

# RIDA

## JOURNAL OF THE RHODE ISLAND DENTAL ASSOCIATION

### CHANGES FOR THE NEW YEAR

Compensation, Benefits, and  
Required Documentation

### CONTINUING EDUCATION

Check Your Compliance

# 2017 LEGISLATIVE SESSION

Changes that affect YOU





# Save the Date...

## RI Mission of Mercy is Back!



**RHODE ISLAND  
ORAL HEALTH FOUNDATION**

## RI Mission of Mercy 2018

### September 29 & 30

### Providence Community Health Centers Dental Clinic

335 R Prairie Ave. Providence RI

## Check out our new location



335 R Prairie Ave. Providence RI



## WWW.RIMOM.ORG

### 2018 Premier Sponsors





## EDITORIAL STAFF

ROBERT BARTRO, DDS / EDITOR

CHRIS KLIMECKO / ASSOCIATE EDITOR

MADELINE FRANK / ASSOCIATE EDITOR

## 2017-2018 OFFICERS

GEORGE GETTINGER, DMD / PRESIDENT

JENNIFER TORBETT, DMD / PRESIDENT ELECT

MARTIN ELSON, DDS / VICE PRESIDENT

KARYN WARD, DDS / SECRETARY

BRYAN BEAGAN, DMD / IMMEDIATE PAST PRESIDENT

## RIDA STAFF

CHRIS KLIMECKO / EXECUTIVE DIRECTOR

MADELINE FRANK / OFFICE COORDINATOR

MELISSA WITTER / BOOKKEEPER

## BOARD OF TRUSTEES

JOHN BIERNACKI, DMD / WOONSOCKET

PETER CHANG, DMD / KENT COUNTY

FRANK DEQUATTRO, DMD / SOUTH COUNTY

FOTINI DIONSOPOULOS, DMD / CRANSTON

*JOHN KIANG, DMD / GUEST TRUSTEE*

FREDERICK MCMILLEN, DDS / PROVIDENCE

WILLIAM NAUGHTON, DDS / PAWTUCKET

PETER SCHOTT, DMD / NEWPORT

*RUPESH UDESHI, DDS / GUEST TRUSTEE*

# IN THIS ISSUE

**2** CALL FOR NOMINATIONS  
ANNUAL RIDA AWARDS

**11** LEGISLATIVE YEAR 2017  
FINAL REPORT

**13** CONTINUING EDUCATION  
2018 COURSES

**18** ORAL HEALTH PROGRAM UPDATES  
FROM THE DENTAL DIRECTOR

**24** RIDA CALENDAR  
A LOOK AT THE YEAR AHEAD

## CONTACT US

Rhode Island Dental Association

875 Centerville Road

Bldg. 4, Suite 12

Warwick, RI 02886

P: (401)825-7700

F: (401)825-7722

[www.ridental.org](http://www.ridental.org)

[info@ridental.org](mailto:info@ridental.org)

American Dental Association

800.621.8099

[www.ada.org](http://www.ada.org)

The Journal of the Rhode Island Dental Association is a peer reviewed publication. Opinions expressed by the authors do not necessarily represent the policies of the Rhode Island Dental Association or the Journal of the Rhode Island Dental Association.

Beginning in 2018, the Journal of the Rhode Island Dental Association will be published four times a year in the winter, spring, summer, and fall.

For information regarding advertising, email: [info@ridental.org](mailto:info@ridental.org) or visit [www.ridental.org/news-classifieds/RIDA-Journal](http://www.ridental.org/news-classifieds/RIDA-Journal)



# EDITOR'S NOTE

## RHODE ISLAND DENTAL ASSOCIATION TODAY

In a nutshell, from my perch, two phrases:

"A breath of fresh air", and more importantly, "rejuvenation and revitalization".

It was so good to see another function directed to the family as a whole—showing our dentists that it is understood that your family, your children, and those close to you are totally involved in what you do every day to help people, and that this Association appreciates you and yours. The Kid's Party was a blast and emphasized the importance of family and community as a whole. It took me back in time to when RIDA held dinner dances at the Squantum Club with live bands, and to summer picnics hosted by RIDA with children running around like free range chickens. Why recall those times?

Answer: Simply because continuity is important.

Below is a bit of trivia that you may or may not be aware of:

- A) Do you know that we actually had a President of the ADA?
- B) That Rhode Island was once a national model for community fluoridation?
- C) That one of the founders of the American College of Dentists was from right here?
- D) That we fought for our patients and family with PARCA (Patients Access to Responsible Care Act-PARCA). This eventually became 'The Patients Bill of Rights' which you may read while you are waiting for a medical exam.
- E) Up your Pipes? Yep, we would not allow that. Dentists care for clean water and we worked with towns and the Narragansett Bay Commission to be among the first in the nation to adopt/mandate the utilization of Amalgam Separators.
- F) Ask about the Gaspee Project. The burning of the Gaspee was monumental in the American Revolution. What was the Gaspee Project and how does it impact your dentistry today?
- G) RIDA is healthy again, positive, and proactive. Solid team at 875, and leaders with Ethics as their middle name.

The story goes on and on, and although we may not see dinner dances again, one thing is for sure - RIDA sticks by you like oatmeal to the ribs. The Kid's Party was an example. By the way, Santa went to high school with Dr. Carroccia, one of our dentists. My grandson, Jackson overheard this, and was shocked to learn that Santa went to high school.

Best to you, my fellow Colleagues,

*Bob Bartro*

Bob Bartro, DDS  
EDITOR IN CHIEF



# CALL FOR NOMINATIONS

Nominations for the following awards are now open! Eligible participants are members of the RIDA. If you have someone you would like to nominate, please review each award and submit the names of those person(s) you believe fit the described criteria and a brief description why they should be considered for that particular award. Nominations can be sent to the Executive Office at 875 Centerville Rd., Bldg. 4, Suite 12, Warwick, RI 02886 or emailed to the Executive Director, Chris Klimecko, at [cklimecko@ridental.org](mailto:cklimecko@ridental.org)

**The Dr. A. James Kershaw Award** - Presented to a member of the Rhode Island Dental Association who has demonstrated honesty and integrity. A person who has made an outstanding contribution to the community while representing the goodwill of the dental profession.

**The Humanitarian Award** - Presented for outstanding public service to improve the quality of a human life. This award is for someone who has provided leadership and volunteer efforts that reflect favorably upon the profession of dentistry. These acts of kindness exhibit a significant devotion of time, talent, and energy that contribute to a legacy that is inspirational to members of the dental profession and beneficial to the community.

**The RIDA Good Citizen of the Year Award** - Presented in recognition of a member who has demonstrated outstanding or unusual contributions or service to the community, state, or country. The award will be used to distinguish those contributions to areas such as government, environment, community, economics, public welfare and/or an activity which improves the country, state, or community.

**The Dr. Joseph J. Box Everyday Leadership Award** - The Dr. Box Everyday Leadership Award is presented to that member of the Rhode Island Dental Association who has demonstrated the highest level of ethics and dedication to the improvement of the art and science of dentistry. The recipient has shown exceptional involvement in, and love for, dentistry on many levels; and has shown compassion for all members in society. In addition, the recipient has earned the universal respect of his or her colleagues.

---

## ADA NATIONAL SIGNING DAY

Some of you may recall an ADA signing day event at your respective dental school. For 2018, the RIDA, in partnership with the Massachusetts Dental Society, plans to participate in these throughout the Massachusetts based dental schools. Specific dates are not yet available, but they generally occur sometime in April or early May. The dates will be published as soon as they're available. If you are interested in attending with us, please contact the RIDA office.

Our goal is twofold. Firstly, we want graduating students to enroll as ADA members. We do our best to explain the benefits of tripartite membership. Secondly, we want to encourage them to practice in Rhode Island. This is where your participation in the event can really help. No one knows the ins and outs of dentistry in Rhode Island better than a practitioner that's currently practicing here.

So, if you're interested in attending with us, please contact the RIDA office at (401) 825-7700 or by email to [cklimecko@ridental.org](mailto:cklimecko@ridental.org). We look forward to working with you.

### COMING NEXT MONTH...

Dr. Mike Wasserman, 1st District representative on the Council on Advocacy for Access and Prevention (CAAP) will explain the ADA Action for Dental Health Campaign with emphasis on the efforts for Community Water Fluoridation, Medicaid, ED Referral programs and the Community Dental Health Coordinator program which now has over 100 graduates with another 200 trainees in the educational "pipeline". He'll cover the latest strategies and resources that members can use in their communities.



# CHANGES FOR THE NEW YEAR

The new year typically brings with it mandated changes that can impact businesses and individuals, both working and retired, in areas such as compensation, benefits, and required documentation. Below are a few items of note:

## PENSION PLAN LIMITATIONS

- The contribution limit for employees who participate in 401(k), 403(b), and most 457 plans, will increase from \$18,000 to \$18,500.
- The catch-up contribution limit for employees aged 50 and over who participate in 401(k), 403(b), and most 457 plans remains unchanged at \$6,000.
- More information is available at:  
<https://www.irs.gov/newsroom/irs-announces-2018-pension-plan-limitations-401k-contribution-limit-increases-to-18500-for-2018>

## SOCIAL SECURITY

The Social Security Old-Age, Survivors, and Disability Insurance (OASDI) program limits the amount of earnings subject to taxation for a given year. The same annual limit applies when those earnings are used in a benefit computation. This annual limit is called the contribution and benefit base. It's also commonly referred to as the taxable maximum. For earnings in 2018, the base is \$128,400. This is up from \$127,200 for 2017. What this essentially means is that the maximum amount of wages in 2018 subject to the 6.2% Social Security tax (Old-Age, Survivor, and Disability Insurance) is \$128,400.

## USCIS FORMS I-9, EMPLOYMENT ELIGIBILITY VERIFICATION DEPARTMENT OF HOMELAND SECURITY

No change. The current form is due to expire in August of 2019.

## IRS STANDARD MILEAGE RATE

For 2018, the standard mileage rates are:

- 54.5 cents for every mile of business travel drive, up 1 cent from the rate for 2017
- 18 cents per mile driven for medical or moving purposes, up 1 cent from the rate for 2017
- 14 cents per mile driven in service of charitable organizations

## MINIMUM WAGE

In Rhode Island, the minimum wage will increase from \$9.60 to \$10.10 per hour (effective January 1, 2018).

A quick reference table to this and other labor related items is available at:

<http://www.dlt.ri.gov/lmi/news/quickref.htm>

## NOTE:

Members with staff, please remember to update your labor related posters. Required posters are free for download. If you have a payroll provider, they may offer some all-in-one solutions as do a variety of vendors. Workers' compensation posters will come directly from your insurance provider.

Free state posters are available for download at:

<http://www.dlt.ri.gov/lmi/business/post.htm>

Federal posters can be downloaded at:

<https://www.dol.gov/whd/resources/posters.htm>



DOES SOMEONE YOU LOVE STRUGGLE  
WITH OPIOID ADDICTION? CALL RI'S  
TREATMENT & RECOVERY HOTLINE  
**(401) 942-STOP(7867)**  
TO CONNECT WITH ENGLISH/SPANISH-  
SPEAKING COUNSELORS WHO ARE  
LICENSED IN CHEMICAL-DEPENDENCY 24-7.

