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Oh, the Places You'll Go!

By Dr. Chris Griffin, SCDA President

As spring approaches, so does graduation. Last year I had the honor of speaking with the MUSC College of Dental Medicine Class of 2015 and I would like to share that moment with you.

Salutations to the graduates of the College of Dental Medicine Class of 2015!

Just yesterday, a short 22 years ago, I occupied one of those seats. I am humbled before you. It is quite an honor to be able to address you on this special occasion. My words will be brief but I hope that I can convey some wisdom I have compounded over those years.

Although I could turn this into a 2 semester course of my trials, tribulations, successes and failures, I have been granted 5 minutes and will make the most of it. I would like to address a few of my reflections on Education, Participation, Patience and Philosophy.

The last four years have been extremely challenging but the learning has officially launched. After many hours, days, weeks and years of relentless studying, completion of proficiencies and exams (of course there were parties, I remember this too); it is only an illusion that you have mastered the science of Dentistry. Today marks the beginning of your journey. Start with several friends and take as much continuing education as possible. These friends will multiply as you travel through the many disciplines, courses and programs so abundantly offered today. I would urge caution in determining value in the content of programs and certainly be able to distinguish quality over infomercials. Each new issue will build upon the vast knowledge you have acquired from this great school. Reflection after each course will generate much discussion and the complex layers will not seem as confusing. Failure to heed this advice will cause much frustration, time, effort and money. Your money! But you will learn. Soon, 22 years will have passed.

Gatekeepers to this vast amount of knowledge are the Mentors. You already have a base of mentors. They are your faculty. In such a strange twist of life, many of your mentors are my very closest of friends that I have previously mentioned during my lifetime of education. Mentors for me have many names: Pankey, Dawson, Tucker, Davenport, Rivers and so many more. By definition they are my teachers, guides, counselors and advisors. Their influences have dictated the very way I prepare, diagnose and execute nearly every aspect in my world of Dentistry and in many ways my life in general. For this, my mentors have my deepest gratitude and appreciation. Seek these advisors and counselors, for you will soon find yourselves in the roles of mentors and must pass the torch to a new generation of leaders: For 22 years is not nearly as long as it sounds.

John Quincy Adams wrote "If your actions inspire others to dream more, learn more, do more and become more you are a leader." Leadership by default requires participation. Make no mistake, you are a leader. Participation can take many forms. There is participation in organizations (dental and otherwise), at local, state and national levels and opportunities are endless. Those who sit beside you may become community heroes, esteem faculty, international



Dr. Chris Griffin

lecturers and/or national leaders. Volunteer your services to make a difference, to change lives, or to actively and positively influence your role in the profession of Dentistry and in your communities. A simple act of kindness can exponentially multiply. Be proactive and get involved. Do not sit idly on the sidelines for the next 22 years will occur overnight.

Everyone says Lord grant me more patience. Of course being dentists, we all want more patients but what I am addressing is persistence, fortitude, perseverance and serenity. Upon saying this one time, a "patient" reminded me to be careful what I pray. The acquisition of patience is only gained through suffering. You will need much patience as you maneuver through the many different occupations that you have just procured. You are now a Dentist, CEO, CFO, Human Resource Officer, Psychologist, Insurance expert, Infection/Radiology technician, and the list goes on and on. Life has just gotten much tougher. School debt, want a new luxury car, a mansion on the hill and an office decked out with the latest technology: All that you need will come in due time. You will see. Run the numbers; give precedence to your liabilities and desires. You need to plan for the next 10 years. What do you want? How do you achieve it? At what cost? Is it really worth it? Priorities change. Soon, 22 years will have passed.

Early in my career, I was introduced to the Pankey Institute. Dr. Davenport said "you need to go" and I went; picked up a whole lot of fine dental knowledge there that has served me well. I can't think of any other of the multitude of courses I have taken that has so impacted my dental way of thinking. But Dr. Pankey was not just about dentistry. He was very much concerned about how dentistry and life coexisted in the perfect world. It is here that I was introduced to the Cross of Life. This is where we learned principles discussed in Dr. Richard Cabot's book "What Men Live By." Simply put, medicine could not cure alone. There needed to be balance in life for complete, lasting healing. The Cross is composed of 4 components and the center of the cross is where all intersect. The Cross of Life is represented by Work, Play, Love and Worship. The reward for a balanced Cross of Life is happiness. Is your Cross of Life balanced?

Likewise, Dr. Pankey developed this concept to apply to our profession. The 4 components of The Cross of Dentistry are:

1. Know yourself
2. Know your patient
3. Know your work
4. Apply your knowledge

The reward for a balanced Cross of Dentistry is Spiritual and Material. Can you achieve a balance Cross of Dentistry? Both concepts require constant evaluation and adjustment.

And then, 22 years passed.

In closing, I think back to a couple of passages from "Oh, the Places You'll Go!" by Dr. Seuss:

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1 out of every 10 dentists will suffer from alcohol or drug abuse at some time in their lives.

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Germ Defense in the Workplace

By Dr. Charles Gerba, Professor of Microbiology at the University of Arizona

Reducing your chances of getting a cold is really in your own hands. The common cold is believed to be most commonly transmitted by touching surfaces (door knobs, table tops, coffee pot handle, etc.) with the cold virus on it, and then transferring the virus to your nose or mouth. Shaking hands with a person also is not a good idea as one-third of people with a cold have the virus on their hands.

The common cold does not make most employees stay home, so they come to work infected and spread the virus around the office, laying a mine field of germs everywhere they go. Employees are gambling with germs in the office; they touch the wrong item and bring their hands to their face, and their odds of getting the cold are immediately increased.

Good hygiene in the office is about keeping the odds in your favor and not the germs. It is all about exposure – the fewer items with germs you come into contact with, the better chance you won't catch the cold or flu. Studies have shown that the best way to reduce your exposure is by practicing good hand hygiene (hand washing and hand sanitizers) and disinfecting key, high-traffic surfaces.

