and online options for this new required course by the March 2020 deadline. Registration for our INDental E-Learning Opioid Series is available by visiting www.indental.org/CE.

Conclusions

These changes are aimed at helping you have convenient, reliable, relevant and affordable continuing education. It has been said that “Dental and hygiene diplomas and licenses are just permission to continue to learn.” We know dentists are lifelong learners, and IDA is committed to being your partner in this practice. To follow the progress and updates of IDA Continuing Education, friend Indental CE on Facebook or email Meetings@INDental.org.

About the Authors

Jay Dziwlik is IDA’s Assistant Executive Director and can be reached at jay@indental.org. Heather Smith is IDA’s Director of Professional Development and Planning. She can be reached at heather@indental.org.
INDental E-Learning Series Schedule

The Excellence in Professional Development Committee is thrilled to offer a new MEMBER BENEFIT, the INDental E-Learning Series, with a live online webinar occurring the first Thursday of the month at 1 p.m. EST (one LIVE Credit hour) and a non-live rebroadcast occurring the third Tuesday of the month at noon EST (one non-live Credit hour). The full schedule is below, and registration and course information are available by visiting www.INDental.org/CE. Check your email for updates to programming as well.

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<tr>
<th>Date (Start)</th>
<th>Date (End)</th>
<th>Time</th>
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<tbody>
<tr>
<td>March 7, 2019</td>
<td>March 19, 2019</td>
<td>Live @ 1 p.m.</td>
<td>Opioids Part One</td>
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<td>April 4, 2019</td>
<td>April 16, 2019</td>
<td>Live @ 1 p.m.</td>
<td>Opioids Part Two</td>
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<td>May 2, 2019</td>
<td>May 21, 2019</td>
<td>Live @ 1 p.m.</td>
<td>Yes You Can! Financial Guide to Practice Startup</td>
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<td>June 6, 2019</td>
<td>June 18, 2019</td>
<td>Live @ 1 p.m.</td>
<td>Dental Decision Tree for Ethical Dilemmas</td>
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<tr>
<td>July 11, 2019</td>
<td>July 16, 2019</td>
<td>Live @ 1 p.m.</td>
<td>Understanding CDT Codes and More</td>
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<tr>
<td>August 1, 2019</td>
<td>August 20, 2019</td>
<td>Live @ 1 p.m.</td>
<td>Basics of Dental Practice Marketing</td>
</tr>
<tr>
<td>September 5, 2019</td>
<td>September 17, 2019</td>
<td>Live @ 1 p.m.</td>
<td>Is Your Office Prepared for an OSHA Inspection?</td>
</tr>
<tr>
<td>October 3, 2019</td>
<td>October 15, 2019</td>
<td>Live @ 1 p.m.</td>
<td>Create a Better Dental Team</td>
</tr>
<tr>
<td>November 7, 2019</td>
<td>November 19, 2019</td>
<td>Live @ 1 p.m.</td>
<td>Insurance Basics 101</td>
</tr>
<tr>
<td>December 5, 2019</td>
<td>December 17, 2019</td>
<td>Live @ 1 p.m.</td>
<td>How to Set Better Goals for Yourself &amp; Your Dental Practice</td>
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</tbody>
</table>

All listings are available to members and their teams as a membership benefit. All times listed are Eastern Standard Time. Registration can be found online at www.INDental.org/CE and may be subject to change.
In Component 140, Indiana’s component dental societies have the chance to showcase their members’ achievements, reflect on past events or provide information about upcoming opportunities for members.

Northwest Indiana Dental Society

The Northwest Indiana Dental Society came together for the first NIDS 5k Run/Walk for Oral Cancer Awareness on October 13, 2018, at Hidden Lake Park in Merrillville. Over 180 people were in attendance running, walking and volunteering on race day. It was wonderful to see our members, general practices, specialty practices, their families, staff and the general public come together for this worthy purpose.

Public awareness of oral cancer symptoms, risk factors and the importance of dental exams in combating the disease remains tragically low. It is our role as providers to educate the public.

Our generous contributions of time and money will now be transformed into a philanthropic donation. We will be making a donation in the amount of $10,000. This amount will directly benefit the Oral Cancer Foundation in its mission to support and advocate for individuals affected by this disease.

Our second annual 5K Run/Walk for Oral Cancer Awareness will be held Saturday, October 12, at Hidden Lake Park in Merrillville.
Share Your Events With Us!
Keep fellow members updated on what your component is doing! Share events, fundraisers, meetings and social gatherings with IDA for publicity in the quarterly *Journal*. Email IDA Director of Communications Kathy Walden with details at kathy@indental.org.

THERE ARE MANY REASONS TO GET A PRACTICE VALUATION... PROTECTING YOUR FAMILY MAY BE THE BEST.

Your practice is likely your biggest asset. You should know what it is worth. Use *Henry Schein® Professional Practice Transitions* for your practice valuation. Because how it’s done—matters.

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The winter is a great time for sports. Football is wrapped up with the Super Bowl in February. Basketball is in the middle of its march to the Final Four and baseball is just starting spring training. One of things that all of these sports have in common is coaching. There is always someone there giving the players tips and strategies on how they can improve and play the game better.

Last November Indiana Sen. Jim Merritt, the majority caucus chair, came to a meeting of the IDA Government Affairs Committee. Sen. Merritt talked about how he tries to make it easy for his constituents to get in touch with him. Sen. Merritt likes the use of email. He reads his email every day and makes a special effort to respond to messages. He has a newsletter for his constituents. In addition, the senator mentioned that he has a Facebook page and a visit to his page reveals many of the activities that he is involved with in conjunction with his government responsibilities and representation and recognition of the citizens in his district. The senator was coaching us. He was giving the IDA tips on how to improve our ability to communicate with our lawmakers and telling us which venues to use. The main reason for this discussion was to make sure that the IDA members knew not only how easy it is to contact Sen. Merritt, but that this is how nearly all our state legislators organize their offices.