VISIT [PREVENTOVERDOSERI.ORG/GET-HELP/](http://PREVENTOVERDOSERI.ORG/GET-HELP/)



# FROM THE PRESIDENT

By George Gettinger, DMD;  
Rhode Island Dental Association President 2017-2018

On the evening I assumed my role as the RIDA President, Dr. Steven Brown, our long-term delegate and former president, gave me some advice. He told me to enjoy my year but to expect to have to deal with at least one crisis. Well, I am happy to report that with my term a little more than half over that crisis has yet to occur. Let's hope it stays that way! The RIDA is running smoothly, membership is growing, and our financial situation is sound.

This past November, Dr. Jennifer Torbett and I attended the President/President Elect Conference in Woodstock, Vermont. We met with the dental leaders of the six New England states to discuss common issues. Luckily, we have been able to avoid some of the problems they face. For instance, every other New England state has had to face problems associated with mid-level provider legislation. Eyes are on Massachusetts which presently is in the midst of contentious negotiations with legislators. Because of the size of the state, and the large population of dentists, many feel that the mid-level provider bill coming out of Massachusetts will serve as a model for the rest of the country. Rhode Island has been proactive on this matter with the creation of the Public Health Hygienist. This will address access of care issues by allowing hygienists, with supervision, the ability to see patients in nursing homes and other appropriate settings.

The number one issue that was addressed at the meeting in Vermont was that of member engagement. This is the very same issue I discussed when meeting with the various components at the end of last year. Our members are the lifeblood of our association and without volunteers willing to step up and participate, more work has to be performed by fewer and fewer people. However, at each meeting members have approached me and asked how to become more involved. Following are a few suggestions.

The Guest Trustee is the perfect opportunity to become more involved and learn how the association functions. The Guest Trustee is a non-voting member of the board who takes an active role in discussing issues facing the association. They bring new and fresh ideas to the board and their input does influence the decision-making process. The position often leads to other roles within the organization. Up to two positions are available and application procedures will be announced later this year.

The House of Delegates is the overriding body that sets and determines policies that govern the Association. Volunteering to become a Delegate or Alternate Delegate from your component offers the most direct path to participation. The House meets twice a year each November and May. In addition, all members of the association are also welcome to attend House meetings. Similar to the Guest Trustee, members have the opportunity to learn about issues, take part in discussions, and can influence the voting process.

First District Leadership Academy is a program that works to develop leadership and management skills which not only will help our organization but will benefit a practice as well. It provides a valuable opportunity to assess a person's strengths and weaknesses within an engaging learning environment. It consists of three full day seminars with the first starting as part of Yankee Dental. Two more sessions follow in the spring and fall. If interested, contact the association. A scholarship is available.

Finally, I would encourage all members to attend component meetings. I realize that attending evening meetings has lately fallen out of favor. People are busy and some do not find the meetings to be beneficial. But meetings have benefits that are not immediately obvious. They help build friendships and work to form a cohesive dental community. From personal experience I've observed on at least three occasions members of the Woonsocket dental community stepping in to help out their fellow dentists who were in need.

By the time this edition of the RIDA Journal is published there will have been a meeting of the seven component presidents. This is a first, with the hope that by networking, exchanging ideas, and planning events together, the leaders' jobs will be easier, meetings will be beneficial to all, and participation will increase.



"My broken,  
decaying teeth  
are fixed and  
I can eat again."

Will you see ONE to CHANGE a life?  
WillYouSeeONE.org

You can *change* a life

From clearing up painful dental infections and being able to eat again to rejoining the workforce – volunteering with Dental Lifeline Network's Donated Dental Services program will make a life-changing difference for the people we serve.





# RHODE ISLAND DENTAL ASSOCIATION PAST, PRESENT, AND FUTURE

By Chris Klimecko, RIDA Executive Director

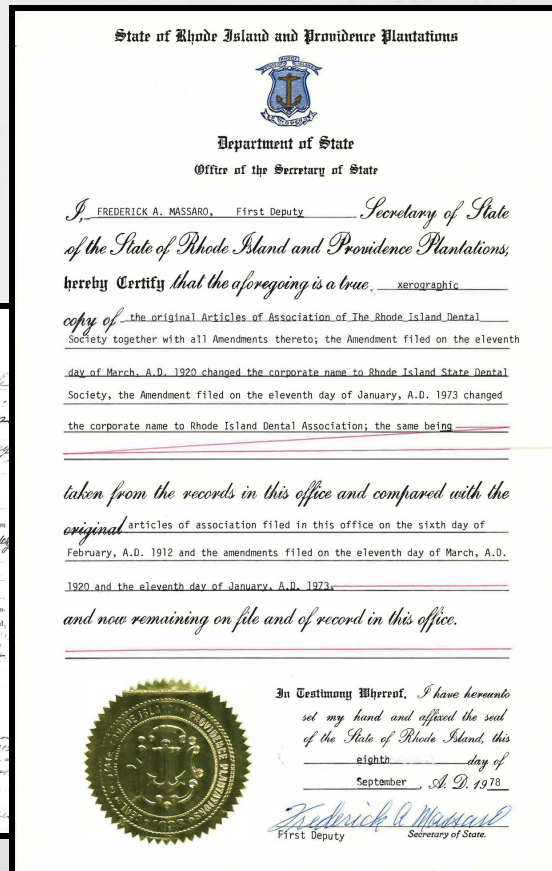
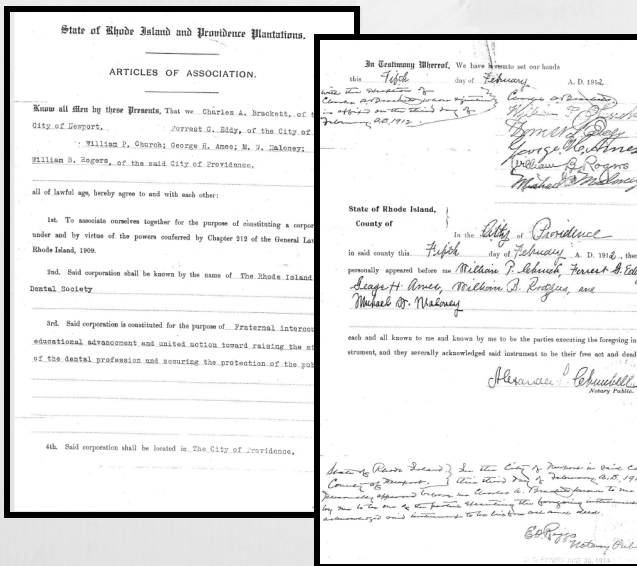
I don't think anyone would argue that the digital age we're living in has presented us with technologies that have made our lives, both at home and at work, far more efficient. From my perspective, office technology has changed at a relatively rapid pace. For instance, just a few short years ago (subjective...I know), I learned to type on an IBM Selectric typewriter. They were pretty state of the art at the time. Today, aside from a few purists, you'd be hard pressed to find a typewriter in regular use.

In many cases, paper has been replaced with 1's and 0's—digital files. Although the paperless office hasn't yet become a reality, there are many things that are no longer available in printed form. And even when they are, they don't often have the character that some of the old documents have. Case in point. Soon after I began working here at the RIDA, I set out looking for the association's articles of incorporation. What I found was a set of documents worth framing. The handwriting alone is a treasure. Personally, I love cursive. And looking at these old documents, you can see examples of amazing handwriting.

In any case, aside from the penmanship, what stands out in these documents are the dates. The first document; which is titled, "Articles of Association," is actually the document that established the Rhode Island Dental Society. It's dated February 6, 1912. The next one is an amendment; dated January 11, 1973, which changes the name from Rhode Island Dental Society to Rhode Island Dental Association. It's signed by then Secretary of State, Frederick Massaro.

Bottom line, this organization, regardless of what it's called or been called, just turned 106 years old. To say that's impressive would be an understatement. It's no secret that membership in professional associations today is not what it used to be. Yet here we are, over 100 years old. Our market share may not be what it used to be, but it's still very good at just over 74%. Could it be better? Absolutely. But making that happen takes a concerted effort between the members and staff. Recruiting and retaining has been and always will be a joint effort. For our part as staff, we will continue hosting new dentist and resident events and spending more time at the dental schools. And we will continue looking for new approaches. Members: when speaking with potential new members or someone that's considering not renewing, can help by pointing out the value of membership in the tripartite and the positive aspects of practicing in Rhode Island.

The years ahead will no doubt continue to be challenging. But the RIDA is no stranger to them. And I have no doubt that 106 years from now, someone will be touting the fact that the RIDA is over 212 years old!







Robert Bartro, DDS  
EDIC Board Director

# Real Advocacy. Real Dentists.

## The EDIC Advantage For RIDA Dentist Members

Eastern Dentists Insurance Company (EDIC), the endorsed dental malpractice carrier for Rhode Island dentists, has partnered with RIDA for over 20 years. With this endorsement, RIDA members have value-added benefits as well as local representation on the EDIC Board of Directors. Former RIDA President, Dr. Robert Bartro, serves on the EDIC Board and guarantees your voice is being heard as he participates in every decision that EDIC makes and actively advocates EDIC's "By Dentists, For Dentists®" philosophy.

### The EDIC Advantage:

- Board of Directors is comprised of dentists
- Proactive risk management program with FREE webinars earning CEU's
- EDIC's customer service team is personally dedicated to you
- Outstanding claims handling with a 92% win rate of claims that go to trial
- EDIC issues \$75\* policyholder dividends to all eligible RIDA insureds

**EDIC Supports Our Colleagues 100%  
Because We Are Dentists Too.  
Join EDIC Today!**

**800-898-3342 • www.edic.com**

*EDIC is the Endorsed  
Dental Malpractice  
Carrier Of*



**Rhode Island  
DENTAL ASSOCIATION**

\*Excludes corporations and policies with expiring premium of \$200 or less.

# URI PRE-HEALTH EXPERIENCE NIGHT

On the evening of November 15, the University of Rhode Island hosted a Pre-Health Experience night for students that are pursuing health field careers. The RIDA, along with several other area health related organizations, was invited to participate. The event was designed to give students a forum to search for clinical, community services, research, and leadership opportunities in a setting that afforded them the chance to interact and learn from their peers, recent alumni, and experts in a variety of health-related fields. Doctors Marian Royer and Ian Silversmith, along with the RIDA Executive Director, Chris Klimecko, represented the RIDA at the event.





# RHODE ISLAND DENTAL SAFETY NET REPORT 2016

The following is an abridged version of an upcoming RIDOH data brief. The complete report, with data and references, will be posted with other reports on RIDOH's website at [health.ri.gov/oralhealth](http://health.ri.gov/oralhealth) in the Publications section.

## The Importance of Oral Health

Oral health is a critical but frequently overlooked component of overall health and well-being. Dental caries (tooth decay) is the most common preventable chronic childhood disease, and periodontal (gum) disease is associated with diabetes, heart disease and stroke, respiratory disease, and adverse pregnancy outcomes. Additionally, evidence of systemic diseases and conditions, poor nutritional status, tobacco exposure, microbial infections, immune disorders, and some cancers, can be assessed through oral exams. Despite the decline observed in prevalence and severity of dental caries and periodontal disease in recent years, not all the segments of the population have shown positive results. Vulnerable populations, especially groups of minority race or ethnicity, face persistent and systemic barriers to accessing oral health care. Numerous and complex social, cultural, economic, structural, and geographic barriers need to be addressed to provide oral health care to Rhode Island's underserved populations.

## Dental Safety Net

Dental safety net providers are public and private organizations that provide oral healthcare services to children, adults, and older adults, particularly those who are uninsured, have Medicaid/RIte Care coverage, and/or are otherwise disenfranchised. These dental providers ensure that tens of thousands of Rhode Islanders of all ages have access to oral healthcare, regardless of their insurance status or ability to pay. They are a critical component of the current and future healthcare delivery system in Rhode Island.

