

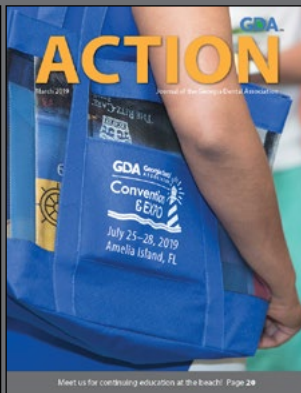
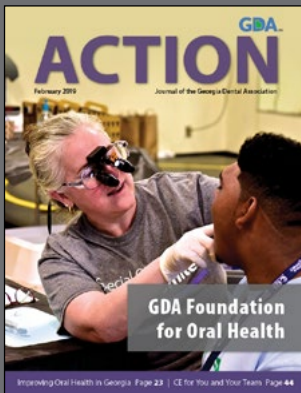
ACTION

January/February 2020

Journal of the Georgia Dental Association



EXECUTIVE DIRECTOR'S 2019 Year in Review





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2020 GDA LAW Days

For more information, visit gadental.org/lawday.

Upcoming GDA LAW Days

Wednesday, February 5 *Southwest, Western, Northern-Hall County*

Wednesday, February 19 *Central*

Wednesday, March 4 *Northwestern*

Thursday, March 12 *Southeastern, Georgia Dental Society*

Wednesday, March 18 *Dentists from any district, other dental specialties, students*

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GDA ACTION seeks to be an issues-driven journal focusing on current matters affecting Georgia dentists and patients accomplished by disseminating information and providing a forum for commentary.

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UPCOMINGEVENTS

Visit gadental.org/events for the full GDA calendar.



Find your **free**
Children's Dental Health Month
poster on
pages **28-29**.

REACHUS

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FEBRUARY

- 1 Children's Dental Health Month
- 5 SWDDS, WDDS, NDDS-Hall County LAW Day
- 7 Give Kids a Smile Day
- 12 NDDS Legislative Reception
- 19 CDDS LAW Day
- 27 GDA Finance Committee Call

MARCH

- 4 NWDDS LAW Day
- 6 Membership Committee Call
- 12 SEDDS LAW Day
- 13 Board of Trustees Meeting

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DR. JAMIE MITCHELL
GDA Editor

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POLITICS IN DENTISTRY AND WHY YOU SHOULD GIVE A DAMN

Webster defines politics as “the activities, actions, and policies that are used to gain and hold power in a government.” That simply means it’s the way people living in groups make decisions—what we would call rules and laws. As much as we may try to avoid being political, we have got to be proactive and vigilant in our endeavors to preserve the way in which we practice the profession of dentistry. Here are a few quotes pertinent to this topic:

“Politics is not a game, but serious business.”

–Winston Churchill

“Politics determines who has the power, not who has the truth.”

–Paul Krugman

“Just because you do not take an interest in politics doesn’t mean politics won’t take an interest in you.”

–Pericles

“The heaviest penalty for declining to rule is to be ruled by someone inferior to yourself.”

–Plato

**“Politics is too
serious a matter
to be left to
the politicians.”
–Charles de Galle**

We’re in a difficult and vitally important political season of our dental life and it’s certainly not going to get any less difficult. Whether you choose to accept it or not, there are entities at work that want to take control of our profession for their own personal gains, without any concerns for the patients we diligently serve. We must support legislators who support our agenda for good laws that protect both dentists and patients. If we refuse to pay up (make contributions to GDAPAC) and/or speak up (attend legislative receptions and LAW days), someone else will. Most legislators don’t know enough about dentistry to make an educated decision or to vote on legislation regulating our profession. They can easily be misled by big money and loud voices. If we remain conservative with our contributions and silent with our tongues, the legislators will have no other choice but to follow what corporate lobbyists are spouting. If we didn’t do our part and things go south, the only ones we’ll have to blame are ourselves.

How would it feel to wake up one morning to find dentists are subject to a 2% licensing fee (tax) on your gross production? Imagine the panic if a law were passed mandating that every X-ray imaging device must be inspected and a new tax stamp would have to be purchased for each device! The scary thing is, these are actual examples of what has been proposed in the past.

The Governmental Affairs team and GDA staff can’t fight this fight alone. They desperately need the members’ support and help, both financially and physically. I’m not a math major or CPA, but according to my calculations, if each of our 3,500+ GDA members contributed just \$50 we would have over \$175,000 in our campaign contribution fund. And if we could grow our GDA LAW Day’s participation by 10%, our voice and presence at the Capitol would grow exponentially. We’re in a very difficult election cycle. Many of the legislators who have been a friend to the GDA are in danger of losing their respective campaigns. A drastic change in government officials could have devastating effects on dentistry as we know it.

So, here’s the thing. Whether we like it or not, politics is a large part of practicing dentistry in Georgia. A good analogy would be that we’re in a big football game and it’s late in the fourth quarter. The game is tied, we have the ball deep in our own territory and **now** it’s third down. It’s crunch time! So, what are **you** going to do? I think it’s time we all get off the bench and **do something!** 🙏



SCOTT LOFRANCO
GDA General Counsel &
VP of Government Affairs



Each month we publish responses to some of the more frequently asked questions by GDA members. We hope you and your staff find this column to be a useful resource.

Q: A father accompanied his minor child/patient to the dental appointment, but then my staff received an angry call from the patient's mother (the parents are divorced) threatening to sue the office if we treated the child. What do we do?

This is one of the more frequent questions I receive at the GDA office on the issue of minor patient consent and usually involves instances where the minor patient's parents are separated/in the middle of a divorce/divorced and are on bad terms with one another. One parent brings the child in for treatment without the other's prior knowledge, and somehow the other parent finds out and calls the office saying that s/he does not consent to the dentist treating the patient. Which parent controls in this situation?

Unfortunately, these disputes place both minor patient and the dentist in an awkward spot, and when I receive such calls, my response to the dentist is that "it depends." Georgia law states that any parent may consent for medical treatment for his minor child. See O.C.G.A. § 31-9-2 (2019). However, the waters become a little murkier when a divorce is involved, and it becomes apparent that there is a custody issue.

In divorce proceedings, if the parents cannot reach an amicable agreement regarding the custody of minor children and how decisions relating to their healthcare will be made, the court will typically intervene, and the judge may issue an order addressing the issue that keeps the best interests of the children in mind. If such a dispute arises in your practice, you may wish to consider politely asking the parents to resolve this dispute before you agree to treat or continue to treat the minor patient. If your staff is able to confirm that a court order exists, you should ask for a copy of the order so that you can review it and determine who has been granted authority over the minor patient's healthcare decisions. You may discover that neither parent has the authority, and the court awarded it to a family member or other third-party!

If you have any questions about the information in this column, please email scott@gadental.org or call the GDA office at 404.636.7553 x103.

Q. Can a minor child who drives herself to a dental appointment consent to treatment I provide in my office?

Generally speaking, no. In Georgia, the age of majority is 18. See O.C.G.A. § 39-1-1 (2019). As such, it is important to educate your front office staff that if the patient is under the age of 18, the patient usually cannot consent for the treatment received in your office. Pursuant to O.C.G.A. § 31-9-2, the following persons are “authorized and empowered to consent, **either orally or otherwise**, to any surgical or medical treatment or procedures not prohibited by law...”:

- Any parent for his or her minor child;
- Any person standing in loco parentis, whether formally serving or not, for the minor under his or her care; and any guardian, for his or her ward.

As you can see, Georgia’s medical consent statute is fairly broad and allows (1) any parent; (2) any person standing in loco parentis¹ (formally or informally); and (3) any guardian to provide oral or written consent for the minor’s treatment. In most cases, a minor patient’s legal guardians will be her parents, either of whom can provide consent for treatment. See O.C.G.A. § 31-9-2 (2019). While the statute does not require it, your staff should use their best efforts to obtain written consent from the proper party prior to the appointment and include it in the patient’s treatment record if the minor patient is unaccompanied. Front office staff should also be trained not to assume that the adult accompanying the minor patient to the appointment is the patient’s parent/guardian and should ask questions/obtain additional information to more accurately determine if the accompanying adult is able to provide consent for treatment provided that day.

One of the main exceptions to this rule is if the minor patient has been legally emancipated. This means that even though the person is a minor, Georgia law will recognize that person as an adult with regard to certain personal decisions including, “the right to authorize his or her own preventive health care, medical care,

dental care, and mental health care, without parental knowledge or liability.” See O.C.G.A. § 15-11-727 (b) (7) (2019). Legal emancipation can occur pursuant to: (a) A court order; or (b) By operation of law as a result of (1) a valid marriage; (2) when the child reaches the age of 18; or (3) when the child is on active duty military service. See O.C.G.A. § 15-11-720 (2019). Although Georgia’s medical consent statute does provide a good faith exception for providers,² if you have a minor patient who claims she has been legally emancipated, you should strongly consider not treating that patient until she provides you with copies of the legal documentation supporting this claim. Most importantly, make sure your staff adds this paperwork to her treatment record on file at your office!

Another key consideration when dealing with minor patients is to make sure your intake paperwork and patient update questionnaires ask the patient to identify and provide updated contact information for her parents/legal guardian(s). Finally, as a practical matter, you should also be wary of relying on “blanket consents for treatment” from patients (both minors and adults). Given today’s complex legal climate, it is vital that you advise the patient and get informed consent for every procedure performed in your office, no matter how simple you feel it is. If you need assistance with updating this process in your office, I would strongly recommend contacting Medical Protective’s risk management department at **800.463.3776; option 4; then press 1 and ask for risk management**. For non-MedPro policy holders, you may wish to inquire with your malpractice carrier for tips. 📄

THE FOREGOING IS NOT INTENDED TO BE LEGAL ADVICE AND IS FOR INFORMATIONAL PURPOSES ONLY. PLEASE MAKE SURE YOU CONSULT WITH A GEORGIA LICENSED ATTORNEY BEFORE PROCEEDING WITH ANY COURSE OF ACTION.

1. “In loco parentis’ means a quasi-parental relationship inferred from and implied by the fact that a child or youth has been taken into a family and treated like any other member thereof, unless an express contract exists to the contrary.” O.C.G.A. § 49-5-3(10) (2019).

2. “No hospital or other health care facility, health care provider, or other person or entity shall be subject to civil or criminal liability or discipline for unprofessional conduct solely for relying in good faith on any direction or decision by any person reasonably believed to be authorized and empowered to consent under subsection (a) of this Code section even if death or injury to the patient ensues. Each hospital or other health care facility, health care provider, and any other person or entity who acts in good faith reliance on any such direction or decision shall be protected and released to the same extent as though such person had interacted directly with the patient as a fully competent person.” O.C.G.A. § 31-9-2(d)(1) (2019).



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Welcome New Members!

The following members joined GDA.

