

# Heartland

Arkansas Kansas Louisiana Mississippi Oklahoma

## Where Are We Going?

John W. Portwood, Jr., DDS, MS, CFP, CLU, ChFC, MAGD

Most of the time that I write articles, the subject pertains to financial matters, and how one can either save money or make money. Although this is always a worthy endeavor, and one that I enjoy immensely, I feel that there are other important issues at this moment to deal with in dentistry. Today, I would like to park my financial planning pen and put my dentist gloves on and discuss a topic that is near and dear to my heart – the privilege of being a dentist.

Dentistry has to be the most rewarding profession of all those existing. We have the ability to develop relationships with people from all walks of life, becoming not only their dentist that they respect, but also their friends. We are provided the opportunity to work alongside people that we enjoy seeing every day, work wonderful hours, and financially make an outstanding living at the same time. There is no other profession like it, and it is our responsibility to nourish and protect it. This is not only our mission for the dentists of today, but also for those dentists yet to come. We also have those dentists before us to thank for elevating dentistry to its current level of respect and professionalism and we must guard and protect that which others fought so hard to achieve.

So, if I am so proud of dentistry today, what is my concern you may ask? It seems that our profession is under constant attack from those who would wholeheartedly disassemble it and relegate it to trade status. Their purpose for this action is to remove the educational basis of dentistry and empower those with little education the ability to do dentistry that our predecessors fought hard to achieve for us. We are called doctor for a reason.

To receive a doctorate in any field is to reach the pinnacle of knowledge in that field of endeavor. Do we as doctors quit with this lofty goal and say we don't need any more knowledge. No, we understand that we also belong to a profession, which requires us to become perpetual students. Change is our one constant and as a profession we constantly must attempt to improve ourselves through ongoing education to become better clinicians and doctors. In doing so, we have brought dentistry in this country to the pinnacle of care in the world.

So why would someone want to change this? Why, to improve access to care, of course. Does it matter that there are many other ways to improve care to the needy? No, because this is not their agenda, whether that agenda is based on government bureaucrats searching for ways to lower standards of care in order to see more people, or self-serving groups such as the hygiene association trying to find a way to be dentists without going through the education necessary for it.

Why should these groups want to listen to our approaches to enhance the standard of care provided in this country? It doesn't fit their agenda. We have a professional responsibility to get active – very active – in preventing these proposed changes from taking place. General dentists are known for being complacent in political terms and relying on a few people to do the work for them. In light of recent attacks on the profession, if we wait for others to protect us, it is highly possible that we may find much of our practice gone in the future. Be in charge of your future and the future of your profession – become an active member of your AGD and speak with a loud voice for others to hear. If you don't, there is someone out there relying on your complacency.

by Dr. Cynthia Sherwood



Is the AGD a CE organization or and advocacy organization? I have bored you to death writing about this subject several times in the last 5 year. I apologize in advance, but here I go again.

At least at the national level, the arguments about the main role of the AGD have all but died down. In my opinion, we are an advocacy organization for general dentists with a unique offering of fellowships and masterships.

In the past, especially at the constituent level, all the conversation was about dentistry. “What do think about the need to purchase cone bean radiology? I have an Alzheimer’s patient and the family wants to do ideal dentistry? Have you switched to fluoride varnish?.” Not only do we learn from our speakers; but we learn from each other.

But now the conversation includes topics like – “the Kansas Dental Board is looking at passing regulations that would basically eliminate the ability of general dentists to use oral sedation on children. What can we do? Have you heard that the Align company is requiring 10 cases a year which will put a lot of general dentists out of the Invisalign business? Did you know Delta Dental has changed their rules so that they can tell contracting providers what they can charge for services like ortho or implants that they don’t even cover? Did you know that the ADA has approved pilot projects for a mid-level provider which can fill teeth and even remove teeth in certain circumstances? What should we do? Did you know that the American Academy of Periodontology has published guidelines for dental practice that recommend that general dentists refer common gingival conditions, like pericoronitis, to periodontists? What did we do?

