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AGD Impact

The Newsmagazine for the General Dentist

May 2016, Vol. 44, No. 5

WE FIRST

Why Focusing on Your Team Ensures Practice Success

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Has the Midlevel Provider Expanded Access to Care?

Academy of General Dentistry™

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Affordable Care Act Reminder
AGD Meets with Allied Organizations
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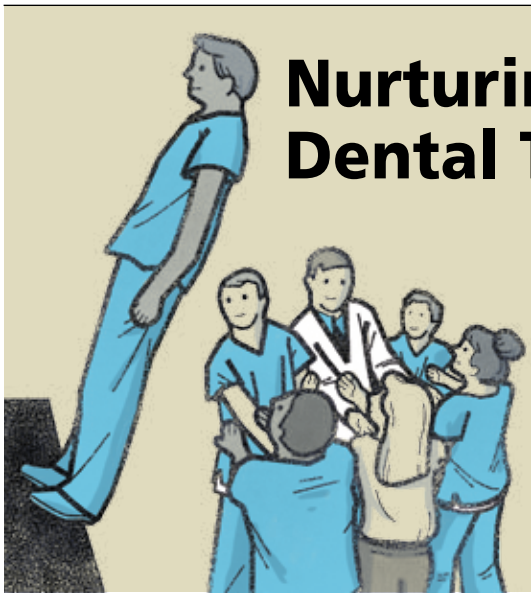

Nurturing a Strong Dental Team

Encouraging your staff to work well together is the first step toward building a successful practice — but sometimes, professional and behavioral differences can disrupt even the most cohesive organizations. Here's how you can manage conflict to create a positive work environment. **Page 16**

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Advocacy: The AGD Difference

AGD Impact

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Voices

Columns

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- Online Reputation Management

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- A pilot study of dentists' assessment of caries detection and staging systems applied to early caries: PEARL Network findings
- Postextraction bleeding in a patient on antithrombotics: report of a case
- Cervicofacial subcutaneous emphysema: a clinical case and review of the literature

Explore the digital edition of *General Dentistry* at *www.agd.org/generaldentistry* and read exclusive scientific articles that are available only online.

Office Trust

"We must always nurture an office culture of open, straightforward, and honest communication."

Do you trust your staff? Does your staff trust you? Your answers to these questions can reveal the quality of your work environment.

As I wrote in my July 2013 *AGD Impact* editorial, "Cooperation, Trust, and Teamwork," without trust, there can be no cooperation among staff members, which can hinder office productivity and lead to other problems in the practice. Without trust in the workplace, we as practice leaders may struggle with dissatisfied patients — and, consequently, a negatively impacted bottom line. For more on this negative consequence of lacking a culture of workplace trust, see "Team First" on page 24.

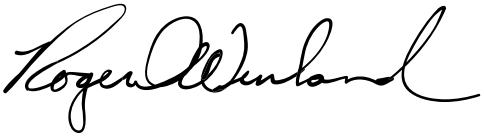
Maintaining trust in the office is about so much more than patient retention — it's also about employee retention. You see, trust is crucial to our staff members' job satisfaction and, ultimately, the success of our practice and our profitability. If our employees feel as if we don't trust them, our practices may experience turnover, unresolved conflict, and low morale. Staff members who don't feel trusted and appreciated could become apathetic and defensive. This can affect the entire team, as well as the patients who can sense a negative environment and choose to go elsewhere for dental care.

For these reasons and more, it's important that we build a trusting work atmosphere. How do we do this, as dental team leaders? We must listen to our staff members and attempt to understand their feelings, perspectives, and experiences. We must make time for them, recognize their efforts, and celebrate their accomplishments. We must make it known that we value their opinions. When we know and appreciate what others believe, we can begin to form successful, trustworthy relationships that are founded on mutual respect.

As employers, we must remember to act respectfully and with integrity. We must make sure that our attitudes and actions are consistent with our words. We must demonstrate through our actions that our team members can believe what we say and trust that we will keep our promises and be open.

We must always nurture an office culture of open, straightforward, and honest communication. As leaders, we should always avoid gossiping, the sharing of untruths, and exaggerating. We always should be willing to admit mistakes and avoid pointing an accusing finger at others when things go wrong. Our cover story, "Nurturing a Strong Dental Team," starting on page 16, gives insights on what you can do to ensure these actions don't occur within your workplace.

There is no magic formula for making trust suddenly appear in the office. I have hired many staff members throughout my almost 50 years in dentistry. Throughout this time, I have always subscribed to one cardinal rule: Believe in and trust people until they prove themselves untrustworthy. The surest way to help staff members prove themselves trustworthy is, simply, to trust them. So I ask again: Do you trust your staff?



Roger D. Winland, DDS, MS, MAGD
Editor

The opinions expressed here are those of the writer and do not necessarily reflect the views of the Academy of General Dentistry.

Regarding AGD President's 'What If' Article

Dear Editor:

Not wishing to contribute to any discord between what I personally believe should be a close and natural partnership between the American Dental Association (ADA) and the Academy of General Dentistry (AGD), where there exists a common quest toward supporting, advancing, and protecting the dental profession and the patients we serve, I feel it is imperative to point out what I believe are inaccuracies written in the October 2015 *AGD Impact* column (Volume 43, No. 10, pages 6–7) titled "What If?" by W. Mark Donald, DMD, MAGD, the current president of the AGD. I must preface my comments by expressing that I know of no one more hardworking, dedicated, or more of a staunch advocate for the betterment of the dental profession and for safe, consummate patient care than Dr. Mark Donald. Mark is a career-long, very much involved member of both the ADA and AGD. Nevertheless, regardless of time served and experience, none of us are infallible. This particular piece caught my attention, first, because of the subject matter that Dr. Donald chose to address in his "Voices: From the President" column. It also caught my attention because Mark accorded me with what I feel was some undeserved praise for my sharing in some timely alarm-sounding several years back. My recollection of events and my opinion on the related matters differ from Dr. Donald's.

First, the matter of *cash versus accrual* accounting. This was a subject that first arose when the Internal Revenue Service (IRS) became interested in executing a directive whereby dentists (and other small businesses) would be mandated to begin doing their accounting and income tax filing using the accrual method. Without a doubt, that would have put an unjust and unnecessary burden on all small businesses (not just dentists), and action certainly needed to be taken to stop this potential catastrophe. Please trust me on this: It was not me or the AGD, or the ADA, the National Federation of Independent Business, or any other entity that may have claimed credit for attaining this noteworthy victory. On this particular issue, the sole individual who carried the ball, carried the water, carried the day, and achieved the triumph on behalf of *all* small businesses throughout the United States was former U.S. Congressman Donald A. Manzullo (R-IL-16). Once informed of the IRS initiative, Congressman Manzullo immediately took it upon himself to get involved, and he met with the IRS officials. Essentially, all of the resulting provisions that we experience today were worked out between the congressman and the IRS over the course of several meetings.

The second issue Dr. Donald mentions in his article is the Limited English Proficiency Policy, which was initiated through a President Bill Clinton Executive Order (13166) signed Aug. 11, 2000. This, as with all presidential executive orders, carries the power of law. Efforts to modify this executive order to eliminate it or modify it to a more user-friendly version, unfortunately, fell short of what was hoped. Luckily, this law has not greatly hamstrung dentists and other small businesses anywhere near what some had originally feared. Understand though — the provisions and/or enforcement of this directive could still evolve, despite the passing of time.

A third item, the assertion that (and quoting Dr. Donald), "if it were not for the efforts of the AGD Professional Relations Committee, the ADA 5th District, and the Austin Group, the ADA would have adopted that resolution, adding support for midlevel providers in ADA policy." While the groups Dr. Donald mentions did play a meaningful role regarding the midlevel resolution, there were other ADA districts and people who worked diligently on the issue as well. Whether the 2010 ADA House of Delegates would have adopted the resolution without the commendable efforts of so many is a matter of opinion.

Finally, relative to Mark's assertion that if it had not been for the AGD, the American Dental Political Action Committee (ADPAC) would be supporting the midlevel provider initiative on the national and state levels: The ADA and ADPAC stance on the midlevel provider proposition, ever since the issue first surfaced, has not changed. In fact, that stance has undergone careful study for efficacy, financial practicality, and sustainability. If anything, as a result of the diligent work done by the ADA/ADPAC, that stance has become even more legitimized and galvanized; only licensed dentists and licensed dental specialists should be performing irreversible treatment procedures on human beings. Frankly, I do not think that it could be any clearer.

Respectfully,
Joseph F. Hagenbruch, DMD
Immediate-Past ADA 8th District Trustee
Present Member/Volunteer, AGD Council on Dental Practice

Response from AGD President W. Mark Donald, DMD, MAGD

As the primary spokesperson for the AGD and by extension the profession of general dentistry, I am very pleased to report that AGD attained 39,028 members in 2015 — a second best all-time high. Secure in our new headquarters building in the evolving West Loop in Chicago, AGD is offering innovative and revolutionary CE to its members. AGD continues to stand up for general dentists in scope of practice issues at the state level — the only organization exclusively doing so. Finally, AGD continues to seek collaboration with other dental organizations and be an integral part of organized dentistry. The vast majority of AGD's Board and council members are members of both the AGD and ADA (or CDA). AGD, however, will always rise to the support of the general dentist, even when it is unpopular.