Clarence Addison <i>Northwestern</i>	Joel Collins <i>Northern</i>	George Goolsby <i>Northwestern</i>	Kevin Jackson <i>Northwestern</i>	Tara Milligan <i>Northern</i>	Melanie Tang <i>Northwestern</i>
Shola Adesoji <i>Northwestern</i>	Ejike Ezeja <i>Southwestern</i>	Debbie Granger <i>Northern</i>	Tiffany Jamison <i>Northern</i>	Jan Mitchell <i>Eastern</i>	Karen Tarrt-Callier <i>Northern</i>
Behzad Aliassa <i>Northwestern</i>	Sara Farahani <i>Northwestern</i>	Michelle Gwyn <i>Northern</i>	Kenneth Jones <i>Eastern</i>	Timothy O'Shea <i>Northern</i>	Elissa Teasdale <i>Eastern</i>
Betsy Ayers <i>Northwestern</i>	Stephanie Fransoso <i>Northwestern</i>	Christian Hahn <i>Northern</i>	Douglas Kallis <i>Central</i>	Darren Owens <i>Northern</i>	Lawrence Tesser <i>Northern</i>
Andrew Benfield <i>Northern</i>	Trudy-Ann Frazer <i>Northern</i>	Dennis Heller <i>Northwestern</i>	Ida Lanier <i>Northern</i>	Rita Ramey <i>Northern</i>	Athena Tsokas <i>Southeastern</i>
Ben Bidgoly <i>Northern</i>	Bret Freedman <i>Northern</i>	Brett Hester <i>Southwestern</i>	David Lofters <i>Northern</i>	Van Rockefeller <i>Northwestern</i>	Kim Turner <i>Northern</i>
Benjamin Blackburn <i>Northern</i>	Paul Freeman <i>Northwestern</i>	David Hildreth <i>Northwestern</i>	Ulysses Marable <i>Central</i>	Urvi Ruparelia <i>Northern</i>	Aurelia Vanderburg <i>Southwestern</i>
Harry Bobotis <i>Southeastern</i>	Cheryl Freeman-Jackson <i>Western</i>	Paul Hinchey <i>Southeastern</i>	Steven Martin <i>Northern</i>	Shaheen Sadaf <i>Northwestern</i>	Allen Vergen <i>Southeastern</i>
Kimberly Brown <i>Northern</i>	Francisco Garcia <i>Southwestern</i>	Bracey Holland <i>Southeastern</i>	Avni Maru <i>Northern</i>	Jonathan Sakhaee <i>Northern</i>	Angela Wright-Wilhite <i>Northern</i>
David Browning <i>Northern</i>	Iris Garcia <i>Northern</i>	Jason Howard <i>Southeastern</i>	Amy Mathew <i>Northern</i>	Joseph Sales <i>Northwestern</i>	Behnam Yavari <i>Northern</i>
Jelana Bryan <i>Northern</i>	Meredith Gardner <i>Western</i>	Gina Hurt <i>Northwestern</i>	Gerald McFadden <i>Northern</i>	Andrew Shoemaker <i>Northwestern</i>	Sayema Zerin <i>Northern</i>
Daniel Chung <i>Northwestern</i>		Cale Jackson <i>Northwestern</i>	Caitlin Mercke <i>Northwestern</i>	Kellie Smith Castro <i>Northern</i>	

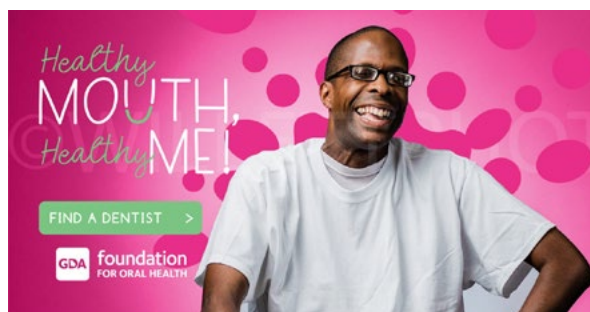


ADA Executive Director Dr. Kathy O'Loughlin (center) addressed the GDA House of Delegates at the December 2019 meeting. Pictured with GDA Executive Director Frank J. Capaldo and GDA President Dr. Evis Babo.

Healthy Mouth, Healthy Me! PR Campaign

In March GDA will launch an integrated marketing communications program called Healthy Mouth, Healthy Me! to communicate the simple message that a healthy mouth is important to overall health. The campaign will feature Georgians who have benefited from oral health visits and their GDA member dentists. It will include a series of digital ads, a statewide media tour featuring GDA member dentists and their patients, and materials for GDA members to help spread the word.

Healthy Mouth, Healthy Me! PR campaign nominees and their dentists participated in photo shoots which took place in Atlanta on October 25 and Savannah on November 8. Over 20 patients were photographed representing a balance of age, gender and ethnicity.



GDA Member Dentist Collects 350 Pounds of Candy

Dr. Praveen Gudipati collected over 350 pounds of candy donations for the "Halloween Candy Buy Back" program hosted at his office in Cumming.

Halloween Candy Buy Back encourages kids around America to donate their Halloween candy to give to troops overseas. Donations were sent to Move America Forward and Operation Shoebox.

GDA Hosts First Diversity and Inclusion Luncheon

The diversity and inclusion liaison, Dr. Darryal McCullough, coordinated the first diversity and inclusion luncheon with leaders of diverse organizations. The purpose of this luncheon was to brainstorm ideas of how to further GDA initiatives to improve GDA diversity and inclusion within membership and leadership.



Howard Family Dental Hosts 11th Annual Free Day of Dentistry

Howard Family Dentistry in conjunction with Oral & Facial Surgery Group and Kid's Dentistree hosted their 11th Annual Free Day of Dentistry event on November 22 in Pooler, GA. More than 100 volunteers provided 250 people with a free cleaning, filling or extraction.



DENTAL DASH 5K

Just steps from Hinman Dental Meeting!



Dental Dash at Dawn 5K raises funds to help provide dental care to patients with developmental disabilities.

Saturday, March 21, 2020 at 8:00 a.m.
Information and Registration at www.dentaldash.org

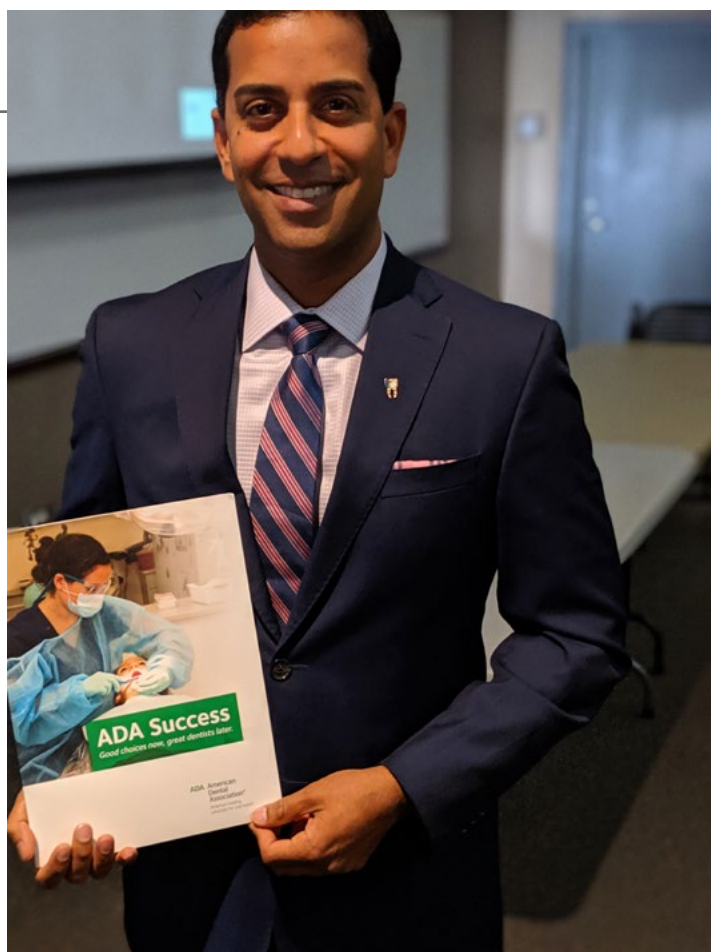




Due to popular demand, this past fall GDA hosted an Introduction to CAD/CAM and a hands-on CAD/CAM workshop (shown here). If you have a CE idea or topic that you would like to suggest, please contact Scott Piper at 404-636-7553 x128, or scottpp@gadental.org.

ADA Success Program Hosted by the GDA

The GDA hosted an ADA Success Program lunch and learn featuring Practice Management speaker, Dr. Zacharias Kalarickal at The Dental College of Georgia.



NWDDS Holds New Member Event

The Northwestern District held its annual fall New Dentist Reception on October 3 at Red Hare Brewery in Marietta where attendees enjoyed food from Little Bites food truck and a playoff Braves game. Along with fun and fellowship, discussions were held about future meetings as well as the vision of the district and GDA. The district's leadership is making an effort to directly reach out to its newest members in order to establish mentoring relationships with

young dentists as they make their way into practice. A spring event will likely take place around Master's weekend. The district hopes to see more new dentists in attendance.

NWDDS members who are interested in becoming a mentor can contact Dr. Hank Bradford at 678.560.4100. Special thanks to Dr. Robert Wunderle III for his great work in getting the word out and making this the district's most successful new dentist outreach event yet.



ADA Women in Dentistry Webinar Featured GDA Member, Dr. Carol Wolff

Dr. Carol Wolff was recently featured in the ADA Women in Dentistry webinar. Dr. Wolff participated in a panel discussion on career and financial planning.



Officer's Visits

EDDS Officer's Visit

Members of the Eastern District gathered for their officer's visit on October 22 at C'est la Vie restaurant in Washington, GA.



NWDDS Holds Annual Fish Fry

The Northwestern District held their Annual Fish Fry.



Northern District Hosts Second Officer's Visit

The Northern District held its second Officer's Visit and CE on November 5 in Peachtree City. Attendees heard from GDA President and Northern District member, Dr. Evis Babo, in addition to the two-hour CE on Employment Compliance for dentists presented by Douglas Duerr, Esq.



Legislative Reception

The Central District held their annual legislative reception at the Brickyard on December 3.

Southwestern District Welcome Breakfast

Southwestern district members were invited to a welcome breakfast with SWDDS district leadership, GDA President Dr. Evis Babo and GDA Executive Director, Frank Capaldo on November 15 in Albany, GA.

Fellow GDA members,

As many of you know, my father, Dr. James Hall, recently passed away. During his last weeks he and I discussed establishing a scholarship in his memory at the dental college in Augusta. Daddy was the recipient of several scholarships when he started Northwestern years ago. These scholarships significantly helped ease the financial burden of advanced education. Daddy was moved to tears when I brought this idea to him. On behalf of my family, I would encourage you all to consider a donation in his memory.



Dr. James Hall

We humbly thank all of you for the outpouring of support we have received.

Respectfully,
Dr. Jennifer Hall

Below is information on how to make a gift in memory of Dr. Jim Hall:

- **To make a gift by check:** make the check payable to "Georgia Health Sciences Foundation" and mail to the following address:

*GHSF
Attn: Rhonda Banks
1120 15th Street, FI-1042
Atlanta, GA 30912*

- **To make a gift online:** visit www.augusta.edu/giving/gift.php?fund=212050. Under "Tribute Gift" please enter Dr. Jim Hall in the text box.



Members of the Northwestern District attended a fundraiser for Senate Rules Committee Chair, Sen. Jeff Mullis, on October 24 at the Farm Country Club in Rocky Face, GA.

Legislative Fundraisers



The Central District held a Fundraiser for Senate and House Caucus Chairmen, John Kennedy and Matt Hatchett in Macon.

Dental Plan Repricing Targets Out-of-Network Dentists

Some dental plans may hire repricing companies to negotiate lower fees with non-contracted dentists. These companies offer quicker payment in return for a discounted fee. If you get a notice with an offer like this, you aren't obligated to accept. If you are interested in giving the discount to get paid faster, you don't have to accept their first offer. The repricing company may be willing to negotiate the discount with you.