We also learned about the need our legislators have for volunteers. There is fundraising for election campaigns, placing of yard signs and identifying individuals who need recognition. It is also important to communicate our ideas and suggestions to them via Facebook or email. When there are issues that involve dentistry our senators and representatives want to hear from dentists.

This information came at a time when the IDA needs more contact dentists. There are a number of legislators—several who are newly elected—who do not have IDA contact dentists. What Coach Merritt has told us is that our policymakers are easy to approach. It is easy to email them and set up a meeting date just to get acquainted. These men and women all have newsletters and they are looking for volunteers. But what makes a contact dentist a unique constituent is the personal relationship they have developed.
with the lawmaker and their knowledge of an important aspect of healthcare, dentistry.

In the past, contact dentists have made a difference in legislation that affects dentistry by pointing out unexpected consequences, suggesting new ideas and participating in topics that concern the citizens of Indiana. Dr. Dennis Zent, a state legislator, is extremely helpful with dentistry’s concerns but he needs help and this is the job of the contact dentist. The advocacy section of the IDA website is also a great way to become educated on the issues concerning dentistry that are being considered currently in the legislature.

As with the other sports mentioned, winter is the time in Indiana for the sport of legislation and this year is the year of the long season. What this means is our lawmakers will have busier schedules and longer agendas during this legislative session. But it also means there will be a greater length of time to put Coach Merrit’s hints and tips to work.

By taking a longer view, however, Senator Merritt has told us how and why we need to play the sport of advocacy. Like the professional athletes who intend to play the game for many seasons and by doing so get many years of coaching, IDA is in the legislative game for many, many more seasons too. The players will change, the issues will change, the rules will change but what will always be constant is the need to keep playing the game.

Coach Merritt has given us our pep talk; now we need to get out on the field and play the game.

About the Author
Dr. William B. Risk is a general dentist practicing in Lafayette, IN. He can be reached at wriskdds@gmail.com.
2017 Stats: 8,166 Volunteer hours & $938,855 in care

1,366 Volunteers

1,217 Satisfied patients

- 301 Dentists
- 113 Hygienists
- 356 Assistants
- 68 Dental/Medical professionals
- 528 General volunteers
We Need VOLUNTEERS!

On Thursday, May 16 (set-up only) through Saturday, May 18, 2019, over 300 dentists, dental specialists, licensed dental hygienists and physicians, along with more than 1,000 support volunteers are needed to help treat an estimated 2,000 patients at the Allen County War Memorial Coliseum in Fort Wayne.

Volunteer positions include, but are not limited to:

**Dentists:** We are looking for licensed general and specialized dentists, including pediatrics, endodontists and oral surgery.

**Hygienists:** We need licensed hygienists to help perform cleanings with or without a cavitron. Positions also available for pediatric section.

**Assistants:** We need assistants and expanded duties assistants to help in restorative, oral surgery, pediatrics and prosthodontic departments.

**Dental Techs:** Other dental volunteer slots include sterilization techs, x-ray techs, lab techs, central supply assistants, hygiene support, dental equipment techs and more.

**Medical:** Medical personnel are also needed to assist as pharmacists and pharmacy techs, medical triage and medical team volunteers, emergency medical techs and more.

**Non-dental:** Non-dental personnel are also needed in a variety of positions.

For more information visit IndianaMoM.org.

May 17-18, Fort Wayne
Register today at: www.IndianaMoM.org
Happy New Year to all of you reading this article!

Please allow me to introduce myself: My name is Dr. Todd Briscoe, IUSD’85 (yes, that’s 1985 to you millennials!). My practice is located in northeast Fort Wayne where I have treated patients for over 30 years. I have seen patients who can afford a whole mouth restoration and patients who struggle to pay for their semi-annual preventive appointments, let alone a crown.

A few years ago, my IKDDS colleagues (Dr. Tom Blake and Dr. Steve Ellinwood) invited me to go along with them on their mission trip, Sonrisas Siempre, in Honduras. It was exhausting, exhilarating and challenging at various times throughout the mission. I came home with a renewed heart and a vision of a new way to give back to my community. I had been a community volunteer for over 20 years; however, other than my volunteer time with Isaac Knapp District Dental Society and the Indiana Dental Association, the other organizations were not dental related.

The organizations where I had previously volunteered were connected with our children and now they are all out of the house and moved on. I’m sure many of you can recite one version or another of “When God closes a door ...” sayings. Sure enough, my neighbor and friend Dr. Ellinwood told me about a project that had
begun in Indianapolis. It was called Indiana Mission of Mercy (IndianaMoM). Dr. Sue Germain had chaired it in 2015 and they were looking for a co-chair for the 2017 IndianaMoM to learn how to run it for the 2019 event. This eventually required monthly, then weekly, trips to the Indianapolis District Dental Society office for meetings, hours of worry about fundraising and grant approvals, and recruiting other volunteers and relying on the experience of the previous event’s volunteer leads.

Finally, everything had fallen into place! My office team was all in, my wife was ready and willing to be in Indianapolis for three or four days in May and the volunteers had signed up. The three days flew by – equipment was set up; donated product and supplies were put in place; drain lines and sinks were built and installed. Technicians organized and set up all of the digital panoramic, x-ray, Cerec machines, and the computers. The first day we arrived at 5 a.m. to find volunteers rolling in and patients who had been waiting since midnight. I was exhausted and energized at the end of the day. The next day was just as amazing. I think I’ll always remember the woman with a master’s degree who had fallen on hard times and hadn’t been able to get back on track. She so easily could have been any number of my friends, family or neighbors. And the young man who had treatment and needed an excuse note for work.