The opinions expressed here are those of the writer and do not necessarily reflect the views of the Academy of General Dentistry.

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The AGD Member Savings & Offers program is subject to change without notice.

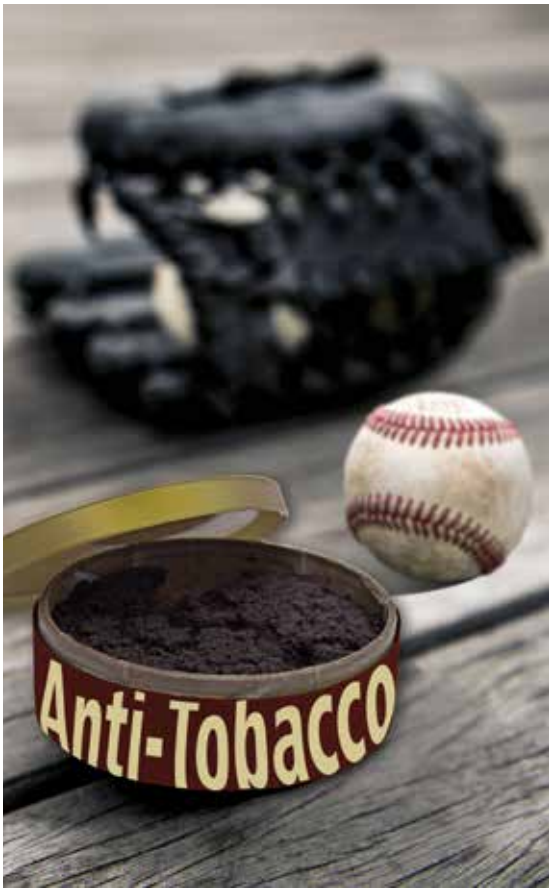
AGD Signs Anti-Tobacco Letter to MLB and MLBPA

As part of a coalition of more than 30 public health and professional organizations, the Academy of General Dentistry (AGD) recently signed a letter addressed to Major League Baseball (MLB) and the Major League Baseball Players Association (MLBPA) leadership. The letter urges the organizations to prohibit the use of all tobacco products by players, managers, coaches, other personnel, and fans at all MLB venues.

It also calls for the MLB and MLBPA to take action immediately on a prohibition. According to a September 2015 Centers for Disease Control and Prevention (CDC) report, high school athletes use smokeless tobacco at nearly twice the rate of nonathletes. Also cited in the letter is tobacco's status as the leading cause of preventable death in the United States, as well as the presence of at least 28 known carcinogens in smokeless tobacco.

AGD continually seeks opportunities to be a vocal leader on anti-tobacco issues. In addition to the coalition letter, AGD has advocated for adequate funding for CDC and U.S. Food and Drug Administration tobacco research and prevention programs, as well as supported provisions in the Trans-Pacific Partnership, which would allow participating nations to exclude tobacco-control measures from the Investor-State Dispute Settlement.

The letter can be viewed on AGD's Federal Issues Web page at *cqrcengage.com/agd/home.*



Affordable Care Act Grace Period Reminder

Dentists are encouraged to stay aware of their patients' insurance plans and their grace periods, and to ensure their collection policies take into account the Affordable Care Act (ACA) grace period.

The ACA provides a grace period of 90 days before an insurer can discontinue an enrollee's coverage if he or she fails to pay monthly premiums. The grace period only applies to those enrollees who received tax subsidies to buy health insurance through the ACA marketplaces and have paid at least one full month's premium during the benefit year.

For the first full month of the grace period, the enrollee's insurer will continue to pay claims. After the first full month, the insurer will be allowed to delay paying the enrollee's claims for the services rendered during the second and third months of the grace period. If the enrollee makes his or her required premium payment before the grace period ends, the insurer will make the previously withheld claims payments. However, if the enrollee does not pay the premiums, he or she will lose coverage, and the insurer will not pay for claims for the second and third months.

During the grace period, the insurer must notify the U.S. Department of Health and Human Services of the enrollee's non-payment and also must notify the providers of the possibility for denied claims when an enrollee is in the second and third months of the grace period.

AGD Meets with Allied Organizations

During the Chicago Dental Society's 2016 Midwinter Meeting in February, AGD hosted meetings with leaders from a number of allied dental organizations to discuss opportunities for increased collaboration in education, membership, and advocacy. AGD leaders met with representatives from the following organizations:

- American Association of Public Health Dentistry (AAPHD)
- American College of Prosthodontists (ACP)
- American Equilibration Society (AES)
- Academy of Operative Dentistry (AOD)
- Dental Trade Alliance (DTA)
- American Dental Association (ADA)

Left to right: ADA President-Elect Gary L. Roberts, DDS; AGD Immediate Past President W. Carter Brown, DMD, FAGD; AGD President W. Mark Donald, DMD, MAGD; ADA President Carol Gomez Summerhays, DDS; AGD President-Elect Maria A. Smith, DMD, MAGD; and ADA Executive Director Kathleen O'Loughlin, DMD, MPH

Left to right: Dr. W. Carter Brown, AES President Dr. Michael Racich, AES Past President Dr. Jacob Park, Dr. W. Mark Donald, AES Professional Relations Committee Chair Dr. Jay Mackman, AGD Vice President Dr. Manuel Cordero, Dr. Maria Smith, and AES member Dr. Robert E. Roesch

Left to right: Dr. W. Carter Brown, Dr. Manuel Cordero, Dr. W. Mark Donald, Dr. Maria Smith, DTA Chairman of the Board Eric Shirley, and DTA CEO Gary Price

Engaging Content, Lifelong Learning

AGD 2016 Speakers Share Insights from Their Sessions

AGD Impact talked with some of the presenters who will be educating AGD 2016 attendees from July 14–17 at the Hynes Convention Center in Boston. Here, they offer a deeper dive into what they'll be discussing at this year's AGD annual meeting.

Adam J. Freeman, DDS, MAGD, D-ABFO

Course: Mass Disasters and Identification

How does dentistry play a role in mass disaster identification?

Dentists play a major role in disaster victim identification. Teeth can survive extreme heat, cold, and water trauma. The very restorations that dentists place can even survive cremation. Identifying victims of mass disasters quickly and efficiently and returning victims back to their families are how dentists make an impact.

What is the most important thing dentists should consider when asked to provide dental records to identify an individual?

Health Insurance Portability and Accountability Act (HIPAA) has an exclusion for the purpose of identifying victims of crimes, police departments, and medical examiners. (45 CFR 164.512(f)(2)). I can't tell you how many times I have requested records from dentists where they state: 'We will release them with the signature of the patient.' I then explain that the patient is presumed dead, and they will again state that without a written release from the patient, they can't release the records. When asked for records by police or medical examiners/coroners offices, dentists should release the records expeditiously so we can attempt to return a loved one to his or her family.

Charles Blair, DDS

Course: Stay Out of Jail: Avoid Coding Errors and Excel in Insurance Administration

What are the top coding errors in dentistry?

Dental coding is challenging for all practices. Understanding common errors that occur in the coding process can help the dental team improve accuracy of claim submission in order to receive maximum reimbursement the first time a claim is submitted. A few common coding errors are:

- Reporting limited oral evaluation — problem focused (D0140) at every emergency visit.
- Reporting topical application of fluoride excluding varnish (D1208) when fluoride varnish was applied.
- Reporting abutment supported crowns as implant supported crowns.

How can dentists avoid making these errors?

Education is key to understanding the codes, and errors can be reduced or eliminated through team training and access to proper reference materials. Remember, always report exactly what you do — no more, no less — and always choose the code that best describes the service provided.

Dilaine Gloege, CDC, CDA, and Glenda Hood, MA, CPC

Course: Meeting the Challenges of Dental and Medical Coding with Confidence

What is the purpose of the ICD-10-CM code set?

Diagnostic codes are used by organizations to collect data regarding disease and morbidity. ICD-10-CM affects the dental practice in that medical and dental payers use diagnostic codes in the adjudication process of claims.

How can doctors approach coding with confidence?

Becoming more familiar with code sets for reporting procedures and diagnostic codes will help the doctor be more confident with coding, thus increasing revenue. Additionally, doctors should ensure the clinical documentation is accurate, thorough, and specific in order to properly support those codes reported.

Douglas L. Lambert, DDS, FACD, FASDA, FASD, ABAD

Course: Profiting from Plastics: Creating Quality Oral Appliances for Your Patients
Course: Play Ball! Hands-on Fabrication of Custom Athletic Mouthguards
Course: The 360 Experience

What are the advantages of using a positive pressure machine over a vacuum former to create oral appliances?
They can produce five to six times the amount of air force on the softened material. This allows for more intimate adaptation of the plastic to the cast and yields a better fitting appliance — whether it be an athletic mouthguard, Essix, or bruxism splint — which helps make it more comfortable for our patients to wear and improves compliance.

Why is it important for athletes to wear a properly made mouthguard?
There is no easier way to provide "top-shelf" protection for an athlete than to wear a properly made, dual-layered pressure fabricated mouthguard. The speed and intensity of all sports seem to be increasing regardless of the level of play, which potentially increases the likelihood of a physical encounter. You never know when that elbow or bad bounce will occur!

When it comes to improving team communication, what are your top three suggestions?