The repricing company has a certain amount of time, usually 10 to 12 days, to get you to accept the discount. If they don't hear from you in that time, the claim reverts back to the dental plan and is processed as a normal out-of-network submission. If you tell the repricing company that you are not interested, the repricing company notifies the dental plan sooner and the plan can process the out-of-network submission faster, so you may want to respond even if you don't want to accept the discounted fee.

Plans often hire more than one repricing company to handle a specific claim. You should determine if the offer is for a specific claim or for all future claims from that payer.

To find additional information on dental benefits, visit the Center for Professional Success.

Don't see the answers you're looking for? Get one-on-one assistance with a dental benefits concern from the ADA Third Party Payer Concierge™ at 800.621.8099 or by email at dentalbenefits@ada.org. We're here to help.

New ADA Guideline Advises Against Using Antibiotics To Manage Most Dental Pain, Swelling

The ADA News reported a new ADA guideline indicates that, "antibiotics are not needed to manage most dental pain and intraoral swelling associated with pulpal and periapical infections." The guideline, published in the November issue of The Journal of the American Dental Association, "advises against using antibiotics for most pulpal and periapical

conditions and instead recommends only the use of dental treatment and, if needed, over-the-counter pain relievers such as acetaminophen or ibuprofen." The article added that "if a patient's condition progresses to showing signs or symptoms of systemic involvement, such as fever or malaise, then dentists should prescribe antibiotics, the guideline advises." The article noted, "The ADA's guideline is part of larger efforts across the globe to prevent antibiotics from becoming ineffective in treating bacterial infections."

For additional resources, go to ADA.org/antibiotics.

Happy 2020!

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Wicked!

Managing an Exposure Event



Once the exposure occurs the clock literally starts ticking. Employees *must* know the correct measures to take, and how and to whom to report the incident.

Performing certain procedures during the delivery of healthcare can place the worker to the risk of exposure to blood, bloody secretions, or other body fluids.

Once an exposure occurs, fast action is required on the part of many people in the practice. This is truly an example of the need for preplanning and education of all staff at risk.

Before moving on to the process of responding to an exposure, addressing prevention is always important in the over-all review. Prevention must be at the top of your priority list and should include training on the appropriate use of personal protective equipment, use of engineering controls including safety devices, and appropriate surface disinfection. Worker safety should be a part of the culture in every practice and as such may lead to the prevention of an exposure event.

Potential routes of exposure include:

- ☒ Stick with a contaminated needle.

- ☒ Stick with a contaminated sharp object, for example, scalers, surgical instruments, or scalpel blades.
- ☒ Splash to the mucous membranes of the eyes, nose, mouth.

- ☒ Splash to non-intact skin.

Once the exposure occurs the clock literally starts ticking. Employees *must* know the correct measures to take, and how and to whom to report the incident. Your practice should have a health care provider identified in advance who can provide an immediate medical evaluation and counseling of your worker and testing of the source patient.

When establishing the relationship for the healthcare provider consider the following items in your selection process.

- Ease of access for both the worker and the source patient.
- Potential wait times to be seen.
- Ability to obtain the rapid HIV test for the source patient.
- Availability of post exposure medication if indicated for the employee.

Source Patient Testing Process

Practices must have a process identified for source patient testing. After informing the patient of the exposure, immediate access to care is necessary. In some states, post exposure testing of the source patient is required by law and written consent is not required, while in other states, the source patient may be allowed the leeway to decline testing.

1. A Rapid HIV test is the standard of care in an exposure situation and should be utilized if available. If rapid HIV is not available, expedite the HIV test. Post exposure prophylaxis (PEP) for the exposed worker, if necessary, should begin within hours for maximum effectiveness, according to the latest CDC guidance.
2. Hepatitis B Surface Antigen (HBsAG).
3. Anti-Hepatitis C virus (Anti-HCV).

4. The results of the source patient tests must be made available to the physician providing treatment to the exposed employee. Additionally, forward the results to any physician as requested by the source patient.

As a reminder, *the cost of all source patient testing is the responsibility* of the practice.

Care of the Exposed Employee

The employee should immediately wash the affected area with soap and water or flush the mucous membranes with copious amounts of water. As soon as the first step is completed, the event should be reported. Follow these steps for the benefit of the exposed employee.

- ☑ Complete an incident report identifying the route(s) of exposures and the circumstances under which the exposure incident occurred.
- ☑ Make a confidential medical evaluation available immediately and

follow-up, post exposure prophylaxis if indicated, and counseling by a qualified healthcare provider. This step is Bloodborne Pathogen standard.

- ☑ Obtain employee consent to treatment and any bloodwork which may be completed. If the worker does not choose to receive testing or treatment, employers must get a signed declination of care to document that care was offered.

Hopefully, an employee in your practice will never experience an exposure event, but advance planning and training can ensure care is provided to both the source patient and practice employee in timely and efficient manner. 🦸



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SELF-CARE in the New Year

By Jane Walter, LPC, Director,
Georgia Dental Recovery Network

Yes, it's the beginning of another new year and a new decade.

Traditionally, a time for taking stock of ourselves and our

lives. Perhaps a time for a renewed consideration of self care? Those born in 1960 will turn 60 this year. Many dentists are now working beyond the traditional retirement age. All the more reason to practice self care in all areas of life. Due to the stresses of dental practice and life in general, all dental professionals can benefit from some form of mindful self-care on a daily basis.

Here are some questions to consider as you begin the new year, giving thought to self-care:

- ☐ Are you slowing down, overly tired, or constantly placing work ahead of personal needs, family, or recreation?
- ☐ Are you experiencing problems coping with patients or with the normal stress of a busy practice?

- ☐ Do you become easily discouraged or annoyed at work or home?
- ☐ Have you been concerned that you might be depressed?
- ☐ Do you find yourself worrying too much?
- ☐ Do you self prescribe or misuse mood-altering drugs, either prescription or OTC?
- ☐ Do you drink more than you (or those dear to you) believe is healthy?
- ☐ Have you taken a real vacation in the past year? (Dental conferences and CE courses don't count!)

A career in dentistry can be meaningful and rewarding on many levels, yet it carries potential stressors. The choice of a helping profession can be a contributing factor as those who are health care professionals most always focus on the needs of their patients to the detriment of their own wellbeing. And of course

TOP 5 TIPS OF SELF CARE

Very basic, but very essential to health and happiness

- ☒ Arrange to get enough rest/sleep
- ☒ Engage in moderate exercise on a regular basis
- ☒ Make healthier food choices
- ☒ Follow a spiritual/religious practice that fits your belief system and calms you
- ☒ Communicate our thoughts and feelings openly and often

the first priority is patient care; I am suggesting balance. The 2015 ADA Health and Wellness Survey found that dentists continually push themselves physically and mentally beyond healthy limits. This 'occupational hazard' begins in dental school and often continues into practice. Inadequate self-care in practice and life can result in physical and mental stress, »

The Georgia Dental Recovery Network

A Program of the Georgia Dental Association

The Georgia Dental Recovery Network (DRN) as it functions presently began in November 2000. The DRN is a program provided by the GDA under the Membership Services Committee and was originally known as the GDA CDP, the chemical dependency program.

Today in America, 48 of our 50 states offer some type of support program for dental professionals who experience substance use disorders, as they are now coded and classified in the DSM-V which is the recently revised Diagnostic and Statistical Manual of Mental Disorders, the handbook of American psychiatry. Substance use disorders are also commonly known as addiction, alcoholism, drug abuse, addictive disease, alcohol/drug problems, and chemical dependence. In Georgia the DRN is a peer assistance dental society-based program under the umbrella of the Georgia Dental Association and is not part of the Georgia Board of Dentistry.

The purpose and mission of the Georgia DRN is to provide services, support, and advocacy to licensed dentists and hygienists in Georgia who, through their use/abuse of chemical substances, may potentially place their patients and themselves in serious jeopardy, even death.

The DRN is committed to providing services to Georgia dentists and hygienists in these areas: 1) identification and intervention where there is a problem with substance use, abuse, or dependence, 2) recommendations for assessment and treatment, and 3) monitoring/advocacy for dental professionals in recovery. The goal of the program is to help and support dental professionals who are suffering at any level from addictive disease, which in turn, will protect the public whom they are licensed and privileged to serve. Additionally, dentists' or hygienists' ability to maintain their professional licenses and careers is assisted and fostered by the DRN. All participant names are kept confidential and all information is treated carefully in strictest privacy.

poor sleep schedules, fatigue, various and many medical problems, burnout, depression, substance use disorders and other conditions that impair the ability to practice competent dentistry.

Dental practice can also be quite stressful due to the variety of skills and talents necessary to be a successful practitioner: eye of an artist, hands of a surgeon, insight of a therapist, tact of a diplomat, knowledge of a scientist, and the business acumen of a CEO. Even the most relaxed, balanced person will find the integration all these characteristics to be a demanding task.

When stress is not met with healthy coping mechanisms a myriad of harmful, if not dangerous outcomes can occur. When alcohol and other drugs are used as the primary coping strategy for stress the door is opened for substance abuse and addiction. Data from the ADA 2015 survey indicated that 10–15% of dentists will develop an alcohol or other drug problem at some point in their lifetime. In 2017, information from U.S. Government agency studies showed that 21 million Americans were alcohol/other drug dependent, making substance use disorder more common than cancer. This is staggering!

Here are some guaranteed methods to “de-stress” yourself and your life. My suggestions are not new, most are tried and true. A revision of your routines and habits can be difficult and unsettling at first. Try change anyway—you just might like it!

- ☐ Arrange to get enough rest/sleep
- ☐ Engage in moderate exercise on a regular basis
- ☐ Make healthier food choices
- ☐ Follow a spiritual/religious practice that fits your belief system and calms you
- ☐ Communicate our thoughts and feelings openly and often
- ☐ Lose the perfectionism as it is a denial of your humanity and a major stress inducer
- ☐ Learn to forgive yourself and others



- ❑ Clarify your values—what’s really important in your life and what is excess baggage?
- ❑ Establish balance in your schedule
- ❑ Adjust expectations of yourself and others to realistic levels
- ❑ Relinquish the need to control as it leads to all kinds of dysfunction
- ❑ Set personal limits by knowing when to say ‘no’ and saying it
- ❑ Regulate time spent with e-gadgets and media—silence your phone at times
- ❑ Reduce time spent multi-tasking as it increases stress
- ❑ Find a pastime in which you can lose yourself and become enlivened
- ❑ Schedule time for renewal with significant periods away from your usual and customary life
- ❑ Listen to music instead of talk radio
- ❑ Learn to meditate
- ❑ Spend time with your pets as it’s a proven stress reducer
- ❑ Remember to breathe deeply several times throughout your day

If your stress levels are causing a significant or chronic impact on your mental and physical health, it is probably time to seek professional guidance, despite the initial discomfort with asking for help. 🦷

Jane Walter, LPC, is the Director of the Georgia Dental Association Dental Recovery Network. The network helps licensed dental professionals with addiction and wellbeing issues. Call Jane at 404.376.5987 or email her at jwgda@aol.com for a confidential consultation.

DRN and the Board

The DRN enjoys a positive working relationship with the Georgia Board of Dentistry. Communication between the DRN and the Board occurs in order to assist dental professionals who are facing Board actions, which may include suspension of license, license probation, and practice restrictions. The communications from our program to the Board are with the dental professional’s knowledge and permission. The DRN program does not routinely identify its participants to the licensing board; communication is limited to cases in which the dentist or hygienist is known to the Board due to other circumstances. Through these communications the DRN provides advocacy for dental professionals by documenting their compliance with program requirements and verifying the status of their recovery.