## History of the Rhode Island Dental Safety Net Report

In 2006, Rhode Island KIDS COUNT conducted a survey of dental safety-net providers and issued a special report The Dental Safety Net in Rhode Island. The Rhode Island Department of Health, Rhode Island Health Center Association, and Rhode Island KIDS COUNT, as members of the Rhode Island Oral Health Commission, collaboratively conducted updated surveys in late 2010, 2013, and 2016. The surveys were redesigned to obtain up-to-date information from providers, share progress and achievements, evaluate ongoing challenges and needs, and assure a robust dental safety net in Rhode Island with strategies to expand services as needed. The 2016 survey is focused on staffing, capacity, and utilization in school-based dental programs, community-based dental programs, and hospital settings.

## Purpose of 2017 Update

The Affordable Care Act (ACA) expanded Medicaid coverage to all legally-present residents in the United States with household incomes up to 138% of the Federal Poverty Level (FPL) or \$28,180 for family of three. Thirty-one states and the District of Columbia implemented the Medicaid expansion. Rhode Island expanded its program in January 2014, which resulted in 93,000 (49%) more enrollments from 2013 to 2016 including both the already-eligible and newly eligible residents. Since adult dental coverage was already included as a Rhode Island Medicaid benefit, the expansion population also gained access to dental care. The 2013 Dental Safety Net Report provided the baseline for the patient utilization and dental capacity of the safety-net partners. This report will evaluate the impact of healthcare reform on oral healthcare access and the capacity of the dental safety net providers to meet the demand.

## Survey Overview

The Dental Safety Net Survey, distributed to providers in December 2016, consisted of three sections: site profile, staffing and capacity, and utilization. The questions asked for information pertaining to calendar year (CY) 2016, consistent with the previous surveys. The previous survey definitions of children (birth-age 18) and adults (18 and older) were adjusted to birth-age 20 for children and 21 and older for adults so data would mirror Medicaid age ranges. Rhode Island's eight community health centers, two hospital-based dental centers, the Dental Hygiene Clinic at the Community College of Rhode Island, and the Wisdom Tooth nursing home mobile dental program reported survey data. It was compiled by the Rhode Island Department of Health's Oral Health Program, in collaboration with the Dental Safety Net Workgroup of the Rhode Island Oral Health Commission, between May and June 2017.

## Patients Served by Dental Safety Net Providers in Rhode Island, 2016 versus 2013

In 2016, the safety-net partners served 93,588 patients and provided 217,492 total visits. This is 14,626 (19%) more patients than what was reported in the 2013 survey. All partners provided care to children and adults except for the Wisdom Tooth mobile program which only serves the adult long-term care population. Nearly 54,949 (59 %) of the patients served by providers were children (age 1-20) and 38,639 (41%) were adults (age 21 and older). In 2016, there was a slight decline (-2%) in the number of adult patients from 2013; however, 15,575 (40%) more children accessed dental care.

The overall increase in utilization can be attributed to Medicaid reform as well as to the availability of additional professionals and dental offices to better meet the needs of patients. There are many facets to Medicaid reform that led to increased utilization, including increased coverage for children whose family's income level is up to 261% of the FPL and eligibility for adults age 19-64 who do not have disabilities. This effort provides coverage for low-income adults as well as boosting enrollment of children because coverage to their parents is available through extended eligibility criteria. While on the one hand this explains the increase in utilization of dental services by children, little impact has been observed with dental utilization by adults. The Health Policy Institute of the American Dental Association (ADA) studied the impact of the ACA on dental care

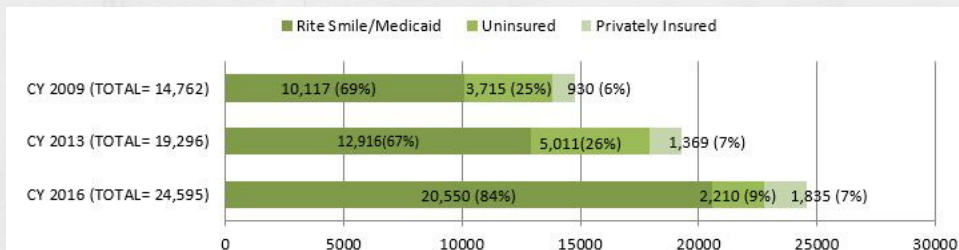


use and observed similar findings. According to their study, the unexplainable behavior may be the result of a premature assessment of the ACA's impact. An additional study from ADA mentioned confusion of members about their benefits, which could be the reason for low utilization despite high enrollment after ACA reform.

### Community Health Centers

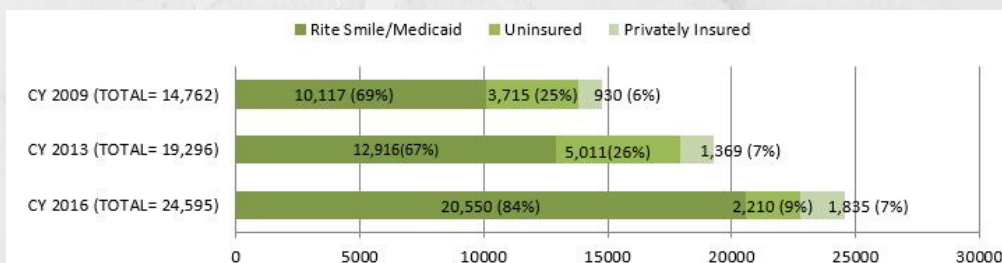
The eight Federally Qualified Health Center (FQHC) partners provided dental care to 56,278 patients during the year 2016. All FQHCs treated both children and adults. Similar to previous years, more adults (56%) were seen as compared to children (44%) with the exception of Providence Community Health Center, which focuses on serving children and pregnant women. Dental programs at the FQHCs provided dental treatment to 16% more patients in 2016 than was reported in 2013. All but two FQHCs reported an increase in the number of patients.

Figure 1: Pediatric Dental Patients Served by Federally Qualified Health Centers, By Insurance Type, Rhode Island, 2016, 2013, AND 2009



In 2016, FQHCs reported providing dental care to 5,000 more children than in 2013. Most children treated at FQHCs were covered by Medicaid/RiteSmiles or were uninsured. Compared to 2013, more children with Medicaid/Rite Smiles (84%) coverage were seen at community health centers in 2016. Compared to 2013, fewer children who obtained care were uninsured (9%) in 2016 (Figure1). In 2016, the percentage of children with private insurance coverage remained unchanged, when compared to 2013 (Figure 1).

Figure 2: Adult Dental Patients Served by Federally Qualified Health Centers, By Insurance Type, Rhode Island, 2016, 2013, AND 2009



More than 31,000 adult patients were treated at dental centers in 2016 – an increase of 2,500 adults compared to 2013. More than half of the adults (62%) had Medicaid as their insurance, and 25% of adults were uninsured. In comparison to previous years (2013 and 2009), a 20% increase has been observed in the number of Medicaid-insured adults, while there was a 25% decrease in uninsured adults. In 2016, community health centers also observed a higher number of adults with private insurance than in 2013 (Figure2).

### Hospital Based Dental Centers

Two hospital-based dental centers, Samuels Sinclair Dental Center (SSDC) and St. Joseph Health Center (SJHC), are part of the safety net. During 2016, hospital-based dental centers served 33,876 patients, a 43% increase from the 23,652 dental patients treated in 2013. Similar to previous years, hospital-based dental centers served more children (89%) age 1-20 compared to adults (11%) age 21 and older. Among adults treated at the hospital-based dental centers, 69% were enrolled in Medicaid, and 19% were privately insured. Though fewer adult patients received care at the hospital-based dental centers, an impact of Medicaid expansion can be observed as the number of uninsured adult patients decreased from 18% in 2013 to 12% in 2016. Despite the reduction in the number of uninsured patients, decreased utilization was observed in 2016 at hospital-based dental clinics. This discrepancy could be the result of confusion about dental coverage, but it is more likely that newly enrolled members may be more aware and use their coverage while the reenrolled may be less informed about the new policy.

### Conclusion

Rhode Island made great progress to increase oral health access. The number of patients served by Rhode Island dental safety net providers increased significantly from 78,962 patients in 2013 to 93,588 patients in 2016. This represents an increase of 19%. The increase in patient access is consistent with an increase in clinic capacity. Although the number of Rhode Island safety net providers remained the same between 2013 and 2016, their capacity to serve patients increased considerably. For example, the number of dental chairs increased by 21% and the total number of dentists and dental staff increased by 19%.

Even though access to dental care improved with increased utilization, there was a marked disparity between children and adults. The number of children with dental visits increased by 40% from 39,374 in 2013 to 54,949 in 2016; however, the number of adults with dental visits decreased by 2% from 39,588 in 2013 to 38,639 in 2016. While increased access to dental care among children is a noteworthy accomplishment, it is important to recognize that between 2013 and 2016, fewer adults were able to access dental care. Efforts must be made to improve access for adults, including additional outreach to educate adults about their Medicaid coverage and the benefits of periodic dental visits.



There was a marked increase in the number of Medicaid patients served by dental safety net providers (at FQHC and hospital-based dental centers), from 43,704 patients in 2013 to 69,391 patients in 2016, a 59% increase. Further, there was a concomitant decrease in the number of patients who were uninsured. These results are most likely the result of a marked increase in the number of Rhode Islanders gaining Medicaid coverage through the ACA. The number of Rhode Islanders with Medicaid or CHIP coverage increased by 61%, from 190,800 in 2013 to 307,000 in 2017. Additionally, the percentage of people without insurance decreased from 9% in 2013 to 5% in 2015. Cost is one of the most important barriers to utilization of healthcare. Medicaid reforms under ACA have had a significant impact in providing access to dental care by removing financial and other barriers, especially for the underserved population of Rhode Island. Medicaid expansion must be supported and maintained to ensure continued accessibility to preventive and comprehensive dental care for all Rhode Islanders, especially the most vulnerable. Despite financial and economic challenges, dental safety net organizations in Rhode Island increased efforts to address the unmet needs of the underserved population. As Medicaid enrollments will likely grow in future years and more people will become aware of their benefits, future challenges include the development of adequate capacity with a sufficient dental healthcare workforce to meet increasing demand.

This report was collaboratively produced by RIDOH's Oral Health Program, Rhode Island Health Center Association, and the Rhode Island Oral Health Commission.

We acknowledge the significant work of Abuzar Siddiqui, DDS, previously Dental Public Health Fellow at St. Joseph Health Services of Rhode Island and NYU Langone Health.

# DENTAL LICENSES RENEW JUNE 30, 2018 CHECK YOUR CE COMPLIANCE

## DENTIST

- **40 hours** every two (2) years for license renewal
- **Basic Life Support (BLS)** certificate of completion from an approved course. Certification through the American Red Cross or American Heart Association both last two (2) years.
- **Occupational Safety and Health Administration (OSHA)** One (1) hour of training on OSHA Bloodborne Pathogen Standards are required annually.
- **Dentists with a Schedule II DEA License ONLY** - Eight (8) hours of continuing education on topics such as appropriate prescribing for pain; pharmacology; potential for dependence; and alternatives to opioids for pain management. Requirement is needed once per career and must be completed before renewal of controlled substance registration or two (2) years, whichever is longer.

## DENTAL HYGIENIST

- **20 hours** every two (2) years for license renewal
- **Basic Life Support (BLS)** certificate of completion from an approved course. Certification through the American Red Cross or American Heart Association both last two (2) years.
- **Occupational Safety and Health Administration (OSHA)** One (1) hour of training on OSHA Bloodborne Pathogen Standards are required annually.