Through my team's research, we have found that viruses spread very fast within the typical office building. Just one person with the cold can contaminate half the surfaces within four hours, and the virus can be detected on half of people's hands in the office. Thus, people can get exposed to the virus from another person they've probably never met!

Studies have shown that risk of catching a cold increases six fold by taking public transportation to work. Our studies indicate that public buses become heavily contaminated with germs during the day because of the large numbers of people who use them. The best germ defense is to carry a hand sanitizer or use one upon arriving at the office. Use of a hand sanitizer and disinfectant wipes in the office has been shown to reduce risk of getting a cold or flu by 50 to 70 percent, so office workers have the ability to reduce the number of colds and flu by half.

So to recap, here are some simple ways you can cut down on your chance of getting sick:

- Watch your hands. Try to be mindful of touching your face (eyes, nose, mouth) after touching high-traffic surfaces like doorknobs or community appliances.
- Practice good hand hygiene. Frequent, thorough hand washing supplemented by the use of hand sanitizer can go a long way toward helping reduce your risk.
- Clean up. Use disinfectant wipes or other disinfectant cleaners to cleanse high-traffic surfaces on a regular basis.

For more ideas and learnings about the workplace – check out blog.staplesadvantage.com

For more information about the Staples Business Advantage Program, contact SCDA's dedicated Account Manager, Dallas Stensaas at 888-224-3784 x4575 or dallas.stensaas@staples.com

April Calendar

| | | | |
|----------------|---------------------|---------------------|--|
| April 28-May 1 | SCDA Annual Session | Hilton Head Island | |
| April 27 | SCDA Board Meeting | SCDA Annual Session | |
| April 29 | MBG Board Meeting | SCDA Annual Session | |

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Executive Director's Notes



Mr. Phil Latham

The SCDA has been very busy this year with numerous legislative items. Although bills change frequently, below is a summary of the issues SCDA has been involved with during the 2016 Legislative Session thus far.

Please note that at this time, it is not necessary to contact your legislator. The SCDA will contact the membership with details if needed on a specific bill.

If you have any questions regarding any of the legislative items, feel free to contact the SCDA.

| Legislative Bill | Abbreviated Description | Committee | SCDA Action |
|-------------------------|--|------------------------|---|
| S 136 | Would allow dentists to be paid like physicians when emergency work has been provided in a hospital setting. | Senate Medical Affairs | This bill was introduced by Sen. Ray Cleary. SCDA testified and it has been unanimously approved by the Committee. This is a carryover bill from 2015. |
| S 245 | Dental therapist bill was pre-filed | Senate Medical Affairs | SCDA met with Sen. Davis and explained that there was a better approach than a therapist solution. SCDA pushed for a Community Oral Health Coordinator (COHC) position which passed the legislature in 2010, but without funding. A proviso has been issued to fund COHC's in some areas of the State. This is a carryover bill from 2015. |
| H 3078 | Nursing bill to expand scope of practice | House 3M | The subcommittee voted to adjourn debate on this bill and discuss a bill submitted by the SCMA. SCDA will continue to monitor this bill very closely. In 2016, sub committees have heard additional testimony, but no decisions have been made. This is a carryover bill from 2015. |
| H 3508 | Nursing bill to expand scope of practice | House 3M | This relates to House bill H3078 and SCDA will be monitoring this bill very closely. In 2016, sub committees have heard additional testimony, but no decisions have been made. This is a carryover bill from 2015. |
| H 3452 | Assignment of Benefits | Labor and Insurance | This bill would require insurance companies to pay the provider of services directly and not submit payment to the insured. This is a carryover bill from 2015. |
| Budget | Rural Incentive Program Money. This program allows monies to be awarded to dentists to assist with their education debt who practice in rural areas of South Carolina. | House Ways & Means | SCDA will be seeking additional money for this program. Money is included in the House Budget at this time. |



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| | | | |
|-------------------------------|--|---|---|
| Budget | Donated Dental Services. This program allows the most vulnerable people with disabilities and who are elderly or medically fragile to receive free comprehensive dental treatment. | House Ways & Means | SCDA will be seeking additional money for this program. |
| S 357 | Good Samaritan Law – would allow dentists and physicians to be exempt from liability when providing free medical services. | House Judiciary | Senate Medical Affairs passed. Full Senate has passed after third reading. This is a carryover bill from 2015. |
| S 1036 | Faculty Licensure – This is the bill that passed the SCDA House of Delegates in December 2015. | Senate Medical Affairs Committee | This bill has unanimously passed the Senate and will now move over to the House. |
| H 4977 | Hygiene – This bill would allow hygienists to provide reversible primary preventive dental care in facilities like hospitals, medical offices, etc. and be directly reimbursed for those services. | House 3M | This bill was introduced February 24, 2016, but no hearings or meetings have been scheduled. |
| SCDA CDHM and GKAS | To claim February 2016 as CDHM and February 5, 2016 as GKAS Day. | Governor's Office | Proclamation was issued by the Governor. COMPLETED |
| Infection Control Regulations | This would add new requirements to the current regulations. | The new regulations have been submitted to the Legislature. No Action at this time. | Infection Control Regulations. This would require that all dentists and staff receive 2 hours of their required number of continuing education credits in infection control. It also includes that the dental office should follow the current CDC guidelines in infection control. |
| Sedation Regulations | These regulations are necessary to accompany the Sedation law passed in 2014. | The new regulations have been submitted to the Legislature. No Action at this time. | |



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A Couple of Extra Hours in Each Day Could Go a Long Way

By Mark Brown



Mr. Mark Brown

Do you ever feel that there aren't enough hours in the day to fulfill your ever growing to-do-list? I know I certainly do, but unfortunately I do not think we are going to see any 26 hour days in our future. Furthermore, we should probably consider ourselves lucky for experiencing an extra day this leap year just a few weeks back.



