



## **S** CDA HOUSE OF DELEGATES RECOMMENDS SCREENING PROGRAM

*by Phil Smith*

The South Carolina Dental Association held its House of Delegates and General Membership meeting on December 2nd at the Holland Street Baptist Church in Columbia. Attendance was excellent, and comments from the attendees were pointed and opinionated. The main issues of concern dealt with the recommendation to support legislature that would require dental screenings as part of the child's entry into public school.

It is common knowledge that toothache and decay may be the most common reason for lost time from school. It is the hope of the SCDA that by encouraging dental screenings as part of the healthy child evaluation, it will be possible to intercept many serious dental diseases before they become nonrestorable. An

added benefit to the care of the South Carolina public, would be determination of need distribution throughout the state. The Oral Health Division of SC DHEC, with the assistance of the SC Department of Education, would be directed to establish the protocol for screening and documentation, including management of records.

As recommended, a dental screening will be certified for every child entering kindergarten or first grade. The screening may be performed by an authorized practitioner. The "authorized practitioner" means dentists, hygienists, expanded duty dental assistants, physicians, nurses, and anyone who has qualified under DHEC's training module. This broad list of

*(continued on page 9)*



## **W** ILL PHYSICIANS MOVE TO PROVIDE EARLY DENTAL CARE?

*by Phil Smith*

No one can dispute the need for dental care, nor the importance of a healthy dentition in the young child. Dental decay is the most common disease of elementary aged children. The community at large presents pockets of undertreated dentistry in the young population. And the guides for Public Health dentistry often defer to statistical care as opposed to individual treatment. These dynamics present a confusing picture of "access to dental care and how to best provide service."

A trend that is showing up across the country is interventive dental care provided to the young child by pediatric physicians. The prompt for such treatment stems from the early examination of children by their physicians, and the tendency for most dentists to not see young children. Childhood and family practitioners are responding because they claim that there is no place to refer these needy kids. So some states are allowing and paying for placement of fluoride varnishes and even some extractions performed by medical offices.

The subject of fluoride varnish application by any dentally untrained personnel appointed by a physician is driven by three things: (1) the public health sector, (2) physicians are frustrated that they cannot get dentists to provide routine or emergency care to Medicaid children, and (3) as a lucrative alternative income source to the most underpaid health professionals, pediatricians. Fluoride varnish has never been scientifically

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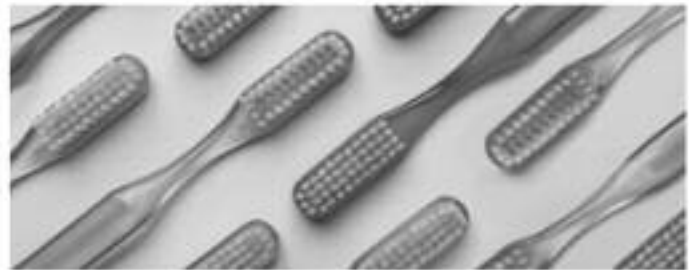
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# MASTER CALENDAR

- Dec 15 CDHM committee meeting  
10:00 AM-12:00 PM  
EdVenture Children's Museum
- 2007**
- Jan 12 New Dentist Task Force meeting  
9:00 AM-12:00 AM  
South Carolina Dental Association
- Jan 12 CDHM committee meeting  
10:00 AM-12:00 PM  
South Carolina Dental Association
- Jan 19 Stonemark Stockholders meeting  
12:30 PM-1:00 PM  
South Carolina Dental Association
- Jan 19 Regular Board meeting  
1:00 PM-5:00 PM  
South Carolina Dental Association
- Jan 26 Pediatric Dentist meeting  
9:30 AM-12:00 PM  
South Carolina Dental Association
- Feb 2 GKAS (Give Kids A Smile) day  
8:00 AM-4:00 PM  
10 locations to be announced
- Feb 2 Radiation Safety Exam  
2:00 PM-4:00 PM  
Midlands Technical College-  
Airport Campus