## DENTAL ASSISTANT

- Required by the state of Rhode Island to have one (1) hour of training on OSHA Bloodborne Pathogen Standards annually.
- **DANB Certified Dental Assistants have different renewal requirements.** To view DANB certification renewal requirements, visit [www.danb.org](http://www.danb.org)

CEUs must be completed by May 1, 2018.

The Rhode Island Dental Association provides all necessary credits to maintain licensing. Visit our website at [www.ridental.org](http://www.ridental.org) to register for upcoming courses

Licensing is done through the Rhode Island Department of Health. For questions regarding licensing, visit [www.ridoh.org/licenses](http://www.ridoh.org/licenses) or call the licensing department at (401) 222-5960.

## FEBRUARY IS NATIONAL CHILDREN'S DENTAL HEALTH MONTH

Each february, the ADA sponsors National Children's Dental Health month to raise awareness about the importance of oral health.



On Saturday, February 17, 2018, the RIDA will be co-hosting a Children's Dental Health Month event at the Warwick Mall. Volunteers from the RIDA and various oral health related organizations throughout the state will be at the mall from 10am-3pm distributing educational materials along with toothbrushes and toothpaste.

Set up will begin at approximately 9am. Lunch will be provided for volunteers.



If you haven't already signed up to join us - please do so now! The sign up sheet can be found on our website at

<http://www.ridental.org/education/CDHM>



# A MESSAGE FROM THE ADA FIRST DISTRICT

By Judith M. Fisch, DDS, ADA First District Trustee

The credentialing process!!! We all know it as a painful process. Well, in an effort to reduce administrative burdens for dentists, the ADA and the Council for Affordable Quality Healthcare (CAQH) are partnering to help streamline the credentialing process for dentists and participating organizations, such as payers, hospitals and employers.

Up and running is the ADA's credentialing service, powered by CAQH ProView, which enables dentists to enter their professional information one time in an easy-to-use, fast and protected digital platform. This is another wonderful member benefit and has finally come to fruition.

You can begin the credentialing process by following these steps:

- Login to [ADA.org/myada](http://ADA.org/myada).
- Select the "My Credential" icon and view the list of items needed to complete the credentialing process.
- Accept the ADA Terms and Conditions to be redirected to the CAQH ProView welcome page.
- Click on "Get Started."

Once a profile is complete and attested, the dentist grants permission to the dental plans and other participating organizations they choose, to access their data. A number of dental payers already participate in CAQH ProView. CAQH's alliance with the ADA will reduce the costs and administrative burdens for both dentists and dental plans alike, and further establish CAQH ProView as the health care industry's go-to choice for collecting and sharing provider data.

Dentists will receive automatic reminders to update their data and attest their information every 120 days. The system will also prompt users if their licenses or other documentation is about to expire.

What a great opportunity to decrease the administrative hassles for health care professionals, and we can all certainly appreciate that!!

To learn more about this great member benefit, visit [ADA.org/credentialing](http://ADA.org/credentialing).

At the ADA annual meeting in Atlanta, the 2017 House of Delegates voted to establish a new commission to oversee the process of dental specialty recognition. This took place in an effort to reduce potential or perceived bias and conflict of interest in the decision-making process for recognizing dental specialties.

Resolution 30H-2017 called for an amendment to the ADA Bylaws, and created the ADA National Commission on Recognition for Dental Specialties and Certifying Boards.

At our December meeting, the ADA Board of Trustees considered nominations and then chose the nine general dentist appointees for this new commission. The ADA is requesting that the sponsoring organizations of the nine recognized specialties make their own appointments. The new commission is expected to hold its first meeting in 2018, likely in spring or summer.

The establishment of the new commission will enhance the specialty recognition program that sets requirements designed to help dentists excel throughout their careers and the public ascertain the importance of educationally qualified and board certified dental specialists, according to the ADA Board of Trustees report that accompanied the resolution.

Previously, the ADA House of Delegates determined the recognition of dental specialties, organizations and certifying boards. According to the report, that process carried financial and reputational risks.

The Board report stated that "while the process will be grounded in the existing ADA Requirements for the Recognition of Dental Specialties and national Certifying Boards for Dental Specialists as approved by the ADA House of Delegates, the decision to grant or deny recognition to a dental specialty must rest with a new commission."

The Board's decision to explore a new commission was made after it charged the Task Force on Specialty and Specialty Certifying Board Recognition to evaluate the process and criteria by which specialties and specialty certifying boards are recognized.

The Board and task force created a list of principles that guided them in developing a proposal to revise the process. These principles included:

- The process must be grounded in objective standards that protect the public, nurture the art and science of dentistry and improve the quality of care.
- The process must serve to reduce potential bias or conflicts of interest, or the perception of bias or conflicts of interest, in the decision-making process.
- The process must include multiple steps, including provisions for appeal.

The board is confident that the creation of this commission can accomplish these principles and decrease the perceived bias and reputational risk to the ADA that occurred with our previous longstanding process of specialty recognition.

As always, I am honored to represent the First District at the ADA board table. Many times in our profession, we in New England, are faced with the impending changes or issues, sooner than our colleagues in other parts of the country. This provides us with a different perspective and I am proud to present that perspective as the future of our profession is changing and often times, New England is on the cusp of that change!

As always, feel free to contact me at any time with any concerns, questions or issues you may have. I am your conduit to the ADA Board and I am happy to do so.



*Judith Fisch, DDS*  
fischj@ada.org



# FINAL LEGISLATIVE REPORT 2017

## THE LEGISLATIVE SESSION IS OVER

At long last, the 2017 Legislative session is over. The last batch of 82 public laws passed in the late September session have been approved by the Governor.

There were 1387 bills introduced in the House and 1030 in the Senate. The 2417 were heard and thoroughly vetted by the Committees in the House and Senate. In total this session, the Legislature enacted 480 new Public Laws.

One of the most important bills impacting dentists is the amendment to the Post Payment Audit Statute that sets a review standard by which the provider is to be judged. It also reduced the audit look back period from 24 months to 18 months for dental plans.

This abbreviated report is broken down into several categories pertaining to dentists and dentistry. For a complete report, please visit our website at: [www.ridental.org/member-center](http://www.ridental.org/member-center).

**INSURANCE CREDENTIALING OF PROVIDERS:** 2017 Public Laws Chapter 185 (H 5219), 2017 Public Laws Chapter 254 (S 145A). This new law deals with provider credentialing with insurance plans. For applications for credentialing received after January 1, 2018, the health entity or plan will have no longer than 45 days from the date of receipt to act on a request for credentialing with the health entity or plan. The health plan or entity shall also provide the applicant with an automated application status update at least every 15 days after submission.

**POST PAYMENT AUDIT STANDARDS:** 2017 Public Laws Chapter 375 (H 5634B), 2017 Public Laws Chapter 368 (S 497A). This new law amends the post payment audit law that allows health insurance companies reach back beyond eighteen months in an audit of a provider. It sets a standard that defines when an insurer can go back beyond the eighteen month period. It amends the existing statute as follows: "This section shall not restrict any review, audit, or investigation regarding claims that are submitted fraudulently, are **subject to a pattern of inappropriate billing** known or should have been known by the health care provider to be a pattern of inappropriate billing according to the standards for provider billing of their respective medical or dental specialties."

**LAW ENFORCEMENT ACCESS TO THE PRESCRIPTION MONITORING PROGRAM DATABASE:** 2017 Public Laws Chapter 263 (H 5469A) and 2017 Public Laws Chapter 262 (S 656Aaa). This law allows certain law enforcement entities to access data within the prescription monitoring database. These

records would be available to "certified law enforcement prescription drug diversion investigators". This term includes the US Food and Drug Administration, Drug Enforcement Administration, Federal Bureau of Investigation, Office of Inspector General of the US Department of Health and Human Services, and the Medicaid Fraud and Patient Abuse Unit in the office of the Rhode Island Attorney General. The language of this law provides that information contained in any prescription drug monitoring database maintained by the Department of Health shall be disclosed only "by a Department employee to a certified law-enforcement prescription drug diversion investigator of a qualified law enforcement agency for use in an investigation". The certified law enforcement investigator shall provide to the Department of Health, credentials assigned by the Department and the case number of the investigation. They shall submit quarterly reports to the Department of Health containing a written verification that the inquiries were part of a lawful prescription drug diversion investigation, a brief description of each case closed, and disposition of the investigation.

**REIMBURSEMENT FOR MEDICAL RECORD COPIES:** 2017 Public Laws Chapter 140 (H 5455A) and 2017 Public Laws Chapter 120 (S 486B). This law requires that the Department of Health enact regulations that establish reasonable charges for expenses incurred in responding to requests for copies of medical records. Every healthcare provider shall provide records to a patient, a patient's authorized representative, or a third-party requester in electronic format for which the charge for handling shall not exceed a fee for clerical services, research, and handling of twenty-five dollars (\$25.00), inclusive of shipping costs and the costs of data retrieval and/or the data storage device used to transport the medical records. Provided, however, that fifty cents (\$.50) per page for the first one hundred (100) pages and twenty-five cents (\$.25) per page for all pages thereafter may be charged. In no event shall the charge for pages exceed one hundred dollars (\$100). For non-electronic records, the charges shall not exceed a fee for clerical services, research, and handling of twenty-five dollars (\$25.00), inclusive of retrieval costs, plus actual shipping costs: provided, however, that fifty cents (\$.50) per page for the first one hundred (100) pages and twenty-five cents (\$.25) per page for all pages thereafter may be charged. Copies of x-rays or films not reproducible by photocopy shall be provided at the health care provider's actual cost for materials and supplies. In addition, the requester shall pay reasonable fees for clerical services, research, and handling, not to exceed twenty-five dollars (\$25.00) plus actual shipping costs incurred. A special handling fee of ten dollars (\$10.00) may be charged if the records must be delivered to the patient or authorized representative or third-party requester within forty-eight (48) hours of the request. A third-party requester means



any person or entity presenting a patient signed Health Insurance Portability and Accountability Act (HIPAA)-compliant authorization allowing them to obtain a copy of the patient's medical records or reports.

**OPIOID PRESCRIPTIONS - DISCUSS RISKS WITH PATIENT:**

2017 Public Laws Chapter 207 (H 6307) and 2017 Public Laws Chapter 250 (S 493A). This law requires that a healthcare professional who is authorized to issue prescriptions shall, prior to issuing an initial prescription for an opioid drug, specifically discuss with the patient who is eighteen (18) years of age or older, or the patient's parent or guardian if the patient is under eighteen (18) years of age, the risks of developing a dependence or addiction to the prescription opioid drug and the potential of overdose or death; the adverse risks of concurrent use of alcohol or other psychoactive medications and the patient's or the minor patient's parent or guardian's responsibility to safeguard all medications; and, if the prescriber deems appropriate, discuss such alternative treatments as may be available. For patients in recovery from substance dependence, education must focus on relapse risk factors. This discussion shall be noted in the patient's record. The Director of the Department of Health shall develop and make available to prescribers guidelines for the discussion required pursuant to this subsection. The discussion required under this subsection shall not be required prior to issuing a prescription to any patient who is currently receiving hospice care from a licensed hospice.

The 2017 General Assembly is now in the rear view mirror. The 2018 Legislative Session is right around the corner. This will be an election year and the budget will take on additional significance.

We urge you to consider what legislative changes you would want us to work on next session and to develop our legislative agenda before January. We will continue to build upon and to sustain the successful relationships and grass roots network that we will need to support our 2018 Legislative Agenda.