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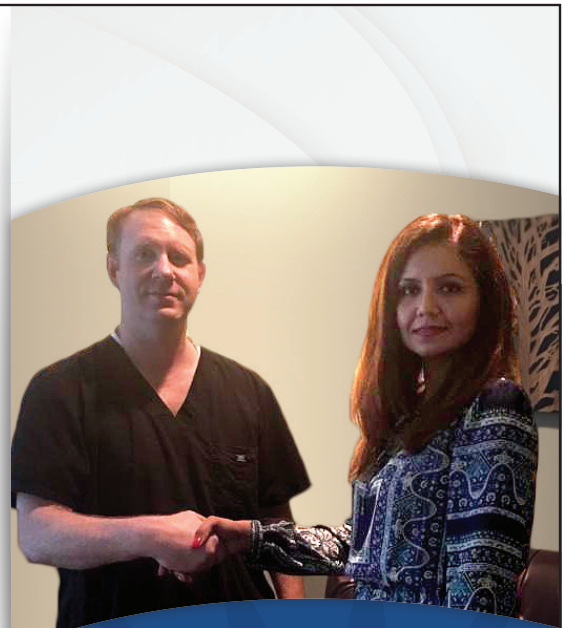


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Shades of Blue: Recognition and Responsible Reporting of Child Abuse

By Mary Machowski, BS, Patricia L. Blanton, DDS, PhD and Theresa S. Gonzales, DMD, MS, MSS

Maltreatment of children by their parents and /or primary caregivers has been with us for a very long time. Family violence can be traced back to biblical times. Extreme parental punitiveness has been recognized a serious problem that demands intervention only relatively recently. While several court cases in the United States in the 19th-century dramatized the plight of abused children (largely through the actions of the Society for the Prevention of Cruelty to Animals- SPCA) and established legal and social precedents for intervention on behalf of maltreated children, widespread public recognition of child abuse did not occur until 1962. That year Dr. Henry Kempe published a landmark article entitled the "battered child syndrome" and drew national attention to the abuse of children. Perhaps, no single publication has had such a profound effect on the welfare of children. Since that time, we have implemented a variety of concepts and laws to combat this societal problem. By 1966 all fifty states had passed legislation regulating child abuse, all of which mandated reporting. By 1986, every state but one required reporting of neglect, and forty-one states made explicit reference to reporting of emotional or psychological abuse. Initially, mandated reporting was limited to health care providers but this was eventually extended to include teachers, nurses, counselors, and the general public. The South Carolina law ([South Carolina Code: 63-7-20](#)) is abundantly clear in its definition of what constitutes abuse and abandonment.

Child abuse as a social concept continues to evolve as children's rights are recognized by society. How we define "abuse" has a great impact upon our recognition of it. Child abuse is defined as the non-accidental, physical, emotional or sexual trauma; exploitation; or neglect that is endured by a child younger than 18 years of age while under the care of a responsible person, such as a parent, sibling, teacher or other person acting in loco parentis. Approximately 3 million cases of child abuse are reported annually in the United States. Two thousand to four thousand of these cases will result in death. As a practical point, several nationally publicized child abuse/child homicide cases have occurred in South Carolina over the past several years. The United States has high rates of reported childhood homicide and higher teenage suicide rates than most industrialized countries of the world. Childhood homicide rates have more than doubled over the past 25 years, and there is no indication that this trend is abating. Since so many cases of abuse culminate in a fatality, it is important to recognize the clinical indicators of abuse.

Oral aspects of child neglect and abuse are well-known to the dental health care team. The Prevent Abuse and Neglect through Dental Awareness (PANDA) coalitions have trained thousands of dentists and auxiliaries in the recognition and reporting of such injuries. Craniofacial injuries occur in more than 50% of the cases of child abuse. Often these are unexplained injuries that are inappropriately reported by the caregiver or the clinical presentation is inconsistent with the history provided. Other characteristics of orofacial injury in child abuse relates to the multiplicity and repetitive nature of the injuries. These injuries often appear in various stages of resolution. The face and the oral cavity in particular are frequent targets of abuse. Easy access to the child's head as well as the oral cavity's role in communication and nutrition make it particularly susceptible to abuse. Not surprisingly, the oral cavity is a frequent site of sexual abuse in children and oral gonorrhea in prepubertal children is pathognomonic of sexual abuse. Abusive trauma to the face and mouth include all the following:

- Laceration of the labial or lingual frenum- resulting from either being forcefully struck or forced feeding.
- Repeated fractures or avulsions of the anterior teeth.
- Facial bone and nasal fractures.
- Bilateral contusions of the commissures of the lips.
- Soft and hard palate ecchymosis/petechiae

Since many abusive appearing injuries can also occur accidentally, a detailed history of the event should be sought. Parents attempting to conceal abuse often provide discrepant histories as to the nature of the presentation. Anytime a discrepant history is given by a parent or caregiver - abuse must be suspected. Delay in obtaining medical and dental care, although not pathognomonic for abuse, should arouse suspicion. A past medical history of other unexplained or inadequately explained injuries should mandate a thorough review of emergency department and inpatient medical records. There are however, some clinical findings that are virtually pathognomonic of abuse including patterned loop marks, adult human bite marks, immersion burns and metaphyseal bone fractures often labeled as "bucket handle fractures." Non-organic failure to thrive is characteristic of parental deprivation/child neglect.

Continued on Page 14

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This pattern of injuries including multiple contusions in various stages of resolution combined with the discrepant history provided by the caregiver is characteristic of abuse.