While the AGD has a significant presence in Washington, D.C. with a very active Legislative and Government Affairs Council and a good lobbying firm, that is not the only advocacy we do. Our goal is to be The Voice of the General Dentist in the United States and Canada. It has become increasingly obvious that we have to fight for the right to treat our patients in the way we choose based on our education and experience. Your AGD is advocating for you in front of the Kansas Dental Board, Your AGD has encouraged it’s members who contract with Delta to express their concerns. Your AGD has strongly opposed the guidelines developed by the AAP (with great success). Your AGD has fought the mid-level provider at the ADA House ( with minimal success)

We can now tell prospective and current members of the Academy, that membership is vital because no one else is going to stand up for you, as general dentists, in the legislative and regulatory arenas, at the ADA House, to other specialty groups and to insurance companies. I hope that we can “toot our own horns” to help us retain our current members and gain new members. We can now with great validity tell our fellow dentists that the AGD is the voice of general dentistry (and we also have great CE!)

Let me know what you think or how I can help you. Please call (620) 331-4499 or e-mail at [csherwood@terraworld.net](mailto:csherwood@terraworld.net).



Cindi Sherwood, DDS, FAGD

## THANK YOU!

We would like to extend a special thank you to *John Portwood, Tracy Windham, Tony Guilbeau, Cindi Sherwood and Roddy Scarborough* for their articles in this edition.

By Roddy Scarbrough, DMD,

Today is a great day for me to write my POV. I just received the latest ADA News (3/16/09 issue) filled with access issue articles. The more I read, the higher my BP went. Being from a rural state (MS) in a rural practice setting (small town of less than 1,500 pop.), I must need help understanding the “access” issue. Please allow me to pose several questions & my responses to them as I see it from the “country boy” POV. Yes, I do realize that those in the bright lights of the big cities will want to respond with the conventional response that we in the country need to get to town more. Try to avoid that easy, short-sighted, tired repartee. Just the facts...remember “I” am the slow one here.

1<sup>st</sup>, what is the definition for “access to care”? I ask this question because I have yet to find a written definition that is used by all the players making comment & “creating” solutions to address the “problem”. How do we know that there is a problem without defining the problem? The ADA “adopted” the access issue several years ago on Capitol Hill. Like all adoptions, we/ADA cannot get rid of the perceived problem. What should have been done & still needs to be done by the ADA & like players is to place the responsibility where it belongs.... with the legislators, both at state & federal levels.

2<sup>nd</sup>, Responsibility for our actions/choices is a lost characteristic in society today. No one wants to accept that each choice has reaction. I see people choosing to get their nails enhanced, hair coiffed, trucks lifted, cars lowered & rimmed out, and eating out at the best places, yet some how I am the responsible party when their teeth “explode”. If a vehicle’s engine quits running because it was not properly serviced, the owner of the vehicle is responsible not the manufacturer (GM or FORD). Preventative maintenance is stressed by those that service our cars. Dentistry stresses preventative maintenance. Yet somehow your lack of concern for your oral health becomes my responsibility when an oral health problem arises. Dental problems, short of trauma, do not creep up overnight rather are the culmination of neglect over time.

3<sup>rd</sup>, ALL the “solutions” make it appear that there is a manpower problem. This is so far from the truth. If there was a manpower problem, I would not have time to be writing my POV!?! An additional dental

“team” member will not help resolve the access problem. The additional team member will create another cost for the dentist. No matter what name you call this team member, there is still another person to be paid every week. As initially proposed, the new team member would be under direct supervision of the dentist. First, how does this help the access issue? Secondly, this model works great in the Armed Forces. There are plenty of “responsible” dentists waiting to be asked to do check off the work of expanded duty staff. There are over 130,000 highly qualified dental care providers available & ready to work. We are called dentists. How does having another team member help the access problem?