Patrick J. Quinlan, Esq.  
Christy B. Durant, Esq.  
Quinlan & Durant  
Lobbyists for Rhode Island Dental Association

# CHILDREN'S HOLIDAY PARTY

The Rhode Island Dental Association's First Annual Children's Holiday Party was a success! The Warwick Center for the Arts is a beautiful venue and our magician, Dennis Blanchard, and Santa really wowed the kids. Everyone who attended donated a toy (or two!) for us to drop off at Children's Friend, located in Providence, RI. Each year, Children's Friend collects gifts of clothing and toys to make the winter holidays a special time for Rhode Island's most vulnerable families. We want to thank everyone who was able to join us and we hope to see some new faces join us next year!





# RIDA CONTINUING EDUCATION 2018

February 21, 2018 | 8:30am-4:30pm

**THIS FULL DAY COURSE ON OPIOIDS WILL CONSIST OF 3 PRESENTATIONS TO FULFILL THE REQUIRED EIGHT (8) CEUS FOR SCHEDULE II PRESCRIBERS.**

*\*As of February 2017, any practitioner who prescribes a Schedule II opioid in Rhode Island, is required to successfully complete eight (8) hours of Category I CME (or equivalent in CEU/CE) in any of the following topics:*

*(1) Appropriate prescribing of opioids for pain; (2) Pharmacology; (3) Adverse events; (4) Potential for dependence; (5) Tolerance; (6) Addiction; (7) Alternatives to opioids for pain management.*

*Credits are needed once per career and must be completed before renewal of a controlled substance registration or within two (2) years of this regulation, which ever is longer.*

**\* Registration and sign-in for the course on 2.21.18 begin at 7:45 am - lunch is included \***

## ▼ PRESENTERS ▼

**Dr. Richard Wynn**  
"Pharmacotherapy in Dentistry"  
February 21, 2018  
8:30am-2:30pm 6 CEUs

During this lecture, Dr. Richard Wynn will discuss the latest issues affecting pharmacotherapy in dentistry. These issues will include: mitigating the prescribing of opioids, non-narcotic pain relievers to reduce opioid prescribing, drug interactions involving NSAIDs and opioids with other drugs and supplements, the national PDMP concept update and scheduled drug prescribing, plus much more.



**Erin McDonough**  
"Nalaxone Training for Dentists"  
February 21, 2018  
2:30pm-3:30pm 1 CEU

Drug overdose is the leading cause of accidental death for adults in Rhode Island, claiming multiple lives each week. Opioid overdose, involving both prescription pain medications and illicit drugs, is an issue that impacts all RI residents, regardless of socio-economic status, race, age, or gender. Most overdose fatalities are preventable if bystanders and first responders have appropriate training and are prepared to respond in an effective manner. This curriculum is designed to prepare individuals to recognize and respond to an overdose.



**A Presentation by**  
**COAAST**  
February 21, 2018  
3:30am-4:30pm 1 CEU

Creating Outreach About Addiction Support Together, or COAAST, is a community-centered organization whose programs highlight addiction as a family disease. They believe the opposite of addiction is connection and they use this framework as a guide. This one hour presentation will expose the secrecy that shrouds the topic of addiction by highlighting the importance of support and family.

**SAVE THESE DATES!**

**September 19, 2018**  
9:00am-4:00pm

**November 7, 2018**  
9:00am-4:00pm

**REGISTER ONLINE**

[WWW.RIDENTAL.ORG/EDUCATION/CE/REGISTER](http://WWW.RIDENTAL.ORG/EDUCATION/CE/REGISTER)



All 2018 CE courses will be at the Quidnessett Country Club  
950 North Quidnessett Rd. | North Kingstown, RI 02852

**April 18, 2018 | 9:00am-12:00pm**

**Karen K. Daw, MBA  
"OSHA & Infection  
Control Training"  
3 CEUs**

Overwhelmed by rules and regulations? Buried by unnecessary recordkeeping? Unsure of what is required by the Occupational Safety and Health Administration (OSHA) or the Centers for Disease Control and Prevention (CDC)? Karen Daw, "The OSHA Lady," provides infection control and safety training in a fun, funny, and informative format! This presentation is designed to help you understand federal laws and guidelines as they pertain specifically to dentistry.



**DON'T FORGET! OSHA IS REQUIRED YEARLY FOR ALL DENTAL PROFESSIONALS!**

**May 16, 2018 | 9:00am-12:00pm**

**Christy Durant, Esq.  
Pat Quinlan, Esq.  
"HR & Compliance"  
3 CEUs**



This course is designed to be an "everything but the kitchen sink" seminar to answer the most common questions frequently posed to our legal team about everyday issues that arise in operating a dental practice as well as provide education and guidance on proper compliance with the same. Topics will generally include: Employee handbooks, proper hiring and termination practices, at-will employment, federal and state poster requirements, harassment and discrimination, dental record maintenance, HIPAA/HITECH compliance and office safeguards, and compliance with the Controlled Substances Act. This is an opportunity to have a one-on-one lecture with our legal team and will allow for open discussion time for members to address other topics that are important to their practice.

*This course is followed by our annual Presidents Luncheon in the Narragansett Room at the Quidnessett Country Club from 12pm-1:30pm. During the luncheon we give out our annual awards, celebrate all our Past Presidents, honor our outgoing President, Dr. George Gettinger, and welcome our incoming President, Dr. Jennifer Torbett. If you are interested in attending, please call RIDA at (401) 825-7700.*

**FEBRUARY 28, 2018 | 6:00pm - 8:00pm**  
**875 Centerville Rd., Bldg. 4, Suite 12, Warwick, RI 02886**

Please join us and Citizens Bank here at the RIDA Executive Office on February 28th for two brief presentations covering Business Credit Cards, Business Checking/Accounts, Business Lending, and Investment Services. This presentation is free and will include pizza, salad, and beverages for all who attend. This is a great time to ask questions and hear about different financial options for your business.

**"Citizens Investment Services is the wealth management division of Citizens Financial Group and we work in concert with Citizens Bank to help with all of our customers financial needs. We specialize in helping small business owners and families plan prepare and save for retirement and can establish investment portfolios registered in a business account as well as for an individual. We have all of these same investment offerings you would traditionally find at a Fidelity, Merrill Lynch or Morgan Stanley. However, we are a bank and clients often have money here as they want it to be safe. Resultantly, we have many unique offerings that offer downside protection for when markets do not cooperate."**

Registration can be done on the RIDA website at: <http://www.ridental.org/education/other-rida-events>



# RHODE ISLAND MEDICAL SOCIETY PHYSICIAN HEALTH PROGRAM

*Founded in 1978, the Physician Health Committee is a standing peer review committee of the Rhode Island Medical Society. The Committee provides ongoing oversight to program staff responding to physician health issues, such as medical illnesses (for example, neurological disorders), substance use and psychiatric disorders, as well as coping with stress and burnout. We also evaluate for possible underlying health issues which may be contributing to identified disruptive or ethical behaviors.*

## Concerned About the Well Being of a Doctor?

The Rhode Island Medical Society's Physician Health Program (RIPHP) has helped hundreds of physicians, dentists, podiatrists and physician assistants address personal health issues that can sometimes compromise professional performance. As a peer review body, the Physician Health Program and its Committee have the strong protection of both Rhode Island and federal law for the confidentiality of its work.

## Common Warning Signs

The presence of the following signs can identify an individual whose health or performance may be impaired. Even if you are not certain a problem exists, it is important to contact the Physician Health Program for assistance.

## How to Make a Referral to RIPHP

If you are concerned about yourself or a colleague, call the RIPHP office at (401) 443-2383, and ask to speak with the Program Director. In an emergency, if you have been unable to reach the Program Director, the outgoing voice message will provide you with a contact number for a member of the Physician Health Committee.

### Performance Changes

- Misses appointments
- Makes rounds at unusual hours
- Can't be reached when on call
- Sloppy charting
- Smell of alcohol on breath during the day

### Physical Changes

- Loss of appetite or reduced level of exercise
- Looks tired; admits to insomnia
- Personal hygiene deteriorates
- Physical problems are self treated

### Attitude/Behavior Changes

- Rapidly turns from compassionate and caring to abrupt/caustic
- Withdraws from friends and activities
- Becomes mistrusting, anxious, depressed, and irritable

### Relationship Changes

- Family communication deteriorates
- Frequent arguments, spouse blamed
- Occurrence of spouse, child abuse
- Children may exhibit poor school performance
- Jealousy, infidelity leading to separation, divorce

### Contact the RIPHP:

405 Promenade St.  
Providence, RI 02908  
P: (401) 443-2383  
F: (401) 273-4001

## RIDPAC RHODE ISLAND DENTAL POLITICAL ACTION COMMITTEE

With the 2018 legislative session now upon us, your voluntary contributions to the Rhode Island Dental Political Action Committee are more important than ever. Your financial donations provide RIDPAC the access needed to discuss issues of importance to the dental profession with candidates for state office. RIDPAC supports candidates for elected office for the benefit of our members, their patients, and the oral health of all Rhode Islanders.

### Please consider giving at one of the following RIDPAC Champion levels

RIDPAC Sustaining Dues -	\$125
Bronze Champion Membership -	\$150
Silver Champion Membership -	\$250
Gold Champion Membership -	\$500

*All contributions must be made by personal check. Contributions will be targeted to assure the reelection of legislators who listen to dentists! Checks should be made out to RIDPAC and sent to*

*875 Centerville Rd. | Bldg. 4, Suite 12 | Warwick, RI 02886*



# ADA MEMBERSHIP CATEGORIES

There are approximately 161,000 dentists and 18,000 students that are members of the American Dental Association. There are many more categories of membership than dentist and student however. They are good to know as one day you may fall into a different category. It also helps when speaking with potential new members. So, let's take a brief look at each one.

**1. American Student Dental Association (ASDA) and ADA Predoctoral Membership (Student Membership):** \*When a dental student joins, they become members of both ASDA and the ADA. ASDA members are assigned a membership ID. Should they continue as ADA members beyond obtaining their license, their ID will remain the same. \*Non-US predoctoral students may be eligible for International Predoctoral Dental Student Membership.

**2. Graduate Student Membership:** Students enrolled full-time in an accredited advanced training course may be eligible for Graduate Student membership. This category applies to post-doctoral students entering a graduate program immediately following dental school graduation.

**3. Federal Dental Services (FDS) Membership:** Full-time military or federal government service employees are eligible to apply for FDS membership. FDS members pay dues at the national level, but not local or states. Tripartite membership may be possible but would depend on where the FDS member was practicing.

**4. International Membership:** Dentists practicing outside the US that were not educated in the US are eligible for International membership.

**5. United States Educated Dentists Practicing Abroad:** US-educated dentists currently practicing outside of the United States who are not eligible for membership in a constituent and component dental society may join the ADA directly as an International member.

**6. Provisional Membership:** Recent graduates of dental school that have not yet secured a practice location may be eligible for membership under this category.

**7. Life Membership:** Life members are those who have been a member for 30 consecutive years (or 40 total years) and are at least 65 years old. A life member (aka active life member) is a dentist that has reached life membership status but is still earning an income from dentistry. Active life members receive a 25% dues discount from the ADA. In Rhode Island, the discount extends to both the state dental association and component dues. It is important to note that life members do not receive a notification letter from the ADA when they have been elected into this category. Your local component or state dental association does however track this information, and should this category apply, will adjust the member dues cost accordingly.