Children’s Dental Health Month

Children’s Dental Health Month is in February. This month-long national health observance brings together thousands of dedicated dental professionals, healthcare providers, and educators to promote the benefits of good oral health to children, their caregivers, teachers and many others. In Georgia, Give Kids a Smile Day will take place on Friday, February 7, 2020 in conjunction with Children’s Dental Health Month.

Resources to help publicize the month, such as the poster on pages 28–29, are available on ada.org.

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HEALTHY SMILE TIPS

- Brush your teeth twice a day with a fluoride toothpaste.
- Clean between your teeth daily.
- Eat a healthy diet that limits sugary beverages and snacks.
- See your dentist regularly for prevention and treatment of oral disease.

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Executive Director's 2019 Year-End Report



Sharpening Our Focus

Growing up I had very good eyesight. I was able to read tiny print on a label or clearly see approaching road signs from a distance. Over time without realizing it, I was no longer able to see clearly—until a new pair of glasses brought everything back into focus.

Much like a pair of new glasses, GDA's strategic plan provides clarity, direction and focus for the Association. Looking back over 2019, we had many significant accomplishments that advanced the strategic plan such as growth in membership, a successful legislative session, expansion of CE courses, the largest annual convention in GDA history, production of a new public relations campaign and record growth of your member-owned GDIS Insurance company.

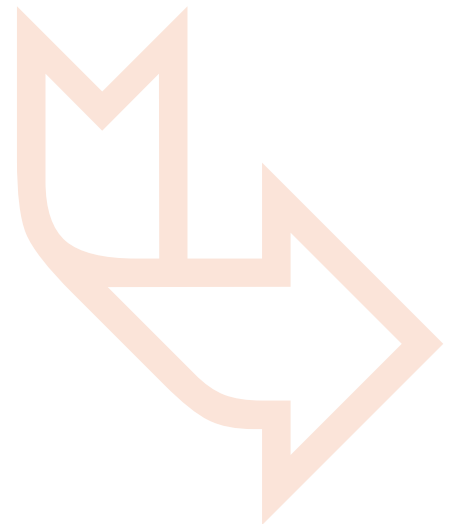
In 2020, we will continue to sharpen our focus by refreshing our current strategic plan for the next five years. It will build on the achievements that advanced our 2016–2020 strategic plan, as well as identify new initiatives for growth—all through the lens of innovation.

We'll also continue to sharpen our focus on member engagement and participation. As we begin the new year, I challenge every GDA member to get involved. Go to district meetings, join us for events like LAW Day and the GDA Convention, attend a GDA CE course or simply attend a social event like a new dentist reception. There are plenty of opportunities to get involved and it doesn't have to take a lot of time. As the old adage goes, "You get back what you put into it."

Greater participation by members will keep the association strong and also enrich your journey in the profession. Make this the year you see GDA through a new lens and rediscover all that your association has to offer. You'll be glad you did.



Frank J. Capaldo
GDA Executive Director



Five-Year Strategic Plan (2016–2020)

Derived from the mission and vision statements, GDA's strategic plan identifies strategic priorities which directs the work of the association for the next five years. Under each objective are also key strategies for moving our priorities forward. These areas will turn GDA's mission and vision into specific measurable targets that are important to the current and future health of the association.



MEMBERSHIP

- Work to increase member loyalty and investment
- Increase active licensed members by 4% by 2020
- Decrease attrition of active licensed memberships by 3% by 2020
- Provide members-only return on investment through products and services that reward member usage and loyalty
- Determine elasticity of dues and implement increases to ensure financial stability



GOVERNMENT RELATIONS/POLITICAL ACTION (PAC)

- Develop and implement ongoing legislative strategy and agenda
- Ensure strategic campaign involvement
- Develop and maintain grassroots contacts and issues management for immediate response at district level
- Develop and maintain relationships with other health industry coalitions on shared issues
- Expand/improve PAC fundraising (events and funding level)



HEALTH POLICY

- Be the premier, leading resource for data, information, and expertise on oral health for the state of Georgia
- Develop and implement GDA Action for Dental Health objectives and Strategies (see plan at gadental.org/dentalhealth)
- Ensure inclusion of oral health in statewide public/community health planning and provision initiatives
- Monitor changes to Medicaid policy manuals and billing
- Keep GDA leadership and membership informed on health policy-related activities



EDUCATION & TRAINING

- Establish Education and Training related Task Force/Advisory council
- Develop and implement an education and training plan with a focus on practice management, expanded duties, and regulatory compliance programs
- Identify and implement new education and training opportunities for the dental team/office staff
- Improve & grow convention CE at the GDA Convention & Expo
- Develop technology-based delivery systems for CE

Mission Statement GDA's mission is to help GDA member dentists succeed.

Vision Statement Our vision is for Georgia to become a state with optimal oral health.



PR/MARKETING/ COMMUNICATIONS

- Keep members up to date on GDA initiatives and happenings
- Be the PR/media relations arm for the GDA & oral health community in Georgia
- Develop new ways to demonstrate the value of GDA membership
- Increase product/service usage and penetration by being the complete marketing arm for GDA and subsidiaries



GOVERNANCE

- Align the governance structure for the future for broader, diverse demographic representation and greater member participation
- Increase the number of unique members participating in GDA leadership by 10% by 2020
- Ensure programs, services, staff resources and committees are aligned with the strategic plan
- Increase knowledge of members' wants, needs, and issues
- Enhance services offered to districts and support district leadership recruitment and succession
- Assist GDA Foundation in determining future direction
- Assess and recommend changes to governance and organizational documents
- Develop governance and leadership training programs



MEMBER PRODUCTS & SERVICES

- Provide superior member service through high quality products and services that meet member needs and achieve a high level of member satisfaction
- Develop business relationships and partnerships to implement and offer additional products and services to appropriate member segments that are priced to achieve a reasonable return for GDA
- Develop and implement group purchasing models
- Continually assess and refine products and services, eliminating those with low impact



FINANCIAL MANAGEMENT/ ORGANIZATIONAL STABILITY

- Ensure each organization (GDA, GDIS, IDBG, GADPAC and GDAF) is strategically aligned with GDA's plan
- Develop and maintain cost containment programs and strategies
- Ensure the amount of dues as a percentage of total revenue will not exceed 30% by developing non-dues revenue sources
- Set aside reserves not less than 30% of annual operating expenses
- Establish internal reviews, security measures and policies/procedures

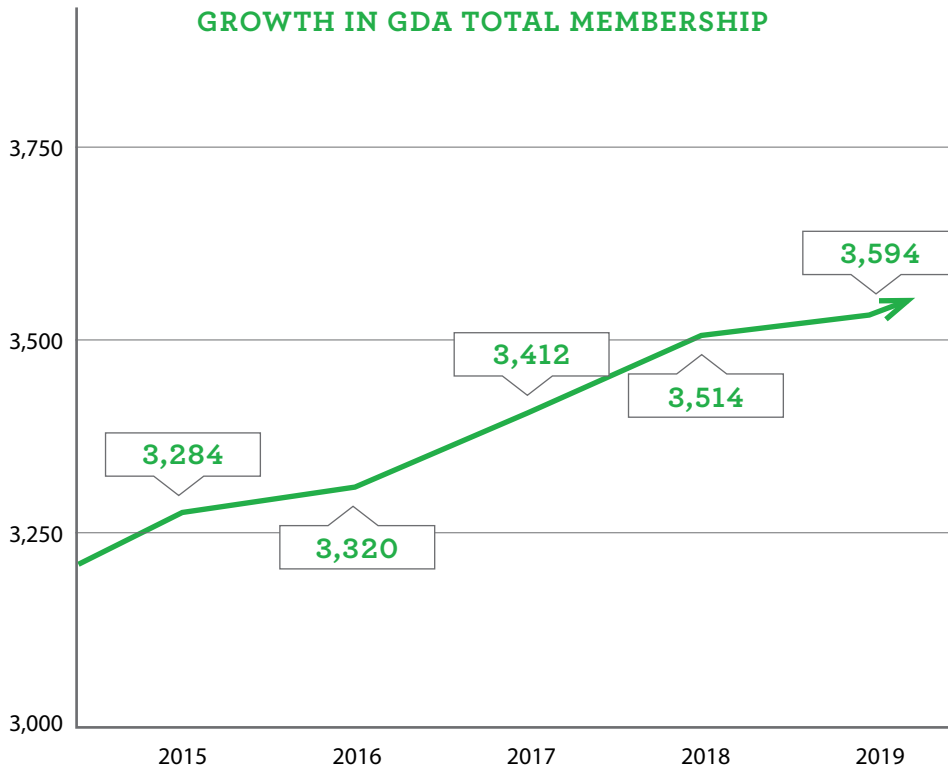




Keeping Sight on Membership

GDA membership continues to grow—total membership has grown by 310 dentists over the past five years.

GROWTH IN GDA TOTAL MEMBERSHIP



Market share is at 67.97% for total membership and 63.58% for active membership



GDA is advancing Diversity & Inclusion Initiatives through:

- August Diversity & Inclusion Survey
- Fall Planning Sessions with GDA Leadership
- November Luncheon with Diverse Dental Groups
- Launching Diversity & Inclusion Task Force in 2020

216

New Members in 2019

GDA received awards from the American Dental Association for two achievements in membership:



Greatest net gain
in membership

Converting the **highest number of diverse dentists** to membership

2019 MEMBERSHIP OUTREACH EVENTS

Take a Student to Dinner Event

AUGUSTA:
20 attendees

Successful New Dentist Events

ATLANTA:
32 attendees
AUGUSTA:
29 attendees

2 Success Programs + 5 Lunch & Learns

125–150 students
attend each event at
The Dental College of Georgia

Keeping Sight on Government Relations

For the third year in a row, GDA had a successful legislative session under the Gold Dome.



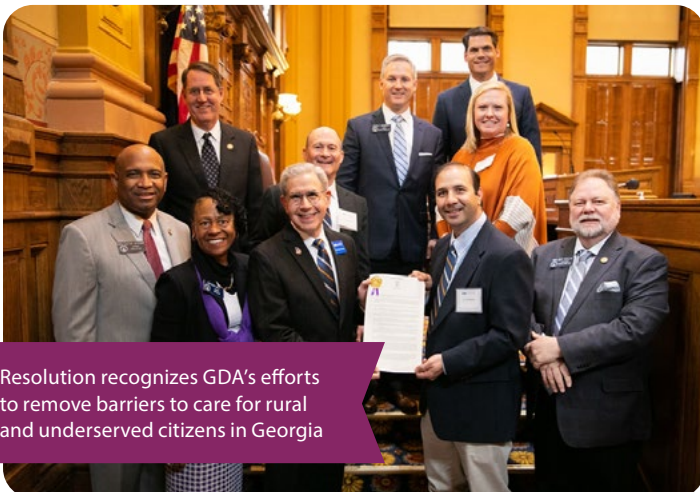
2019 LEGISLATIVE SESSION HIGHLIGHTS

GDA Advocacy that addresses problems with the third-party insurance reimbursement process, including:

- » *Introduced and passed legislation requiring health and dental insurers to identify plans regulated by state law to help enforce Georgia's insurance laws, particularly its Prompt Pay and Assignment of Benefits laws;*
- » *Ensured that GDA members provided testimony at Rep. Lee Hawkins' 2019 Study Committee hearings on the Healthcare Provider Reimbursement Process in Georgia;*
- » *Created GDA Task Force on the Third-Party Reimbursement process; and*
- » *Formally requested that the ADA review GDA members' concerns regarding unilateral downcoding and code bundling by insurers.*
- Secured a 3% dental Medicaid fee increase for the most commonly used restorative codes for Medicaid providers;
- Secured three additional spots in the rural dental student loan repayment program (from 12 to 15);
- Made rural dentists eligible for Georgia's malpractice assistance program;
- Continued to educate Senate and House leadership about the administrative burdens of being a dental Medicaid provider in Georgia. A dental carve-out bill was introduced in 2019 and will be available for consideration in 2020;
- Introduced Senate and House Resolutions recognizing the 2018 GMOM in Augusta, as well as the GDA's efforts to remove barriers to care for rural and underserved citizens in Georgia; and
- Ensured that legislation to address the issue of surprise/balanced billing did not contain provisions that would be harmful to dentists (neither bill passed in 2019).