I challenge my fellow dentists to volunteer for the 2019 IndianaMoM at the Allen County War Memorial Coliseum in Fort Wayne. I challenge my fellow dentists to encourage family and staff to commit to volunteer at the 2019 IndianaMoM. I also challenge my colleagues to donate financially to the 2019 IndianaMoM, especially specialists who are unable to treat patients at the event itself.

“How can I help?” Funny you should ask! There are three ways:

- Connect me with a lead for a sponsor: DrBriscoe@BriscoeDentistry.com, or consider being a sponsor yourself! See our sponsorship chart on p. 28. You can also make individual donations at www.indianamom.org/donate.

- Sign up to volunteer for either or both days of IndianaMoM at: www.indianamom.org/register.

- Volunteer to provide follow-up care after the event. Email Jay Dziwlik at jay@indental.org.

If you have further questions, you can reach me at DrBriscoe@BriscoeDentistry.com or the 2019 co-chair, Dr. Tom Blake, at TBlake5591@aol.com.

Thank you in advance for whatever and however you can give and may you be blessed this New Year.

About the Author
Dr. Todd Briscoe practices at Briscoe Dentistry in Fort Wayne. He can be reached at DrBriscoe@BriscoeDentistry.com.
## 2019 IndianaMoM Sponsorship Levels

*Your Sponsorship Makes This Important Event a Reality!*

<table>
<thead>
<tr>
<th>Premium Name Recognition and Logo Placement</th>
<th>Platinum</th>
<th>Gold</th>
<th>Silver</th>
<th>Bronze</th>
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<td>Premium name and logo placement in event collateral</td>
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<td>Premium placement on recognition wall</td>
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<td>Premium recognition in volunteer lounge</td>
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<td>Premium recognition at volunteer orientation dinner</td>
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<td>Premium recognition in IndianaMoM social media</td>
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<td>Premium logo and name recognition in IDA publication</td>
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### Media and Email Release

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### Guided Tours

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<td>Guided tour of IndianaMoM event</td>
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### Name and Logo Placement by Sponsorship Level

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### Name Recognition

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Silver Diamide Fluoride, yeah, I had to look up the spelling. More confessions, I am no research geek. I’m just a dentist like you, trying to help patients.

If you don’t know about SDF you need to! This stuff is fantastic! We can already prevent decay by the use of all the preventive technologies that we have dedicated our career to utilizing. Now we can arrest existing decay! I mean stop it from progressing. I mean potentially for years!

So, when and how should we use this stuff? I use it on kids! We all have kids with decayed deciduous teeth that will exfoliate within a year. Must you restore, or stainless-steel crown that? No. Not unless you are trying to take advantage of Medicaid, your PPO, or worst of all, your patients. Yet, leaving open decay can change the oral flora and make other teeth more susceptible. I just isolate, dry, and apply a drop with a microbrush, done. A second application at the next recall will confirm the stability. Or, the little one who might avoid a general anesthetic if we could just stop this decay for a year or two until the child can cooperate. Now that’s caring for children, not just inflicting procedures.

Now, my practice is... let’s say mature. I have old patients (I can’t spell geriatric either) so, there comes a point where complex restorative dentistry and even root extractions are more than is safe for them. Or, how about those overdenture cases when the root starts to decay around that locator attachment. This SDF stuff is magnificent.

OK, it has two flaws. 1. It turns decay black. Not brown, not grey, BLACK. So, inform, and keep it out of the esthetic zone. Hey, pediatric dentists have been getting away with stainless steel crowns for years. This is no big deal to an informed patient who understands the cost and invasiveness of the alternative.

Which leads us to #2. There is no quick money in it! If all of this information is news to you, maybe you have been listening to too many “how do I make more money tomorrow” courses. Only the hard-core journals are talking about this. It is so easy to apply that it doesn’t justify a large fee. It is great news for access to care. It is great news for mission trips. It is great news for our patients. It just isn’t great news for our wallets. That has never slowed our progress in the past. We must push toward advancements in optimum care, regardless of the immediate profit or loss. That’s called the ethics of being a professional. I forget, how many f’s and how many s’s in professional? Even I can remember, only one S and one F in SDF, try it!!!

Mark R Stetzel DDS

Editor’s note: An article on this topic also appeared in the February 2019 issue of JADA.

About the Author
Dr. Mark Stetzel is a dentist in Fort Wayne and a former president of the Indiana Dental Association. He can be reached at MStetzel@comcast.net.
Since the creation of the Indiana Dental Association, one of the key member values has been advocacy activity. One dentist voice in the public policy process is never as loud as all of the dentists’ voices in the public policy process. IDA is constantly working to amplify, educate, challenge, guide and encourage the dental perspective in the state’s regulatory and legislative environment. It is always good to have the IDA Government Affairs committee members and staff watching out for dentistry.

The 2019 legislative session is now in full swing, and IDA is in attendance to monitor bills that may impact your patients and your practice. IDA’s 2019 legislative agenda includes the following:

**Student Loan Repayment Program (SLRP)**

The IDA is offering input to Sen. Randy Head on legislation that uses loan forgiveness programs to incentivize health professionals, including dentists, to practice in underserved areas. The U.S. Public Health Services have provided federal loan forgiveness, but the state hasn’t funded loan repayment since prior to Gov. Mitch Daniels’ administration. The intent is to help address the access to care issue by encouraging dentists to establish practices in parts of the state where they are needed the most.
Dental Practice Act Amendments

The IDA is supporting language that would amend the Dental Practice Act to address a number of issues, including a provision that would increase the number of IUSD faculty practice permits, and a provision that would remove a requirement for dental hygienists to obtain an NPI number before practicing under an Access Practice Agreement with a supervising dentist.

