



# SOUTH CAROLINA DENTAL ASSOCIATION

**Bulletin**  
**February 2017**  
Volume 45, Issue 2

## **Annual Meeting: Legendary and One of a Kind!** Dr. Richard Boyd, Program Chair, MUSC Class of 1982

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*Stop it! No more BORING speakers* presenting yesterday's information. Make the meeting worth my while and affordable. I promise that is what we will do this year at the dental meeting in Charleston April 27-29th. And yes, it will be legendary and one of a kind. I hope this will be the meeting that all other will be judged by as you take in the presentations, a beautiful city, the alumni meeting and getting back in touch with friends and colleagues.

Just take a moment and briefly read through the list of extraordinary speakers and courses we have lined up for you and your staff. No organization has better speakers or talent than we do this year. Note to self: Make sure to come down Wednesday evening to attend the power packed Thursday schedule.

**Thursday:** Dr. Gordon Christensen presents his **Top Five** topics of 2017. No one is more respected and loved in the dental profession than Dr. Christensen, who has written what I consider the "Consumer Reports of Dental Materials" with his Bottom Line newsletter for years. He has guided us for decades on which materials and products are the best. You don't want to miss hearing this icon before he retires.

Other speakers are just as amazing. Dr. Ricardo Padilla presents on **Oral Pathology for Pregnancy, Infants, Children and Adolescents**.

Staff and dentists will enjoy who many regard as the "Michael Jordan" of dental marketing as Grace Rizza presents both a morning and afternoon session on **The Powerful Psychology for Marketing Today's Dental Practice**. Never has marketing, social media and attracting new patients been more important.

Do you think Apple and Disney do a great job with customer service? Then you will not want to miss Gary Johnson's talk, **Using the Principles of WOW to Create Incredible Patient Experiences**. He shows you how to apply those Disney techniques in your practice. Participants will also receive a year's complimentary access to his YouTube channel talk for future reference.

Hygienists rated Betsy Reynolds as their #1 choice for this lecture. A superstar lecturer whose topics are powerful for everyone in the dental office, Betsy will bring us the latest on opioid abuse with her presentation, **Drug Store Addiction: The Abuse of Prescription and Over-the-Counter Medications**.

Dr. Francisco Ramos-Gomez will have two sessions, one on **Prenatal Oral Health and Clinical Guidelines**; and the second on **Caries Risk Assessment for Children Ages 0 to 5**.

Rounding out the day are presentations by Karen Gregory from Total Medical Compliance on **Five Must Haves to Make HIPAA Compliance Easy**; Dr. Don Tyndall, UNC-Chapel Hill, on **The Vision for Change: 2D, 3D, and 4D Imaging in Dentistry**. Finishing the day with MUSC's own Dr. Joe Vuthiganon compliments Dr. Christensen's lecture with **Dental Materials at the James B. Edwards college of Dental Medicine**.



Dr. Richard Boyd

**Friday: PANDA: Prevention of Abuse and Neglect Through Dental Awareness** by Dr. Theresa Gonzales starts the day along with two simultaneous programs that will be of interest to our members.

Dr. Dave Paquette, the top Clinical Advisor for Henry Schein's orthodontic division and one of only two national instructors for their **Sleep Dentistry for Children and Adults** course, will bring us the newest information on sleep dentistry. Trust me, this will be a very important part of your future practice.

Need some advice on investing and financial matters with your 401k? Well, we have the President of America's Best 401k, Mr. Tom Zgainer, presenting on **It's Your Money! Effective Retirement Strategies**. He has been featured on CNBC, CNN, the Today's Show, and many other national financial programs and considered an expert in financial circles offering independent advice about your retirement planning. Tony Robbins chose America's Best 401k to partner with for his company. Check out his website at [www.AB401k.com](http://www.AB401k.com). This lecture will probably save you tens of thousands of dollars with your financial investing in the future.

Dr. Robert Lustig, considered by many to be the scientific expert on sugar and its effects on our bodies and our society, will be presenting on **Tooth Decay and Liver Decay: The Nexus Between Physicians and Dentists**. Dr. Lustig was featured on the documentary narrated by Katie Couric, Fed Up, and the documentary Sugar Coated. His presentation will shake up your view of sugar as just empty calories by demonstrating the role sugar plays in heart disease, fatty liver disease, type 2 diabetes, and of course tooth decay.