GDA Dental Kit Day at the Georgia Capitol



Resolution recognizes GDA's efforts to remove barriers to care for rural and underserved citizens in Georgia



Northern District Members at GDA LAW Day





Keeping Sight on Health Policy

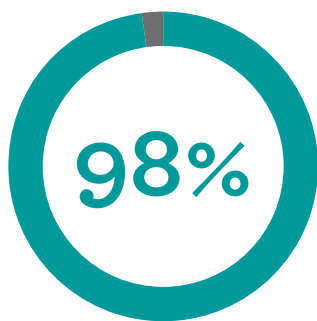
GDA remains actively involved in numerous organizations and state government agencies to support the practice of dentistry.



Adjunct Professor Program

The Georgia Dental Association, along with the Dental College of Georgia and the Department of Public Health, established an adjunct professorship program in public health clinics located throughout Georgia, with a focus on rural areas. A GDA member dentist will serve as adjunct faculty for the dental school and provide clinical instruction for dental students who are on rotation. Dr. Wendy Mitchell from the Northwestern District has been selected as the first adjunct professor for the program. The initial test site will be in Albany.

For more information or to participate in the Adjunct Professor Program, please contact Emily at emily@gadental.org or 404.636.7553.



98% of dentists with a DEA number in the State of Georgia are registered with the Prescription Drug Monitoring Program



DATA-DRIVEN REPORTS

GDA created the following data-driven reports in 2019 to support advocacy efforts:

- Location and distribution of Georgia licensed dentists
- Overview of teledentistry laws and regulations across the country
- Updates and developments on mid-level provider legislation
- Resources for providing dental care to adults with developmental disabilities, including potential payer sources
- Fiscal impacts for a limited adult benefit and incremental fee increase in the Medicaid system

PRESCRIBE WITH CARE INITIATIVE

GDA established its Prescribe with Care initiative to enable dentists to be a part of the solution fighting the opioid crisis. As part of the program GDA:



Created a one-hour continuing education course in multiple formats and educational resources to educate member dentists and the public.



Developed a handout for patients regarding safe practices around opioid use and where to dispose of them. This GDA member handout can be found on the GDA website at gadental.org/prescribe.



Worked with the Georgia Board of Dentistry to create a continuing education requirement on the prescribing of opioids.



Continues to collaborate with healthcare professionals, policy makers, and the public by serving on opioid task forces.

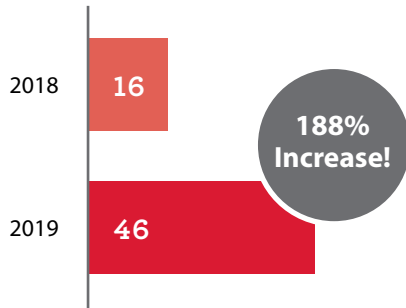


Keeping Sight on Education & Training

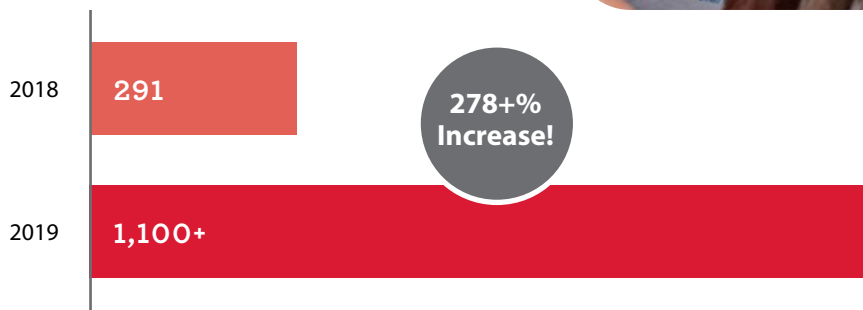
GDA nearly tripled the number of CE courses offered in 2019 resulting in a record number of course attendees.



NUMBER OF COURSES



NUMBER OF ATTENDEES



680

participants in opioid webinar

— Created High-demand Courses to Meet Georgia Board of Dentistry Requirements —

OPIOID COURSE



Hosted **10 in-person opioid CE events** throughout the state in 2019, with a total of **431 registrants**



Members participated in **680 online opioid webinars** in 2019



In total provided **opioid CE for more than 1,100 dentists** in Georgia

NEW CORONAL POLISHING COURSE



Created **first approved coronal polishing hands-on course** for dental assistants



Hosted **7 events** in 2019



Awarded **47 coronal polishing certificates** in 2019





Keeping Sight on Marketing Communications

Production of a new public awareness campaign, Healthy Mouth, Healthy Me! took place in 2019. The campaign will debut in 2020 with a series of digital ads, a statewide media tour featuring GDA member dentists and their patients and materials for GDA members to help expand the reach of the campaign.

Healthy
MOUTH,
Healthy
ME!

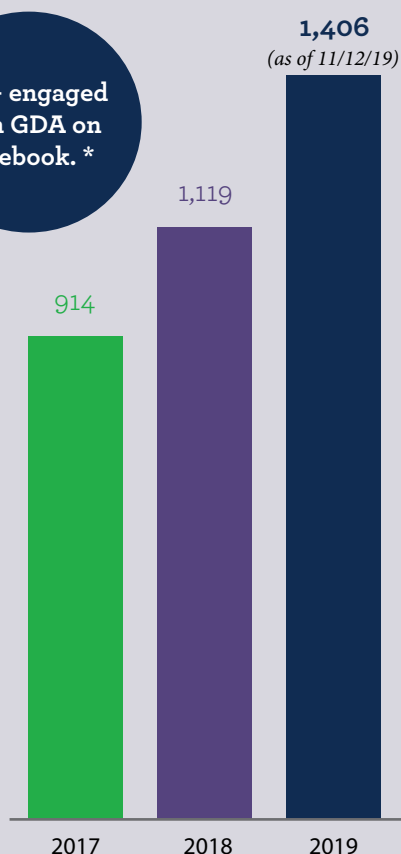
GEORGIA DENTAL ASSOCIATION
FOUNDATION FOR ORAL HEALTH

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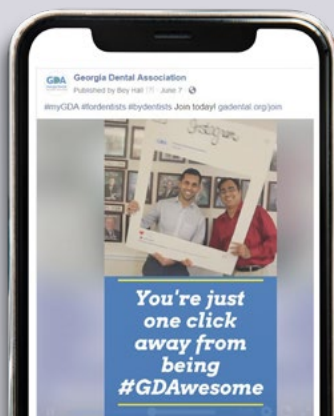
SOCIAL MEDIA

Facebook Followers

91%+ engaged with GDA on Facebook.*

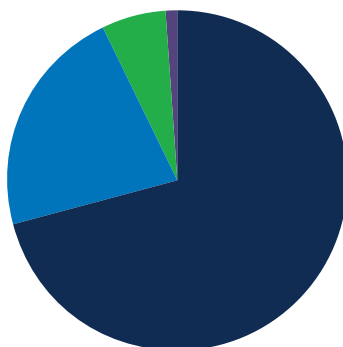


*Source: GDA 2019 membership survey



Social media posts featured more videos and graphics.

Website traffic increased by 8% in 2019 with 71% of traffic to the website coming from online searches.



- Organic (traffic from search engines that is unpaid): 71%
- Direct (traffic from user entering url in browser): 22%
- Referral (traffic from a referral site): 6%
- Social (traffic from a social network): 1%

93% of members believe GDA serves as the official spokesperson for the profession in Georgia.*

*Source: GDA 2019 membership survey



GDA ACTION BY THE NUMBERS

- 10 issues in 2019
- 3,499 average total print circulation
- 56 pages
- Action Editorial Advisory Task Force established in 2019
- GDA Action member satisfaction scores continue to grow



Average of **4,440 website users** per month in 2019



400+ news articles promoting Georgia dentists



21 GDA members participated in spokesperson training

Keeping Sight on Governance



Filling the Leadership Pipeline

- Published “Get Involved” feature in March *Action* featuring volunteer positions available at various levels of time commitment.
- Developed chart/graphic with commitment level for each committee position including time, travel, expertise and length of commitment. Published in *Action*, on GDA website and shared at April District Leadership Conference.
- Developed detailed committee job descriptions including desired skills with the goal of recruiting qualified, committed and informed volunteers for committee positions.



EQUIPPING OUR LEADERSHIP

Board Orientation

Board Orientation

Leadership GDA Program

District Leadership Toolkit

Board Handbook

Presiding Officer Training

Leadership Training

New Task Forces **Leadership GDA Program**

District Leadership Conference

Member Survey

District Leadership Toolkit

Governance Review

Board Orientation

Leadership Training

District Officer's Dinner

Spokesperson Training



Leadership GDA Program

- 11 Leadership GDA Program Graduates in 2019
- 14 CE hours earned through program
- 9 complimentary registrations to the GDA Convention
- 7 Leadership GDA Graduates added to 2019–2020 Committees

New Task Forces Launched in 2019

- » Task Force on Third Party Insurance Reimbursements
- » Task Force on HOD Involvement
- » Action Editorial Advisory Board/Task Force

2019 Membership Survey

GDA's net promoter score showed high member loyalty and satisfaction.

60 GDA's Net Promoter Score

21 Average Association's Net Promoter Score*

* McKinley Advisors 2017 survey, www.mckinley-advisors.com/blog/health-of-associations-in-the-21st-century

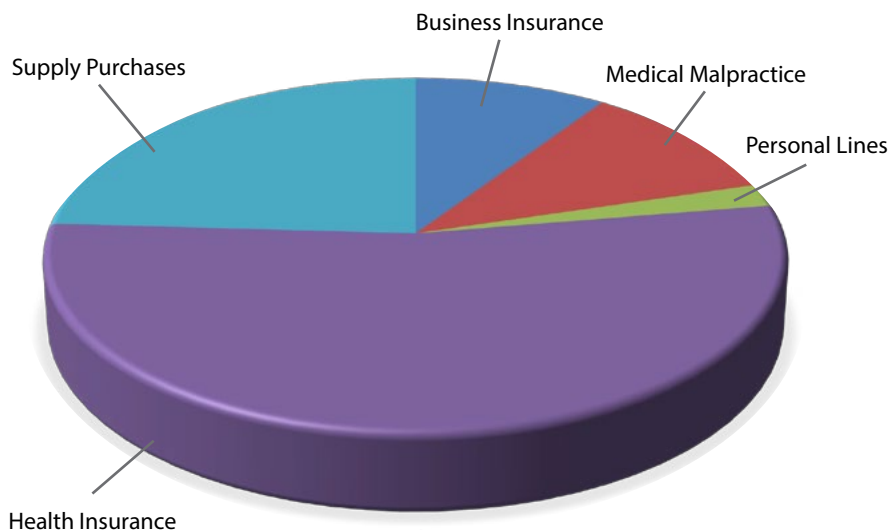




Keeping Sight on Member Products & Services

GDA Plus⁺ Supplies and Georgia Dental Insurance Services

Est. Supply Purchases and Book of Business 12-31-2019



54% Health Insurance Annual Premium

24% Supply Purchases from Inception Through Estimated 12-31-2019

9% Business Insurance Book of Business

11% Medical Malpractice Book of Business

2% Personal Lines Book Business

GDA PLUS⁺ SUPPLIES

GDA Plus⁺ Supplies, a program of Integrity Dental Buyers Group, will process over \$7M in supply purchases from inception, providing an estimated savings to GDA members totaling over \$2M.