1. Be a great listener. Open your ears to your staff members before you engage the clutch on your mouth. It will go a long way to ensuring a smooth-running office.
2. Trust your staff members to make good decisions and delegate. If they do well, praise them and give them more latitude. If a decision they make doesn't go as planned, work through it to find out why and correct it the next time.
3. Be sure everyone understands their role and purpose toward the success of the office — not just in their title as an assistant, hygienist, or front desk team member, but the real reason they are part of the team.

John C. Minichetti, DMD, FAGD

Course: The Smooth and Seamless Management of Implant Patients: It Takes a Team!

What differentiates the top surgical implant practices?
The smooth and seamless management of patients by the entire team throughout dental surgical and restorative therapy is critical in setting your team apart. Team members who can communicate most effectively with patients about case presentations, treatment sequencing, pre-operative requirements, surgical management, and postoperative care provide the best experience for the surgical patient. This rehearsed and ironed-out communication amongst the entire staff makes the top surgical implant practice appear as the premier in the implant field.

Minichetti also will present the following courses:

- *Esthetic Issues with Dental Implants*
- *Hands-on Socket Preservation and Bone Grafting*
- *Suturing Techniques for the General Dentist — a Hands-on Course with Pig Jaws*

John Tucker, DMD, DICOI, DABDSM

Course: Forty Winks — Dental Sleep Medicine Essentials
Course: Next Steps: The Dental Sleep Medicine Journey Continues

How do dentists play a role in oral appliance therapy?
The dental profession is able to provide oral appliance therapy for the continuous positive airway pressure (CPAP) intolerant patient. One of the guidelines in "Clinical Practice Guideline for the Treatment of Obstructive Sleep Apnea and Snoring with Oral Appliance Therapy: An Update for 2015" (published in the *Journal of Clinical Sleep Medicine*) stated: "We recommend that sleep physicians consider prescription of oral appliances, rather than no treatment, for adult patients with obstructive sleep apnea who are intolerant of CPAP therapy or prefer alternate therapy."

We can now be part of the treatment equation for the CPAP intolerant patient! My line has been this: 'A medical disease with a dental solution.' There are over 140 U.S. Food and Drug Administration-cleared oral appliances for us to choose from. My advice to the dentist neophyte in oral appliance therapy is to pick an appliance and start treating some patients. The American Academy of Dental Sleep Medicine has established a specific protocol for treating the CPAP intolerant patient with oral appliance therapy.

Linda C. Niessen, DMD

Course: Caring for Medically Complex Older Adults

Course: 60 Is the New 40

What are some of the unique oral health needs of the aging population?

- Baby Boomers are reaching age 65 with virtually an intact dentition and are expecting to keep their teeth for a lifetime.
- With increasing chronic diseases, older adults take more medications that affect oral health (medications that dry the mouth and increase the risk for root caries and tooth decay on the root surface of the tooth).
- In the face of neurological diseases such as dementia or stroke, daily oral hygiene care can become more challenging in older adults.

What challenges does the dental team face in helping geriatric patients maintain their oral health in the face of multiple chronic diseases?

- Baby Boomers will lose their workplace dental insurance when they retire. Their health care will transition to Medicare, but they will have lost their dental insurance since Medicare does not include dental care.
- Dental treatment planning becomes more complex the more medically complex the patient becomes.

Rhonda Savage, DDS

Course: The 360 Experience

What are your top three suggestions for improving communication among dental team members?

1. The team should focus on a smooth pass-off from the front to the back. The doctor should stress the need for the next treatment and the reason why the treatment needs to be done in the last 30 seconds of the appointment. The clinical team then communicates directly with the front desk team to increase patient understanding and provide important information.
2. An organized, productive morning huddle increases efficiency and ensures a higher level of customer service and less conflict from back to front, front to back.
3. The most successful teams focus on what needs to be changed and implements change over time. This is a great discussion for team meetings: What's working well? What's not working well? How can we make things better? Teams that focus on a positive approach to improvements have high morale and an increased willingness to communicate. The ratio of positive feedback to negative (constructive criticism) should be 3:1. The best performing teams actually have a ratio of 6:1.

AGD 2016 Education Highlights

The Ultimate Dental Team Experience

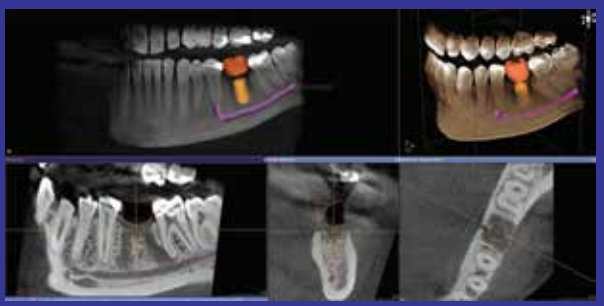
"The 360 Experience" will bring together, in one location, four industry-recognized experts:

- Douglas L. Lambert, DDS, FACD, FASDA, FASD, ABAD
- Edwin A. "Mac" McDonald III, DDS, FAGD
- Rhonda Savage, DDS
- Marianne Dryer, RDH, MEd

This course will provide the entire dental team with a full day of opportunities to work together to strengthen individual roles and improve the overall functionality of the practice. Dentsply Sirona is the Presenting Sponsor of this course.

Live Patient Demonstrations

For AGD 2016, Engel Institute founder Todd B. Engel, DDS, will be presenting two surgical demonstrations performed on live patients. Dr. Engel's Thursday course will discuss socket grafting for ridge preservation for the general practitioner and conclude with a live socket graft surgery. Friday will open with a discussion of implant surgery and conclude with a live implant placement. Vatech America Inc. is the Presenting Sponsor of this course. Sponsored in part by Kettenbach LP.



"3D Summit on Digital Dentistry"

Dentsply Sirona will be the Presenting Sponsor of "Elevate Your Practice at a 3D Summit on Digital Dentistry." This four-part lecture will discuss interpreting 3-D scans and explore how digital integration can make placing implants more predictable, safe, and profitable for a practice.

Back by Popular Demand

In 2015, the participation course "WOW! Complete Dentures in One Hour" sold out shortly after AGD 2015 registration opened. Speaker Lawrence N. Wallace, DDS, will return to AGD 2016 to offer two encore presentations of this highly sought-after course. Dr. Wallace, developer of the Larell One Step Denture™, will demonstrate the techniques for fabricating the One Step Denture in a single visit.

Dental Team Education

Here is a sampling of courses open to dentists and their dental team members:

- "What's Hot and What's Getting Hotter!" with Howard S. Glazer, DDS, FAGD
- "The Smooth and Seamless Management of Implant Patients: It Takes a Team!" with John C. Minichetti, DMD
- "Nitrous Oxide Review: Boston Born to Today," with Anthony S. Carroccia, DDS, MAGD, DDOCS, ABGD
- "Forty Winks — Dental Sleep Medicine Essentials" and "Next Steps: The Dental Sleep Medicine Journey Continues," with John H. Tucker, DMD, DICOI, DABDSM
- "Unveiling the Mystery of Caries Management — What's the Secret?" and "Two Decades of Tooth Whitening and Managing Dentin Hypersensitivity," with Marianne Dryer, RDH, MEd

Visit *www.agd2016.org* for the full course listing.

Growth in Challenging Times

Steps for Strategic Planning, Setting Targets, and Training Your Team

Until the last economic downturn that began in December 2007 and ended in June 2009, dental practices typically performed well financially and were thought to be recession-proof. Now that numerous game-changers have come into play — a growing number of dentists, reduced patient demand for services, decreasing insurance reimbursements, and other challenges — we see that success no longer comes automatically. Yet explosive growth still can be attained if you know how to go about it.

Set Specific Production Targets

The first step toward achieving growth is to create a plan. Most dental practices operate in a similar fashion year after year, with little thought given to financial or strategic planning. Many dentists seem to think that developing and implementing growth strategies are beyond them, calling for skills possessed only by high-powered business executives. However, such planning is simple if you take it one step at a time. Start with this methodology:

- **Set an overall annual production growth target.** Many doctors use a goal of 15 percent, which is both substantial and realistic.
- **Take your total production for the past 12 months and calculate how much it would be if increased by 15 percent.** This will give you your new production goal in dollars. For example, if your practice produced $1,000,000 in the previous 12 months, your new target would be $1,150,000.
- **Now, divide that total into two parts:** 75 percent doctor production and 25 percent hygiene production. In this example, the doctor would produce $862,500, and the hygienist would produce $287,500. If your doctor-hygiene production ratio deviates significantly from this 3:1 model, you'll benefit by shifting the percentages to some degree.
- **Subdivide the doctor production** in a model where 50 percent ($431,250) comes from current active patients, 40 percent ($345,000) from new patients, and 10 percent ($86,250) from emergencies.
- **Divide each of these totals by the annual number of work days.** This gives you daily production targets. Some days, you'll fall short of these goals, and sometimes, you'll exceed them, but on average, you should hit these targets. Also, calculate weekly and monthly totals.
- **Further break down daily production into a production-per-chair model.** This will make it simple for your scheduling coordinator to work toward meeting the production goals per chair, per day.
- **Monitor actual production daily, weekly, monthly, and annually** and compare it with your targets.