4<sup>th</sup>, Low-level provider (of dental care/treatment below dental school standards) = mid-level provider (when presented to the ADA membership & the public) is nothing more than semantics. All the programs have requirements to qualify the “mid”-level provider education. Why are the states, the feds, & the ADA willing to spend so much money to create another team member? A less qualified dental care provider than what is available thru the dental treatment modality. **If you want to be a dentist, go to dental school!!!** From all the discussion that has occurred over the past 3-5 years, any care is better than no care. If this is so true, then put all dental restorative material for sale everywhere... department stores, pharmacies, vending machines, etc. Stop laughing. This is the path that the profession “appears” to be taking. **Dentistry’s “problem” is that we dentists make the care that we provide look so easy that others think that they can do what we do.** Look from the public’s side. You rub a little stuff on the skin, then inject some “water” looking numbing agent, grind the tooth for a time, push some filler in the hole, mess around for a little longer then send them out to be charged a “high” fee for the relative short period of time they were being seen by the dentist.

5<sup>th</sup>, Proper funding is the real issue. No one is willing to say this. It is all about the money. NEWS FLASH... costs are the same for the low-level provider as for the dentists. Another team member does not mean that reduced cost for care will result. As

*Continued to Page 4*

a matter of reference, cost goes up for the employing dentist whether new team member is under direct, indirect, or general supervision. Medicaid & CHIP are excellent programs to provide dental care for the poor, just ask the people that work for these government entities. If these government programs are excellent programs for treating the poor, then state & federal governments must fund them adequately. My definition for adequately funding is at the same rate that funding is calculated for road builders & grocery stores.... \$1 of service receives a \$1 of payment. The people providing these services do not even have to have a degree or license.

6<sup>th</sup>, ADA HOD is funding the pilot study for the low-level provider new team member at the tune of \$5million+. This money is coming from our ADA dues. Why was this kind money not put to better use to lobby state & federal houses for adequate funding or self funding a study to assess the real dental need in a rural/urban/tribal area? Self-serving. NO! The profession should be allowed to fund its own research to see if what we are hearing from the public health people is true & relevant to the access issue. If this approach were followed, I believe that we would see a slim increase in utilization of dental services. Therefore, there is NOT a real need that requires action. It amazes me that for some reason that the public voice believes that dentistry is not looking out for what is best for them. Kinda' strange if dentistry is not worried about the public, why are we constantly searching for ways to put ourselves out of business...i.e. prevention of dental disease, fluoridation of water, healthy eating, mouthguards for sport activities. Now look at the money that is being pumped into the education of another team member. Why not use the team members we already employ & increase their skills by expanding their duties. These employees are the ones that dentists have trained, explained, & understand dentistry at its most intimate setting... chair-side. Educators are doing what they do best... educate. By expanding the "need" for this new team member, education had stepped up to say that they can do the educating. Great!! That is their job. Amazing that someone would step-up and say that they could provide this education. The same thought process should be used with the already educated

dental team leader, the dentist. We have already stepped up multiple times for multiple assignments only to be told that we are not needed and are the problem. Remember that the educators are expecting to be paid for their work of educating at the going instructor's rate. Dentists should be silent when the money issue comes up for payment at the going rate to provide the highest quality dental care in the world for the poor. What is wrong with this picture?!? It is acceptable to discuss fees with private pay patients but not with the largest payor, government. Give me a break. Monopoly at its largest abuse. This rivals the FTC scare on fee discussions by a study club. I am to believe that these large companies do not have a fee discussion within their group work environment.

As I close these comments, I want to remind you of my office philosophies....

***Treat others like I want to be treated and the value of something is proportionate to the price you paid for it.***

I am proud of the work I do to better society. If I want to assist someone, it is my choice. I am proud of the work I put forward to receive my dental degree. Do not start devaluing my life's work by creating another "mini-dentist" without all the education hoop jumping I had to go through. Patients' lives are in the balance. Do there have to be bad outcomes, whether morbidity or mortality, before we try to regain a logical focus on the access issue. There is NO glass ceiling to dental school. If you want to be a dentist, go to dental school. Pay for the dental services if they are needed. If dentists are paid at an adequate rate, they will be happy to go to the areas that the need is greatest. We do not demand that retail outlets go where they cannot make money. Why is government asking the dentist to do this? Remember that dentistry is the only healthcare providers that are NOT paid at a breakeven point by government. If this were not true, all the other healthcare providers would be screaming. Yet we are taxed at the full rate even as we receive reduced payment. No tax credit given.