Rounding out Friday, will be Mr. Timothy Ward from the JUA advising us on **Dental Malpractice- a Total New Form of Toothache**; a **CPR certification** course with Mr. Calvin Wilson, **The Future of Removable Prosthetics: How Quality Materials Equal Quality Products** by Mr. Ted Smudde; **Infection Control in the Dental Practice - Best Practices for Instruments, DUWLs, and Handcare** with Ms. Lori Paschall.

Lastly, Mr. Michael Keeler presents **Alternative Methods for Communication and Characterization for Chairside and Laboratory Environments**.

The day ends with the **Dean's Reception** that evening at the Francis Marion Hotel.

**Saturday:** The day starts with the **DenPAC Breakfast** and **SCDA Town Hall Meeting**.

**MUSC Dental Alumni Meeting** and the Saturday morning **MUSC Alumni CE Course** will be occurring simultaneously with our meeting for even more opportunities for continuing education and camaraderie with friends and colleagues!

Dr. Charles Hook, who we coaxed out of retirement for one last course, will be speaking on **OSHA Training/Infection Control in the Dental Office**. Don't miss this chance to see one of the "all-time greats" present on this very important topic. He will also be doing a presentation for the lab technicians as well.

**The Latest in Interceptive Orthodontic Techniques for All Dentists**, presented by Dr. Tim Shaughnessy. Dr. Shaughnessy has lectured nationally and internationally on various topics and brings a simple and effective strategy for techniques to use in everyday practice.

**The Implant we Share and the Clinical/Restorative Aspects That Surround It**, will be addressed by Dr. Charles Buist as we finish the day.

The **South Carolina Society of Pediatric Dentistry Meeting** will be Saturday afternoon.

Then, the day concludes with the **College of Dental Medicine's 50th Anniversary Finale Celebration** from 7:00 pm – 9:00 pm.

**Sunday:** And please don't forget the **ASDA Golf Tournament** to be held at Patriot's Point.

Now, that's 10 years of living in just one weekend. Don't miss it! See you soon.

## Dr. George C. McTeer, Sr, 1938-2016

Dr. Gene Atkinson, SCDA Historian



Dr. George McTeer

Dr. George McTeer, the first African-American graduate of the James B. Edwards College of Dental Medicine, died on December 27, 2016. He graduated from the dental school at MUSC in 1974.

After graduation from South Carolina State University in 1960, Dr. McTeer spent nine years teaching math and science in high school and adult education programs before matriculating at MUSC. During his years in dental school he relied on scholarship support as well as working odd jobs. He even moonlighted as a plumber on weekends. Dr. McTeer stated that the scholarship support he received while in school was a tremendous help, as he and his wife had two children while attending dental school, and a third child shortly after his graduation in 1974. His wife helped support the family as a school teacher while he was attending dental school.

After dental school, Dr. McTeer worked for the Franklin C. Fetter indigent clinic for several years before going out on his own with a dental practice in Charleston.

Several years ago the George C. McTeer Scholarship Fund was established to provide support for a minority student attending the College of Dental Medicine at MUSC.

Dr. McTeer delighted in his capacity as an educator. In his dental practice he would stress the importance of an education to his young patients, encouraging them to make education a priority in their lives.

Dr. McTeer is survived by his wife, Norma McTeer, and their three children: Sonja N. McTeer, who managed his dental practice, Dr. Arlene V. McTeer, and George C. McTeer, Jr.

Memorials may be sent to the George C. McTeer Scholarship Fund at MUSC. Checks should be made out to: MUSC Foundation, 18 Bee St., MSC 450, Charleston, S.C., 29425. Please designate it for the George C. McTeer Fund.

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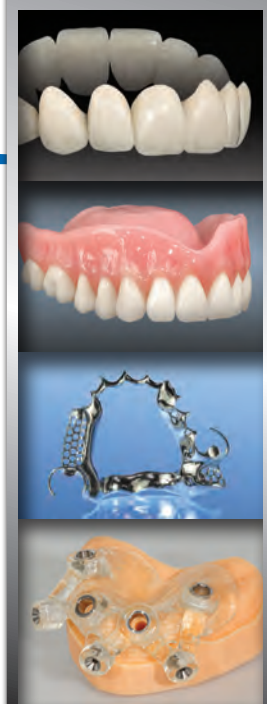
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## SCDA Advocacy Corner

By David Watson, Mary-Louise Byrd and Griffin Kimbrell

### How Much is a Cup of Coffee Worth?

This is an interesting question for dentists to consider. I actually called Starbucks for their answer and found that a regular cup of coffee, not one of their fancy lattes, cost \$2.84 including tax. If the average dentist works 200 days a year, and bought a cup of coffee every day, he/she would have spent \$568 during that year. That brings me back to our original question; how much is this worth?