**8. Retired Membership:** Retired membership is available to active members in good standing who are no longer earning an income from dentistry. There are two retired membership categories; Retired Member and Retired Life Member. The qualifications for Retired Life Member are the same as the Life Membership requirements above. Retired Life Members pay no dues to the ADA and Retired Members receive a 75% discount until they are eligible for Retired Life. In Rhode Island, the discounts extend to both the state and local component dues. To move into this category, a retired dentist must complete a Retired Membership Affidavit. Once completed, forward the form to your respective dental society/association for approval.

**Retired Affidavit**

ADA American Dental Association  
Annual dues, access for health  
211 East Chicago Avenue, Chicago, Illinois 60611  
ADA.org

Please print or type all information.

**To Be Completed by the Member Dentist**

Retired membership is available to an active member in good standing who has been in the member and is a constituent member of a constituent society or local society who no longer earns an income from the performance of services as a dentist or dental student or dental hygiene student as a result of any activity for which a license to practice dentistry or dental hygiene is required by the state.

Retired membership is available to a member who meets the above requirements for retired membership and who wishes to be eligible for life membership. Life membership is available to a member who has been a member for 30 consecutive years (or 40 total years) and are at least 65 years old. A life member (aka active life member) is a dentist that has reached life membership status but is still earning an income from dentistry. Active life members receive a 25% dues discount from the ADA. In Rhode Island, the discount extends to both the state dental association and component dues. It is important to note that life members do not receive a notification letter from the ADA when they have been elected into this category. Your local component or state dental association does however track this information, and should this category apply, will adjust the member dues cost accordingly.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Consent to be elected to:  Retired Membership  Retired Life Membership in the American Dental Association state constituent society or local society.

that I am currently a member in good standing of the \_\_\_\_\_ constituent society or local society and that I was born \_\_\_\_\_ and have been from the practice of dentistry effective \_\_\_\_\_

I am no longer earning income from the performance of services as a member of the faculty of a dental school, as a dental student or dental hygiene student, or as a practitioner of any activity for which a license to practice dentistry or dental hygiene is required.

Current Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home/Personal Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home/Personal Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home/Personal Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please send your completed form to your local dental society. They will forward to your state society, who will return to the ADA. Contact information for state and local societies is located on ADA.org/membership.

**Federal Dental Service Membership Application**

ADA American Dental Association  
Annual dues, access for health  
211 East Chicago Avenue, Chicago, Illinois 60611  
ADA.org

Please print or type all information. You may also print and sign this form.

Direct membership in the American Dental Association is available to dentists serving full-time on the duty with one of the Federal Dental Services. Please refer to the ADA website for more information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ADA ID Number (if known): \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_  
Specialty Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home/Personal Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home/Personal Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Branch of Service/Verification of Service: Please check your branch of service below.  
 U.S. Army  U.S. Navy  U.S. Marine  U.S. Coast Guard  U.S. Public Health Service  Veterans Affairs

Previous Education:  
Dental School: \_\_\_\_\_ Country: \_\_\_\_\_  
Graduate School: \_\_\_\_\_ Country: \_\_\_\_\_  
Advanced Education Program:  
Specialty: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Advanced Education Program:  
Specialty: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Program Verification/Registrar's Stamp:  
This is to verify that the above dentist is currently employed by the Federal Dental Service. This stamp is valid for one year from the date of issuance.  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

License Information:  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Please list all dental licenses and specialties (include corresponding license numbers): \_\_\_\_\_

Payment:  
 I am applying for membership in the Federal Dental Service. I understand that I will be required to pay the membership dues for the year of my application.  
 I am applying for membership in the Federal Dental Service. I understand that I will be required to pay the membership dues for the year of my application.  
Card #: \_\_\_\_\_ Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**U.S. Licensed Dentists Practicing Abroad Membership Application**

ADA American Dental Association  
Annual dues, access for health  
211 East Chicago Avenue, Chicago, Illinois 60611  
ADA.org

Please print or type all information. You may also print and sign this form.

Direct membership in the American Dental Association is available to dentists practicing in the United States who are not eligible for membership in a constituent and component dental society, may join the ADA directly as a U.S. Licensed Dentist practicing abroad member.

Please complete all sections of this application. Please print or type all information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ADA ID Number (if known): \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_  
Specialty Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home/Personal Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home/Personal Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Education and License:  
Dental School: \_\_\_\_\_ Country: \_\_\_\_\_  
Graduate School: \_\_\_\_\_ Country: \_\_\_\_\_  
Advanced Education Program:  
Specialty: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Advanced Education Program:  
Specialty: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Program Verification/Registrar's Stamp:  
This is to verify that the above dentist is currently practicing in the United States. This stamp is valid for one year from the date of issuance.  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

License Information:  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Please list all dental licenses and specialties (include corresponding license numbers): \_\_\_\_\_

Payment:  
 I am applying for membership in the American Dental Association. I understand that I will be required to pay the membership dues for the year of my application.  
 I am applying for membership in the American Dental Association. I understand that I will be required to pay the membership dues for the year of my application.  
Card #: \_\_\_\_\_ Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Provisional Membership Application**

ADA American Dental Association  
Annual dues, access for health  
211 East Chicago Avenue, Chicago, Illinois 60611  
ADA.org

Please print or type all information. You may also print and sign this form.

Direct Provisional membership in the American Dental Association is available to new dental school graduates who have not established a practice location, and therefore may be eligible to join the constituent and component society. Provisional membership is also extended to graduates of an unaccredited dental school, who have not yet received a license to practice dentistry in a jurisdiction in which there is a constituent dental society. Provisional membership must be approved for within 12 months of graduation and expires December 31 of the second full calendar year following the year in which the degree was awarded.

Please complete all sections of this application. Please print or type all information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ADA ID Number (if known): \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_  
Specialty Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home/Personal Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Education and License:  
Dental School: \_\_\_\_\_ Country: \_\_\_\_\_  
Graduate School: \_\_\_\_\_ Country: \_\_\_\_\_  
Advanced Education Program:  
Specialty: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Advanced Education Program:  
Specialty: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Program Verification/Registrar's Stamp:  
This is to verify that the above dentist is currently practicing in the United States. This stamp is valid for one year from the date of issuance.  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

License Information:  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Please list all dental licenses and specialties (include corresponding license numbers): \_\_\_\_\_

Payment:  
 I am applying for Provisional membership. I understand that I will be required to pay the dues for the period between dental school graduation (or date of licensure for non-US dental school graduates) and December 31 of the following calendar year. No payment is required if U.S. licenses are required for Provisional membership.

Applicant Signature:  
I hereby apply for Provisional membership in the American Dental Association and request to abide by the Bylaws and the Principles of Ethics and Code of Professional Conduct of the American Dental Association. I understand that I will be required to pay the membership dues for the year of my application.  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

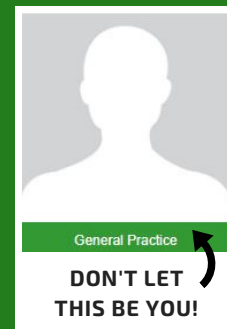
To view all membership categories, visit:

[www.ridental.org/member-center/join-renew](http://www.ridental.org/member-center/join-renew)



# MAXIMIZE *your* EXPOSURE

It's no question that dental patients are looking to the internet and social media to help them find a dentist. The ADA Find-a-Dentist tool allows patients to search their zip code for dentists in their area. When a patient does a search, not only are they more inclined to call a dentist with a picture, but dentists who have updated their photos also show up first on the search. To maximize your exposure, be sure to update your ADA profile TODAY by visiting our website at [www.ridental.org](http://www.ridental.org) and clicking on the "UPDATE YOUR MEMBER PROFILE!" box.



## MEMBER BENEFITS - MEDIATION SERVICES

Trust is essential to the relationship between a dentist and their patients. No matter how much effort there is on the part of the dentist and the patient to discuss treatment and expectations, complaints are inevitable. Oftentimes, trust can be undermined by a simple miscommunication. While open communication is ideal from all parties, patients can be uncomfortable openly expressing their concerns or displeasure. For this, they often turn to the Rhode Island Dental Association with their complaints or concerns. As a benefit to our members, the RIDA is able to resolve many of these calls and emails from the public by acting as a sounding board and by providing the patient with the proper education. Occasionally, these problems demand a little more attention. For those matters, the Rhode Island Dental Association's Peer Review Program is an available option.

Peer Review is an impartial, confidential way to resolve complaints about the appropriateness of care and quality of treatment performed by RIDA member dentists. The Peer Review Committee consists of dentists from each of our seven (7) components who volunteer their time and expertise to carefully consider questions about the appropriateness or quality of care, or about the fees charged in a given set of circumstances. The committee members are unbiased and their services are available to all members. To begin the process, the patient (or dentist) must submit an *Agreement to Submit to Peer Review* to the RIDA. All necessary documentation is obtained and any monies owed to the dentist are deposited in an escrow account with RIDA pending the outcome of Peer Review. The paperwork is then sent to a member of the Peer Review Committee for mediation and if necessary, the committee may meet to discuss the case and examine records, and possibly conduct a clinical exam.

The Rhode Island Dental Association's *Agreement to Submit to Peer Review* is a legally binding contract. Both patients and dentists agree that the decision and award of the Peer Review Committee shall be binding. Participants agree to waive the right to sue the other party on the facts or issues decided by the Committee in any court action or proceedings. There are certain instances where a complaint does not qualify for Peer Review, such as when the treatment was performed in a dental school, clinic, or hospital, or was paid for by Medicaid or Medicare. For more information on Peer Review, to volunteer as a member of the Peer Review Committee, or to obtain an *Agreement to Submit to Peer Review*, please contact the Executive Office at (401) 825-7700 or [info@ridental.org](mailto:info@ridental.org).

Dentists are held to a high standard of professional and public credibility. Peer Review provides the most palpable opportunity for the dental profession to demonstrate dentistry's continued commitment to maintaining this high standard of professional care.

### Something to Smile About

Do you shop Amazon? If you make one small change to how you order, Amazon will donate 0.5 percent of your total purchase price to the Rhode Island Dental Foundation. The best part is - it won't cost you a thing!

Simply use the website [smile.amazon.com](http://smile.amazon.com) instead of going to the traditional Amazon site. Sign in with your usual Amazon login and when prompted, insert "Rhode Island Dental Foundation" or the EIN number 05-0517366 to have donations earmarked to support foundation programs.

We appreciate your support!



### Get special access on deluxe travel programs to exotic locales.

- Most trips are 7-14 days and include on-site tour directors leading small groups.
- Visit the iconic sites and get special access to unique cultural experiences.
- AHI Travel helps Members book airfare, plan pre- or post-trip extensions, and more
- ADA Members receive an early booking discount of \$250 per person

844.205.1171 | [ada.ahitravel.com](http://ada.ahitravel.com)



# ORAL HEALTH PROGRAM UPDATES FROM THE DENTAL DIRECTOR

As we begin 2018, I want to highlight some of the programs and activities that may be of interest to dentists.

Thanks to everyone who participated in the Dining with the Dentist program this past October at Spain Restaurant in Cranston. The event was created through the work of the Perinatal and Infant Oral Health Quality Improvement grant (PIOHQI). Thanks to the hard work of RIDOH Oral Health Program Manager Sadie DeCourcy; Rhode Island Oral Health Commission Co-chair Marie Jones-Bridges; and physician colleagues Jennifer Levy and Lisa Littman; dental and medical colleagues came together to learn and to network with the goal of increasing referrals and improving quality of care. Be on the lookout for similar programs in your area in the months ahead.