20%+ average savings

\$2M+ member savings to date

\$7M+ in supply purchases



Georgia Dental Insurance Services (GDIS)



Your GDIS insurance agency is stronger and more viable than ever:

- Over 2,140 lives on the GDA health plan
- Over 65% growth on the Medicaid supplement plan(s) over 2018
- 3,237 written business and personal lines policies

GDIS has grown their total book of business by 12% over 2018.

This year, GDIS added multiple life and disability carriers and options along with long-term care plans. GDIS now has access to more than 50 insurance carriers with over 40 different product lines.

Health plan premium increases have been in single digits for the past four years including the 2020 plan offerings with a minimal 1.84% increase.

GDIS Receives Prestigious Award

GDIS was honored with the prestigious Hartford STAG ONE™ Elite Insurance Agency award. The designation recognizes Hartford's most elite agencies and is awarded to just 2% of agencies in the country.



Keeping Sight on Financial Management/ Organizational Stability



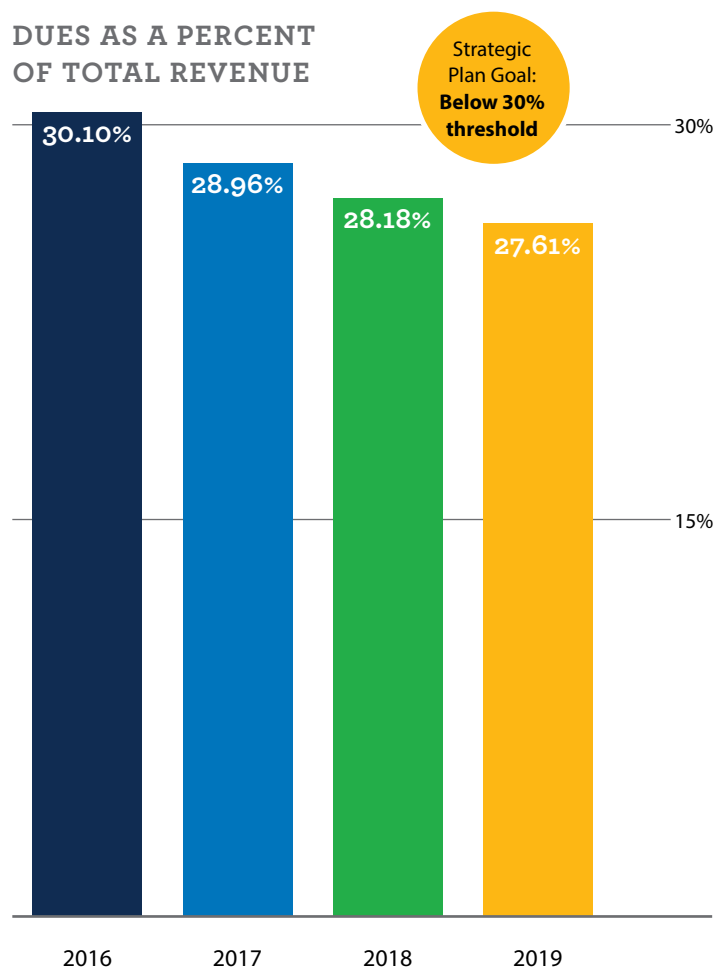
GDA and GDIS Reserves

The association is again expected to set aside capital and operating reserves that exceed the amount indicated in the strategic plan. Based on 2019 results, both entities will make additional reserve contributions in 2020. Because of the financial management of the GDA and subsidiaries, the Georgia Dental Holding Company was able to refinance the building and pay off the current mortgage balloon coming due in addition to providing funding to make some capital improvements on the building.

Strategic Plan Goal Achieved

- **Strategic Plan Goal:** The amount of dues as a percentage of total revenue will not exceed 30% (including revenue from GDIS/IDBG).
- **Goal consistently achieved since 2017:** at 27.61% for 2019 (estimated).

DUES AS A PERCENT
OF TOTAL REVENUE



GDA Strong in 2019

Georgia Dental Association (GDA)

- Membership
 - » 67.97% market share for total membership
 - » ADA national membership awards
 - » Diversity and inclusion initiatives
- Continuing Education
 - » Over 207% gross revenue increase
 - » Over 260% net revenue increase
 - » 188% increase in courses offered
- Convention 2019
 - » Third year of profitability
 - » 20% increase in total convention attendance
 - » 10% increase in dentists/dental students
 - » 30% increase in dental team members

Georgia Dental Insurance Services (GDIS)

- Product growth: over 40 product lines
- Revenue growth estimated at over 12%
- Health insurance member and lives growth
- Personal lines growth

Georgia Dental Holding Company (GDHC)

- Office space leased to tenant
- Building mortgage refinanced
- Capital improvements made to structure

Integrity Dental Buyers Group (IDBG)

- Over \$2 million in GDA Plus⁺ Supplies member savings to date
- 20%+ average savings on supplies
- Over \$7 million in supply purchases from inception





KEEPING SIGHT ON THE GDA FOUNDATION FOR ORAL HEALTH

Community Outreach

Give Kids A Smile Day was held on the first Friday in February, serving as the annual kick-off to Children's Dental Health Month. In 2019, Governor Brian Kemp signed a proclamation recognizing these two events.

DENTAL HEALTH MONTH HIGHLIGHTS

10,000

oral health education kits distributed

3,000

children received services

\$700,000+

in charitable dental services

Special Olympics, Special Smiles: The GDA Foundation for Oral Health and GDA members volunteered their times and services at the Special Olympics, Special Smiles Summer Games.

96

volunteers

432+

Special Olympic
athletes screened

228

procedures



Special Olympics,
Special Smiles
event.



Georgia Governor Brian
Kemp with GDA members
during Children's Dental
Health Month.



GDA Foundation for Oral Health participated in numerous health fairs and community events in 2019 in which GDA members volunteered to provide screenings and education. Events included Healthcare for the Homeless, Rainbows Reign, Integrated Health Education Center of Georgia's Parent Health Education Program, DDD Dental Dash, and more.

The Georgia Dental Association Foundation for Oral Health held two fundraising events at the GDA Annual Convention and Expo in July, raising \$11,481.

DUCT TAPE THE CONVENTION CHAIR



GDA Foundation for
Oral Health fundraiser
at the GDA Convention.



Convention kick-off event key-
note speaker, Richard Hight,
created art pieces during his
presentation to raffle.



It's hard to believe that opening day of the 2020 Georgia Legislative Session was Monday, January 13, 2020! While it seems like 2019 certainly flew by, there were numerous political developments at the federal and state levels that impact the 2020 legislative session and elections that will take place later in the year.

2020 Legislative Preview

By Scott Lofranco, GDA General Counsel & VP of Government Affairs

Congressional Developments

One of the hottest topics in Georgia politics last year was who Gov. Brian Kemp would appoint to serve the remainder of Johnny Isakson's term in the U.S. Senate when Sen. Isakson retired at the end of last year. Political analysts and members of the press had a field day in the latter part of 2019 guessing the identity of his successor, and the implications Gov. Kemp's chosen appointee would have in the 2020 election cycle. Various news outlets identified several front-runners which included current U.S. Rep. Doug Collins (R-GA 9th District), State House Rep. Jan Jones (R-Milton), and Kelly Loeffler, a Republican businesswoman from Atlanta who is also a part owner of Atlanta's WNBA franchise. Loeffler was a last-minute addition to the slate of candidates

for Sen. Isakson's seat, and her application sparked controversy within the Georgia Republican Party as a result of President Donald Trump's repeated calls to Gov. Kemp urging him to appoint Rep. Collins. Immediately after the Thanksgiving holiday, Gov. Kemp formally announced his decision to tap Loeffler as Sen. Isakson's successor.

Some political strategists view the Governor's decision as a sign that he views Loeffler as a candidate who can help unite the state party in areas of Georgia where Republican support has waned. Loeffler provides an interesting view into Gov. Kemp's long-term political strategy, especially considering recent news reports that she did not contribute to President Trump's campaign in 2016. Moreover, pro-Trump conservatives may have concerns over how her lack of political experience will affect her ability

to be an avid supporter of the President and retain the Senate seat in 2020 should impeachment discussions continue to gain momentum throughout upcoming election cycle. Rep. Collins has publicly stated that he may run for the Senate seat in 2020, so it sounds like this saga will continue in 2020.

Other Congressional incumbents including U.S. Sen. David Perdue, will face intense competition and scrutiny from their Democratic challengers. Several Democratic candidates have announced they will be running against Sen. Perdue, including Teresa Tomlinson, the former mayor of Columbus; Ted Terry, the former mayor of Clarkston; Sarah Riggs Amico, who ran for Lt. Governor in 2018; and Jon Ossoff, who lost by a narrow margin to Karen Handel in a 2017 special election for Georgia's 6th Congressional District. »

LEGISLATIVE PREVIEW

Continued from page 43

U.S. Rep. Buddy Carter (R-GA 1st District) has picked up both primary and general election opposition. As a legislator who has been a vocal supporter and sponsor of ADA legislation, he is a key member of Georgia's Congressional delegation for us. No challengers have announced their candidacy for Georgia's 3rd Congressional District, which is currently held by U.S. Rep. and GDA member dentist, Drew Ferguson.

State Developments

At the state level, the focal point of Gov. Kemp's second year in office has been the creation of his Medicaid waiver program, which is intended to provide healthcare coverage to more low-income adults in Georgia. As you may recall from previous reports, a Medicaid waiver is a program submitted by a state asking the federal government to waive certain requirements in that state's Medicaid plan so that specific populations within the state will be eligible to receive Medicaid benefits.

Gov. Kemp's waiver proposal is composed of two (2) waivers:

1. Sec. 1332 Waiver: "Georgia Access" is intended to lower insurance premiums, introduce greater choice in the private health insurance market, and strengthen small businesses across Georgia.¹ Under Georgia Access, families with household incomes between 100% to 400% of the federal poverty level will be eligible to receive a state subsidy so that they have the ability to purchase private health insurance plans if they do not like the options being offered through the Affordable Care Act exchanges.
2. Sec. 1115 Waiver: "Georgia Pathways" is intended to make roughly four hundred eight thousand (408,000) adult citizens eligible to receive healthcare benefits covered by Georgia's Medicaid program. Although Gov. Kemp's staff acknowledges that fifty thousand (50,000) out of the four hundred eight

thousand (408,000) eligible adults will actually be awarded these benefits, Gov. Kemp believes that this proposal provides a balanced, common-sense, and fiscally conservative approach to providing healthcare to low-income Georgians, which includes a work requirement.

To qualify, recipients must have an income of one hundred percent (100%) below the Federal Poverty level and show eighty (80) hours of work activity per month, which can be through a job, volunteer work, vocational training, or full-time post-secondary education.² Volunteer work would have to be completed with a registered non-profit organization. However, caring for a sick family member/relative would not count.³

Gov. Kemp's staff presented his waiver package to the Georgia General Assembly in October, and both proposals were submitted to the federal government at the end of 2019 for approval. However, there are concerns as to whether it will be approved because no other state has ever submitted such a proposal.