Would you buy a cup of coffee every morning for a very important and influential person if that person could affect how you practiced dentistry? I believe that most of us would. I would think of this not so much as a cup of coffee but rather an investment in our profession.

Our legislators, both in Columbia and Washington, make huge decisions every day that affect how we practice dentistry. Although we can't buy each one of them a cup of coffee every day, if we invested that exact \$2.84 every day we practice with our dental PACs, both DENPAC and ADPAC, that same \$568 would allow us to be both a Pinnacle Club member of DENPAC and a Capital Club member of ADPAC.

When you are thinking about your contributions to our PAC organizations, we encourage you to not think about it as a onetime \$568 (or whatever amount you are considering), but rather a daily investment into the health of our profession. If you are not a PAC contributor, please reconsider this decision. If you are a PAC member, please consider increasing your commitment. Our profession needs and deserves every dentist's support.



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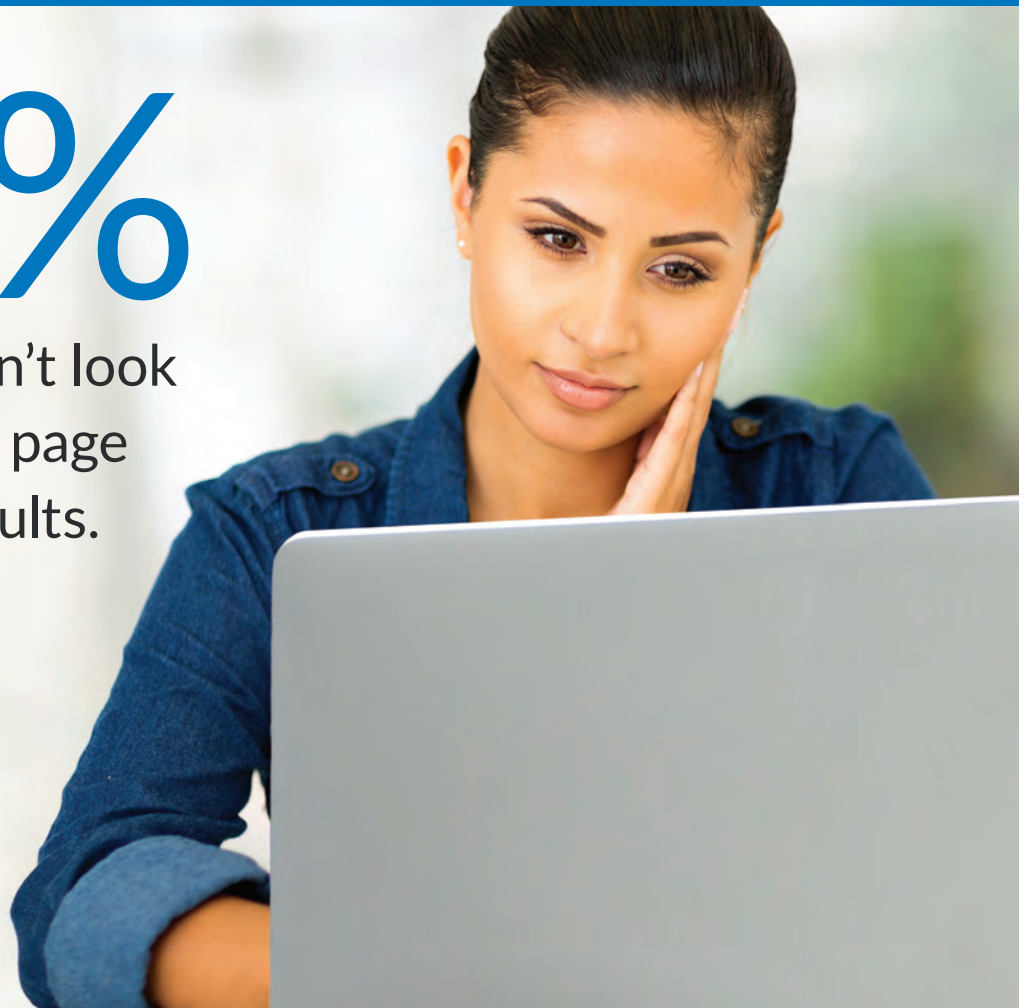
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## Children- Our Most Precious Resource