RIDOH's annual Mini-Residency will be held on March 9 and 10 at the Crowne Plaza in Warwick, and is open to all dental providers. Attendees are eligible for more than 12 credits during the two days. This year's theme, Communication Tools and Trends, covers topics dentists typically may not discuss and skills to better communicate with the diverse populations in your practice. The sessions are being developed to answer questions like:

- What are best strategies to counsel patients with addictions?
- What are approaches to bring up potentially difficult topics?
- What works when communicating with fearful patients, with patients who have experienced sexual abuse, or patients who use interpreter services?

Register online at [health.ri.gov/dental](http://health.ri.gov/dental) in the Continuing Education/Training section. Deadline to register is March 5. RIDOH's Office of Primary Care and Rural Health has agreed to provide a limited number of scholarships for oral health providers who work in a rural area. The scholarships will cover the registration fee.

In this issue, there is an abridged version of RIDOH's Dental Safety Net Report. We hope you will go to our website to read the complete findings. A large part of what RIDOH's Oral Health Program does, and is supported to do through our CDC Grant, is surveillance. With help from our partners at the Association for State and Territorial Dental Directors (ASTDD) and thanks in part to our collaboration with the Brown University

## REGISTER NOW!

### 2018 Rhode Island Dentistry Mini-Residency: Communication Tools and Trends



Friday and Saturday, March 9-10, 2018  
**CROWNE PLAZA HOTEL, WARWICK, RHODE ISLAND**

**This two-day program will help Rhode Island dentists, dental hygienists, dental assistants, and residents/students learn best practices for effective patient communication and engagement.**

**REGISTRATION: [health.ri.gov/dental](http://health.ri.gov/dental)  
under Continuing Education/Training**



Sponsored by the Rhode Island Department of Health Oral Health Program



School of Public Health, we work to collect and assemble data that are of value to our stakeholders. In future issues and on RIDOH's website, we hope to share new data regarding the oral health of older adults in Rhode Island and emergency room use for dental concerns. Great thanks are due to Junhie Oh, BDS, MPH, who provided significant epidemiology work to our program for many years and now manages RIDOH's Cancer Registry.

I am happy to share some important information from colleagues in the Office of Primary Care and Rural Health:

Health Professional Loan Repayment Program

The Rhode Island Health Professional Loan Repayment Program provides up to \$50,000 in loan repayment for health professionals working with underserved populations. Applicants must meet eligibility requirements, and incur a two-year obligation for full-time service (four years for part-time service) at an eligible site. Applications from Dentists and Dental Hygienists are welcome.

Applications deadline is February 14. More information is posted on RIDOH's website at [http://www.health.ri.gov/programs/detail.php?pgm\\_id=179](http://www.health.ri.gov/programs/detail.php?pgm_id=179)

Health Inventory

The Rhode Island Health Inventory will be distributing surveys to medical and dental practices across the state. The Health Inventory is legislatively mandated (RIGL 23-93-5) and the data are used to assist healthcare planning efforts. RIDOH has collaborated with partners across the state to ensure the questions asked are only those for which other data sources are not available. The assistance of the dental community in this data collection effort is appreciated.

Finally, several of us look forward to traveling soon to University of New England in Maine to spread the word to dental and dental hygiene students that Rhode Island is a great a place to live and work. For a data snapshot of changes in Rhode Island's dental workforce, see Figure and Table below.

I am grateful to a diverse group of young dentists who have gone with me to promote oral health careers in high schools across the state including Woonsocket, Chariho, Cranston West, Classical in Providence, the #TURNUPRI Youth Summit and more.

In February, we are hosting a four-part series of presentations about dental careers for pre-dental students from Brown, Providence College, URI, and other colleges. I am grateful to Dr. Mahra Rubinstein and her father, Michael, who helped coordinate this program, and to the Rhode Island Dental Association for hosting two of the four evenings. If you know of a college student or high school senior who may be interested, see [health.ri.gov/dental](http://health.ri.gov/dental) under Continuing Education/Training.



Please visit the following websites for resources and webinars of interest:

- MCH - Oral Health Resource Bulletin: <https://www.mchoralhealth.org/PDFs/ResBltn39.pdf>
- The Partnership to Reduce Cancer in Rhode Island hosted a webinar on HPV and Oropharyngeal Cancer: <http://acswebmeetings.adobeconnect.com/pf95xk292r1a/>
- Oral Health American Webinars: <https://tinyurl.com/ydyh8gsk>

Figure: Actively Practicing Dentists in Rhode Island, 2005-2018

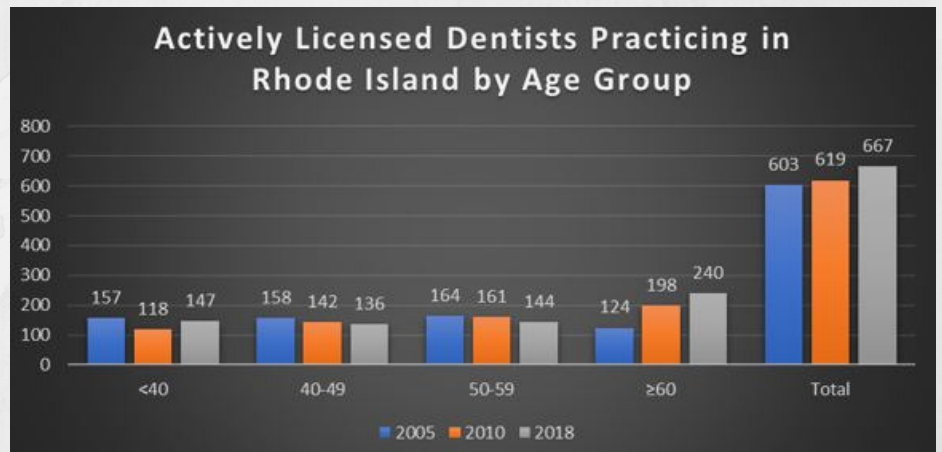


Table: Actively Licensed Dentists Practicing in Rhode Island, By Age Group, 2017

Dentist Age	22-29	30-39	40-49	50-59	60-69	70-79	80-89	90-99	Total
Number	12	135	136	144	163	65	11	1	667
Percentage	1.8%	20.2%	20.4%	21.6%	24.4%	9.7%	1.6%	0.1%	100%

Source for Table and Figure: Rhode Island License Database (License2000®) 2005, 2010, 2018. RIDOH's Office of Health Professions Regulation



# RHODE ISLAND ORAL HEALTH COMMISSION - PASSING ON THE GAVEL

As we look forward to 2018, the Rhode Island Oral Health Commission pauses and reflects on this past year and the accomplishments of its partnerships.

Using the Mission of the RIOHC as a fundamental platform in assessing moving the needle to improved oral health care for the citizens of Rhode Island, we are able to be objective in our analysis. The Mission's key objectives are:

1. Formulating and promoting sound oral health policy.
2. Increasing awareness of oral health issues and;
3. Assisting in promotion of initiatives for the prevention and control of oral diseases

In seeking to address numerous points of interest associated with these three objects, the Steering Committee of the Commission has further defined areas of concern into workgroups. Members of the Steering Committee, along with interest stakeholders of the Commission, gather together at periodic intervals to discuss barriers, evidence-based research pertaining to topic, and possible methods of resolutions to the issues. Because the workgroups are composed of individuals who share a common interest, the discussions are lively and strive to inch the needle ahead no matter how small that movement may be. The workgroups are chaired by:

- Safety Net Workgroup: Chaired by Dr. Maryam Rayani & Kathleen Keable
- Workforce: Chaired by Dr. Christine Bender Myles & Dr. Marian Royer
- Perinatal Infant Oral Health Quality Improvement Project (PIOHQI): Chaired by James Beasley
- Preventative Modalities: Chaired by Colleen St. John & Kim Vale
- Long Term Care Coordinating Council: Chaired by Dr. Samuel Zwetchkenbaum

The Commission has quarterly meetings at which specific topics are presented. Previous presenters have been: Oral Healthcare Curriculum Handbook for Elementary Grade level School Nurses Reference Guide; 211-Community Resources Information Network; Rules and Regulations pertaining to Dental Assistants/Public Health Dental Hygienists; Workforce Transformation Initiative, to name a few. In addition, an Annual Summit is held. This year will focus on the Adult Aging population and will be held on May 9th at the Downtown Marriott in Providence.

As I have completed my 2 year term as Co-chair of the RI Oral Health Commission, I would like to take this opportunity to acknowledge the dedication, commitment, vision, and humor that I have experienced with the members of the Commission and most importantly the Steering Committee. During the past two years, we have completed the 2017-2021 State Oral Health Plan, explored the issue of Emergency Room Divergence, and highlighted the advantages of Medical-Dental Integration. Everyday the Commission is recognized for its contribution in arenas where oral health issues were previously not considered as a health factor of Rhode Islanders.

In passing the gavel to Dr. Marian Royer, I know the Commission is in good hands and will continue their efforts to push the needle forward.

RIOHC together with RIDA invite you, along with others members of the dental community, to volunteer at the Children's Dental Health Month Fair at the Warwick Mall on Saturday February 17, 2018. Contact the RIDA for more information (401) 825-7700.

Thank you for the opportunity of representing both oral health and the Rhode Island Oral Health Commission.

Join me in congratulating and extending best wishes to Dr. Marian Royer and the Commission during her term.

Respectfully,

*Marie Jones-Bridges*

Marie Jones-Bridges, CDA, RDH, BS  
2016-2018 RI OHC Co-Chair



# MY VIEW: WHAT I MISS AND DON'T MISS IN MY RETIREMENT

*Huang J. My View: What I miss and don't miss in my retirement. ADA News. 2017;48(8):4-5. Copyright © 2017 American Dental Association. All rights reserved. Reprinted with permission.*

I've been officially retired from dentistry now for 671 days and 14 hours, but who's counting? It's hard to believe that just over a year ago, I was still arguably a respected and productive member of working society. Now, here I sit on a typical Thursday morning — unshaven, disheveled looking, half-naked with my dog at my feet — typing random essays to people I don't know and attempting to connect with colleagues I've never even met. Like many of you, I never really thought much about retirement while I was working. The months and years invariably sneak up on you, suddenly and sadly without much warning at all.

On a recent trip out of town, I ran into a previous patient who asked me if I missed my work. What should have been a simple answer turned out much more complicated than you might imagine. Sure I miss sticking my fingers into someone else's mouth every once in a while, but you can bet that there are many other aspects of my previous work life that I simply don't miss at all. Let me try to explain.

## **What's not missed**

One of the things I don't miss is the early morning wake-up calls. In order to complete my morning rituals in time to be the first one at the office, my alarm was always set for the ungodly hour of 4:30 a.m. Even for an early riser who spent 10 years in Uncle Sam's Army, that takes its toll over the course of several decades. To make up for all those years of early morning exercise, chart reviews and staff huddles, I now restfully roll out of bed each day long after sunrise, casually read the paper over a leisurely breakfast and head out on my hour-long jog with the pooch in tow. When 10 a.m. rolls around, I'm finally ready to start my day. Score one point for retirement.

Trust me, my day no longer consists of putting out office fires. You know the drill (pun intended). It's taxing enough spending most of your schedule hunched over the dental chair coning down teeth, but to also be required to address the sphincter-tightening surprises that inevitably pop up during the course of a normal dental day could send any competent CEO reaching for the nitrous. Over the years I've arrived to a completely flooded office, a bogus law enforcement warrant, psychopathic patients, employee meltdowns, compressor and suction malfunction, on-site burglaries, inner office thermostat wars and the occasional staff mutiny.