Prioritize Your Growth Strategies

Once you establish your performance targets, you need to decide which strategies will be most helpful in reaching them. Your practice's unique situation will tell you which strategy to start with, but it will most likely be one of the following:

- Increasing volume through higher levels of efficiency.
- Performing more elective services, which decreases dependence on dental insurance reimbursements and, thereby, increases revenue.
- Adding one or more dental insurance plans if your analysis determines that they will be beneficial.
- Promoting new services with marketing that educates patients about their benefits and lets them know they are available.
- Launching a marketing campaign that includes intensive customer service training and online outreach to prospective patients and the community.
- Maximizing production potential for each patient by conducting a thorough exam, creating a comprehensive treatment plan, and sharpening your presentation skills.
- Using scripting and state-of-the-art confirmation techniques to reduce no-shows and last-minute cancellations to less than 1 percent.

- Immediately implementing a plan to have 98 percent of all active patients scheduled at all times.
- Establishing collections protocols that will ensure that 99 percent of all fees are being collected.

By first focusing on the best opportunities — those that will yield the most results quickly — your practice will be well-positioned to achieve targeted production increases within a year.

Train Your Team for Success

Most practice team members have not been properly trained. Provide high-quality training at your office and off-site. Most staff members can be quickly trained to do an excellent job if you provide these essentials:

- **Job Descriptions:** Write a detailed job description for each staff position, including expectations and targets. Update these descriptions as your practice evolves.
- **Documented Systems:** Replace existing inefficient administrative procedures with carefully designed step-by-step systems. Document all systems in detail, and then use that as the basis for staff training.
- **Individual Performance Targets:** As team members go about their work, they should have specific goals in mind, motivating them to perform better. During monthly business reviews, include reports of how actual results compare with targets. If an individual's performance falls short, look at it as a coaching and mentoring opportunity, and then brainstorm solutions.
- **Annual Performance Reviews:** Establish a schedule of regular meetings with team members to discuss their performance and opportunities for personal growth and development.

Achieving explosive growth in challenging times is possible if you take these steps. Despite the challenges encountered in the new dental market, practices using these proven techniques are growing significantly each year. ◆

Roger P. Levin, DDS, is the founder and CEO of Levin Group Inc. To comment on this article, email *impact@agd.org*.

Save the Date

Levin will present "Explosive Growth in Challenging Times Increase Production 30–50% in the Next 3 Years)" on Friday, July 15, at AGD's 2016 annual meeting, AGD 2016, July 14–17 in Boston. He will teach dentists how to turn their practices into thriving dental businesses by implementing step-by-step systems in the areas of marketing, scheduling, case presentation, and collections. For more information, visit *www.agd2016.org*.

What's Hot and What's Getting Hotter

BY HOWARD S. GLAZER, DDS, FAGD

MATERIAL

Admira Fusion Nanohybrid ORMOCER® Restorative

VOCO America Inc.
vocoamerica.com

I often am asked, "What's hot?" Right now, the answer is VOCO America Inc.'s Admira Fusion Nanohybrid ORMOCER® Restorative, a ceramic-based restorative material with pure silicate technology — i.e., fillers and resin matrix based purely on silicon oxide — that contains no classic monomers. Admira Fusion's low polymerisation shrinkage is 1.25 percent by volume, with a low level of shrinkage stress. Both factors will help ensure a long-lasting restoration that is biocompatible and resistant to discoloration. This material can be used in single- or multiple-shade layering and polishes well to a high gloss.

PRODUCT

Jiffy® Intra-Oral and Extra-Oral Adjusting and Polishing Kits

Ultradent Products Inc.
ultradent.com

Ultradent Products Inc.'s Jiffy® Intra-Oral and Extra-Oral Adjusting and Polishing Kits allow for the efficient adjustment and polish of any ceramic material. Both are indicated for use on all ceramic materials, including porcelain, lithium disilicate, and zirconia. These terrific polishing instruments help give your ceramic restorations a smooth surface and make them "shine." But remember: Speed control is a key factor in achieving the smooth, high-gloss, and natural enamel look. Ultradent's speed recommendations for kit instruments are available online.

Howard S. Glazer, DDS, FAGD, practices in New Jersey. For more than 24 years, he has lectured and published articles on various areas of dentistry. He can be reached at *impact@agd.org*. Glazer has not received any remuneration for the products mentioned. All reviews are the opinions of the author and are not shared or endorsed by *AGD Impact* or the Academy of General Dentistry.

MATERIAL

Bioviva Hemostatic Gauze Wound Dressing

Golden Dental Solutions
physicsforceps.com

Bioviva Hemostatic Gauze Wound Dressing from Golden Dental Solutions is a sterile, soluble, cellulose-based bacteriostatic hemostatic gauze dressing made from oxidized, regenerated cellulose derived from plants. This product absorbs blood and immediately transforms into a gel, sealing the extraction site, filling wound voids, sealing capillary ends, and activating the clotting system to assist the body to stop bleeding. To use, open one of the 20 blister packs and remove with dry forceps. Fold, if necessary, and then simply place into the socket. This is easy to use and seemingly quicker and more effective than similar products that I have tried. Bioviva is a must-have for your office.

Nurturing a Strong Dental Team

How Behavioral Style Clashes, Lack of Trust, and Broken Promises Impact the Way Your Staff Works Together

BY CLAUDIA ST. JOHN

In order for your practice to thrive, your team needs to be motivated, productive, and unified. Encouraging your staff to work well together is the first step toward building a successful practice — but sometimes, professional and behavioral differences can disrupt even the most cohesive organizations.

Conflict can be a frequent source of headaches in all work environments, and the best way to prevent it starts with knowing why conflict happens and how it can be resolved. So often, these breakdowns are related to behavioral style, lack of trust, and failure to deliver on promises.

The bad news is that conflict may always be prevalent in all workplaces, including dental practices. The good news is that there are ways of managing it in order to create a healthy, positive work environment.

Behavioral Styles

Behavioral styles are the natural ways that individuals process information, make decisions, solve problems, and relate to one another. We all have behavioral preferences, and there is no such thing as a "right" or "wrong" style. That said, certain styles do have competing preferences and, unfortunately, clashes in style among team members are often the result.

So if the conflict is the result of opposing behavioral styles, what can be done? It starts with understanding those differences. One tool for assessing personal behavioral preferences is the DISC assessment. It is the brainchild of William Moulton Marston, who also created the lie detector and the Wonder Woman comic book character. (He was a pretty interesting man!)

Fascinated with the way our personalities affect workplace performance, in 1928, in "Emotions of Normal People," he developed an inventory of personal behaviors and classified these behaviors into four basic categories (hence the acronym DISC):

Dominant (Problem Solvers)
Influencer (People-Oriented)
Supporter (Team Players)
Controller (Process-Oriented)

Patient-facing professionals, such as hygienists, tend to be *Influencers*, or people-oriented. They tend be friendly and able to establish relationships easily. They typically are confident, enthusiastic, articulate, and strategic. They also can be competitive and extroverted, have a high sense of urgency, and be able to handle adversity with optimism.

Meanwhile, most administrative staff members, such as the office manager, tend to be natural *Supporters* and *Controllers*, opposite of *Influencer* types. These team members usually are organized, structured, and methodical. They tend to be logical thinkers, detail-oriented, good listeners, and private. They typically don't like change, are introverted, have a low sense of urgency, and need time to process information and make decisions.

And here is where conflict can arise, if each team member does not understand the behavioral style of others. While the patient-facing professional often has a high sense of urgency, the administrative staff tends to be methodical with a low sense of urgency. The administrative team member may take more time to complete the task for this reason. Despite their

Workplaces with a strong culture of trust are more productive and resilient than their competitors.

differences, the two rely upon each other. Without the vitality, confidence, and energy of the patient-facing professional, patients may look for another dental provider with whom they feel comfortable. And without the office manager's eye for detail and commitment to process, appointments may not be scheduled correctly, insurances may not be billed correctly, and essential tasks can fall through the cracks.

Fortunately, there are some things you, as the practice leader, can do to help bridge these differences and ensure your team functions well:

- **Understand style.** Most conflicts that exist in the workplace relate to behavioral preference, not personal animosity. Each professional is simply hard-wired to tackle work, communication, conflict, and urgency differently. By understanding these things about each other, your team can begin to appreciate those differences and value what each person brings to the practice.

- **Appreciate differences.** Try to change the dialogue from conflict to appreciation. When everyone has the opportunity to express their appreciation for each other, it can lead both to deeper recognition and improved morale.

- **Learn to flex.** Encourage your team members to flex to accommodate the style of each other. They can't change each other (despite their greatest efforts), but they should learn to accommodate each other.

- **Repeat steps 1–3.** Don't make conversations about style a one-time occurrence. Use them each time important dialogue occurs, either in conflict or in celebration.

Trust

As the leader in your practice, you have a multitude of responsibilities on your plate: patient care, productivity, financial performance, and strategic direction, to name just a few. The last thing you need is to manage quarreling staff members. But is instilling a culture of trust on your plate as well? Studies suggest that it should be.

According to a May 21, 2015, report ("Compassion is a wise and effective managerial strategy, Stanford expert says") from *Stanford News*, "promoting a culture of trust — rather than fear — encourages collaboration and builds a creative workplace." And a new study by the University of Sheffield in England reveals that organizations with a strong level of trust are 5 percent more productive than their industry peers. Being committed to trust in the workplace doesn't just feel good — it's good for business!