Roddy Scarbrough, DMD, FAGD  
Mississippi Dental Association Member  
ADA Member since 1989  
ASDA Member 1985-1989

# ***Fifth Annual CE & Shi***

***March 13-15, 2010  
Great Divide Lodge  
in Breckenridge, CO***

SPEAKERS:

Dr. Bill Duncan

Current Trends in Pediatric Dentistry

&

Teresa Duncan, DH

Caries Risk Assessment



Presented by:

***Mississippi Academy of  
General Dentistry,  
Mississippi Dental Association, &  
Kansas Academy of General Dentistry***

Name \_\_\_\_\_ Dentist, hygienist, staff, other \_\_\_\_\_ (circle one) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(s) \_\_\_\_\_ E-Mail \_\_\_\_\_

AGD Member? Yes \_\_\_\_\_ No \_\_\_\_\_ AGD Number \_\_\_\_\_ MDA Member Yes \_\_\_\_\_ No \_\_\_\_\_

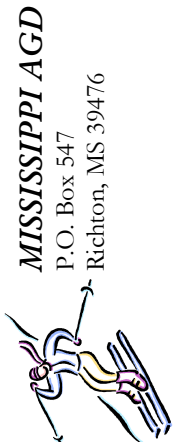
I have a room reservation in AGD block? Yes \_\_\_\_\_ No \_\_\_\_\_ Registrant T-shirt size \_\_\_\_\_ (1 complimentary)

Course Fee of \$ \_\_\_\_\_ and Additional Fee of \$ \_\_\_\_\_ **TOTAL ENCLOSED \$ \_\_\_\_\_**  
(your course fee does not include room reservation nor does it include lift tickets, information is enclosed for you to take care of that yourself)

Return registration form to: MS AGD, P.O. Box 547, Richton, MS 39476

For information or questions, please contact Roddy Scarbrough—(601) 788—9374 Email: roddyvmd@bellsouth.net

You may also register online at: <http://www.msagd.org>



**Program—13 ½ hours CE**

Dr. Bill Duncan  
 Current Trends in Pediatric Dentistry  
 &  
 Teresa Duncan, DH  
 Caries Risk Assessment

The Mississippi AGD is an Academy of General Dentistry approved sponsor. This course is approved for 13 ½ hours.

**Schedule**

**March 13-15, 2010**

6:00 am—8:15 am C.E. & Breakfast  
 9:00 am—3:30 pm Ski  
 4:00 pm—6:00 pm C.E. & Snack

**Registration Fees**

(AGD includes MS and KS members & MDA is all MS members)

**Early Registration—By December 4, 2009**

\$425.00 AGD or MDA Members  
 With confirmed reservation in MS AGD room block  
 \$475.00 Non-AGD or MDA Members  
 With confirmed reservation in MS AGD room block

Drawing for 1 free lift ticket and 1 lunch on mountain for those registered by December 4, 2009

**After December 4, 2009**

\$500.00 AGD or MDA Members  
 With confirmed reservation in MS AGD room block  
 \$550.00 Non-AGD or MDA Members  
 With confirmed reservation in MS AGD room block

Staff - Attending with registered employer dentist-½ Employers fee with confirmed reservation in MS AGD Room Block

Staff - Attending without registered employer dentist—Non AGD or MDA Member Fee with confirmed reservation in MS AGD Room Block

**Course Cancellation Policy**

Full refund before February 1, 2010  
 After February 1, 2010 ½ fee refunded  
 Participation limited to first 50 registrants.