By Rocky Napier, SCDA President

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Dr. Rocky Napier

For many reasons February is a special time of the year for me. First, anyone who has the opportunity to share this special platform can hardly do so without mentioning their mother somewhere along the way. For me, this is the month, since she was born on Valentine's Day. To this day, however, I still shake my head at the saying that "this is going to hurt me a whole lot more than it is going to hurt you." I still have a hard time equating the periodic repetitive placement of that "rick-rack" paddle on my posterior as being anything near the equivalent of piercing someone's heart with an arrow from Cupid's bow, the symbol of love. And as you know, for some reason, we just didn't get too many trophies back then either. Oh my, how times have changed.

In any event, my Mom was never more than five feet tall and hardly a hundred pounds when she was raising us. And every time I go down the office hallway today with fingers and/or thumbs "bruised" from an infant or toddler accidentally biting down on me, I remember those many late nights she came home with punctures clear through her fingers and thumbs from an uncooperative industrial sewing needle, during her efforts to make certain ends meet. More so, I remember her later traveling at night sometimes navigating around civil unrest and looting, and her "crossing" hostile picket lines not just to make certain ends meet, but to make sure homes, small businesses, and corporations alike in the Central Savannah River Area did not lose access to their telephones and other communication systems. She was determined to do her part to make sure no one's ability to communicate was disrupted in any way. There are a few great lessons there, and I still love her for these and so many more. Our SCDA and our profession are full of lessons, too.

As a pediatric dentist, but quite some time after I joined the SCDA, I think the biggest surprise I remember when I started to follow the SCDA Bulletin more closely was the day I realized Gene was a general dentist and was the state chair for National Children's Dental Health Month (NCDHM) during February. By organizing dentists from all over this state to visit schools and deliver programs during this month, he generated hundreds of thousands of contacts directly and even more impressions in the press. Through his work, his diligence, the SCDA won several NCDHM Awards from the ADA. This went on for years as I gradually became more involved in the Association. Soon, Carol, a pediatric dentist, continued likewise for many years and even commissioned "Loose Toothy," a small stuffed toy for children to use in placing exfoliated teeth under the pillow for the tooth fairy, before I had the opportunity to participate as state chair in the tradition. Again, things have changed considerably.

Over time, Charlie, another general dentist, took up the charge for children realizing that the SC Medicaid Dental Program was in tragic condition and ongoing serious decline. He knew the dental safety net had to be preserved for SC's children. He set out on an unprecedented campaign with Hal, our executive director at the time, collaborating with dozens of child related organizations, and finally achieved an increase in reimbursement rates that eventually ranked our SC Medicaid Dental Program as one of the top five programs in the nation. Having almost completely dropped out of the program as a provider, I soon found myself back in the program again and eventually served as SC MC Dental Consultant for about 9 years, on the recommendation of Charlie and Hal. I remember Charlie well as he made sure I was as involved with children's oral health as much as I possibly could be. However, my fondest memory is the number of faxes he sent. I'd email him back, of course. But, he'd always fax me back. He never was a fan of emails. His wife and I laugh about this out loud to this very day.

Then one day while Lynn, a periodontist, was President, I stood up on the House floor after the Legislative Report and asked, and then stated, that I thought we needed a Community Outreach Agenda as vibrant as our legislative efforts. Lynn agreed, and immediately assigned me to serve as state chair of National Children's Dental Health Month while standing at the podium and me still at the microphone on the floor, since the position was open at the time. In hindsight, I see that is about as responsive an association can get, among other things. Soon, Carter, another general dentist, got involved and took up the charge of significantly expanding our community outreach agenda for the SCDA beginning at EdVenture, the local children's museum and the Southeast's largest. Additionally, he commissioned a puppet show with the Marionette Theatre that travels the entire state each year, and went on to organize our first DAD project. Meanwhile Jim, an oral surgeon, helped foster and grow the SC DHEC Oral Health Advisory Board and Coalition into the highly respected and effective organization it is today. As a result, we now have an enormous multi-disciplinary and multi-faceted community outreach footprint across the state and with numerous organizations every February and throughout the entire year. However, some things continue to change, as our committees may be re-organized and re-named under the direction of our new strategic plan. So, please be prepared to accept those changes which will be for the betterment of our profession and our fellow man.