**SOUTH CAROLINA DENTAL  
ASSOCIATION BULLETIN**

Vol. 34, No. 12 .....December 2006

Phillip E. Smith, DMD, FAGD, ACD, ICD .....Editor

James H. "Hal" Zorn, Jr.....Managing Editor

Jennifer Haworth .....Business Manager

PrintSouth Printing, Inc. ....Printer

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# E

## ditorial COMMENTS

*Comments appearing in this section are the renderings of the Editor or credited authors and do not necessarily reflect the opinions or policies of the SCDA. Letters are invited. Brevity is appreciated, and the Editor reserves the right to edit all communications. Letters may be mailed to the SCDA office, or FAXed to (803) 359-3004.*

Dear Dr. Smith,

I wanted to thank you for your interest in the dialog between the Academy of General Dentistry (AGD) and the American Academy of Periodontology (AAP) in regards to the recent Guidelines issued by the AAP.

The general dentist has the overarching responsibility for the care of their patients and they make hundreds of decisions each day on behalf of their patients. To refer or not to refer is but one of these decisions. Based on the knowledge of and relationship with their patients, the general dentist is in the best position to direct care for their patients. The dental family needs to work together and not become fractionated like medicine has become. The AGD has had referral recommendations in place for ten years. These were developed with input from all sources and were based in part on the ADA Code of Ethics and are updated as needed.

The AGD is involved in the current discussion because they were asked for input by the AAP. The AGD offered a number of comments and pointed out several troublesome areas. No revision draft was shared with the AGD and many of the problematic points were not substantially addressed. Instead the "guidelines" were released with a reference to the AGD as having been a part of the process and thus, the implication that the AGD endorsed the final version of the guidelines. The AGD does not in anyway agree with the implication that the AGD endorses these guidelines. In fact, the AGD immediately asked that their name be removed from the document. The AAP has no right to

use the AGD name in the publication in this manner without permission and no permission would have been given had the AGD been given the revised draft as promised and before publication.

Let me be clear, the AGD members and I suspect all general dentists enjoy a great working relationship with all of the specialties in Dentistry. The emphasis of the AGD has always been lifelong learning and many of its members are highly schooled, highly skilled and highly experienced in all aspects of Dentistry. The AAP document places all dentists other than the periodontists at legal risk because of the language. Even though the AAP now says in a recently released document which seems to be in response to the firestorm of criticisms, "Concern has been expressed that the Guidelines mandate referral of patients with specific conditions to a periodontist. However, the language of the Guidelines affords flexibility. The strongest verb used is "should" which is defined in the document as "a highly desirable direction but does not mean mandatory." The Guidelines do not include treatment or referral mandates." In fact in most dictionaries and especially in legal applications the first definition of "should" is "must" with an obligation to act.

Regardless of how the AAP defines "should", lawyers could use this as a de facto standard and therefore failure to refer could be determined by a trier of fact as malpractice. The AAP also states that "The Guidelines are not intended to serve as a medico-legal standard of care. They do not replace a practitioner's knowledge, skills or abilities."

*(continued on page 10)*



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# P resident's M E S S A G E

As I write this month's article, families and friends across the country recently joined together to share in the bountiful blessings of Thanksgiving. This is one of my favorite holidays because as we enjoy the delicious turkey with all its trimmings, Thanksgiving Day also provides my family and me with a time of reflection. As I look back over the past eleven months, I am grateful to my Heavenly Father for the wonderful opportunities and blessings my family and I have enjoyed.

During this year of 2006, I became the President of the SCDA. I am thankful for the opportunity to serve as your President. Now that this door of opportunity has been opened to me, it is my prayer that other minorities will be encouraged to step up and take their place of leadership in organized dentistry. The future strength of the SCDA will lie in our ability to embrace diversity and youthful new dentists into our association. As I reflect over my career as a dentist, the question looms before me—did I choose the right profession? The answer is a resounding, yes. My path to dentistry was most improbable. A year after I graduated from The Citadel with my degree in Chemistry, I was working as a rubber chemist in an industrial plant in Charleston and was becoming somewhat disillusioned. A family friend who had retired from the Air Force as a dental technician asked if I ever considered becoming a dentist. That prompted my learning more