Donated Dental Services

The IDA will also seek to increase state funding for the Dental Lifeline Network (Donated Dental Services) program.

IDA Advocacy efforts are not limited to these issues. The priorities of protecting the dental practice environment stay the same but the political environment, lawmakers priorities and public focus on topics may alter our activity in a legislative session. IDA is always open to ideas and future advocacy activity. Here are some future issues still on our advocacy radar for potential activity:

- Third Party Payer issues
- Prescriptive regulation related to opioids
- Local water fluoridation
- Teledentistry telemedicine

Advocacy is about amplifying your member voice and we cannot do that without you. There are three primary ways the IDA needs your help this legislative season:

Adding Advocacy Team Members

At the fall midterm elections, Indiana elected numerous new representatives and senators. If you have a connection to an incumbent or recently elected lawmaker, let IDA know! IDA is always building and strengthening its advocacy team, and those team members have access to training, “inside information updates” and personal assistance from IDA staff and volunteers in advocacy efforts.

Supporting IDPAC

Consider contributing to the Indiana Dental Association Political Action Committee (IDPAC). You can make a donation on our website, https://indental.org/product/idpac-donation. IDPAC is a voluntary, nonprofit, unincorporated group of dentists whose mission is to elect state candidates who are concerned about dentistry. The sidebar below outlines IDPAC numbers and impact for 2018.

IDPAC is an essential component of IDA’s efforts to advance legislation that supports dentists and promotes dentistry in the state of Indiana. Our goal is to raise $100,000 annually to use for political action, campaign donations and education of lawmakers on issues specific to dentists and dentistry. IDPAC membership suggested starting membership is $100, but we accept any size gift. With a little over 3,000 members, if each IDA member made a donation, it would take be $33.33 annually per member to reach our $100,000 goal. Help us watch over the profession on your behalf and make a donation today.

IDPAC By the Numbers

Many thanks to all who have supported IDPAC with monetary support and action in 2018. Below are the IDPAC numbers for the year:

**2018 Contributions**

- 481 IDA members (16 percent) contributed to IDPAC, with an average gift of $141.82.
- Contributions totaled $68,216 between November 1, 2017 and October 31, 2018.

**2018 Expenditures**

- $22,500 in IDPAC money was given to 26 candidates (8 senators, 14 representatives, 3 statewide officers).
- 22 of the candidates are key committee members who have supported IDA legislation.
- 88.5 percent of IDPAC supported candidates were elected/re-elected.
Sharing Your Stories and Opinions!

Tell us your stories and share your opinions. Your voice can’t be amplified unless you share your concerns, problems, desires and experiences in the public policy process. IDA’s Director of Governmental Affairs Ed Popcheff would like to hear from you. Email him at Ed@indental.org or call him at 317-634-2610 to share what’s on your mind.

Keep a lookout for more legislative updates and news as issues and legislation makes its way through the Indiana statehouse. Thank you for participating in protecting the patients, the profession and your practice through IDA advocacy efforts.

About the Authors
Jay Dzwilk is IDA’s Assistant Executive Director and can be reached at jay@indental.org. Ed Popcheff is IDA’s Director of Governmental Affairs and can be reached at ed@indental.org.

Join Us and Help Advocate for the Profession

Monday, March 11 is Dental Day at the Capitol. Don’t miss this chance to share the legislative process with your fellow IDA members, help build relationships with your legislators and build the dental profession’s political impact at the Statehouse.

Every session, members of the Indiana Legislature make decisions that affect your patients, your practice, and your profession. Meeting these legislators face-to-face, introducing yourself to their staff members, and sharing information on what matters to dentistry is the most effective way for you to have an impact on the political process and advocate for Hoosier oral health.

Monday, March 11
Indiana State Capitol Building
8:45 a.m.–3 p.m.
“As a younger dentist buying my first office, I was fortunate that Joe was the consultant for the transition. His extensive knowledge in practice lending was extremely helpful. Joe kept all parties involved and on schedule. He communicated regularly - he was truly only a text or call away.”

- Nathan W. Praetor, DDS

the PMA promise
EXPERTISE

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Dental health aid therapy first started in foreign countries such as New Zealand and was introduced into the United States, first in Alaska, during the 1990s. The Dental Health Aid Therapist (DHAT) or Dental Therapist (DT), sometimes called “midlevel providers,” are often compared to a physician assistant (PA) or nurse practitioner (NP), but there are major differences. Both nurse practitioner and physician assistant programs require college level degrees as a prerequisite.

Both nurse practitioner and physician assistant programs require college level degrees as a prerequisite. The level of required education for entrance into a DHAT program ranges from a high school diploma or a GED, up to an accompanying degree in dental hygiene. Another major difference is that DHATs are able to perform surgical and irreversible procedures.

The practice of dental therapy is currently in the states of Alaska, Minnesota, Oregon and Washington. Additionally, dental therapy laws have passed, but not been fully implemented, in Maine, Vermont, Massachusetts, Arizona and Michigan. Dental therapy legislation has been introduced in 17 additional states, including Ohio. While all surrounding states have considered dental therapy legislation, no bill has been introduced in Indiana as of this writing.

The most recent state to pass dental therapy legislation was Michigan, where SB 541 passed in December 2018. This legislation includes the following provisions:

• Within five years, there will be two dental therapists on the state board;
• Dental therapists will be licensed by the state board through an application process;
• Dental therapists must graduate from a Dental Therapy Educational Program that meets CODA standards;
• The program is subject to other requirements for education, as established by the state board;
• Dental therapists must pass a comprehensive, competency based clinical examination and demonstrate knowledge of applicable state laws;
• Dental therapists must complete 500 hours of clinical practice under the direct supervision of a dentist;
• A definition of direct supervision;
• A temporary license may be granted;
• Dental therapists must have 35 documented hours of continuing education, including CPR, in each two-year renewal period.