Each week, there are reports in the local and national news of children who are injured or murdered by adults charged with their well-being. Often these sensationalized stories are met with public outrage and force us to grapple with the question of why some parents intentionally harm their children. No doubt, parenting is a demanding, challenging, and often physically exhausting job that taxes even the most capable person. For example, when a maternal or paternal characteristic such as poor impulse control is coupled with a toddler whose developmental goal is independence, the risk for abuse is great. Children represent our most valuable resource. Studies have shown that abuse occurs at all socioeconomic levels and when it comes to damage, there is no real difference between physical, sexual and/or emotional abuse. All that distinguishes one from the other is the abuser's choice of weapons. In 2010, a report released from Prevent Child Abuse America estimated that the United States spends \$258 million each day as a direct or indirect result of the abuse and neglect of our nation's children. The

estimated average lifetime cost per victim of nonfatal child maltreatment is \$210,012 in 2010 dollars, including \$32,648 in childhood health care costs; \$10,530 in adult medical costs; \$144,360 in productivity losses; \$7,728 in child welfare costs; \$6,747 in criminal justice costs; and \$7,999 in special education costs.

The estimated average lifetime cost per child fatality is \$1,272,900, including \$14,100 in medical costs and \$1,258,800 in productivity losses. The total lifetime economic burden resulting from new cases of fatal and nonfatal child maltreatment in the United States in 2010 is approximately \$124 billion. Since conservative estimates were used, the actual annual cost could be higher than its estimate of \$124 billion per year. This estimate includes the costs associated with intervening to help and treating the medical and emotional problems suffered by abused and neglected children, as well as the cost associated with the long-term consequences of abuse and neglect to both the individual and society at large.



A delay in seeking medical attention for this child's ruptured ear drum combined with demonstrable contusions suggests physical abuse. This child was well known to child protective services.

Mandated reporters are bound legally and ethically to have their reporting threshold activated when they have a "reason to suspect" that abuse has been committed. State reporting laws do not require mandated reporters to be convinced that child abuse or neglect has transpired in order to make the report. Physicians, dentists and other mandated reporters are required to submit a report if they have "reasonable cause to suspect," "cause to suspect" or "cause to believe," that a child has been abused or maltreated. Mandated reporters are protected from civil and criminal liability for unsubstantiated reports if the reports were "made in good faith." The etiology of child abuse is complex and the profile of the abuser or is varied. In spite of these limitations, we need to consider abuse as a symptom of family dysfunction. If a parent feels as though he or she has abusive tendencies, they should be encouraged to voluntarily seek help from community advocacy programs. Educational programs to promote positive parenting are extremely beneficial to society at large.

Abuse represents a spectrum of behavior. It is repetitive in nature and fatal abuse is often preceded by minor manifestations of maltreatment, which might be overlooked by physicians, dentists, teachers, social workers and others who are in frequent contact with the child. The sad truth is that child abuse kills more children in the United States each year than do accidental falls, drowning, choking on food, suffocation and fires in the home combined. Children should never die because of our inability to confront the possibility of abuse. Health care providers must identify children at risk, educate the families we serve and report suspected cases of abuse and neglect to the appropriate authorities. Our lack of understanding of the complex etiology of child abuse does not absolve our collective responsibility to protect those individuals at risk. As Dr. Henry Kempe so eloquently stated almost 50 years ago, "It is just not possible to worry about all of the children all of the time. There lies the frustration and total inaction as well. For each of us there must be only one child at a time."

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See you there!

To raise awareness about the impact of child maltreatment and its prevention, the blue ribbon campaign is held each year during the month of April, Child Abuse Prevention Month. Throughout the month, the community is encouraged to wear a blue ribbon to symbolize their commitment to protect children and end child abuse and neglect. Anyone in the United States may make an anonymous report of abuse, neglect or sexual abuse by reporting it to the emergency services by dialing 911 or calling the local police department. Abuse and neglect may only be reported at the state or local level, not to the U.S. government. Most states have a toll-free hotline staffed by trained call screeners. When contacted, they will either open the case for investigation or log the report. Depending on available resources and the department's legal mandate, one report may not be sufficient to open a case, but a detailed report about a potentially serious case, or multiple reports (by different reporters), may suffice. At that point, someone from a legally designated agency will investigate the report. The investigators may determine there is no evidence of maltreatment, that there is evidence enough to offer support to the family in the home, or that there is evidence enough to remove the child from the home. The National Child Abuse Hotline (1-800-4-A-Child) is another resource for citizens wishing to report abuse. Hotline counselors provide local reporting information and will stay on the phone while a three-way call is placed to local authorities. In South Carolina cases of suspected abuse can reported by accessing the Department of Social Service(DSS) website: <https://dss.sc.gov/content/about/contact.aspx> and by calling the specific resources in the county where you reside or practice. If you or any member of your staff believes that a child has been or is being harmed or is at significant risk of being harmed you should call the county DSS office where the child resides.

Street Address:

South Carolina Department of Social Services
1535 Confederate Avenue Extension
Columbia, SC 29202-1520

Mailing Address:

South Carolina Department of Social Services
P.O. Box 1520
Columbia, SC 29202-1520

General Contact Numbers:

TANF/SNAP, Client Services (Temporary Assistance for Needy Families) (800) 616-1309
General Information (803) 898-7601
Office of the State Director (803) 898-7360

Emergency Hotlines & Toll Free Numbers

Abuse & Neglect

Children's Helpline (for foster children) and Out of Home Abuse and Neglect (OHAN) (800) 645-9789
Child Abuse Hotline (National) (800) 422-4453
Child Support Enforcement (800) 768-5858
Parents Anonymous 24-Hour Hotline (800) 326-8621
Sistercare Hotline (800) 637-7606
Women, Infants & Children (800) 868-0404

Statewide Abuse, Neglect and Exploitation Reporting System

This reporting system is provided for your convenience to report instances of abuse or neglect that do not require an emergency response. An emergency is a situation where a child or elderly/disabled person appears to face an immediate risk of abuse or neglect that could result in death or serious harm.

Call your local law enforcement agency or 911 if the situation is an emergency.