Georgia Board of Dentistry Updates New Board Appointments:

- On September 16, 2019, Gov. Brian Kemp announced two new appointments to the Georgia Board of Dentistry ("BOD"):
- **Dr. Glenn Maron** is an oral and maxillofacial surgeon with Peachtree Dunwoody Oral and Facial Surgery, PC. Dr. Maron is also a team physician for the Atlanta Braves. He obtained a DDS from Emory University School of Dentistry in 1986. He and his wife, Deborah, live in Dunwoody and they have two children.
- **Mark Scheinfeld** was appointed as the consumer member of the board. He is an attorney and lives in Marietta with his wife and children.

Update on the SmileDirectClub Lawsuit against the BOD:

As the GDA has previously reported, the federal court hearing the lawsuit filed by SmileDirectClub (SDC) against the Georgia Board of Dentistry (GA BOD) has ruled that the act of taking intraoral scans constitutes the practice of dentistry, and thus can be regulated by the GA BOD.

However, the court is allowing SDC's lawsuit to proceed on the issue of whether the Governor's office was provided sufficient information about the Board's justification(s) for adopting the intraoral scanning rule, and whether Board members followed the procedural rules (e.g., submitting accurate and complete minutes, adherence to administrative law procedures, etc.) throughout the entire rulemaking process. It is SDC's contention that the state immunity doctrine does not apply if the administrative rulemaking process was not followed. In October, the Federal Trade Commission ("FTC") and US Department of Justice filed a joint amicus brief in the case.

2020 ADA Dentist-Student Lobby Day

The ADA announced that the 2020 Lobby Day will be held April 26–28, 2020 at the Washington Hilton in Washington, DC.

Upcoming GDA LAW Days

Wednesday, February 5

Southwest, Western, Northern-Hall County

Wednesday, February 19

Central

Wednesday, March 4

Northwestern

Thursday, March 12

Southeastern, Georgia Dental Society

Wednesday, March 18

*Dentists from any district,
other dental specialties, students*

For more information, visit gadental.org/lawday.

If you have any questions, please contact scott@gadental.org or call the GDA office at 404.636.7553 x 103.

1. gov.georgia.gov/press-releases/2019-11-01/kemp-announces-georgia-access-health-waiver

2. https://medicaid.georgia.gov/search?search=1115%20public%20waiver%20notice%20full%20and%20abbreviated&sm_site_name=medicaid

3. www.ajc.com/news/state--regional-govt--politics/kemp-medicare-plan-would-cover-thousands-but-not-most-georgia-poor/HH4S8EzYyCrUkdoy6VGxtl/

Expanded Duties

According to a survey conducted by the ADA Council on Dental Practice, many dentists may not be aware of the functions that expanded-duties dental assistants (EDDA) can perform and the benefits they provide to their practices.

The survey indicated that there was a need to further educate the profession about the capabilities of these assistants that have received more specialized training, said Dr. Craig Ratner, chair of the Council on Dental Practice.

“Expanded-duties dental assistants bring real value to the dental team and improve efficiency throughout the practice,” said Dr. Ratner. “Our survey revealed a dentist can utilize his or her time and skills more efficiently when the EDDA performs, under supervision, additional tasks allowing the practice to schedule more patients each day.”

It is important to realize, Dr. Ratner cautioned, that while EDDAs can perform many more tasks in their expanded role, employer dentists alone are accountable for supervision.



Other key findings from the survey revealed that:

- 59.9% of respondents reported employing EDDAs, but less than half were using those EDDAs to the fullest extent permitted.

Having an EDDA on staff helped dentists:

- Use time more efficiently—92.1% of respondents
- See more patients daily—67.5%
- Lower overall operating expenses—34.1%

Common functions that should only be performed by Expanded Duties Dental Assistants

- Make impressions to be used to repair a damaged prosthesis, fabricate a night guard or for passive orthodontic appliances.
- Redress (not initial placement of dressing) and remove dressing from alveolar sockets in post-operative osteitis.
- Monitor the administration of nitrous oxide/oxygen.
- Apply topical anticariogenic agents.
- Apply pit and fissure sealants, and primer and bonding agents to etched enamel or dentin.
- Pack and remove retraction cord, as prescribed by the dentist.
- Change bleaching agent, following initial applications by the dentist, during the bleaching process of vital and non-vital teeth after the placement of a rubber dam; and applying the fiber-optic light source of a curing light for activation of the bleach.
- Re-bond brackets after a licensed dentist has examined the affected tooth and surrounding gingiva and found no evidence of pathology.
- Digital scans for fabrication orthodontic appliances and models.

If your dental assistants are performing any of these functions and are not certified for these expanded duties you are putting your practice at significant risk. Enroll your assistants in an expanded duties course ASAP. 📄

For the complete list of expanded duties functions, visit the Georgia Board of Dentistry and look for Board Rule 150-9-.02.

Visit gadental.org/ce for course offerings.

Ask GDIS

Dear GDIS,
How can I save money
on my auto insurance?

Sincerely,
How Can I Save

Dear How Can I Save,
There are several cost-saving features with auto insurance.

- **Bundle, Bundle, Bundle**
The more insurance coverages you combine, such as your home, jewelry, umbrella, and recreational vehicles, the more you save.
- **Drive Safe Programs**
All companies have their own type of Drive Safe programs. These programs can offer up to a 30% decrease in the cost of premiums.
- **Safe Driving Courses/ New Drivers Education Course**
Whether you are a new driver or an experienced driver, safe driving courses and/or driver education courses can decrease the cost of premiums.

Your insurance agency, GDIS, is here to look into all money saving discounts for you, your family and your friends.

Sincerely,
GDIS

If you have a question regarding any of your insurance needs, please submit your questions to gdis@gadental.org.
All published articles are anonymous.



Discussing the Differences in Liability Coverage



Travelers offers more product options than many other carriers to meet your needs.

Travelers is a premier business partner of Georgia Dental Insurance Services (GDIS). They stand out from many other insurance carriers by offering both a traditional split limit policy and a combined single limit policy in most states.

What's the difference?

The difference between a split limit policy and a combined single limit policy is simply this: a split limit policy splits the coverage amounts, apportioning how much protection you have for bodily injury liability (both per person and per accident) and for property damage liability; a combined single limit policy gives you one single amount of coverage to use based on your total liability for bodily injury and property damage resulting from an accident, affording more flexibility.

I'm not sure I understand. Can you give me an example?

OK. Let's say you have a traditional split limit policy and your coverage limits read 100/300/50.

What do those numbers mean?

This is a very common question and you are not the first to ask. The numbers 100 and 300 are dollar amounts:

\$100,000 and \$300,000 are coverage limits for liability for bodily injury. The

\$100,000 is the maximum amount the policy pays for your liability for each injured person and the \$300,000 is the maximum amount the policy pays your liability for each accident. The last number 50 means that you have \$50,000 in coverage for liability for property damage. Of course, this assumes the accident is covered under the terms and conditions of the policy.

Now let's take a look at a live example: Let's say you have the 100/300/50 split limit policy just referenced. You cause a serious accident...

You accidentally cause a trailer truck to run off the road, wrecking the truck and its cargo, combined value of \$100,000.

The trucker is hurt and needs \$150,000 worth of medical care.

The trucker is carrying a passenger who needs \$29,000 in medical care.

The accident is covered under the terms of the policy.

The total cost to settle the property damage and bodily injury caused by the accident is \$279,000. Let's work through

how much coverage you had for each of the three claims.

You have a maximum bodily injury per accident insurance limit of \$300,000. You also have property damage and per person sub-limits.

Here is how this scenario plays out ...

The wrecked truck and its cargo, combined value of \$100,000, are considered property. Since you have a property damage sub-limit of \$50,000, your insurance pays only half. You are responsible for \$50,000.

The trucker's \$150,000 of bodily injury won't be paid entirely, either. Recall the \$100,000 "each person" limit?... which will require you to pay another \$50,000.

The passenger's injuries of \$29,000 are paid in full as they fit under the \$100,000 per person sub-limit.

Under this scenario, your insurance company is only required to pay \$179,000. You are responsible for the remaining \$100,000.

How does that compare to a combined single limit policy?

If you had a combined single limit policy

of \$300,000, it would pay the entire cost of this accident—\$279,000. That's because the total liability limit, not just the sub-limits, is available to satisfy claims.

Does a combined single limit policy cost more?

It costs slightly more—about 8% more than a split limit policy offering comparable coverage but as the disastrous scenario illustrates, it is important to consider not just price but coverage. For the average policy costing \$1000, for \$80 more, a combined single limit policy may give you more coverage, \$100,000 more coverage in this case because there are no sub-limits. That is added peace of mind that you will be protected in case of a serious accident.

It is important to note, though, that there are times where a split limit policy may provide more coverage.

For example, in the scenario given, if there had been three injured persons, each with \$100,000 worth of bodily injuries, and \$50,000 of property damage, the policy would have provided \$350,000 for the accident. 🦋

Have your needs changed since you last looked over your auto and homeowners insurance policies?

The insurance policies that protected you many years ago may not offer the protection that you need today. Your GDIS team has over 50 years combined experience. Let us evaluate your insurance needs to be sure you are well protected. Call us today for a free and confidential risk evaluation.

You own it, use it and enjoy the savings!

To get a customized quote, call us at 770.395.0224 or visit gdaplus.com for more information



PLUS+ insurance
GDAplus.com



The safest place for special needs* patients with dental issues? In an O.R., of course.

***Intense fears and phobias • Severe gag reflexes
Medically compromised • Developmentally disabled
High liability**

Put your patients who need it most in the absolute best of hands: Dr. David Kurtzman at his regional Sleep Dentistry practice.

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- Hospital residency trained
- General anesthesia administered by an MD

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HospitalDentistry.org

Dr. David Kurtzman, DDS, FAGD
770-980-6336 | dkdds@drkurtzman.com

"The doctor's safety net."



ADA Science Institute Offers Members Many Benefits

Things have been busy in the American Dental Association Science Institute. The ADA division based in Chicago houses such hallmarks of dentistry as the ADA Seal of Acceptance, the nationally recognized symbol of safe and effective dental products and services, and the ADA Science Laboratory, where cutting-edge research is conducted and presented worldwide.

The ADA Science Institute also comprises such departments as the association's Center for Evidence-Based Dentistry (EBD), ADA Clinical Evaluators (ACE) Panel, and Scientific Information team. Here we highlight some of these teams' work as well as ADA members who have been impacted.

NEW GUIDELINE RECOMMENDS AGAINST ANTIBIOTICS FOR MOST TOOTHACHES

Antibiotics should not be prescribed for most dental pain and swelling, according to a new guideline published by the ADA Center for EBD. Instead, dental treatment and, if necessary, over-the-counter pain relievers such as acetaminophen and ibuprofen should be prioritized instead.

The guideline recommends "antibiotics should only be used when absolutely necessary," says Peter Lockhart, D.D.S., chair of the ADA panel that developed the guideline and research professor at Carolinas Medical Center—Atrium Health. "If you have a toothache, in most cases, it can be treated with a visit to a dentist and without an antibiotic."

The guideline's recommendations concern adult patients who are not severely immunocompromised and experience symptomatic irreversible pulpitis, symptomatic apical periodontitis, or localized acute apical abscess. To address these conditions, the guideline's recommendations cover two possible

scenarios: either a patient has access to immediate dental treatment such as a pulpotomy, pulpectomy, nonsurgical root canal treatment, or incision and drainage or a patient does not have immediate access to these treatments. In both instances, dental treatment and, if necessary, over-the-counter pain relievers should be used to relieve symptoms. Antibiotics should only be prescribed if a patient's symptoms progress to systemic involvement.