The dental therapist may practice in the following areas:

• A hospital;
• A health facility or agency, such as a Federally Qualified Health Center (FQHC);
• A health care facility operated by a tribal organization;
• An area that has been designated...
as a dental health professional shortage area by the Department of Health and Human Services;
• A school-based program designated by Michigan code;
• Any other clinical or practice setting, including a mobile dental unit, in which 50 percent of the children are on state or federal program as defined in the Act.

Other provisions of the Michigan law:
• Dental therapists may practice only under the supervision of a dentist and through a written practice agreement where procedures are to be prescribed by the dentist;
• Dental therapists may provide services to a patient even if the patient has not seen the dentist first, as long as there is written authorization;
• Teledentistry may be used;
• Informed consent of the patient must be obtained;
• The act outlines practice agreement specifications;
• The supervising dentists may not hire more than four dental therapists;
• Practice agreements are filed with the state board;
• Dental therapists may not prescribe a controlled substance in schedules 2-5.

Functions that dental therapists are authorized to perform may include:
• Identification of oral and systemic conditions that require evaluation by a dentist or physician;
• Taking and developing dental x-rays;
• Dental prophylaxis including subgingival scaling and polishing;
• Dispensing and administering orally or topically nonnarcotic analgesics, anti-inflammatory and antibiotic medications, as prescribed;
• Administering local anesthetic and nitrous oxide;
• Simple extractions of erupted primary teeth;
• Applying topical preventives or prophylactics agents, antimicrobial fluoride agents including silver diamine, and pit and fissure sealants;
• Pulp vitality tests;
• Applying desensitizing medications and/or resins;
• Fabrication of athletic mouth guards;
• Changing periodontal dressings;
• Emergency palliative treatment related to pain and care or service as described in the act;
• Preparation and placement of direct restorations in primary or permanent teeth;
• Fabrication and placement of preformed crowns on primary teeth;
• Indirect and direct pulp capping on primary teeth;
• Suturing and suture removal;
• Minor adjustments and repairs on removable prosthesis;
• Placement and removal of space maintainers;
• Nonsurgical extractions of periodontally diseased teeth mobility of 3+ (shall not extract impacted, fractured or a tooth that needs to be sectioned);
• Performing duties outlined by the contracting dentists or outlined by the state board;
• Supervise no more than three dental assistants or two dental hygienists, in any one practice setting.

The Michigan act provides for a study of the effectiveness and safety of dental health aid therapists in seven years, in conjunction with the Department of Health and Human Services. The report will include such parameters as cost effectiveness, patients served, locations, reduction in emergency room visits, cost and safety.

Minnesota has had dental therapists for over 10 years. In Minnesota, a “Bachelor of Dental Hygiene/Master of Dental Therapy” is a 32 month program, while a “Master of Advanced Dental Therapy” is a 16 month program. Both are allowed to practice under general or indirect supervision. Of the approximately 80 dental therapists practicing in Minnesota, less than half are in underserved areas. Most practice in the Twin Cities area.

In geographically large Alaska, which has many remote small villages, receiving oral health care is difficult. Access to care is an issue. Decay in the remote communities is rampant; their oral health over all is poor. The vastness of Alaska meant that many areas were almost completely isolated, assessable by plane, snow machines or non-conventional over the road methods. The dental therapy model was accepted by tribal authorities to answer their issues with oral health care.
However, Indiana is not Alaska, and it would be absurd to equate the two states’ access issues or apply Alaska solutions to the Hoosier State. In Indiana, a number of steps have already been taken to address our access issues:

• Expanded Function Dental Assistants (EFDA) are already in place, improving the efficiency of dentists, allowing them to increase access, while focusing on more complex dental procedures;
• Prescriptive Supervision allows, under specified circumstances, hygienists to provide preventive services even when the supervising dentist is not in the office;
• Hygiene Practice Agreements, passed by last year’s general assembly, allows hygienists to conduct screenings and referrals in non-private practice settings, without the patient first being examined by a dentist;
• IDA-supported legislation being consider by this year’s General Assembly would provide student loan repayment to dentists who commit to practice in areas of the state that have been designated dental health professional shortage areas.

The new Michigan was law has been cited as an example of legislation on the establishment a dental therapist. Some states have been able to defeat legislation, some are in the continuance of a legislative effort and others are preparing for one.

Ohio recently defeated legislation on dental therapists by using innovative concepts and legislation.

Access has become the centerpiece concept to establish dental therapy in various regions of the United States. Proponents suggest they should be allowed in federally Designated Dental Health Professional Shortage Areas, which exist in both rural and metropolitan areas.

The question for Indiana is not “if” but “when” legislative efforts will come. Currently the Indiana Practice Act (IC-25-14-23) defines procedures which may not be delegated by a dentist. “Procedures delegated by a dentist may not include the following: (1) those procedures requiring professional judgment and skill such as diagnosis, treatment planning, the cutting of hard or soft tissue, or any intraoral impressions, which would lead to the fabrication of a prosthetic appliance.” The Practice Act is always subject to change when the house and senate are in session.

Foundations such as PEW and W. H. Kellogg are financial backers contributing millions of dollars to encourage legalizing the practice of dental therapy in this country. Just saying “no” will likely fail, as it has elsewhere. The profession of dentistry in Indiana must proactively deliver innovative concepts for addressing dental access and engage politically to get those concepts implemented. Dentistry is our profession. The betterment of oral health of Hoosiers is our goal.