about the dental profession and the more I learned the more excited I became about becoming a dentist. The moral of this story is that we must constantly tell young people about the wonderful profession of dentistry and encourage them to pursue the higher education required to become a dentist. According to an article written in a publication called *Inside Dentistry* (November-December 2006), "The demand for qualified dental professionals is increasing. The American Dental Association (ADA) projects that large numbers of dentists will retire in the next 20 years and new dentists will be needed in private practice, as educators and researchers, and in public health dentistry. Research must continue and move forward, dental schools are in need of more faculty and students, and as society changes and reshapes its needs and wants, the dental profession must continue to evolve to satisfy those demands". The article goes on to say that "Not only are many in dentistry seeking out ways to support the educational infrastructure of the profession, but they're also working to enhance access to dental care for those who are underserved. Today, that endeavor involves reform and coordination of multiple agencies, including government, not-for-profit, and public schools. Today's changing demographics serve as a reminder of the need for concern and consideration. Oral health conditions

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Larry Ferguson  
President

*...we must constantly tell young people about the wonderful profession of dentistry...*



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# **E**xecutive Director's **N O T E S**

It has been some time since I examined the Dental Medicaid Program impact here in South Carolina. Questions that I would like to answer include: (1) is the program still viable and providing a needed service to the children of the state; and (2) are the dentists of the state continuing to participate?

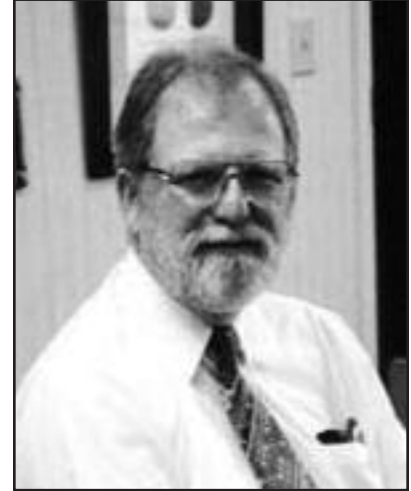
I will state up front that I have limited resources with which to work in doing an evaluation of the program as the only current data the SCDA has received from the S.C. Department of Health and Human Services is a simple report that details unduplicated recipients, the number of procedures performed and the total

reimbursement for those procedures.

At one time, I could have told you by county how many dentists are providers and how those numbers have changed since the new dental program was initiated in January 2000. We have not been able to obtain updates of that information in about five years.

We are told by DHHS that we continue to have more than 1,100 dentists who are signed up as providers. That compares to 619 dentists signed up as providers before the new program was initiated. I will give credit to Deputy Executive Director Phil Latham, DHHS and Connie Ginsberg, the

*(continued on page 10)*



**Hal Zorn**  
Executive Director

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## **SCDA Strategic Plan**

**By: Phil Latham, Deputy Executive Director**

Many of you will recall receiving and responding to a survey sent out by the SCDA regarding its strategic plan. The idea of the SCDA conducting a strategic plan came when Dr. Lynn Wallace was President during fiscal year 2005-2006. During his planning retreat with the Board in June of 2005, Dr. Wallace invited Dr. Ron Auvenshine from Waco, Texas to come and address the Board on strategic planning and the process the Greater Houston Dental Society had gone through.

The presentation from Dr. Auvenshine was excellent and he offered great ideas to the Board. From the planning retreat, the Board approved and directed the staff to research for someone to do a similar plan for the SCDA. After several interviews, it was decided that Dr. Robert Oldendick, Director of the University of South Carolina Institute for Public Services and Policy Research, be chosen to conduct the plan.

Dr. Oldendick met with the Board on several occasions to understand the SCDA and how the organization determined and perceived the values and needs of its members. Dr. Oldendick also held several study groups to talk with member dentists to obtain their views on a range of issues important to the future of the SCDA. After these meetings, the survey was developed and sent to every licensed dentist in the state of South Carolina. Completed questionnaires were received from 586 dentists who were members of the SCDA and 110 were received from non-members.