As an orthodontist, I survived countless years of the daily afternoon rush where school lets out and your clinic blows up. Combine that with the usual assortment of noncompliant patients, divorced parents who refuse to pay, ambulance-chasing attorneys and greedy landlords and you can easily wonder how I survived at all. Oh yeah, did I mention the jaw-clenching management service organization litigation that dragged on for years? Or how about the time that my business partner invited "Dateline NBC" in for an interview regarding recycled brackets? What the .... ?

Even with all that said, the thing I probably miss the least of all is being a slave to my work schedule. For my entire professional life, I danced in 10-15 minute intervals from dental chair to dental chair, controlled by whatever appointment procedure was booked at a particular appointment time. Regardless of what the management consultants and office gurus proclaim, dentists all know that we're at the mercy of our chairside appointment books. Holiday excursions, family vacations and continuing education trips are unfailingly arranged with that schedule in mind — redeye flights from New Zealand and Chinese jet lag just normal fallout from the profession we have chosen. Simple errands during normal business hours become virtual impossibilities because we're all too busy juggling dental chairs and coddling patients.

## **What I miss**

That's enough whining about the things I don't miss — what are some of the things I do miss about working? First and foremost, I do miss the paycheck — Hey, c'mon, I'm just kidding. Dentistry has provided me far more than what a nerdy first generation immigrant growing up in a Midwestern city could ever hope to achieve. What I really miss most of all are my patients. There's something intensely satisfying about seeing one of your patients grow up right before your eyes, self-esteem and confidence blossoming — due directly to the smile you helped create. Or how about the personal pride of seeing one of your own go on to compete in national pageants or successful business careers or even lucrative National Basketball Association contracts? I miss the gratification of former patients bringing their children in for treatment and sending their friends to see me for no other reason than knowing that I'll take good care of them. I miss being able to provide dental care to deployed soldiers overseas, to underserved children denied access to care through no fault of their own and to adults who after painstakingly providing for their own children, finally have time to seek treatment for themselves. I especially miss the hugs and celebrations on that



special day when treatment is complete and those braces come off.

Besides my patients, I also miss the staff members I worked with. The number of loyal, dedicated and hard-working individuals who poured their heart and soul into making our practice successful is long and diverse. Sure there were the occasional cat fights, bad apples and episodes of intense personal drama, but those things happen within every family unit. And that's exactly how I hope each and every one of our staff viewed themselves — as part of our practice family, bonded together by a common purpose and always having each other's back. Boy, I do miss that part of work a lot — that honor, privilege and camaraderie of serving together with a winning team, now reluctantly forsaken for the independence inherent in being put out to pasture.

It hasn't taken me long in my new life to adjust to my newfound freedoms, though. Discounted mid-week airline flights and shoulder season vacation packages are now a regular part of my retirement arsenal. Instead of dancing from chair to chair, I just dance now — period. I'm no longer a slave to my schedule and feel a definite sense of liberation of being able to write and teach and study at my own leisurely pace. I'm able to savor the time together with friends and family who are important to me and to participate in volunteer projects, mission trips and business opportunities I care deeply about. If all that isn't exciting and fulfilling enough, I'm also able to travel around the country reporting on my favorite sports teams. It's literally a dream come true and I owe it all to bad teeth and crooked smiles. I feel blessed to have been able to make a difference in people's lives and you should too through your calling as a dentist. It hasn't always been easy, but as someone who has experienced many of the highs and lows, the exhilaration and heartache, the good and the bad of our noble and esteemed profession, I'm telling you to cherish all the precious moments along the way. One day you'll probably miss it. Or if you're retired like me, maybe you won't.

*Dr. Huang is a retired orthodontist from Lexington, Kentucky. He currently writes a weekly sports column for regional media outlets in Kentucky.*

# ADA 2018

You had me at

*Aloha!*

**Join your colleagues in Hawaii  
for ADA 2018, October 18-22.**

**Registration opens February 14!**

**ADA member dentists  
who register between February 14-28  
will receive an early bird registration  
fee of \$99!**

PLUS - ADA members can now take advantage of more travel benefits than ever before, including a new service that ships luggage so they don't have to haul heavy bags or other large items around at the airport. Learn more at: [ada.org/en/member-center/member-benefits/travel-benefits](http://ada.org/en/member-center/member-benefits/travel-benefits)

**Register: [ada.org/meeting](http://ada.org/meeting)**



## We want to hear back from YOU!

Something you'd like to read about in the next Journal? Questions you'd like answered? Suggestions? Maybe you'd like to contribute with your own article. Let us know by sending an email to Madeline at [madeline@ridental.org](mailto:madeline@ridental.org)



# NEW MEMBERS

PLEASE WELCOME THE FOLLOWING DENTISTS AS NEW MEMBERS OF THE RIDA

**Michael DePascale, DMD**

Rutgers School of Dental Medicine, 2014  
University of Maryland Baltimore College of Dental Surgery, 2017  
Employed: 85 Beach St., Bldg. C, Westerly, RI

**Gregory Warne, DDS**

Columbia University, 1991  
NY - Columbia University College of Dental Medicine, 1994  
Employed: 4995 S County Trail, Charlestown, RI

**Shanthi Cariappa, DDS**

Ohio State University, 2014  
Employed: 29 Updike Ave., North Kingstown, RI

**Steven Armbrust, DMD**

Boston University Goldman School of Dental Medicine, 2016  
Employed: 463 Broadway, Providence, RI

# LIFE MEMBERS

HELP US CONGRATULATE THESE MEMBERS ON THEIR 30 YEARS OF MEMBERSHIP WITH THE ADA AS OF 2018

**M. Christine Benoit, DMD**

4995 S County Trl., Charlestown, RI

**Russell Chin, DDS**

1288 Newport Ave., Pawtucket, RI

**Robert Impagliazzo, DMD**

712 Oaklawn Ave., Cranston, RI

**Barbra Bilder, DMD**

116 Wayland Ave., Providence, RI

**Carl Cotoia, DDS**

183 Waterman St., Providence, RI

**Robert Kubaska, DMD**

175 Harris Ave., Woonsocket, RI

**Martin Blanchard, DDS**

708 Warwick Ave., Warwick, RI

**John Duhaime, DMD**

5586 Post Rd., Unit 101, E. Greenwich, RI

**Larry Levin, DMD**

276 Smith St., Providence, RI

**Gaetan Charbonneau, DMD**

24 Salt Pond Rd., Suite A2, Wakefield, RI

**Bruce Gouin, DMD**

4995 S County Trl., Charlestown, RI

**Allen Schenck, DDS**

931 Smith St., Providence, RI

# RETIRED MEMBERS

BE SURE TO THANK THESE MEMBERS FOR THEIR COMMITMENT TO DENTISTRY AS THEY ENTER RETIREMENT

**Arthur Mansolillo, DDS**

59 years of membership

**Edward Stepka, DMD**

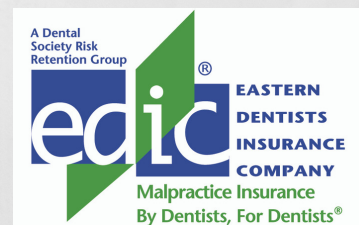
44 years of membership

## IN MEMORIAM

*Richard Simone, DDS*

*Arthur Rinaldi, DMD*

## RIDA ENDORSED SPONSORS





# RIDA CALENDAR

## FEBRUARY

- **February 13**  
RIDA Board of Trustees Meeting  
RIDA Executive Office 6:30pm
- **February 21**  
Opioid Continuing Education  
Various Presenters  
8:30am-4:30pm  
Quidnessett Country Club
- **February 28**  
Citizens Bank Presentation  
6:00pm-8:00pm  
RIDA Executive Office

## MARCH

- **March 13**  
RIDA Board of Trustees Meeting  
RIDA Executive Office 6:30pm
- **March 23-25**  
New England Dental Leadership Conference  
Mystic, CT

## APRIL

- **April 8-10**  
ADA Dentist & Student Lobby Day  
Washington DC
- **April 10**  
RIDA Board of Trustees Meeting  
RIDA Executive Office 6:30pm
- **April 18**  
OSHA & Infection Control  
Presented by Karen Daw, MBA  
9:00am-12:00pm  
Quidnessett Country Club
- **April 18-20**  
ADA Conference on Membership  
Chicago, IL

## MAY

- **May 8**  
RIDA Board of Trustees Meeting  
RIDA Executive Office 6:30pm
- **May 15**  
RIDA House of Delegates Meeting  
RIDA Executive Office 6:30pm
- **May 16**  
"HR & Compliance"  
Presented by Christy Durant, Esq. &  
Patrick Quinlan, Esq.  
9:00am-12:00pm  
Quidnessett Country Club
- **May 16**  
RIDA Presidents Luncheon  
Quidnessett Country Club  
12:00pm-1:30pm

## JUNE

- **June 12**  
RIDA Board of Trustees Meeting  
Restaurant TBD 6:30pm

## JULY

- **July 23-25**  
ADA Management Conference &  
President Elect's Meeting  
Chicago, IL

## AUGUST

- **August 2018**  
New Dentist Event  
Exact Date & Location TBD

## SEPTEMBER

- **September 11**  
RIDA Board of Trustees Meeting  
RIDA Executive Office 6:30pm
- **September 19**  
RIDA Continuing Education TBD  
9:00am-4:00pm

## OCTOBER

- **October 9**  
RIDA Board of Trustees Meeting  
RIDA Executive Office 6:30pm
- **October 18-22**  
ADA Annual Meeting  
Honolulu, HI

## NOVEMBER

- **November 9**  
RIDA Continuing Education TBD  
9:00am-4:00pm
- **November 13**  
RIDA House of Delegates Meeting  
RIDA Executive Office 6:30pm

## DECEMBER

- **December 1**  
Children's Holiday Party  
Time & Location TBD
- **December 11**  
RIDA Board of Trustees Meeting  
RIDA Executive Office 6:30pm

## CLASSIFIEDS

**Naya Cirillo RDH/CPR (413) 887-9214: BLS CPT/AED Classes \$65/per person 3 CEUs**  
I am a graduate of STCC dental hygiene program currently I am working with the American Heart Association's CPR training program. Teaching is my passion and we train your staff right at your office. WE ARE PORTABLE! When emergencies happen time is not on your side. I look forward to working with you.

**Oral Maxillofacial Surgery Office-RI: Kent County. \$400,000 or best reasonable offer.**  
Well established and centrally located. Paperless office and state of the art cutting edge practice. DANCE certified surgical Technicians. For details contact Dan Baccari, NPT (National Practice Transitions, LLC) 508-435-7678 x223, d.baccari@NPTdental.com or register for FREE on our website (www.NPTdental.com) as a member for immediate updates.





# RHODE ISLAND DENTAL ASSOCIATION

875 Centerville Rd.

Bldg. 4, Suite 12

Warwick, RI 02886

ADDRESS SERVICE REQUESTED



Mercedes-Benz

**ADA Members save up to \$5,500 on the purchase or lease of a new Mercedes-Benz vehicle.**

- Simply visit the URL below, get your incentive form, and head to your local dealer
- Incentive is applied after negotiating your best price so you get the best deal
- ADA Members saved over \$2.1 million last year on Mercedes-Benz cars purchased or leased through this program

866-628-7232 | [ada.org/Mercedes](http://ada.org/Mercedes)

RESEARCHED.  
PROVEN.  
ENDORSED.

## ADA Business Resources™

We only extend our endorsement to companies that are fiscally sound, offer ADA Member preferred pricing, and deliver high quality customer service.

800-ADA-2308 | [adabusinessresources.com](http://adabusinessresources.com)