About Dr. Holwager
David R. Holwager, DDS, was the 148th IDA President. He currently serves as an IDA trustee representing the Eastern Indiana Dental Society. He was 2012 chair of the ADA Council on Access, Prevention and Interprofessional Relations (CAPIR). He can be reached at dr.baldguy@gmail.com.
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In the quest to promote oral health to underserved populations, as well as navigate people into a dental home, a new member of the dental team has emerged.

A Community Dental Health Coordinator (CDHC) is a “connector” between populations of patients and a dental office. Their activities in connecting people to care have been documented both in the three year pilot program conducted by the American Dental Association and in several sabbaticals that have been done across the country.

CDHCs complete an online program and internship which typically lasts a little over a year. CDHCs comply with respective state dental practice acts and work under the supervision of a dentist. CDHCs may be dental hygienists, assistants or other dental team members; others may have no dental background experience prior to entering the training.

Their duties may involve delivery of preventive services, such as dental sealants and fluoride varnish. Over the past six years that CDHCs have been operating in various states, we have learned that case management and navigation are significant areas in which they can show their tremendous value as well.

At first glance, many ask why “navigation” is needed in the dental care world. Can’t people just pick up a phone and call a dental office?

As practitioners we have all experienced people saying that they did not know where our office was or the fact that we were even in practice. It sounds foolish, but that is the reality of today as well as yesterday.

One of the functions of the CDHC is to educate patients on care that is available. They can also be very effective in helping patients overcome other barriers such as transportation, fear/anxiety, and lack of knowledge about dental procedures.

So the question becomes obvious - how can we help busy, stressed out people find a dental home, while at the same time, promote the value of oral health within the community?

The answer: having someone linked to a community clinic or a private dental office working out in the community who is promoting preventive services to vulnerable populations and connecting them to dental care. That person is a CDHC. A CDHC can be a definite practice builder!

Statistics tell us that only 53 percent (less in some states) of Medicaid eligible children received a preventive visit in 2012. A really interesting statistic shows that patients under
age 21 with commercial insurance were also in that same percentile in a number of states. So, how can those folks get “navigated” into care?

Utilization can improve significantly—if someone is working directly with a community, describing dental services and navigating those community members into care—either at a private dental office or a community clinic.

CDHCs have worked within various clinics and have been proven very effective. A report to the ADA House of Delegates this past year detailed the activities of the 34 CDHCs who completed the pilot program. This report offered numerous case studies demonstrating positive outcomes attributed to the addition of the CDHC to the team.

For example, over a nine-month period, a CDHC was able to decrease the no show rate within a rural tribal community diabetes clinic from 18 percent to practically zero. This came from her working only one day per week at that site!

The patient navigation efforts of a CDHC working in a single dentist practice in a remote rural location nearly DOUBLED the clinical productivity in that practice from the previous year.

For CDHCs who have done sabbaticals, the results have been remarkable. They spent from one to four months in community settings working with individuals within Head Start programs, elementary schools, assisted living facilities, hospital clinics and private practices. For the pilot phase of the program, over 11,000 patients were impacted by a CDHC.

By connecting vulnerable populations to dental care, the CDHC is the new member of the dental team who can show that prevention, along with patient education and patient navigation, is the key part of addressing the issue of access to dental care.

Acceptance of the program is growing, with the CDHC being integrated into practice acts and institutions of education offering the program. According to the American Dental Association, based on the broad recognition of community health workers as positively affecting the health of underserved people, the CDHC should quickly gain acceptance among the public health community.

About Dr. Holwager
David R. Holwager, DDS, was the 148th IDA President. He currently serves as an IDA trustee representing the Eastern Indiana Dental Society. He was 2012 chair of the ADA Council on Access, Prevention and Interprofessional Relations (CAPIR). He can be reached at dr.baldguy@gmail.com.
A Dental Professional’s Role in Tobacco Cessation

Christine Coverstone

Tobacco use causes harm to almost every organ and area in the body – including the mouth, gum and teeth. While organs such as the lung and heart can begin to repair themselves after about one year, a recent study published in the Journal of Dental Research suggests that it may take up to 20 years for smokers to reach the same level of tooth health as someone who has never smoked.1

Patients look to their dentists for their expert advice for their specific health needs. Some patients may have never been encouraged by a health care professional to quit smoking. In other instances, dentists could be reaffirming what their patients have already heard from their primary care physicians.

However, many health professionals, especially dentists, are missing an opportunity to start the conversation about quitting with their patients. One study reported that while only 51 percent of smokers who saw a doctor were counseled to quit smoking, the percentage of smokers advised to quit by a dentist was much smaller – less than 12 percent. Cited reasons for this disparity included a lack of confidence or resources when discussing this topic with patients.2

Dental professionals can play an important role in helping a person to quit smoking. In Indiana, there are several resources available to dentists to help their patients quit smoking. A free resource for dentists is to become a Preferred Provider with the Indiana Tobacco Quitline (1-800-Quit-Now). The Indiana Tobacco Quitline is a free phone and web-based counseling service available to all Hoosiers. Participating dental health professionals will receive tobacco cessation services and materials, including:

- Referral Privileges to the Indiana Tobacco Quitline, which offers specially trained Quit Coaches to develop individualized quit plans for people who are ready to quit.
- Different options to refer patients, which include Quit Now Indiana’s Online Referral Portal (quitnowreferral.com) and Fax Referral (https://www.quitnowindiana.com/s/QL_ClinicFaxReferralForm.pdf).
- Provider Toolkit and education materials for helping their patients
- Status reports on referred patients, letting dentists know whether or not their patient was reached, enrolled in services and planned a quit date

Patients have a better chance at quitting when their health care providers advise and counsel them to quit. Interested dental health professionals can visit QuitNowIndiana.com providers to become a Quit Now Indiana Preferred Provider, learn more about the Quitline, access free resources, and learn about the different ways you can refer patients to the Quitline.
E-Cigarettes and Dental Health

E-cigarettes have boomed in popularity over the last few years, and they are often marketed as a safer alternative to conventional cigarettes, but is that really the case? Below is some information to help you discuss the dangers of e-cigarettes with your patients.