Defining Trust

But what is trust, really? When someone says, "I trust you," he or she is making three distinct assessments about you:

- **Sincerity.** Your capacity to be honest in your intentions and communication, and whether what you say can be believed.

- **Reliability.** You will meet the commitments that you make. Reliability suggests you keep your promises and do what you say you will do, when you say you will do it.

- **Competence.** You are competent enough and have the ability to do what you say you can do. What you say has validity or credibility that is backed by evidence or sound thinking.

When sincerity, reliability, and competence are aligned, we enjoy trusting relationships.

Workplace Trust

Building trust takes a dedication of time and effort and must be consistently demonstrated, starting with the leader of the practice. Here are four trust habits that effective leaders demonstrate:

- **Insist on truthfulness within the practice.** Sharing your true feelings — good or bad — can reassure your team that there is nothing to fear from hidden agendas or what is left unsaid.

- **Be passionate about keeping your promises.** Effective leaders recognize that the commitments they make to others are promises and should be treated as such. And if you break your promises, your team may think it is OK to do so as well.

- **Be kind.** Remember the golden rule. In good times and in bad, a firm and compassionate hand typically is always more effective than one that is swinging a stick.

- **Choose to trust.** To distrust is a choice. If you are looking to create a trusting environment, you must be a trusting leader. As in all things, you must lead by example.

Promises

To get your practice to peak performance, there's one more step to take. Chances are that one of your priorities as an owner, as a leader, is to ensure that your team is instilled with a sense of accountability. Are team members keeping their commitments, performing to the best of their abilities, and adhering to the mission and values of your practice? More importantly, are you?

An ancient Chinese proverb says that a fish rots from the head down. As a leader, if you make and manage your promises poorly or fail to hold others accountable for their promises, the negative effects can quickly spread throughout your practice.

Focusing on promises is essential because they are the foundation of a trusting work environment. Yet all too often, we fail to recognize that the requests and offers and agreements that we make to each other are just that — promises. And if we don't see them as promises, then we're more likely to break them, which is why they are worthy of your attention.

Components of a Promise

Take, for example, a simple request. Dr. Smith asks: "Claire, can you inventory our supply room?" "OK," responds Claire. It sounds simple, but what they have created is, in fact, a promise: *Request + Acceptance = Promise*

The problem is, since neither party is likely to view this simple exchange as a promise, there's a high probability that the promise will be broken. By when does Dr. Smith need the inventory completed? Is she clear about what she wants or why she's requesting the inventory to be taken? Does Claire have any sense of urgency or timing associated with this task? We have no idea based on that exchange. In fact, there are many components to this promise that have not been clarified and that puts this promise in jeopardy.

Understand the four main components of a promise:

- **The client and the provider:** Is there clarity about who is responsible for what?
- **The service or deliverable:** Is there clarity about what specifically is being requested or offered?
- **The timing:** Is there clarity about when the service or deliverable is due?
- **The conditions of satisfaction:** Have the client and the provider clarified the conditions under which the promise can be completed?

All too often, we fail to explore one or more of these components. We assume there is a shared understanding about what is asked for and when it is due, but more often than not, we miscommunicate, and this can lead directly to broken promises and a perceived lack of accountability.

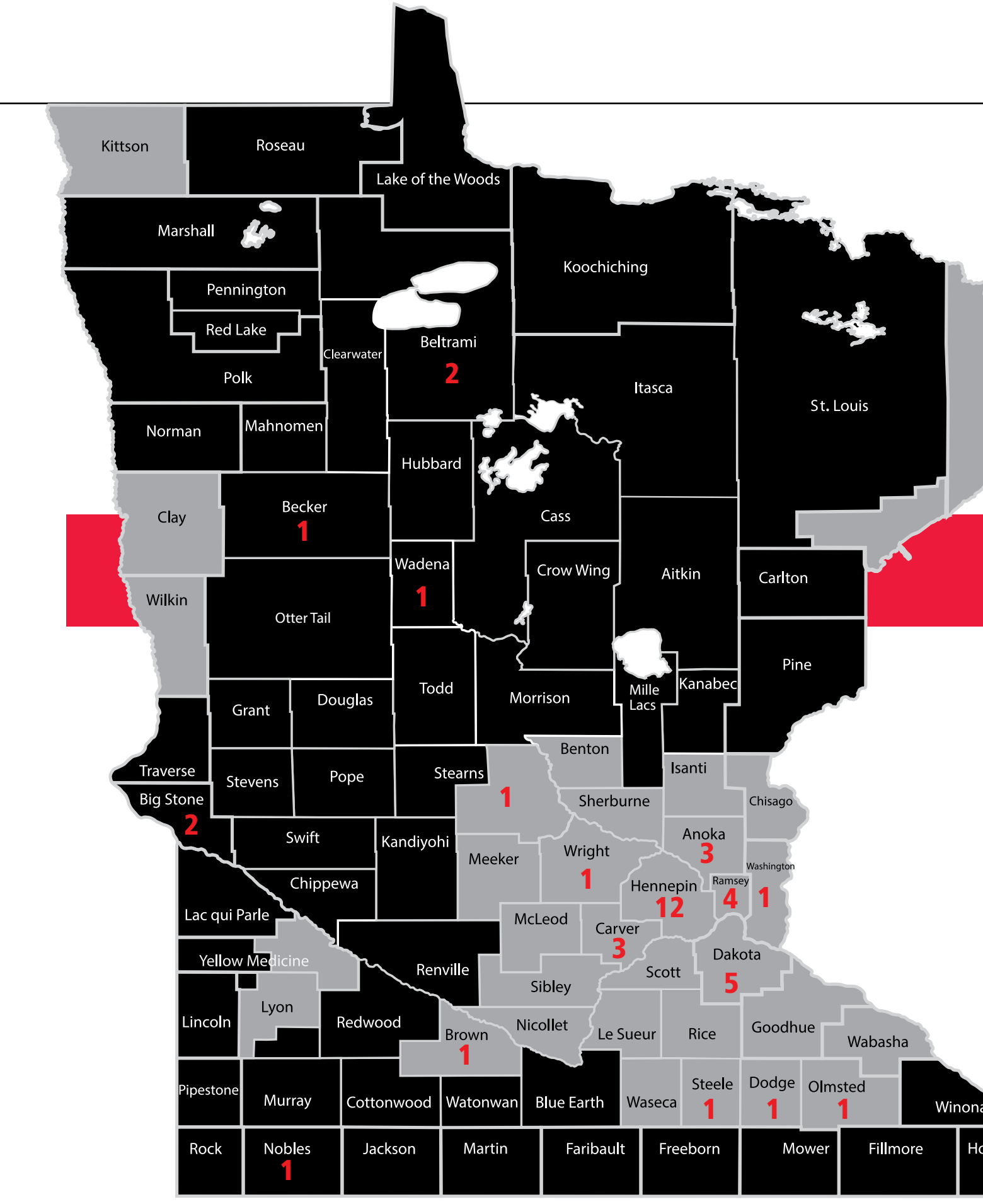
A Culture of Promises

As a dentist, keeping promises is critical to maintaining a solid team. If you are lax or lazy in making and managing your promises, others probably will be too. So how can you keep the fish from rotting down to the tail?

- **Start to recognize the promises around you.** Listen to the offers, requests, and acceptances around you.
- **Use the language of promises.** The more you use the word "promise" in your everyday exchanges with others, the more others will recognize their own promises.
- **Be committed to managing your promises.** Sometimes promises need to be revised or revoked, which is perfectly OK — as long as you make sure they are not broken, because broken promises can lead to broken trust.

Transforming your team can be hard work. As with any new process or procedure, it takes time and commitment to create a cultural shift in a practice. Learning and embracing the components of collaboration — behavioral style, trust, and promises — is a great place to start. And the first person to start with is you. Remember: If you expect others to appreciate each other, build trust, and make and manage their promises, it has to start with you. ◆

Claudia St. John is the author of the Amazon.com best-selling book, "Transforming Teams — Tips for Improving Collaboration and Building Trust." To comment on this article, email *impact@agd.org.*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Olmsted
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Winona
Rock
Nobles
1
Jackson
Martin
Faribault
Freeborn
Mower
Fillmore

A Review of the Minnesota Dental Therapist Model

Health Professional Shortage Areas (HPSAs)
Low-Income Dental HPSA Designations

Not Designated
Designated

Number of dental therapists practicing in each county indicated on map in red.

Has the Midlevel Provider Expanded Access to Care?

Since its passage in the legislature in May 2009, the Minnesota dental therapist model has been praised by public health advocates as an innovative solution to the lack of dental care for low-income, uninsured, and underserved populations in the state, as well as to the inequitable distribution of dental health professionals. The perceived success of the model has been used as the basis for the push of similar programs across the country.

The Minnesota legislation created two new types of providers: the dental therapist (DT) and the advanced dental therapist (ADT), both of which are allowed to provide general dental services, as well as irreversible procedures such as tooth extractions and cutting hard tooth tissue, under the general or indirect supervision of a dentist, dependent upon the procedure.

The key attribute of either midlevel provider is that he or she was intended to primarily work in settings that serve populations with minimal access to dental care. Even though Minnesota ranks highly in comparison to other states when it comes to overall health, and specifically oral health, the disparities within these underserved populations are significant, says the Minnesota Department of Health.