Dr. Oldendick compiled the research and provided the Board several items of interest from the results of the survey:

- SCDA Members are generally aware of the SCDA and the benefits it offers;

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**Phil Latham**  
Deputy Executive Director

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## S CDA HOUSE OF DELEGATES RECOMMENDS SCREENING PROGRAM

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examiners is necessary to facilitate the screening of all of the children. Parents will be notified after screening and advised to seek professional attention if so indicated. Licensed dentists that perform routine dental examinations for their patients, may certify screening compliance from routine office records.

The screening is designed to be a quick "tongue blade" protocol. DHEC's forms are designed to identify the need as Class 1 (no treatment), Class 2 (evidence of decay), Class 3 (acute need for care). Patients that are screened in an office setting will not incur any record keeping for the office. Patients will be given the forms in the health package that is part of school enrollment. It is noted that screened patients

are not necessarily patients of record. There are no HIPAA forms to manage. The SCDA also requests that screenings be offered as a free service by the dental offices to the public.

After evaluation, the children entering school are given a set amount of time to address their dental needs. The law would require that treatment be begun within 60 days. This model is similar to the policies that currently exist for eye exams and inoculation.

It was stated and recommended by the House of Delegates that a recommendation be made to have SC DHEC and the Department of Education work out the specifics to implement this policy into legislation. SCDA believes that this is the best way to identify the state's dental health needs.

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## P RESIDENT'S MESSAGE

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*(continued from page 5)*

that go unchecked or untreated will affect the population's overall health and quality of life in the years to come. Members of the private and public sectors of dentistry must continue to work together to make oral care resources available to those who need them most." As you can see from the brief excerpts of this article, the dental profession provides a wonderful opportunity for the young people of today.

There has been much work going on since your state delegation returned from the annual ADA Convention. We have had two Board meetings within the past two months and I have just returned home from our special General Membership/House of Delegates (HOD) meeting on December 2, 2006. I want to thank all of you who participated in this most important meeting. The decisions that you made will have profound impact on the future of our dental association. I need the help of everyone to increase the awareness of the importance of our membership and delegate/alternate delegate attendance at our biannual HOD meetings of the SCDA. We need your attendance at these meetings.

Within the coming months the SCDA will keep you informed of important legislative matters as they arise. At the December meeting, the HOD voted on two Constitutional and Bylaws changes that will be important to our future. The first Bylaws vote changes the January time frame of our HOD meeting to the time frame of a fall/winter meeting. The second Bylaws vote establishes a

new committee, the Committee on The New Dentist. This committee will primarily consist of dentists who have been out of dental school for 10 years or less. The Board of Governors also voted to establish a new Mentoring Taskforce consisting of four members from the Committee on The New Dentist (one from each district) and the membership chairman from each district. This taskforce will be working to establish a mentoring program for all new dentists who become members of the SCDA. Also the HOD voted to change the manner in which you will be receiving your monthly SCDA Bulletin. Beginning in January the SCDA Bulletin will be available to you both by mail (hardcopy) and via the SCDA website. This dual availability will continue through June 2007. Please take note that effective July 2007 the SCDA Bulletin will only be available via the SCDA website. This will save us over \$30,000 in printing and mailing costs. The internet is truly changing our lives.

I will have more to say to you in the coming months but for now let me quote a familiar saying **"Merry Christmas to all and to all a good night."**

Together We Can Chart the Future of Dentistry in South Carolina

Larry Ferguson

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## EXECUTIVE DIRECTOR'S NOTES

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*(continued from page 1)*

former Executive Director of Family Connections, for putting together an excellent book relating to protocol for dentists to participate in the new program. Within a few months of initiation of the new program, the number of dentists participating had increased by more than 200.

In FY 98-99, the last full year before the new program was initiated, there were a total of 137,990 unduplicated recipients of dental care. They received 952,030 dental procedures and the dentists were reimbursed a total of \$18,625,783. The average total number of recipients treated during the year was 18,574 a month, the average number of procedures done per month was 79,336 and the average total reimbursement per month was 1,552,149.