[Click here for references](#)

National Child Abuse Hotline: 1-800-4-A-CHILD (422-4453)
www.childhelp.org



Welcome New Members!!

By Maie Brunson, Membership and Marketing Manager

The SCDA would like to welcome these 38 new dentists into our Association! We look forward to serving you!

Central

Dr. Logan D Barnes
Dr. Charles William Culp
Dr. Lauren Paul Dean
Dr. Elizabeth C DeShazer
Dr. Daniel W Hall
Dr. Emily Dawn Hobart
Dr. Matthew Michael Howell
Dr. Kevin B Jett
Dr. Jungwon Kim
Dr. Ryan Mehrer
Dr. Amy Jacqueline Perlow
Dr. Nhung Thi-Ngoc Phan
Dr. Morgan Elise Phillips
Dr. George Paul Reid

Coastal

Dr. Dorothy Baker-Higuchi
Dr. Alayna C Corden
Dr. Damian D Dachowski
Dr. Courtney D Davis
Dr. Lawrence R Fischer
Dr. Young J Kim
Dr. Krista Kunz
Dr. Courtney D Michelson
Dr. June Murakaru-McCollum
Dr. Stephen H Parker
Dr. Robert W Pratt
Dr. Rachel B Rittenberg
Dr. Laura Shapiro
Dr. Benjamin T Wietecha

Piedmont

Dr. Christen Bianchi
Dr. Brandon Chasteen
Dr. Adam Cox
Dr. Lee Fletcher
Dr. Laura McAuley
Dr. Ryan Murray

Pee Dee

Dr. Blake Hunter Burnett
Dr. Stella W Faria
Dr. David Latham
Dr. Aleena S Sabzwari

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DentaQuest manages the Healthy Connections dental program. We greatly appreciate the contributions of providers. Our provider web portal makes it easy for you to submit claims and authorizations, check member eligibility and more. Responsive service from our call center reps keeps your offices running at peak efficiency.

To learn more about the Healthy Connections program or DentaQuest, contact a provider relations representative in your area.

Anthony Banks

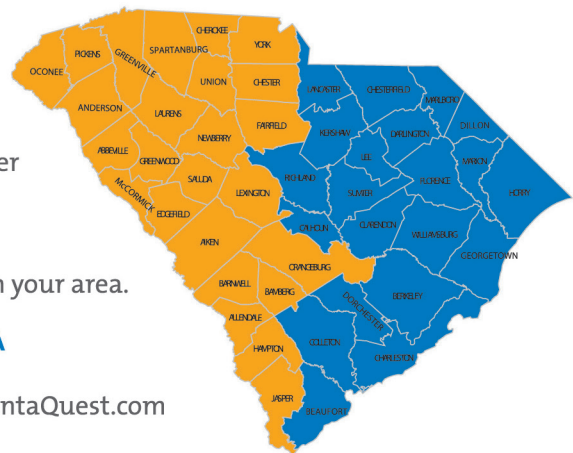
803.528.1336

Anthony.Banks@DentaQuest.com

Tycie Sellers, CDA

803.758.0490

Tycie.Sellers@DentaQuest.com



Healthy Connections 

DentaQuest 

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South Carolina Requires Medicaid Providers to Check Database before Prescribing Controlled Substances

By South Carolina Department of Health and Human Services

Beginning April 1, the South Carolina Department of Health and Human Services (SCDHHS) will require that providers verify Medicaid members' controlled substance prescription history before issuing prescriptions for opioids. Failure to consult the South Carolina Reporting and Identification Prescription Tracking System (SCRIPTS) database may result in loss of Medicaid payments for the office visit during which the prescription was given. Further action, such as referral to the appropriate licensing boards, may be taken against providers with serious or persistent compliance problems.

This new policy implements one of the most important recommendations made by Governor Nikki R. Haley's Prescription Drug Abuse Prevention Council, which was established to combat prescription drug abuse, prevent drug diversion and improve patient safety.

"We've seen far too many families and communities affected by prescription drug abuse across the country and in South Carolina," said Governor Nikki Haley. "This is another positive step towards providing those families and their loved ones with the help they need to fight this addiction by adding a level of accountability to those Medicaid providers spending taxpayer dollars."

SCRIPTS, a statewide prescription monitoring program administered by the South Carolina Department of Health and Environmental Control (DHEC), is intended to improve the state's ability to track and stop the abuse and diversion of prescription drugs. With SCRIPTS, providers can view information on a patient's filled prescriptions for controlled substances, as well as the identities of the prescriber and the dispenser. DHEC also reviews SCRIPTS to gauge prescribing patterns for each patient. In other states, similar systems have been most effective when the broadest range of providers participated.

"This new policy will reduce opioid abuse and give us new tools to identify drug-seeking behaviors and the providers who – often inadvertently – have enabled them," said Christian L. Soura, director of SCDHHS. "The goal is for providers to use this program not just for Medicaid members, but for all of their patients, so that we can make the greatest impact on public health."

While this new requirement is for all Schedule II through IV controlled substances, there are a few exemptions. Providers who issue less than a five-day supply of the medication or are giving prescriptions for Medicaid members in hospice do not have to use the database. In addition, this requirement does not apply when a controlled substance is administered by a licensed healthcare provider, such as during an office visit or for a resident of a nursing facility. For patients who require long-term use of controlled substances, SCDHHS will require that SCRIPTS be consulted when initially prescribed and at least every 90 days thereafter.

For more information on the required use of SCRIPTS for Medicaid members, visit www.scdhhs.gov/scriptsfaqs.