More than 70 percent of Minnesota's counties are fully or partially designated as Health Professional Shortage Areas (HPSAs), according to the Minnesota Board of Dentistry and Minnesota Department of Health report, "Early Impacts of Dental Therapists in Minnesota." Overall, approximately 15 percent of Minnesota children younger than age 18 live in poverty. Thirteen counties from central Minnesota to the Canadian border top 20 percent, with some counties having a poverty rate among children of more than 30 percent, according to the 2012 County Health Rankings and Roadmap, sponsored by the Robert Wood Johnson Foundation.

According to the Minnesota Board of Dentistry, there were 42 licensed dental therapists in the state in June 2015. Two licensees lived out of state. During this time, only three DTs practiced in the region defined in the Robert Wood Johnson Foundation study, and only eight practiced in HPSAs. More than a quarter practiced in Hennepin County, home to the state's largest city, Minneapolis, while 73 percent practiced in the seven-county Twin Cities metro area. Plotting the current locations of dental therapists on a map of Minnesota shows a significant maldistribution of DTs in the state (see illustration at left).

The Profile of Dental Therapists

The Minnesota Department of Health's "2013 Minnesota Dental Therapist, Workforce Analysis" report provided the following profile for dental therapists practicing in the state:

- Fifty-nine percent graduated from the University of Minnesota's program and 41 percent from Metropolitan State University.
- Half work in nonprofit clinics, a third worked in solo or small practices, and the remainder practiced in hospital or academic settings.
- Fifty-nine percent of the DTs were younger than 35; 27 percent were between ages 35–44; and 14 percent were between ages 45–54.

Academic Track Enrollment Rates

The first dental therapist graduates in Minnesota received their diplomas in 2011. At Metropolitan State University, the first class had seven enrollees; the second class had four; and since then, each cohort that has enrolled in the fall for a 16-month schedule of studies has had six enrollees.

At the University of Minnesota, the first four classes graduated nine therapists each. The class set to graduate in December 2015 had only six. Beginning in fall 2015, the incoming class was capped at eight.

For both programs, the size of the schools' affiliated dental clinics restricts their capacity for students.

In addition to the maldistribution, in the early days of the program, advocates argued that midlevel providers would be able to practice independently because of reduced costs, but that assertion has yet to be proven. Minnesota law requires that at least 50 percent of a dental therapist's patient base consist of those from underserved populations as defined in the statute. With identical reimbursement rates for dentists and dental therapists, there are no savings to the state of Minnesota. In fact, there is no evidence an individual therapist's practice can sustain itself. Under Minnesota law, dental therapists must clear a 2,000-hour benchmark before they can establish a standalone practice, but the requirements include, at a minimum, remote supervision by a dentist, says "A History of Minnesota's Dental Therapist Legislation" by the Minnesota Dental Association. The Academy of General Dentistry (AGD) and the law firm of Foley & Lardner, LLP inquired into the professional intentions of dental therapists and found that none — even those who had surpassed the 2,000-hour threshold — expressed any interest in launching their own business.

Furthermore, the dental therapy program was promoted as a way to reduce the number of emergency room visits for dental–related issues, according to "Early Impacts of Dental Therapists in Minnesota." Emergency rooms are an expensive last resort with a three-year tab in Minnesota from 2012–14 of $148 million. There is no evidence that the emergence of dental therapists has resulted in any cost savings to the state.

Aside from the patients, Minnesota dentists, and the state itself, the dental therapy initiatives have also impacted another audience — the DTs themselves.

In response to inquiries by AGD/Foley & Lardner, dental therapist graduates from rural areas reported significant issues in finding a job. One 25-year-old dental therapist from the University of Minnesota, with more than $80,000 of student loan debt, commented: "I graduated in 2012 and was unable to find a job until fall 2013. My daily commute when I got a job was 70 minutes one way. The clinic cut my job after only four months. They had originally hired me because of a grant incentive." A 29-year-old with more than $50,000 of student loan debt responded: "I am unemployed as a dental therapist. [Dentists] in my area are not open to the new position. I have been looking for more than a year with no opportunities." When asked about the one thing that has frustrated them the most in their new career, DTs and ADTs stated as follows:

- "Lack of job opportunities, lack of support from the [university]. High college debt. Lack of support from the dental community."
- "Lack of scholarships or repayment help for student loans for dental therapists, in addition to not finding work for more than six months."

Call to Action

AGD stands ready to work with policymakers on proven solutions to expand access to and utilization of oral health care. For more information on AGD's policy positions, contact *advocacy@agd.org.* ◆

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Team First

Why the Culture-Centered Practice Is Headed for Success

BY STEVEN J. ANDERSON

Picture a typical practice team meeting. People straggle in and do their best to appear interested, but more often than not, their enthusiasm is already deflated as they think: "Here we go again." They anticipate that you'll rehash the same information they've heard before, and they might be right, but they don't have to be. There is a better way to lead your team, to get them engaged, and to change the way they approach their work. And it starts with an emphasis on the culture within your practice — a focus on "we."

Change Your Practice's Focus

Begin your next team meeting by playing to the lowest expectations, as if you're about to drag on and on about things everybody has heard before. Then pose this question: "Who are the people most important to us?" Chances are, they'll offer the same obvious answer: our patients.

"Wrong!" you declare before explaining that what they've heard about the patient-centered practice is wrong, too, and you want them to forget about it.

Do you have their attention? Absolutely. Do they know where you're going with this? Not likely.

Explain that they're looking at the answer to your question: "We are the most important people — and we need to put us first."

It's the truth, and the whole team needs to know it — and you need to believe it so you can lead your team into a workplace revolution.

Start Talking about Culture

Providing the best possible care and creating satisfied, happy patients who repeat visits and refer other patients are principles we all believe in. But having a solely patient-centered practice should not be any dentist's goal, because the way team members treat each other directly affects the way patients are treated and the way patients feel about the practice. For a practice to truly achieve success, the team and its culture must come first.

Culture is, in a word, the all-important "we." It is the combination of organizational beliefs and how the team acts upon those beliefs every day. Every organization has a culture that represents the sum of all interactions within the group and the whole workplace environment. Culture happens either by design or by default.

Unfortunately, it usually happens by default, with dismal results. I have seen far too many purportedly "patient-centered" practices where the team culture is toxic. If you have ever worked in a practice environment filled with passive aggression, territorialism, gossip, and stonewalling, you know that it is almost impossible to do your best for the patient when there is distracting and destructive background noise. Patients are sensitive to group dynamics and the "vibe" within the office. If the culture's bad, they'll pick up on it, and they'll want out, often without even knowing why.

On the other hand, they're eager to return to a place with a positive team culture. This happens only by design, and it's a major component of business and clinical success. Top dental practice teams are aware of their culture and constantly work to maintain and improve it. They work in harmony with no negative background noise, and optimal patient care and service result as a natural consequence.

Your declaration that the team comes first has prepared everyone to discuss and improve relationships in the workplace. You can reassure them by explaining that the culture-centered practice ultimately does more for the patients — and the practice itself does better — than strictly patient-centered care.

Be Proactive in Creating Your Culture

The next step, as the practice owner, is to create a "culture guide," which is a list of guidelines on how to act and treat each other within the practice. Here is an example of what could be included in the guide:

- Be our organization. Be the best example of what it stands for.
- Live our culture. Leave old, negative habits behind.
- Be loyal to the team and everybody in it. Help everybody do the best possible job.
- Be early to work, meetings, and all scheduled obligations, and you'll always be on time.
- Be ready. Be properly dressed, fed, groomed, and prepared when your work day starts.
- Leave your emotional baggage at the door. The team doesn't need — or want — distractions.
- Be honest. If you don't know, don't pretend you do.
- Do what you say you'll do, on time, as promised. Leave no commitment unfulfilled.

> "[Having] a solely patient-centered practice should not be any dentist's goal … for a practice to truly achieve success, the team and its culture must come first."

- Follow up. Having delivered on promises, make sure there are no loose ends.
- Be happy in your work. Positivity is infectious.
- Make it fun. Find new ways to make good work more entertaining and even better.
- Be solution-minded. When you spot a problem, come up with a way to fix it.
- Take problems back to the source. Go directly to the person with whom you are having problems.
- Acknowledge others. Wherever thanks is deserved, say it and mean it.
- Speak up. If it's important and constructive, share it with the team.
- Keep the workplace clean, neat, and orderly. This benefits the team and patients.
- Embrace change. Don't fight it because it's inevitable, especially in a constantly evolving field such as dentistry.

After the guidelines have been outlined, then you will discuss them and commit to living up to them with full accountability to the team. That means you, too, the dental practitioner and team leader. Here, discussion, buy-in, and team commitment to a new, positive culture begin. The benefits in morale and performance begin immediately, too. Just by taking this first step, you have joined a select few practices committed to a culture by design. Most teams have never even heard the word, much less made it a shared focus. They have policy and procedure manuals and employee manuals, but few have set down the guidelines for what they value in terms of how they work together.