The recently received figures for 05-06 show the following: there were a total of 265,413 unduplicated recipients; a total of 2,072,416 procedures completed; and a total reimbursement of \$93,564,501.

These figures are indicative of the continuing commitment to comprehensive care for the children of the state. I think the continued involvement of the dentists is remarkable when the reimbursement rates have not been increased since they were initiated January 1, 2000, and those rates were based on 1998 data.

Currently, almost all reimbursement codes have fallen below the 50th percentile – down from the 75th percentile. I appreciate the continued commitment of the SCDA member dentists and non-member dentists of the state.

Even with this commitment on the part of dentistry, DHHS and other child advocacy groups, there are many children who receive comprehensive dental treatment only through the good graces of dental offices where all dental

team members provide care when there is no source of payment.

Jennifer Haworth of the SCDA staff has been collecting data on individual and community clinics providing this care. Many dentists are not forthcoming and volunteering information on their commitments because they are afraid they will be inundated with requests for treatment to a point where they can no longer afford to do so.

So what does the future hold? In my opinion, the following are worth exploring:

- The SCDA, MUSC and the Legislature must continue to be committed to enhancing the Rural Dentist Incentive Program to provide loan forgiveness to dentists willing to practice in underserved, rural portions of the state.
- DHHS and the Legislature must recommit to a reasonable reimbursement level for dental treatment and both increase the reimbursement rate to the 75th percentile and have an automatic adjustment to reimbursement as they have with other health-related programs.
- A coalition of children advocacy organizations, state agencies, MUSC and the SCDA must create in-school comprehensive clinics such as those initiated by Commu-I-Care in the five or six worst pockets of dental disease in the state.
- The state, with coalition participants, must address a more comprehensive dental plan for the adults of this state.

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## EDITORIAL COMMENTS

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*(continued from page 3)*

Just the fact that the “guidelines” exist, makes them usable as a legal standard regardless of what the AAP says.

At this time, I don't think that most general dentists know the implications of these guidelines and many members of the AAP that I have spoken with, or my colleagues have spoken with, did not know the “guidelines” were coming and don't necessarily agree with them. The following excerpt is from one of the most highly regarded periodontists in the state,

“after rereading the paper, and reviewing your questions

and concerns, I agree with you on about every point. I am going to the AAP meeting this weekend, and I will bring your concerns directly to a good friend, who is much more politically connected in the academy than I am. As you know, this paper was put together by only a handful of people in the academy, and your e-mail to us was the first time I actually saw the document. Although I am member of the academy, I don't always agree with every thing they print and mail out. Most of what is in the paper is old hat in content, but some of the wording and phraseology was

*(continued on page 18)*

## WILL PHYSICIANS MOVE TO PROVIDE EARLY DENTAL CARE?

(continued from page 1)

demonstrated to be an effective preventative dental therapy and therefore its use is "off label". Fluoride varnish is only FDA approved for treating sensitivity. The ADA's House of Delegates has defeated a resolution asking the FDA to approve fluoride varnish as an effective decay preventative. Regretfully, to many in the public arena, any care is better than no care.

The Oral Health Policy Center of UCLA has stated that if every licensed dentist in the United States were to treat children 24/7, we could not treat all of the existing dental

disease in this limited segment of the population! Legislators will insist on a solution to treatment of existing disease for everyone and will inevitably enact state legislation to effect such, regardless of the position of organized dentistry.

The choices are difficult. The trends will be to expand care to a broad base of patients. Dentistry must take on the role of leader and facilitator. As we approach new guides to children's care, dental screening will help identify the need. Will we be able to provide the service?

## USC UPSTATE BEGINS PRE-DENTAL INTERNSHIP PROGRAM

by Phil Smith

Dr. David Dedmon, a dentist who has been practicing in Spartanburg for 25 years, has an unwavering support of higher education and a commitment to help others the way he has been helped along the way. He established the David B. Dedmon Scholarship Endowment in 2003 at the University of South Carolina Upstate to assist junior level students who are enrolled in a pre-professional health science curriculum. He also serves as the mentor to the Health Professionals Club.