As mentioned above, I had the opportunity to chair NCDHM for a while. With the help of dozens and dozens of dentists, we continued to win awards and be nationally recognized. Frank, an orthodontist, never missed a year, along with dozens of other dentists and pediatric dentists who submitted reports of their activities. Carol and Phil made sure to foster our new found projects at EdVenture. Charlie and John were so supportive with all our activities, including Give Kids A Smile and our county school screenings. However, NCDHM over time was transferred to another national oral health organization, our county no longer had any kids in need of Give Kids A Smile, and more recently the local FQHC mobile dental clinic began traveling to the schools. Now it seems the ADA emphasis may be broadening somewhat to the celebration of Oral Health Month and National Tooth Brushing Day, which occur at a much earlier time and more appropriate time in the year, i.e. before and early in the school year, respectively. But, changes can be for the better.

In closing, our SCDA does more today for children than I ever imagined we would do as recent as only 10-12 years ago. I wish I could personally recognize and thank each of you because the work you do is so important. Additionally, I want to thank each of you because in addition to your time and materials, the SCDA and the SCDA Member Benefits Group has and continues to help fund many oral health literacy and children's dental health projects each year that pair so well with our legislative agenda, while educating so many dentists and policymakers regarding the value of our outreach. At the museum alone, we help deliver a positive oral health message to more than 217,000 children and their parents, grandparents and caretakers each year. Additionally, our work with the SC DHEC Oral Health Division, the SC MC Dental Program, and other events still reach well over 500,000 children annually.

Finally, I appreciate your patience with these columns. Regardless of what you believe or how you believe it, we were put here as part of something far much bigger and more important than ourselves. We were put here to help each other relentlessly, with compassion and without discrimination else we would all eventually fail. And, our emphasis is to be on the most vulnerable. Within 15 minutes of every dentist's office in this state, there are at least 100 very young, unique, and needy children per dentist. None of them had the opportunity to pick their parents or their condition in life at birth. You will be surprised how many go a day without a bath, are put to bed without a meal, and/or have no idea in life that somebody really loves them. Still, they remain our profession's, our policymaker's and our fellow man's most precious resource for the future. Please get to know them and help them all you can. Teach them all you can, let them know you want to see them again, and always tell them you love them. And, not just during Children's Dental Health Month, but all year long. Until next time, I love you too! Docere, Doctor, Teach! Talk with you later. -Rocky

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**Charita Harmon, MSM**

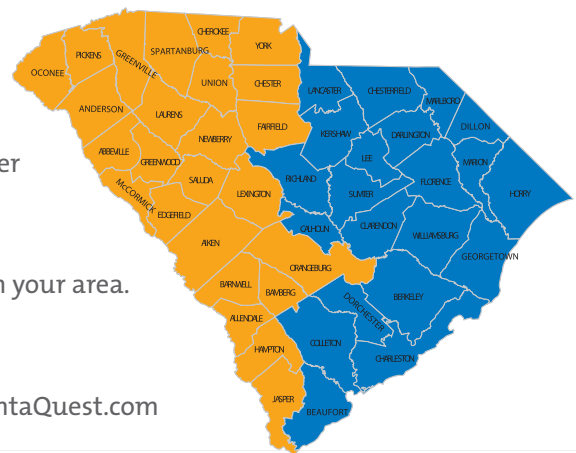
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## Executive Director's Notes

By Phil Latham, SCDA Executive Director

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Mr. Phil Latham

Last December, I wrote about the importance of Strategic Planning and how it has been proven that strategic planning is necessary to continue as a successful organization. I also shared the current SCDA strategic plan and spoke about the work the SCDA leadership was doing to review our current plan and discuss changes.

The American Dental Association has spent a number of years examining its' strategic plan and aligning it with their mission statement. (See the new ADA's Strategic Plan below) As the SCDA Board of Governors continues to examine our plan and make changes, additional articles on this subject will be written.

### **American Dental Association Members First 2020 Strategic Plan 2015-2019**

ADA Mission Statement: Helping all members succeed.

Core Values:

- Commitment to Members
- Integrity
- Excellence
- Commitment to the Improvement of Oral Health
- Science/Evidence-Based

#### **Membership Goal: The ADA will increase member value and engagement.**

Objective 1: The public will recognize the ADA and its members as leaders and advocates in oral health.