"Antibiotics should not be used until an infection progresses enough that it can no longer be treated with only dental treatment like a no surgical root canal," Dr. Lockhart says. "Signs and symptoms of this progression include fever, swollen lymph nodes, facial swelling, and extreme tiredness."

The recommendations come from a panel of experts and Center for EBD methodologists who conducted a systematic review of the scientific literature to arrive at conclusions based on the best available evidence. "This review allowed us to clearly define the benefits and harms of antibiotic use while assessing the quality of the data supporting our recommendations," Dr. Lockhart says. The review led to the recommendations that were published in the "Evidence-Based Clinical Practice Guideline on Antibiotic Use for the Urgent Management of Pulpal- and Periapical-Related Dental Pain and Intraoral Swelling," which appeared in the November issue of the *Journal of the American Dental Association*.

The guideline's release is particularly timely given increasing calls to combat antibiotic resistance, the process by which antibiotics become ineffective at addressing bacterial infections. In fact, last year the ADA joined the U.S. government's Antimicrobial Resistance



Dr. Jay Harrington
ADA 5th District Trustee

Challenge, pledging to develop guidance to help dentists appropriately prescribe antibiotics for dental pain and swelling.

"We are now in a situation where people around the world are getting infections for which there are no antibiotics that will help their specific type of infection," Dr. Lockhart says. "This situation has arisen from the overuse of antibiotics, and we are at an increasing risk of having them not work at all."

To encourage antibiotic stewardship, the guideline highlights two practices that are somewhat nascent to dentistry. The first such practice is called delayed prescribing, in which a dentist writes an antibiotics prescription for a patient but instructs that patient to fill the prescription only if their symptoms become systemic prior to the performance of dental treatment. The second practice is encouraging patients to discontinue the use of antibiotics after their symptoms have resolved for 24 hours, regardless of whether or not that patient still has antibiotics left in their prescription. The hope is that these measures will minimize the inappropriate use of antibiotics, thereby minimizing the promotion of antibiotic resistance.

To help clinicians apply the guideline's recommendations, a suite of resources

have been created, including the following:

- Chairside guides that clinicians can use during patient care to identify appropriate antibiotic regimens.
- An online tool that identifies the guideline recommendation most relevant for a particular clinical scenario.
- English- and Spanish-language videos that explain to patients why an antibiotic prescription might offer more harms than benefits.

Given the guideline's applicability to clinicians outside of dentistry, such as emergency room and primary care physicians who encounter patients with dental pain and swelling, the guideline panel plans to translate its guideline into language that is applicable to the larger medical community. The hope is to publish this revision in a medical journal at some point in 2020.

"I hope this guideline will change the way both health care professionals and patients view antibiotics," Dr. Lockhart says. "I expect that, over time, there will be a reduction in antibiotic use in situations where they are not needed."

To access the ADA's antibiotics guideline as well as related resources, visit [ADA.org/antibiotics](https://ada.org/antibiotics).

ACE PANEL PROVIDES OPPORTUNITY TO LEARN FROM, HELP DENTISTS

Richard Riddle, D.M.D., has a question for any dentists who are on the fence about joining the ADA Clinical Evaluators (ACE) Panel: "What are you waiting for?"

A member of the ACE Panel since its launch in 2016, Dr. Riddle is one of hundreds of dentists who every three months answers a survey about their experiences with a particular dental topic such as bonding agents, fluoride varnish, or the reprocessing of rotary cutting instruments. The surveys are brief ("It takes all of five minutes" to complete, Dr. Riddle says), and the results are then compiled into a report that is made available to all dentists.

Dr. Riddle loves being able to look at the results of the reports to see how his experiences compare with those of his colleagues. "I always want to learn from my peers," he says. Dr. Riddle finds it reassuring when there is alignment, and he finds it instructive when disagreement

exists. "It's like, 'Oh, this is what other dentists are doing. Maybe I should look at some literature so I can improve my technique.'"

Another reason Dr. Riddle appreciates inconsistencies that may appear in the ACE Panel reports is that they can highlight the need for future research that encourages greater uniformity among dental practices. "You get the satisfaction of knowing that you're putting together data that help people know if they want to do research in something," he says.

One more added benefit, Dr. Riddle says, is that participating in the reports provides him with an opportunity to educate others about his professional habits. Dr. Riddle values this opportunity to share his knowledge because he has more than 30 years of clinical experience from which to draw on when completing an ACE Panel survey. He suspects that other dentists would be similarly attracted to participate in the ACE Panel. "Dentists want to teach or be involved in some kind of a higher pursuit that helps everybody else," Dr. Riddle explains, and the panel's reports facilitate such education.

When it comes right down to it, Dr. Riddle sees no reason why every dentist wouldn't want to be on the ACE Panel. "There are so many pulls on our personal time, our dedication, and our energies, but this is one that is a no-brainer," he says. "I do not understand why more people don't do it."

To join the ACE Panel and view past reports, visit [ADA.org/ACE](https://ada.org/ACE).

ADA SCIENTIFIC INFORMATION PROVIDES RESEARCH ASSISTANCE

Although her presentation topics may vary, Barbara Steinberg, D.D.S., says that whenever she is preparing for a talk in front of others, she always makes sure to consult the ADA. Oftentimes, she will reference online resources such as the Oral Health Topics webpages, which provide up-to-date scientific reviews on a variety of dental subjects and are maintained by ADA Scientific Information. She will also call the ADA Member Service Center, where she can be connected with the ADA's concierge service. This service allows ADA members to speak with a representative from Scientific Information who can forward relevant research.

"I always want to make sure that, even though I keep up with all the literature, that I'm on the same page as what the ADA promotes," says the clinical professor of surgery at Drexel University College of Medicine and adjunct associate professor of oral medicine at the University of Pennsylvania School of Dental Medicine.

In the coming months, for instance, Dr. Steinberg will be presenting at a meeting on pain management in pregnancy. To prepare, she plans to peruse the Oral Health Topics pages, where information concerning both pregnancy and oral analgesics for acute dental pain exist. She will also call the ADA Member Service Center, which can connect her with the ADA Scientific Information team and their research resources.

Douglas Halkyard, D.D.S., can similarly attest to the benefits of working with the ADA's concierge service. In addition to connecting members with the ADA's Scientific Information team, the service can connect members with ADA Center for Dental Practice for advice on how to run a dental office, ADA Third Party Payer for advice on handling dental benefits and coding, and ADA Library & Archives for deep dives into research. Dr. Halkyard has used the concierge service several times. Once when he had a question about periodontal treatment, the Morris, IL-based dentist spoke with ADA Library & Archives in the morning, and by the afternoon, several articles had been forwarded to him.

"It was just an easy process to go through," Dr. Halkyard says of the concierge service. If you have a question about the science behind "a procedure or a technique or scientific articles that you'd like to look up, I think it's a valuable service that the ADA offers. I would recommend it."

"It's especially helpful if you're a busy practice and you don't have time to go searching on your own," he adds. "It's nice to have someone with access to all these articles that they can look up on the computer. It just makes it so much simpler to find something rather than searching for articles on your own." 📖

To access the ADA Oral Health Topics pages, visit [ADA.org/OHT](https://ada.org/OHT). To speak with the ADA's concierge team, including ADA Scientific Information, call the ADA Member Service Center at 312.440.2500.

GDA MEMBER VALUE



**Meet
Michael A. Thomas, Jr.
DMD, FAGD**

When and how did you become a GDA member?

I became a member of the GDA in 2019 after a study club meeting.

Why is being part of a professional group important?

I feel that it is important to be a part of a professional group to have the support of other dentists.

What is the single most important thing, in your opinion, GDA can do to help members?

I think the protection the GDA provides for dentists is imperative. As dentists, we need to have an organization that's in our corner.

What is your most memorable GDA experience?

My most memorable GDA experience was going to LAW day while in dental school and it was an amazing experience. It was awesome to see so many colleagues and future colleagues care about laws that would affect us if passed. It made me really understand how important it is to be part of a professional group like the GDA.

What advice would you give to an aspiring dental student?

Learn as much as you can while in dental school and do a residency after school.

What did you want to be when you were growing up?

I wanted to be a dentist or NBA player (I used to pray every night to be 6'3"). Let's just say that didn't happen. Haha.

This column highlights GDA members talking about their path to dentistry and the value they find in GDA membership. The month we hear from Northwestern District member Dr. Michael Thomas, a general dentist who practices at Marietta Smiles Gallery in Marietta.

What was your first job?

My first job at 16 years-old was a dental assistant.

Why did you decide to become a dentist?

I've always wanted to help people. I really enjoyed seeing my dentist. I loved the way the office was always so warm and welcoming when I arrived.

What do you enjoy doing in your spare time?

I workout, play basketball, run, and work on my grilling skills. I've been watching a lot of videos on how to properly smoke chicken and other meats.

What is your all-time dream vacation?

Cape Town, South Africa. I went in undergrad as part of a research trip and I've always wanted to go back.

Without saying, "I am a dentist," what would you say if someone asked what you do?

"Smile Maker!" 🦷



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50-YEAR MEMBER GDA and Hinman prefer one day per week or more if needed—FAGD working one half day per week at Sandy Springs office. E-mail WHBRINKMAN@icloud.com or call Dr. William Brinkman @ 404.862.3795.

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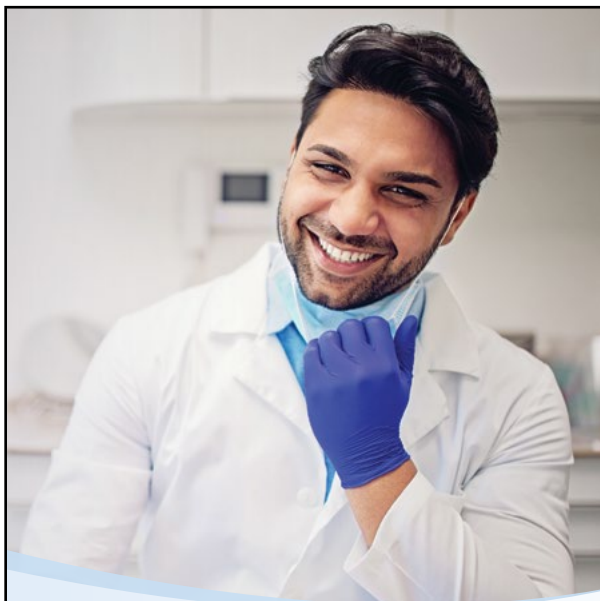
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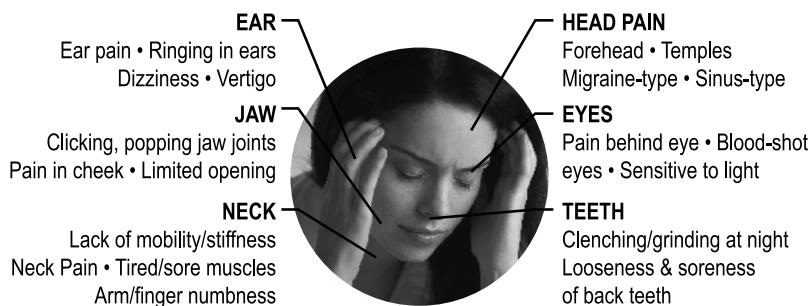
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