The faculty and administration have worked with Dr. Dedmon to establish a pre-dental internship that would allow students interested in dentistry to shadow local practitioners to gain a close perspective of the profession. "I would like to help at least one person per year to attend USC Upstate who would not have otherwise been able to do so through scholarships or other vehicles," said Dr. Dedmon. This committed dentist has already recruited 15 dental colleagues to participate in the program. In its design, the program will allow students interested in dentistry to interact with local dentists and observe all facets of practice from patient interactions, to routine and emergency procedures, record keeping and billing.

Omar Figueroa is the first pre-dental intern to enter the program. Not only is this talented young man a first generation American, he is one of 14 South Carolina students selected for the Washington Semester program. In this capacity, he will work full time in the Capitol, preferably in the Congressional Hispanic Caucus. Figueroa is bi-lingual and



**Omar Figueroa observes Dr. David Dedmon examining a patient.**

appreciates the need for Spanish speaking dentists in South Carolina. He volunteers as an interpreter for the Spartanburg area hospitals. "It's his desire to make a difference that sets him apart from other students", said Dr. Dedmon.

Dr. Dedmon and Omar Figueroa are setting a path for those who will follow. The footsteps lead through many avenues. Precedent for other students, and opportunity for many. But the destination is to open the door to those seeking to enter dentistry.

(Portions of this article are taken from a story written by Lynne. P. Shackleford in the Spartanburg Herald-Journal)

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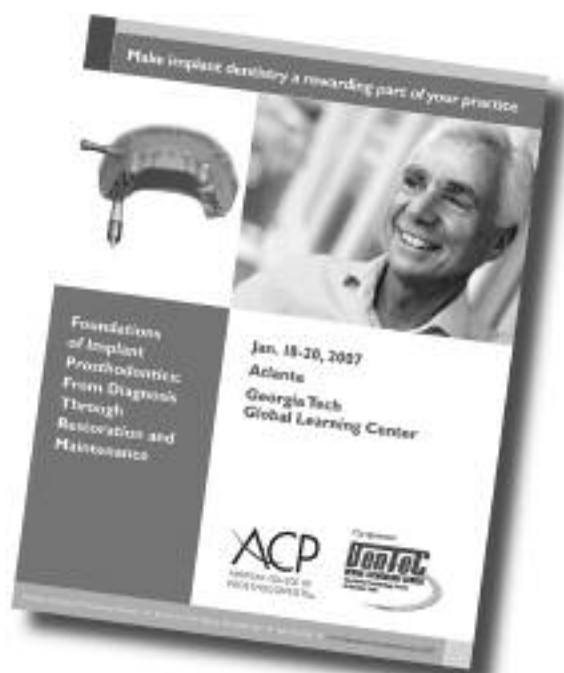
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**Ortho**

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**STONEMARK**  
by Mark K. Brown



Stonemark Services Corporation is in the process of changing its name to SCDA Member Benefits Group. The Stonemark Board made this decision on November 17th and the process should be concluded by the first of the year.

The purpose of this is to increase awareness of the membership to the association's benefits. We want the membership to understand that Stonemark is not some random outside company looking for your business, instead it is a company wholly owned by your association with similar goals as your association and our primary goal is to keep your best interest at heart.

Stonemark, soon to be known as SCDA Member Benefits Group, makes money on behalf of the SCDA to assist in covering operating costs of the association and to keep future membership dues low. Many of the products and services are offered at discounted rates exclusively to the members, so it's truly a win-win business decision for the membership.

SCDA Member Benefits Group will begin using the same logo and colors as the SCDA in an attempt to better market the association's member benefits to the membership, so be on the look out for the changes ahead. We recognize that it will take more than a simple name change to increase awareness among the membership, but we feel that this is a good start.