About the South Carolina Department of Health and Human Services

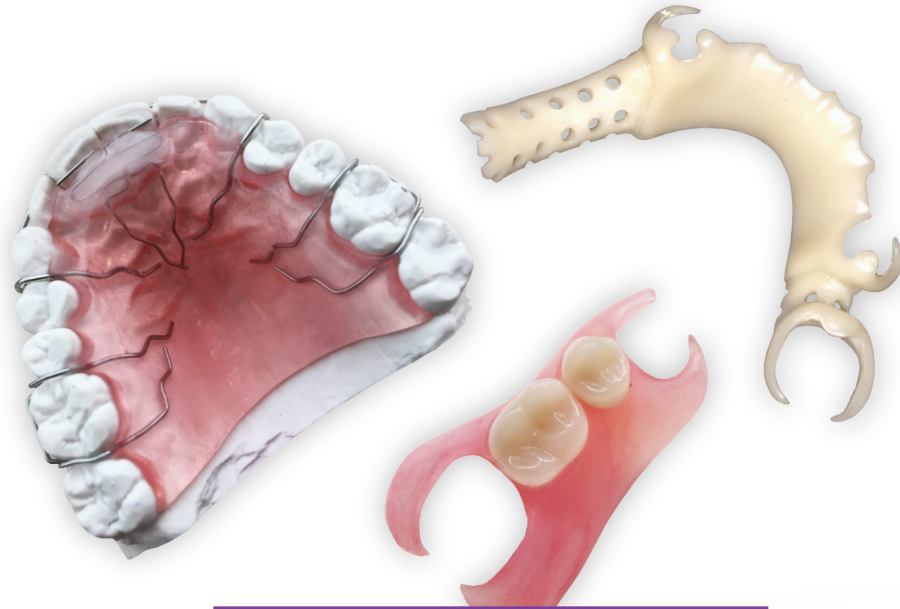
The South Carolina Department of Health and Human Services provides health care benefits to more than one million South Carolinians. Its mission is to purchase the most health for our citizens in need at the least possible cost to the taxpayer.



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Palmetto Dental Personnel Inc. is owned and operated by a dental professional with 20+ yrs experience and has exclusively provided professional staff for Columbia and the surrounding areas for 20 yrs. PDP has dental hygienists, assistants and front office personnel available for temporary and permanent positions. Contact Gail Brannen 1-800-438-7470, fax 866-234-8085, email gbrannen@palmettodentalpersonnel.com or www.palmettodentalpersonnel.com.

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Dentist: Consulting firm **seeking practice transition consultant** nationwide. Immediate need in South Carolina. Full training and support. Unlimited earning potential. careers@paragon.us.com 866-898-1867.

Locum Tenens/Positions Wanted

Dentist available for locum tenens. Available daily, weekly or monthly. General Dentistry. 20 years+ private practice, 8 yrs contract dentistry. Private practice, city and county dental clinics. Dr. Garland L. Slagle 843-837-4126.

General dentist seeking PT employment in the Charleston, West Ashley and Mt. Pleasant area. Filling in while on vacation, maternity leave, illness/disability or just need an associate. GPR trained with 30+ years experience. Fred Danziger 843-377-8311 or email fziger@homesc.com.

Since 1975, **Dental Power has been placing dentists seeking work!** We have clients in SC with fill-in/locum tenens needs, short-term assignments (mobile dentistry and school based programs), long-term contract work and associate position openings. You can learn more and view specific opportunities at www.DentalPower.com or contact 800-710-9720

General dentist seeking FT/PT employment in the Greenville, Spartanburg, Greer, Easley, Powdersville, Piedmont area. 3+ years experience. Prefer private practices, 267-241-8248 or heygea@gmail.com.

Locum tenens dentist needed for maternity leave for 12 weeks. Anticipated to begin mid to late May extending to approximately end of August. Work week is M-W 8-5. Contact dr.rogers@charter.net or 864-200-1999.

General Dentist available for Locum Tenens: General Dentist with 10 yrs experience is available to fill in Fridays and Saturdays. York and Lancaster counties are preferred, but open to traveling for the right opportunity. Call 803-370-1797 or drjanuarywalker@gmail.com

Solo dentist in Fort Mill, SC is in need of **locum tenens dentist** to cover office while recuperating from bilateral knee replacement surgery (est. 4-6 weeks). Surgery is tentatively scheduled for 1st week in April, 2016. Please contact Dr. Jeff Blank directly at 803-984-3907 or jblank@comporium.net.

Locum tenens/position wanted: Orthodontists, I am offering my services to cover your practice as per your needs. Available daily, weekly or monthly. 46 years ortho experience; past president of the SCDA. Dr. B.C. McConnell, Jr 864-224-2007 or 864-339-9024.

Positions Available - Dentists

Family Dental desires **motivated dentists** for its offices in SC. Our associates perform all facets of general dentistry, have complete autonomy over treatment planning, and are provided with a top tier compensation package with generous benefits. We offer FT, PT, and Saturday only schedules. Contact Kari at kthompson@kosservices.com

Our Lady of Mercy's Wellness House Dental Program on Johns Island needs **volunteer SC licensed dentists** to provide er & basic dental. M-Th and also Tue evenings. Contact John P Howard DMD or Ms. Jakki Jefferson at 843-559-4493.

Looking (PT or FT) associate (general, pediatric or endodontist) for fast growing multiple practices (not corporate) in Columbia and Irmo area. Email Resume to childrensdentalgroupsc@gmail.com or fax 803-781-5142.

Large group dental practice looking for **associate dentist** to join our expanding team in Columbia, SC. Competitive and excellent pay for qualified candidate. Experience preferred. State of the art facility. Candidates must have great work ethic, excellent skills and good chair-side manner. Email CV to bromanoea@yahoo.com

Volunteer at the Helping Hands Dental Clinic (Georgetown). Licensed SC dentist, to provide extractions. Thur Evenings 5:00 pm. Contact Tracy Jones at 843-527-3424 or acct.hhands@gmail.com.