- 1.1 Align public awareness efforts across the tripartite concerning oral health issues.*
- 1.2 Position ADA membership as a positive differentiating factor for patients.*
- 1.3 Promote oral health through advocacy and science.*

Objective 2: Achieve a net increase of 4,000 active licensed members by the end of 2019.

- 2.1 Focus the message to connect with individual members, potential members and key market segments.*
- 2.2 Design unique member outreach and benefit programs targeting dental students and new dentists.*

Objective 3: ADA will achieve a 10% increase in the assessment of member value from membership.

- 3.1 Pursue programs that members value and are "Best in class"*

#### **Finance Goal: The ADA will be financially sustainable.**

Objective 4: Unrestricted liquid reserves will be targeted at no less than 50% of annual operating expenses.

- 4.1 Budget for a surplus consistently year to year.*

Objective 5: Non-dues revenue will be at least 65% of total revenue.

- 5.1 Develop cooperative ways to increase non-dues revenue across the tripartite.*
- 5.2 Increase member utilization of existing products and services and pursue new markets.*

#### **Organizational Capacity Goal: All levels of the ADA will have sufficient organizational capacity necessary to meet member needs.**

Objective 6: The roles and responsibilities of each element of the tripartite will be clearly defined and agreed upon.

- 6.1 Simplify, standardize and rationalize how each level of the ADA operates and delivers programs and services and interacts with members, acting in the best interests of the member rather than the organization.*





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## New EPA Rule: What You Need To Know

By Mark Brown



Mr. Mark Brown

### What is the new EPA rule regarding handling Amalgam Waste?

This requires certain dental offices to install an ISO 11143:2008 certified amalgam separator at a separation rate of 95% or higher. Additionally, dental offices will be required to use an amalgam waste bucket to recycle such items as vacuum traps, contact and non-contact amalgam.

### When does the rule take effect?

This rule goes into effect thirty (30) days after its publication in the Federal Register.

### Who does this effect?

The new regulation will affect dental offices that remove or replace amalgam restorations:

1. Existing dental offices have 3 years to install a certified amalgam separator.
2. New offices have 30 days to install an amalgam separator.
3. The use of an ISO 11143:2008 certified amalgam separator at a separation rate of 95%.
4. The use of amalgam waste buckets is required for items such as: vacuum traps, contact and non-contact amalgam, which will be recycled responsibly.

If you purchased an amalgam separator from a previously approved manufacturer, you are grandfathered for ten years or at the replacement of your amalgam separator, whichever comes first. This only applies to your actual amalgam separator and does not exempt you from any other compliance requirements.

*New offices are classified as new businesses or transfer of ownership.*

### Who is exempt from this?

Dental offices that do not place or remove amalgam fillings.

Dental offices that only remove amalgam in unplanned or emergency situations (less than 5% of procedures are amalgam removal).

Mobile units or offices that exclusively specialize in:

- Oral Pathology
- Oral and Maxillofacial Radiology
- Oral and Maxillofacial Surgery
- Orthodontics
- Periodontics
- Prosthodontics

### Is anything else needed for compliance?

Yes, all offices (exempt and non-exempt) must provide compliance documentation to the controlling authority. The controlling authority has not yet been determined, but will be decided during the three year implementation period. If your office is non-exempt you will need to show that you have a unit in place as well as an annual recycling service. You need to keep all recycling receipts on file in case of an inspection.

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# NATIONAL PRACTICE TRANSITIONS<sup>SM</sup>



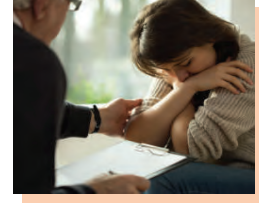
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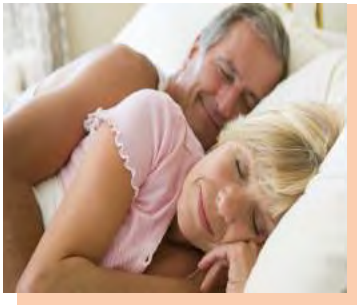
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In general, following the unexpected death or disability of a dentist, practice value immediately begins to decline approximately 25% per month until a transition occurs. Unfortunately though, it could be weeks before a grieving loved one contacts the appropriate professionals to begin the search; and then additional weeks if not months before a proper transition is completed. By then, the practice could have little to no value remaining. NPT created the practice protection plan (PPP) several years ago and there is absolutely no cost to you to sign up.