Creating a culture-centered practice should be a top priority. It is the first step toward making your practice the place where everyone wants to work and where patients clamor to come. When the culture is right, you'll have a team that naturally works together to serve your patients in an extraordinary way. ◆

Steven J. Anderson is the founder of several organizations serving the dental industry and the author of several books, including the most recent,"The Culture of Success — 10 Natural Laws for Creating the Place Everyone Wants to Work." To comment on this article, email *impact@agd.org.*

Responding to Crisis in Greece

AGD Member Shares His Experience Providing Dental Care to Syrian and Afghan Refugees

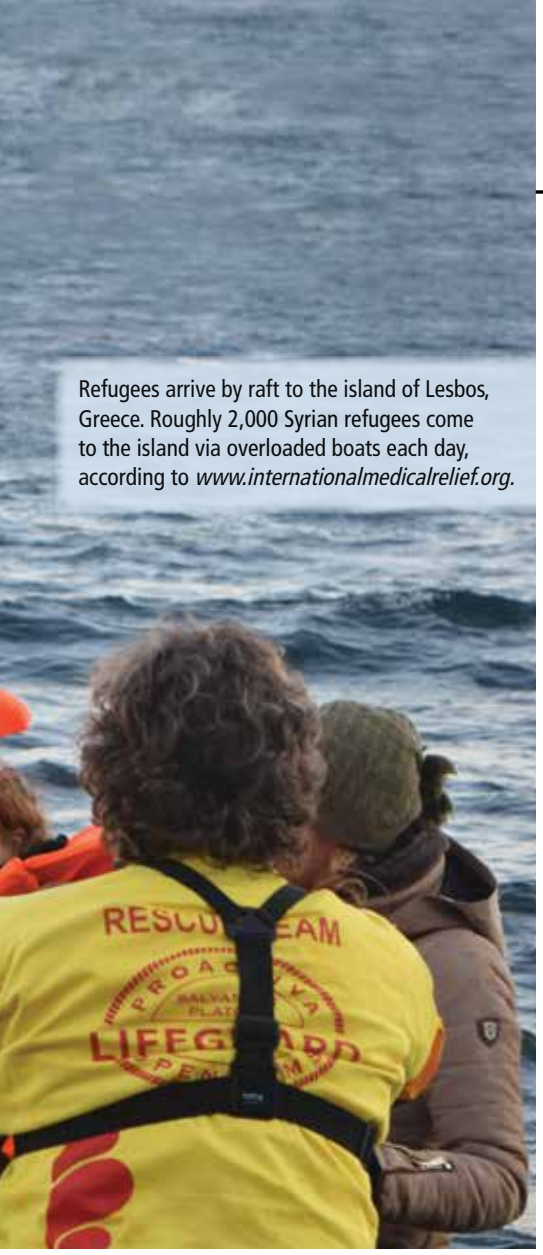
BY LINDSEY LEWANDOWSKI

In early 2016, Jamal Alexander Kussad, DDS, of Vancouver, Washington, spent a little more than a week on the island of Lesbos, Greece, providing dental care and humanitarian assistance to forcibly displaced Syrian refugees. And even though he returned only a few months ago, he already wants to take another mission trip.

"This has affected me to the point that I want to do this again," Kussad says. The mission, organized by the International Medical Relief organization, took place in January, and Kussad was there for nearly two weeks. He says that he is even motivated to bring his three children — a daughter, age 11, and two sons, ages 12 and 7 — with him in the future.

"This would teach altruism and humanitarianism to them at a young age," he says. His next trip wouldn't necessarily be to Greece, though. "I'm following the current events, and things are getting really dismal for [the refugees] right now."

Kussad has been keeping abreast of news surrounding the Syrian refugee crisis since 2011. "It hits home for me a little bit," says Kussad, whose wife was born in Aleppo in northern Syria. "Her family is still there, and I had vacationed there with them a couple times over the past several years before the crisis. [Syria] was a wonderful place to be. The people are hospitable, and they're a proud people — they're proud of their culture and heritage and their history."



Refugees arrive by raft to the island of Lesbos, Greece. Roughly 2,000 Syrian refugees come to the island via overloaded boats each day, according to *www.internationalmedicalrelief.org.*

Since the Syrian conflict began almost five years ago, more than 250,000 people have been killed and 1.25 million injured, according to *www.internationalmedicalrelief.org.* The violence has forced the displacement of 6.5 million people internally, and 4.18 million people have sought refuge in neighboring countries. Humanitarian needs within Syria have reached "extraordinary levels," International Medical Relief's website states, with 13.5 million people in need of humanitarian assistance.

"A part of me wished I could do something, and as a dentist, I didn't know what to do other than provide medical relief," Kussad says. He was the sole dentist on the trip; in fact, it was rare, he says, to find a medical relief organization that was seeking volunteer dentists.

"I wanted to find a relief organization that was going to help these people," Kussad says. He received an email inviting participation in the last-minute trip in late 2015, shortly before New Year's Eve. "Finally," he says, "this opportunity just so happened to be there."

Dispatched on the Island of Lesbos, Greece

International Medical Relief volunteers operated on the island of Lesbos under the umbrella of the Health-Point Project, a United Kingdom-based medical charity effort established through the Health-Point Foundation. Comprised of 22 health care professionals (including Kussad, physicians, registered nurses, and nurse practitioners), they worked in shifts alongside those from other countries to aid in the collaborative relief efforts.

"We were dispatched on different parts of the island," says Kussad, who was registered to practice as a dentist there. "Some people went to the lighthouse. Some people went to one of the nearby beaches that received refugees, and most of the medically trained people were assigned to Moria."

Moria, which was converted into a refugee detention center to accommodate the large influx of refugees awaiting processing, is under government jurisdiction and, as a result, surveillance. Because of this, the team's ability to provide assistance at Moria was limited. On "public land" beaches, though, International Medical Relief volunteers were able to help refugees at a camp established by Lighthouse Relief, a Swedish nongovernmental organization. In addition, they helped refugees disembarking inflatable rafts they used to cross the strait between Lesbos and Turkey, alongside the Greek Coast Guard, IsraAID (an Israeli nongovernmental organization), and Proactiva Open Arms (a Spanish nongovernmental organization comprised of lifeguards from Barcelona).

"It took a few days for us to build momentum," Kussad says, "from the medical side, not from the nonmedical side. Because, at the beach, there are people arriving almost every hour." In fact, roughly 2,000 Syrian refugees arrive on the island of Lesbos on overloaded boats each day, according to *www.internationalmedicalrelief.org.*

Because Kussad speaks Levantine Arabic and some basic Persian, he could translate for Syrian and Afghan refugees arriving at the lighthouse camp. Volunteers on the beaches also offered refugees food, clothing, and blankets.

"There was a charity organization for every little thing you could think of," Kussad says. "A charity for providing food — [there was even] a charity for providing clothes, [and another one] that would pick up used or wet clothes off the beach, wash them, and then recycle them back to refugees."

Encountering Challenges and Restrictions

Kussad, who at night slept beneath layers of blankets, was surprised to find that it was "so cold" on the island of Lesbos. "It was unexpected, being on a Greek island," he says. "We had subzero temperatures for most of the trip. You don't think about that when you think of Greece, but it snowed for two days."

While it was challenging to work outdoors, day and night, Kussad knew it was worse for the refugees arriving by raft. They had been on open water, exposed to wind.

"We saw lots of cases of hypothermia and mild starvation," he says. "People didn't have access to nutritious food." One Afghan woman whom the team treated was complaining of stomachaches, due to a consistent diet of Pepsi and chocolate bars, inexpensive food with high calorie content.

While frigid temperatures proved challenging for both volunteers and refugees, government restrictions were the ultimate obstacle for them. Any doctor who was not registered with the local licensing board was practicing medicine illegally on the entire island, Kussad says.

"Upon our arrival to Greece, the local government decided to expel nongovernmental organizations from operations, and it was prohibited to provide any type of assistance to refugees, including giving them food or

Jamal Alexander Kussad, DDS, second from right, poses on the island of Lesbos, Greece, with two Palestinian physicians and their Israeli commander, affiliated with the Israeli nongovernmental organization IsraAID. Kussad volunteered as a registered dentist on the island. Photos submitted by Jamal Alexander Kussad, DDS.

physical assistance," Kussad explains. Restrictions were specific to Moria, even for those providers who were legally registered with the authorities.

The exception was Doctors Without Borders, which operated — often with one physician — during the day at Moria. Also, the United Nations High Commissioner for Refugees was allowed to transport refugees from the beach to Moria. But Kussad says what was restricted on one day was permitted the next, in some cases.

"The laws were always completely in flux," he says. "There was always this lack of consistency."

And relief efforts continued despite the changing regulations. "In some cases, we were told not to give [refugees] medicines or food, but there was still a food tent set up, and people were getting free food," Kussad says. He also mentions that people were arrested for helping refugees line their tents with life jackets to provide cushioning against the bare ground. "When you're down there out in the field, and you see the suffering right in front of you, you almost don't care about those rules. You just want to help your fellow human."

Kussad says he and his colleagues were aware of the risk. "Initially, we were nervous at the start of the trip, but once we started working with the people, our drive — or our urge — to help them overpowered our fear or anxiety for getting in trouble with the authorities."

The rules were intended to prevent chaos, Kussad recognizes. "I see why the governments are doing that," he says. "They were trying to maintain some type of order and structure."