Associate Dentist in Charleston (Ladson) in a growing private practice (5-10 yrs experience). Seeking a gentle and caring Dentist who is thinking of their future and interested in a long term career. Excellent clinical skills and enjoy restorative, implant and cosmetic dentistry. 843-312-7847 or email Trish.Nicklas@yahoo.com

PT or FT- Mature, restorative patient clientele. Minimum 2 yr private practice experience and proficient in molar endo. Opportunity for buy-in and/or buy-out. Six operatories with room for expansion. Long term lease in place. Potential for 7-figure practice in two years with an aggressive associate. Contact chadrlamar@yahoo.com

General or Pediatric Dentist with experience working with children. Fill full time position in Greenwood SC by January 2016. Email tolbertc81@yahoo.com

Associate Dentist FT/PT in Myrtle Beach. Fee for service, no PPO's or HMO's. Digital and paperless! Fully trained, highly experienced team. Income potential is excellent. E-mail CV and cover letter to lisa@marketcommondentistry.com

Privately owned, non-corporate, state-of-the-art, children's dental practice in the Columbia area seeking a highly motivated, compassionate **pediatric dentist**. Looking for a fun-filled, team motivated working environment? contactdentalinfo@gmail.com

Oral Surgeon or General Dentist to work some or all Friday's at our busy clinic removing third molars. Saturday is also an option. Email tolbertc81@yahoo.com

General Dentist, Hygienist and Assistant with experience needed for a fast pace new dental practice in Georgetown SC. Offering- paid vacations, sick days and 401K. Please fax resume to 843-527-7553.

Thriving private practice **seeking an enthusiastic & talented associate** to support our continued growth. Our practice is newly constructed and in the heart of lively and growing Lexington, SC. We are looking for an associate to join our highly skilled, experienced & dedicated team. Please email resumes to pgoose@gmail.com

Pediatric Dental Opportunity- An exceptional opportunity to join a growing Pediatric Dental & Orthodontic practice with multiple locations in the Charleston area. Join a TEAM in fun, well-respected, state of the art paperless practice with competitive salary and benefits. To learn more, please email isabel@coastalkidsdental.com or call 843-818-5437.

Coastal SC, **PT or FT General Dentist** with 2-3 years experience to perform all aspects of general dentistry in an exceptional environment with advanced technology. Loyal staff of 15-20+ years. Benefits/retirement included. Email resume to hazteal@yahoo.com.

Need motivated associate dentist for two clinics in Fort Mill/Rock Hill. 10 mins from upscale S. Charlotte (rated top 10 growing cities); skills of general dentistry; Guaranteed base salary/benefits with earning potential of 200K+ with future partnership opportunity; Team player; Interview today, Mentorship for fresh grads and Visa/GC sponsorship available. contact@carolinasmiledentistry.com

Practice opening Spring 2016 in **Lexington, SC**. Looking for ambitious associate, passionate about comprehensive dentistry, seeking a longterm opportunity. Endo & Oral Surgery skills preferred. Brand new state of the art facility. Dentrix technology, excellent compensation package. We are looking for the right candidate. Contact jennifer@mypuredental.com

St. George, SC: Searching for **temporary dentist** to fill in for an associate from January 18- April 1, 2016. Full time position: every other Friday off. Compensation flexible. Please contact me with interest and we can discuss specifics draggarris@bellsouth.net.

Associate Dentist position available in Fort Mill in an established but growing practice (at 2 years experience). Seeking a compassionate Dentist with excellent clinical skills who enjoys restorative, crown & bridge, preventative and cosmetic dentistry. Please contact Bill at 803-548-4353 or email info@jasperdentistry.com.

Seeking volunteer faculty for Advanced Education in General Denistry Program and Special Health Care Dental Clinic to provide clinical instruction for pre-doctoral students and AEGD Residents in general dentistry for adults and those with Special Health Care needs. Time Commitment minimum one day per month. Please visit: <http://academicdepartments.musc.edu/hr/>

Columbia, SC Full time or part time experienced **dentist needed**. Can do Endo and Surgery as well as general dentistry. May lead to permanent position. Contact 678-482-7305 or info@southeasttransitions.com.

Associate Needed: Fort Mill, SC. Candidate must be dependable with great work ethic. Experience in restorative, crowns and endo is a plus. Must be professional with great chair-side manner. Email cv to tashia@victorydentalcenter.com.

Privately owned, non-corporate, state-of-the-art, children's dental practice in the Columbia area seeking a highly motivated, compassionate **pediatric dentist**. Looking for a fun-filled, team motivated working environment? Please contact us at contactdentalinfo@gmail.com

Two high-production, paperless digital offices located in Sumter and Manning looking for a highly motivated **full-time dentist** to facilitate patient care. All aspects of advanced general dentistry are performed from third molar extractions, placement of implants as well as iv sedation. Come practice the way you've dreamed. draydentistry@gmail.com or 803-773-5413.

The College of Dental Medicine, MUSC is seeking applications for **volunteer faculty** in the Department of Oral Rehabilitation to provide clinical instruction for pre-doctoral dental students. Dedicated Time Commitment: at least one day a month. DDS or DMD degree required and SC Dental License. Apply online <http://academicdepartments.musc.edu/hr>.

Successful, fee-for-service, multi-doctor practice seeking **Associate Dentist** with proficiency in all areas of general practice and endo a plus. Prefer 3-5 years of experience. Position is initially 3 days per week with possibility for more. Located minutes from the beach in beautiful Charleston. Email CV to pinappledentistry@gmail.com.

ElderCare mobile dentist needed full time. Deliver dental services to eldercare population in nursing homes. The dental care will be provided in the nursing homes which will consist of mainly exams and screenings. Will work closely with a Registered Dental Hygienist. Care provided at nursing homes throughout SC. Contact mbh@prohealthdent.com.

Positions Available- Staff
Kool Smiles is looking for a **Dental Assistant** to join our team in Orangeburg. Working with us you will: Take x-rays, sterilize & disinfect equipment, clean chairs/rooms & assist with procedures. We expect you to be x-ray & CPR certified. Please apply at www.mykoolsmilesjobs.com.