It has long been known, and scientifically proven, that smoking tobacco through combustible cigarettes is harmful to a person's overall health. This includes oral health. But what about e-cigarettes? Even though e-cigarettes do not contain traditional tobacco, there are still risks associated to using these products because of the aerosol they produce and the nicotine they contain.

E-cigarettes use an aerosol, commonly referred to as “vapor,” to deliver nicotine into the lungs. They produce an aerosol often mistaken for water vapor that actually consists of fine particles. Many of these particles contain toxic chemicals, that have been linked to cancer, respiratory disease and heart disease.

As for e-cigarettes’ effect on dental health, there are similar risks as there are with other tobacco products because of nicotine:

- Nicotine reduces the amount of blood that can flow through veins. Without sufficient blood flow, gums don’t get the oxygen and nutrients they need to stay healthy.
- Nicotine prevents the body from producing saliva. Not enough saliva leads to bacteria buildup, dry mouth and tooth decay.
- Nicotine acts as a stimulant that fires up the muscles. If your patient already grinds his or her teeth (bruxism), it can make it worse. When left untreated, bruxism can lead to tooth damage and other oral health complications.

E-cigarettes are not a safe alternative to combustible cigarettes, nor are they an FDA-approved tobacco cessation product. If you have a patient that uses e-cigarettes, or is considering switching to e-cigarettes, there are free resources in Indiana to help them quit tobacco use. The Indiana Tobacco Quitline (800-Quit-Now) is a free phone and web-based counseling service available to all Hoosiers. To learn more about the Indiana Tobacco Quitline and how you can start referring your patients to the Quitline, visit QuitNowIndiana.com/Providers.

References


About the Author
Christine Coverstone is communications coordinator for the Tobacco Prevention and Cessation Commission at the Indiana State Department of Health. She can be reached at ccoverstone@isdh.in.gov.
We Want Your Submissions

The Journal Editorial Board encourages the submission of scientific and research articles, editorials, communications and news. Please follow the proceeding guidelines when submitting content for publication in the Journal.

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Technical Specifications
Unless prior arrangements have been made, scientific manuscripts and case studies must be between 1,500 and 5,000 words, not including the title, abstract, references and captions. All manuscripts, graphics, illustrations, and charts must be submitted as digital files. Microsoft Word is the preferred format for all text submissions; graphics should be high resolution and submitted as JPG, JPEG, TIFF or EPS files. Please avoid GIF files as the quality is generally not acceptable for print.

Funding Sources
All authors are requested to provide information concerning funding sources: who provided financial support for the conduct of the research and/or preparation of the article and to briefly describe the role of the sponsor(s), if any, in study design; in the collection, analysis and interpretation of data; in the writing of the report; and in the decision to submit the article for publication. If the funding source(s) had no such involvement, then this should be stated.

Practice Management and/or Business-Related Articles

Content Specifications
IDA encourages authors to submit articles on topics that affect dentistry, oral health, dental practice management, patient relations, and the dental profession. Articles that are educational, informative, entertaining or that stimulate active debate are welcomed. Articles that are advertising in nature or endorse a commercial product or service will not be accepted. Such advertorials may be submitted as an advertisement and will be charged the regular advertising rate.

Technical Specifications
Articles pertaining to practice management, advocacy, legislative issues, social issues, or other topics related to the dental community should be submitted as a Microsoft Word document of no more than 3,000 words. Graphics or photographs should be high resolution and submitted as JPG, JPEG, TIFF or EPS files.

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Photo Release
Any person who is clearly identified in the manuscript text, graphics, or photographs must sign and submit an identification release consent form. The consent form must be submitted to IDA with the manuscript. A copy of the consent form is available from IDA upon request.

Bio and Headshot
A short bio and headshot is requested for each author of the manuscript. Bios should be no more than 150 words and include author’s affiliations, academic degrees and preferred contact information. In the case of manuscripts with multiple authors, please list authors in preferred order of appearance. If no preference is to be given, authors will be listed alphabetically by last name.

References
All references and resources should be cited using AP style in order of appearance in the manuscript.
For sale – Used, mobile dental/lab equipment

- Steri-Dent, dry sterilizer, model 200, 14 lbs., $300 + about $33, UPS delivery
- Handler Dust Collector, model 62-11, $290 + about $45, UPS delivery. Has instructions, fish mouth, extension tube, Vari-speed, 10”x15.5”x 13”, 35 lbs. For top mounting of fish-mouth onto dust collector, 2-4 layers of tape around the black 2.5” ring are required.

- Dental chair, upright, swivel base pole, adjustable height and headrest, 30 lbs, $150 + about $47 UPS delivery.

- Mada O2 full cylinder, size E & cart, $115 + about $40 UPS delivery. Has nasal cannula and mask 40” x 15” x 11”.

- Lang Aquapres, #989918 ref. 4905, $125 + about $30 UPS delivery.

- Dentek therm bath, $35 + about $25 UPS delivery.

- Buffalo vibrator, 3 speed, $28 + about $21 UPS delivery.

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- Disposable mouth mirrors, medium size 4.5, white, factory wrapped (50 plus), $8.
- Steri-Dent self-seal nylon pouches, dry heat or steam, 2”x10”, (150 plus), $5.
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- Red biohazard infectious waste bags (4 gallon) HPTC product #IWB4, bags, OSHA compliant, 20 plus, about 4-5 years old, $8. View at hptcinc.com/catalog.php, page 32.