Providing Treatment at Moria

A negotiation made between the Greek government and Health-Point Project eventually allowed for the International Medical Relief volunteers to travel to and from Moria to assist inside the detention center, and there was a Health-Point Project medical tent set up outside of Moria's walls on what was called Afghan Hill.

"The agreement was that we were allowed to provide diagnosing and consultation services, but nothing more," Kussad says. "We proceeded to treat patients and spread the word of our existence among the refugees with what few days we had left on the island."

Moria is guarded by armed police and surrounded by barbed-wire fences. There's light surveillance during the night, and small groups of two to three volunteers chose the time frame of 8 p.m. to 8 a.m. to go inside.

Inside Moria, over the course of four nights, Kussad says the team sought out people in need of medical care, treating children with coughs, sore throats, fevers, and runny noses. They also treated adolescents and adults with toothaches, muscle fatigue, starvation, dehydration, and hypothermia.

"We spent hours performing exams and dispensing vitamins, rehydration salts, antibiotics, cough lozenges, pain relievers, and acetaminophen," Kussad says. "Those with toothaches, I escorted back to the tent [outside Moria], where a previous dentist from the U.K. set up a makeshift dental operatory where I could perform extractions and dispense medications."

Kussad recalls meeting one extraction patient in particular of whom he thinks fondly, an 18-year-old who "seemed like an old soul." The young man had fled from northern Afghanistan, where his father had been killed, in the hopes of relocating to Switzerland.

"He was very mature," Kussad says. "And he was my translator while we were there one night working in Moria."

The young man didn't know that Kussad was a dentist until he mentioned his horrible toothache. "I said, by the way, I'm a dentist, and his eyes lit up," Kussad says. He then took the young man to the nearby medical tent to perform not one, but two extractions.

"He was so happy," Kussad says. "I feel like I connected with him. He was just a really nice boy, and we hope that he does have a bright future." ◆

Lindsey Lewandowski is the communications editor at the Academy of General Dentistry. Contact her at *impact@agd.org.*

Growing Membership through Recruitment

AGD Thanks 2015 Refer a Colleague and Refer a Classmate Program Participants

The Academy of General Dentistry (AGD) thanks the 426 members who participated in the 2015 Refer a Colleague and Refer a Classmate programs, AGD's annual member-get-a-member campaigns. With your help, AGD welcomed 1,211 new members in 2015. Congratulations to the program participants, and thank you again for your continued support.

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THE 2015 GRAND PRIZE DRAWING WINNERS

These winners will receive a trip to AGD 2016, July 14–17 in Boston (*www.agd2016.org*). The grand prize includes roundtrip airfare, hotel accommodations, annual meeting registration, and up to $200 in AGD 2016 course fees.

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Visit *www.agd.org/membership* to learn how you can enter this year's drawing.

AGD active dentist members who sign up at least three qualifying members earn additional recruiter recognition for each level they reach: bronze recruiter (three to six members), silver recruiter (seven to 10 members), and gold recruiter (11-plus members). Student recruiters also earn recognition: bronze recruiter (10 to 19 members), silver recruiter (20 to 29 members), and gold recruiter (30-plus members).

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AGD's Refer a Colleague and Refer a Classmate programs are the perfect opportunity to share your membership experiences and professional success stories with your nonmember peers. Invite them to join and help the organization build a stronger voice for the profession.

Both programs began Jan. 1 and run through Dec. 31. Visit the Membership section of the AGD website (*www.agd.org*), click on "Member Connections," and select either "Refer a Colleague" or "Refer a Classmate" to get started.

Avoiding Allergic Reactions in the Dental Office

Itchy, swollen eyes, sneezing, and a runny nose may sound like a case of seasonal allergies, but for many, these are the allergy symptoms they experience each time they visit the dentist. Yet there are ways to prevent an allergic reaction in the dental office.

What is an allergic reaction?

Allergies are sensitivities to a substance called an allergen that makes contact with the skin or is inhaled into the lungs, swallowed, or injected. Some allergic reactions are mild, while others can be severe and life-threatening. Anaphylaxis describes a serious and potentially fatal allergic reaction, and an extreme, severe, and potentially fatal allergic reaction is called anaphylactic shock.

Who experiences allergic reactions?

Allergic reactions often occur more frequently in people with a family history of allergies. Substances that don't bother some people can trigger allergic reactions in others.

What might cause an allergic reaction in the dental office?

Dental amalgam components. Dental amalgam is used to fill cavities caused by tooth decay. The metals in dental amalgams — silver, copper, or tin — may bring about oral lesions or other contact reactions.

Latex. Latex can be found in many medical or dental supplies and devices, such as masks, gloves, and syringes. Unlike some consumer goods made from synthetic latex, natural rubber latex is derived from a milky substance found in rubber trees. If you are allergic to latex, ask your dentist if he or she has latex-safe products.

Local anesthetic. Local anesthetics numb your mouth and gums during dental treatments. Although allergic reactions to local anesthetics are rare, they can occur.

What are the symptoms of an allergic reaction?

In addition to itchy, swollen eyes, a runny nose, and sneezing, the development of hives, dermatitis (skin rash), and asthma also are common reactions. The most severe allergic reaction is anaphylactic shock, which is characterized by generalized flushing of the skin, hives, mouth and throat swelling, difficulty in swallowing or speaking, changes in heart rate, abdominal pain, nausea and vomiting, anxiety, a sudden feeling of weakness (due to a drop in blood pressure), and unconsciousness.

What should I do if I am allergic?

Talk to your dentist and the dental staff, and make sure that the information is included in your patient chart. If you have had severe allergic reactions, you should consider carrying an epinephrine kit (EpiPen®) and using a medic alert bracelet that clearly states your allergy. You also may want to carry a letter of explanation from your physician.

If you have allergic symptoms after a dental procedure, consult with your dentist and physician immediately. If you experience a severe allergic reaction after a dental procedure, go immediately to the hospital emergency room.

Allergies should not prevent you from visiting the dentist. For more information, talk with your dentist.

Academy of General Dentistry™

KnowYourTeeth.com
Brought to you by the Academy of General Dentistry (AGD), this website answers important dental health questions, offers the latest information on current treatments, provides tips for first-rate oral hygiene, and helps visitors find highly qualified general dentists near where they live.

Want more fact sheets? Visit *agd.org/2/practicemanagement/factsheet.*

POSITION AVAILABLE

New York, Rome — Join our team to create lasting impressions and great smiles! Immediate opening for full-time (Monday through Thursday) associate in growing private practice to provide general dentistry to patients of all ages. Base pay: $180,000; excellent benefits package, including health insurance, malpractice, continuing education, two weeks' vacation, and six paid holidays. Candidate must be willing to relocate to Rome, New York. Please call Tara at 315.336.3677 or submit CV to *shaikgentledental@yahoo.com.*

PRACTICE FOR SALE

Illinois, Naperville — Selling a family dental practice located in downtown Naperville, Illinois. Gross of $300,000-plus. Please call 630.920.4061 after 6 p.m.

California, Santa Rosa — General practice and real estate are offered for sale in a well-established condominiumized medical/dental complex conveniently located in the heart of Santa Rosa, near Memorial Hospital. This 1,200-square-foot single-story office is centrally located in a desirable mixed-use commercial and residential corridor known as Doctors Row. The office comes equipped, furnished, and ready for you to continue your professional career with established and new patients (approximately 750 active patients). Tastefully decorated with a homey décor, the practice has three fully equipped operatories, a reception area, a private office, a staff lounge, etc. Seller is retiring after almost 20 years but will assist for a smooth transition. Average gross receipts of $256,000 with adjusted net of approximately $110,000. Asking price is $160,000 for the practice and $270,000 for the real estate. Contact Carroll & Company at 650.362.7004 or *dental@carrollandco.info.* CA DRE #00777682.

California, Lake County — Seller retiring from general practice located in a slower paced, relaxed community. Plenty of hunting, fishing, and outdoor activities for the enthusiast. Approximately 1,600-square-foot office with four fully equipped operatories. Over 2,000 active patients, average $697,000-plus in gross receipts with an overhead of just 56 percent, and four doctor days per week. Asking $463,000. Contact Carroll & Company at 650.362.7004 or *dental@carrollandco.info.* CA DRE #00777682.

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AGD 2016 BOSTON

REVOLUTIONARY CHANGES IN DENTISTRY

Academy of General Dentistry™

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There's Still Time, but Don't Wait to Register for AGD 2016

Online registration for the Academy of General Dentistry's (AGD) 2016 annual meeting, AGD 2016, is open until June 30, but time is running out to take advantage of everything this year's meeting has to offer. Don't miss out on:

JUST ADDED

- "Elevate Your Practice at a 3D Summit on Digital Dentistry," presented by Dentsply Sirona
- Two live patient demonstrations with Todd B. Engel, DDS, founder of the Engel Institute *Vatech America, Inc. is the* Presenting Sponsor of this course. Sponsored in part by Kettenbach LP
- "The 360 Experience" lecture course for the entire dental team, presented by Dentsply Sirona
- Earn CE in the exhibit hall with the AGD 2016 Scientific E-Poster Session for dental students, residents, and recent graduates, and Learning Labs

AGD 2016 is the premier scientific meeting for general dentists.
Register today at *www.agd2016.org*.

Academy of General Dentistry PACE Program Approval for Continuing Education

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