Experienced Dental Assistant needed- Must engage patients and help with patient education. Extroverted, professional, dependable, flexible and provide excellent customer service. Minimum of 2 yrs chairside experience. Fax or email resume 803-255-0222 or customerservice@davisanddingle.com

Multiple practices seeking **temporary hygienists** able to fill in as needed for vacations, sick days or maternity leave. All currently locations are located in Lexington/Columbia vicinity and a one hour radius. Contact sheralyn@mypuredental.com

Part-time certified dental assistant. Immediate position for a CDA with at least 3 years experience with professional skills and behavior to promote comprehensive, cost effective and meaningful care for consumers in a diverse environment. Contact tamarawstockton@gmail.com.

FT Dental Assistant- are you a multi-tasker and team player? We have a modern office and enthusiastic team dedicated to quality care. Previous dental experience needed as well as great attitude and strong work ethic. Irmo area. Send cover letter and resume to: scdentalresumes2@gmail.com.

Dental Assistant needed for Florence general dentist office. Must possess excellent organizational skills and be dependable. Office hours M-W 8-5. Fax resume to 864-715-0688.

Seeking FT Dental Assistant. Must have radiation and nitrous oxide certification. Experience preferred. Send resume to northaikendental@att.net or mail to 1466 Columbia Hwy N, Aiken, SC 29801.

Ortho Assistant needed in Charleston- two locations (Mt Pleasant & N. Charleston) seeking positive, upbeat assistant. 4 days per week. Please email resume, photo and salary history to 843dentaljob@gmail.com www.garrettsmiles.com

Practices/Office Space Available
Dental practice for sale in Columbia, SC - SC1037 Great practice in a prime location, collecting \$425k+ on 3 days a week. Huge upside potential! Please call 678-482-7305 or email info@southeasttransitions.com for details using listing ID SC1037.

Dental Office for Rent in Rock Hill. Built as a Dental Office this freestanding building has 3 operatories plumbed for nitrous oxide, suction and compressed air. Located in the center of the medical community at 1342 Ebenezer Rd. Contact John Rinehart at jdrinehart@ccim.net or 803-517-0229 or 803-329-3285.

Southwest SC #8930 -Gross collections-\$936K; 3 operatories; 4 days. For more information contact Dr. Earl Douglas at 770-664-1982 or earl@adssouth.com

Columbia General Practice #8843-Gross collections-\$559K; sale price \$449K. 3 operatories; 1300 sqft. office space. For more information contact Dr. Jim Howard at 919-337-1162 or jim@adssouth.com

SW Greenville Area #9016 - Gross Collections-\$640K; 5 operatories; 4 days For more information contact Dr. Earl Douglas at 770-664-1982 or earl@adssouth.com

Dental practice for sale in North Augusta, SC Excellent 7 operator practice with real estate available. Collecting over \$550K. Seller retiring, but will stay on for a smooth transition. Please call 678-482-7305 or email info@southeasttransitions.com for details using listing agreement SC1041. www.southeasttransitions.com

Satellite dental office; 52 foot trailer. One operatory fully equipped white coastal chair. One operatory plumbed and ready. Lab, reception, business office, 1 full bathroom and HVAC included. Ready to move to your location. \$30,000 OBO call 803-648-3251 for more information.

Dental Practice for Sale in Coastal, SC- Multi doctor, 10 operatory, powerhouse practice. All updated with digital equipment. Amazing staff. Real estate available. Dr. to stay on for transition. Contact us at 678-482-7305 or info@southeasttransitions.com for more details. Listing ID SC-1048. www.southeasttransitions.com

Satellite Dental Office for sale in Northeast Columbia, in a busy upscale area. It has 3 operatories with an esthetic & boutique style setting. Office is open only 2 days a week and ideal for new dentist to add additional days with great growth opportunity. Please email smilstudio@aol.com

Two Pee Dee area General Dentist practices for sale. Locations are 15 minutes apart in Florence & Darlington. Can be purchased together or separate. Offices collect approximately \$850,000 on three days per week. Call 864-200-1999 or email dr.rogers@charter.net for more information.

Dental Practice for Sale in **Columbia, SC-** Amazing 11 operatory practice, on track to collect over \$1 million. Huge upside potential! Room for 4-5 doctors including specialists. Dr. relocating to another part of the state. Please contact us at 678-482-7305 or info@southeasttransitions.com for details. Listing ID SC-1052.

Office space formerly dentist office space for 4 or 5 chairs was the home of 2 successful practices for the past 15 years. Near Clemson SC & Lake Keowee & Hartwell- lease negotiable 10261 Clemson Blvd. Seneca, SC 29678. contact 864-650-0832 for more information.

Equipment For Sale

For Sale: Dental equipment chairs, units, lights, cabinetry, x-ray, vacuum, compressor, sterilizers and handpieces. Any and all things dental call 843-697-7567.

For sale: 1 CEREC Blue Cam acquisition unit with latest version of software (version 4.3). Unit is in very good condition. Only used in the mouth once. Also included, 1 CEREC 3 Compact milling unit with milling cabinet to reduce sound. Milling unit is in good working condition but does have some cosmetic defects. Many accessories included. Call 864-855-9585 or 864-654-3520 for more information. Asking \$15K.

Used 2001 Gendex Panoramic Dental X-Ray unit. Model #110-0080G1. Excellent condition, must be able to pick up unit. \$8,000 or best offer. Contact drtentalteam@bellsouth.net.



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- There is no charge.
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- A written request for this coverage must be made in advance by submitting a fully completed Locum Tenens Application & Request Form.
- This coverage can be provided only when the JUA insured dentist is not practicing. This coverage is not available for dentists who are scheduling other dentists to staff an emergency room.
- Coverage cannot be provided on a retroactive basis if the request is made late and is available only to JUA dentists.