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# Amalgam Separation in the Dental Industry–The Time Is Now

By Michael Toole from Solmetex, an SCDA Endorsed Company

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In the dental industry, there are very few subjects more polarizing than amalgam separators and amalgam waste. Which begs the question...why?

Since the passing of the Clean Water Act in the 1970's, it has been the policy of the United States that "Pollution should be prevented or reduced at the source whenever feasible; pollution that cannot be prevented should be recycled in an environmentally safe manner."<sup>1</sup> As of January 2016, there are 12 statewide mandates and approximately 25 municipalities requiring dental offices to manage their amalgam waste. However, on December 16, 2016, the Environmental Protection Agency (EPA) announced a regulation requiring all 50 states be compliant to a new standard regarding amalgam waste. While some dentists believed the December regulation was just conjecture, the truth is that this has been a patient and methodical process from the EPA for the last 15 years.

## History

In the late 90's, concerns of mercury levels in the environment came on the horizon by many organizations. The Quick Silver Caucus (QSC), was one of these organizations that lead the conversation and brought this issue to the forefront, and were instrumental in getting regulations passed in Canada, New England, New York and New Jersey. The American Dental Association (ADA) has recognized the concerns of amalgam in the environment, however, it did not feel that a national regulation on amalgam waste was required and has been steadfast against any national regulation. In 2007, the ADA added amalgam waste to its list of Best Management Practices (BMP's) for dentists, however, 9 years later these BMP's still go widely ignored by dentists across the nation. While coal burning power plants are the number one contributor of mercury in the environment, dentist and amalgam waste are "by far" the largest contributors of mercury in the waste stream <sup>2</sup>.

In 2010, the EPA proposed and drafted a nationwide regulation. This regulation was reviewed and debated for several years, and was reintroduced in September 2014. On December 16, 2016, the EPA signed a regulation titled "Effluent Limitations Guidelines and Standards for Dental Offices," commonly referred to as the Dental Amalgam Rule.

Highlights from the Proposed Regulation:

### **Implementation Period:**

- Existing dental practices will have 3 years to comply and install either a certified ANSI/ADA Standard No. 108 for Amalgam Separator, or a ISO 11143:2008 certified amalgam separator at a separation rate of 95%.
- New practices will have 30 days to comply and install an either a certified ANSI/ADA Standard No. 108 for Amalgam Separator, or a ISO 11143:2008 certified amalgam separator at a separation rate of 95%.
- Dental offices that currently have an amalgam separator installed will have 10 years to comply and ensure they have a ANSI/ADA Standard No. 108 for Amalgam Separator, or a ISO 11143:2008 certified amalgam separator at a separation rate of 95%.

### **Exemptions:**

This rule applies to offices, including large institutions such as dental schools and clinics, where dentistry is practiced that discharge to a POTW. It does not apply to mobile units or offices where the practice of dentistry consists only of the following dental specialties: oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics.

### **Change out:**

- The regulation urges dental offices to follow manufacturer's guidelines when changing out their containers.
- Dental offices that discharge to POTWs that do not place or remove amalgam need only submit a certification.
- Dental offices that place or remove amalgam must operate and maintain an amalgam separator and must not discharge scrap amalgam or use certain kinds of line cleaners. They must also submit a compliance report.

While these reporting mechanisms will be required the details on how and when they are to be done is still to be determined and will mostly likely fall to the individual states and local water authorities.

### **Maintenance:**

Each dental office will be responsible for implementing a BMP regarding amalgam waste within their practice. While amalgam separators are the focus of the proposed regulation, the regulation is about responsible management of amalgam waste. This also includes the use of disposable chairside traps, contact and non-contact amalgam waste buckets for items that come in contact with amalgam.

## Conclusion

Amalgam separation has been extremely effective in mandated states and municipalities as a way to reduce mercury from the waste streams. Now that the final rule has been signed, now is the time to understand how this affects your dental practice and start to implement a BMP plan in the practice.





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## ADA Board of Trustees December 2016 Report

By Dr. Kirk Norbo, 16th District Trustee

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Dr. Kirk Norbo

At our recent retreat, we focused on how we can best reach the next generation of members, millennials, and how we can maximize Board performance through a better understanding of our individual strengths. Board member strengths were identified after each of us were asked to complete a Gallop personality questionnaire. The results of the questionnaire were compiled and provided the group a look at personal strengths. Moving forward, this information will help the Board manage itself in a more efficient manner.