Buy all: supplies, lab, etc., $1,029.00, free delivery within 25 miles of zip code 46142, over 25 miles, add $0.15/mile round trip. For information or to purchase any of the above items, email tonyoak@att.net.

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In Memoriam

Dr. Christalia Bostos of Indianapolis and member of the Indianapolis District Dental Society, passed away January 2019. Dr. Bostos graduated from New York University School of Dentistry in 2012.

Dr. L. Gus Dunker of Madison and member of the Southeastern Indiana Dental Society, passed away January 2, 2019. Dr. Dunker graduated from Indiana University School of Dentistry in 1977.

Dr. Jack L. Engleman of Mooresville and member of the Indianapolis District Dental Society, passed away December 20, 2018. Dr. Engleman graduated from Indiana University School of Dentistry in 1958.

Dr. Norman O. Krauss, Jr. of Indianapolis and member of the Indianapolis District Dental Society, passed away December 8, 2018. Dr. Krauss graduated from Indiana University School of Dentistry in 1966.

Dr. Robert W. Maxedon, Sr. of Evansville and member of the First District Dental Society, passed away February 14, 2017. Dr. Maxedon graduated from Indiana University School of Dentistry in 1952.

Dr. Robert A. Makielski of Mishawaka and member of the North Central Dental Society, passed away April 21, 2017. Dr. Makielski graduated from Indiana University School of Dentistry in 1944.

Dr. Charles E. Miller of Akron and member of the Isaac Knapp District Dental Society, passed away July 2, 2018. Dr. Miller graduated from Indiana University School of Dentistry in 1968.

Dr. Vanessa A. Parris of Indianapolis and member of the Indianapolis District Dental Society, passed away January 2019. Dr. Parris graduated from Indiana University, School of Dentistry Orthodontics Program in 2010.

Dr. Thomas E. Quill, Jr of Indianapolis and member of the Indianapolis District Dental Society, passed away February 5, 2019. Dr. Quill graduated from Indiana University School of Dentistry in 1955.

Dr. Lloyd N. Nevel, member of the North Central Dental Society, passed away August 2018. Dr. Nevel graduated from Indiana University School of Dentistry in 1947.

Dr. John Stott III, member of the California Dental Association, passed away December 22, 2018. Dr. Stott graduated from Indiana University School of Dentistry in 1969.

Dr. John S. Szakaly of South Bend and member of the North Central Dental Society, passed away October 7, 2018. Dr. Szakaly graduated from Indiana University School of Dentistry in 1954.
There’s an oft quoted adage used by many members of the political class warning, “If you don’t have a seat at the table, you are probably what’s on the menu.” No more concise or graphic statement can describe the practice of divvying up political favors better: Those who have the ear of a politician (or better yet, own one of their own) will generally find accommodating laws written to satisfy their needs and desires. The oblivious and apathetic generally will not.

If you’ve attended any IDA annual session at some point, a speaker has implored you to become active in the legislative process; become an advocate for dentistry. Yet, many members don’t know how to be an advocate. The following quiz might help act as a guide for developing your advocacy skills and evaluate your current effectiveness.

• If you do not vote, give yourself: 0 points. Politicians can safely ignore non-voters and they have every reason to do so. In a contested race both candidates work to win the 5-10 percent undecided voters. Why spend any time on non-voters?

• If you know the name of your legislator give yourself: 1 point.

• If your can recognize your legislator walking down the street give yourself: 1 point.

• If you have walked up to your legislator, introduced yourself and shook his/her hand give yourself: 1 point

• If you have crossed the street to introduce yourself to your legislator and shook his/her hand give yourself: 1 point.

• If your legislator knows your name give yourself: 1 point.

• If your legislator recognizes you walking down the street give yourself: 1 point.

• If your legislator has crossed the street to shake you hand give yourself: 1 point.

• If your legislator has crossed the street to introduce you to one of his/her colleagues give yourself: 1 point.

**BONUS**

If you have made a financial contribution to Dr. Denny Zent’s campaign give yourself: 1 point. Making a political contribution indicates you understand that the political machine runs best lubricated by cold, hard cash: Always has, always will.

Now grade yourself using the following scale:

- 0-2 points – typical American
- 3-5 points – interested voter
- 6-8 points – you’re a player
- 9-11* points – You have a seat at the table.

*I use an 11 point scale as homage to an obscure scene from the movie “This is Spinal Tap.”

**About Dr. Rader**

Dr. Michael D. Rader practiced joyfully (mostly) in South Bend for 37 1/2 years and was a long time contributor to the IDA Journal. His regular column, The Last Word, was highly anticipated and had many loyal fans. While usually light hearted, it was always thought provoking. Dr. Rader passed away suddenly in March 2018. His remaining columns are being published posthumously.
The IDA Annual Session has not just a new name but a new feel, flow and relevance to Indiana dentists, their teams and families. The MIDWEST DENTAL ASSEMBLY has become the new name of the IDA Annual Session to energize your practice with innovative thinking, create new memories and fuel new experiences for you, your entire team and families.

Our one-fee, unlimited CE pricing structure with discounted team registration pricing and vibrant meeting format will CONNECT colleagues through numerous social events and new Marketplace activities, ENVISION the possibilities of an energized and enhanced dental team, and IGNITE practice growth.

From the list of speakers, special dental team events and newly formed vendor Marketplace, the IDA Annual Session Subcommittee is very proud of the changes and additions made to the MIDWEST DENTAL ASSEMBLY.
WE BELIEVE every member dentist should contact IDA insurance at least once a year. Our portfolio of products and services with unique Association discounts of up to 35% make us the leading agency for Indiana dentists and dental employees.

- Life, Disability & Business Overhead
- Group Health, Individual Health & Medicare
- Professional and Office Liability
- Workers Comp, EPLI & Personal Lines
- Travel Medical