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P6023 (5/05)



# SIX DENTISTS ENTER ICD



The International College of Dentists welcomed six South Carolina Dentists into its ranks during the recent ADA Annual Session in Las Vegas. The inductees were Drs. Carter Brown, Ed Wise, Eddie Collins, Bobby Randall, Ken Johnson, and

Thomas Edmonds. The ICD is a global dental organization that recognizes service in dentistry. Over 80 countries are members of the International College of Dentists. Congratulation to these fine dentists.

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## SCDA Strategic Plan

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*(continued from page 7)*

- SCDA Members know very little about Stonemark and the benefits it offers;
- Major problems identified by the membership were health insurance for their office, obtaining payments from insurance companies and collecting payments from patients;
- SCDA Members and non-members feel strongly about the need of a mentoring program;
- Cost was identified as to why non-members were not members and ;
- Family demands were identified as the major reason members do not participate.

The above list is only a segment of the results. The Board established a task force chaired by Dr. Lynn Wallace to review the results and make recommendations to address them. Dr. Wallace named Drs. Betsy Jabbour, Dennis Martin and Gloria Pipkin to join his task force.

The task force wasted no time in meeting and recommending many changes that will be positive to both the SCDA and Stonemark.

Regarding Stonemark, the name is in the process of being changed to the SCDA Member Benefits Group. Mr. Mark Brown, Stonemark manager, has already begun the paperwork to change the name and has also begun the development of a booklet which will outline each benefit Stonemark offers. This booklet will be sent to every member in the SCDA. The Stonemark Board also asked Mr. Brown to develop a marketing plan that will include individual visits to dental offices to explain the benefits so the member can

receive a clear understanding. This program will hopefully begin after January 1, 2007.

As for the SCDA, the Board and House of Delegates made a monumental decision by voting to make the SCDA Bulletin an online publication only. Due to rising costs and the increased number of "hits" the new website is receiving, this move makes financial sense. As this transition begins, the Bulletin will be mailed through the June 2007 issue and then become electronic only. SCDA's newest employee, Jennifer Haworth, will do an excellent job in making sure this online document is professional and easy to read.

Ms. Christy Campbell who runs the SCDA website continues to update Hal Zorn and myself on the continuing increase of unduplicated "hits" we get on the website. Ms. Campbell is doing an excellent job of keeping the site updated and I encourage you to please provide the SCDA with your email address so that you may stay up-to-date on the latest news from the SCDA and the SCDA Member Benefits Group. We currently have over 1100 email addresses. Please email Christy at [campbellc@scda.org](mailto:campbellc@scda.org) to add your email address.

I am sure Dr. Wallace and his task force will continue to review the findings of the survey and continue to offer recommendations that will make YOUR ASSOCIATION better and stronger.

As I close this article, I am reminded of several points from "Who Moved my Cheese" by Dr. Spenser Johnson: Change will Happen, Anticipate Change, Monitor Change, Adapt to Change Quickly, Enjoy Change and Be Ready to Change Quickly Again and Again.

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## EDITORIAL COMMENTS

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*(continued from page 10)*

inflammatory. The bottom line is that general dentists are the gate keepers, and should have, and do have complete control over their patients periodontal care, including when they want to refer to a specialist."

The AGD is advocating for the best care for the dental patient by having the overarching care decisions remain with the general dentist. The AAP had opportunities before releasing the document to avoid all of this but chose against it. The AGD then had no choice but to press

forward with their advocacy for the patients, the general dentist in particular and dentistry as a whole.

Sincerely

Carter Brown, DMD, FAGD

Region 19 Trustee for the Academy of General Dentistry

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Kool Smiles, general dentistry for kids & teens, is currently looking for FT General Dentists in Sumter. Kool Smiles offers: \$120K Base Compensation for new graduates, Bonus Potential of up to \$70K, Health Insurance, Dental Insurance, Malpractice Insurance, Paid Vacation, Paid Holidays, Continuing Education, Long term disability/Short term disability, and Much More! Experienced dentists salary is nego. Must enjoy working with children and serving the underserved community. Must have an active SC dental license. For a fun and rewarding place to work, please contact Andrea Jett at 678/500-1086 or email your CV to ajett@ncdrllc.com. You can also visit our website at www.koolsmilespc.com.

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