Our Strategic Planning Committee has studied our membership objectives and proposed a revision. As written, the objective focused on a market share of active, licensed dentists. Because the size of the market is constantly changing (currently growing), an objective based on a percentage is a moving target. Accordingly, the Committee proposed, and the Board adopted, shifting the objective away from a market share figure to a specific number of additional net members, 4,000 by the end of 2019. This change will allow us to better track our progress and make adjustments to our work as we move forward.

As part of the Strategic Planning Committee report, our vice-president for membership, Mr. Bill Robinson, offered us a presentation on membership trends and how we will track our progress. Over the last ten years, our numbers of active, licensed members has remained flat. At the same time, the size of the market has grown. This significant increase in market size has been very diverse.

Mr. Robinson shared some good news for the current year. Though November, we have gained over 1,500 member, our largest growth in ten years. Despite that, because the market share is growing so quickly, this still represents a slight decrease in market share. We are very happy with this shift in membership trends, but we need to remember it represents a single data point. We will work to replicate it next year as part of our efforts to develop a positive and identifiable trend. States currently at or above the old stated 70% market share goal must continue to seek net growth of members. States below 70% need to be encouraged and supported in net member growth, especially those states that struggle at 50% or less member market share.

The change in objective allows us to make use of more concrete leading indicators, which will help us track our progress and make mid-course corrections. Going forward, we will watch (1) non-renew rates (decrease to 4% or less), (2) increase new dentists by 1,500 annually, (3) increase net women dentists by 1,500 annually, and (4) increase ethnically diverse dentists by 1,250 annually. If we succeed in meeting these leading indicator goals, we project we will meet the new strategic plan objective. As we all know, our retiring members are far more homogenous than the diverse dentists now entering the market. For this reason, we need to gain more new members from diverse groups than our new total objective, to offset retirements and other departures from the market.

The new objective (and the leading indicators) are stretch goals and present numerous challenges. We will need to continue our work on membership, in partnership with the states, by trying new efforts and consider further changes to reach out to non-members, non-renews and graduating dentists, in order to succeed. At this point, we are pleased with progress this year and will certainly work even harder in the future.

Mr. Mike Graham updated us on work ongoing in Washington. The Trump administration is expected to work on ACA changes, tax changes and reversing existing regulations. At this time, it is not clear how the ACA will be altered. This can range from a full repeal to revisions to the program. We expect some current provisions in the ACA (addressing pre-existing conditions and allowing children up to the age of 26 to be covered under parents' policies) to continue under any new version of the ACA. Our Washington office is prepared to act regardless of the approach to the ACA Trump administration chooses to follow. The Washington office is also looking carefully at existing regulations that may be repealed. At the state level, the therapist issue has arisen in at least twenty states. State Government Affairs has been very active, working with the states on this and our efforts have been effective. We will continue to monitor the issue and, in particular, the program in existence in Minnesota which appears to be struggling.



This year, the Board identified three priority areas for its own work. We will focus on the following:

- Addressing the feasibility of shifting budget authority from the House to the Board
- Licensure reform
- The study of the ADA business model and potential changes to it

These are all important topics which will have a great impact on our members. We look forward to this important work. To move this forward, we created a task force to look at the budget authority issue. The task force, to be appointed by the President, will include members of the House and the Board.

We also started integrating the new Committee on Annual Meeting (formerly CAS) into our operations as a committee of the Board. We provided the committee guidance on developing a new charter. In addition to CAM, we took up the important work done by our New Dentist Committee. NDC will be meeting with us in February and we intend to take up the issue of guidance to the committee as part of our discussions with them.

The head of our Communications Divisions, Ms. Stephanie Moritz, briefed us on the new three year initiative to drive utilization of dental services, as approved by the 2016 House of Delegates. Development work is already underway and will include a more effective Find-A-Dentist tool. A great deal of work is being planned for the coming months. The work will include extensive outreach to interested parties. The Council on Communications will monitor this work and compare progress against specific metrics to be established.

## Master Calendar

February 3	SCDA Board Meeting	SCDA Office	9:00 am
February 17	Central District Spring Meeting	Columbia Conference Center	



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By Sue Copeland

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