**Accommodations**

**Great Divide Lodge**

**Breckenridge, CO**

**Rooming Information:**

**Great Divide Lodge**

Classic Hotel Room \$199.00  
 Deluxe Hotel Room \$215.00  
 Mountain View Hotel Room \$232.00

**Village at Breckenridge**

Liftside Studio \$215.00  
 Plaza One Bedroom Condo \$255.00  
 Plaza Two Bedroom Condo \$381.00  
 Chateaux Two Bedroom Condo \$429.00  
 Chateaux Three Bedroom Condo \$555.00  
 Chateaux Four Bedroom Condo \$685.00

**Mountain Thunder Lodge**

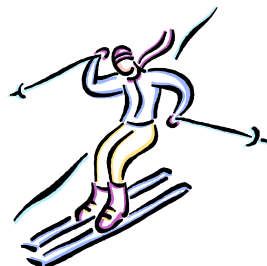
Premium One Bedroom Suite \$259.00  
 Premium Two Bedroom Suite \$395.00  
 Premium Two Bedroom Town Home \$435.00  
 Premium Three Bedroom Town Home \$559.00

Ski Rental available at:  
[www.rentskis.com](http://www.rentskis.com)

Lift Tickets available at:  
[www.snow.com](http://www.snow.com)

Ski School Information:  
[www.breckenridgeskischool.com](http://www.breckenridgeskischool.com) or 888-576-2754

Special Rate Cut-off Date:  
 For Reservations, call 888-525-1787  
 Identify as MS AGD code **EC1AG4**  
 Extend up to 3 days before and up to 3 days after at same special rate.



Include the amount of T-shirts with your course fees.

Please include this form with your registration form (on the back side)

Additional T-Shirts:		Adult	# shirts	Line Total
Child	# shirts	Adult	# shirts	\$
X-small—	Small—\$11.50	2XL—\$12.50		
Small—\$10	Med.—\$11.50	3XL—\$13.50		
Med.—\$10	Large—\$11.50			
Large—\$10	XL—\$11.50			
Totals	#	#	#	\$



**Fifth Annual CE & Ski  
March 13 - 15, 2010  
Great Divide Lodge in Breckenridge, CO**

We are excited to announce a new CE opportunity for KAGD members in Breckenridge, Colorado for March 2010. The KAGD is joining with our Mississippi AGD colleagues in jointly sponsoring this event. You can earn 13 ½ hours of CE before and after the lifts close. See the brochure for registration information and housing information. This event is limited to the first 50 registrants so don't wait, make your spring break plans now.

Ric Crowder, D.D.S.  
President – Kansas Academy of General Dentistry  
Crowder Family Dentistry  
14922 W. 87th St.  
Lenexa, KS 66215



**ARKANSAS AGD  
SPRING MASTERTRACK  
MEETING**

April 22-24, 2010

**PEDO/ORTHO**

Dr. Chris Baker

MasterTrack presentations will be given on Thurs, April 22.

**REGION 12 CAUCUS**

**The Cosmopolitan Hotel**  
70 North East Avenue  
Fayetteville, AR 72701  
phone 479-442-5555

## CUSTOMER SERVICE

With today's economy, it seems like everyone is struggling. I have seen it in my practice. I have heard of numerous patients being laid off or their spouse being laid off. Many of my patients tell me that their dental benefits are being cut by their employer.

As small business owners, we know how expensive health care is for us. I do not plan to cut any benefits to my team. I think having happy, loyal employees is more important in the long run.

What we have noticed in our practice is that patients are not doing the "big cases" like we used to see. They have to pick and choose what is the most *urgent* to them. What this means to us is that we have to work harder and smarter to produce the same as we did last year.

That means bumping up "Customer Service". We go above and beyond to treat our patients better than they have ever been treated anywhere else. That means every patient is offered something to drink when they arrive. We offer water, soft drinks, coffee or tea. Get a Tassimo or Keurig machine for your office. If you don't know what they are, then Google it. I am lucky that my girls at the front desk love to make friends and they do just that.

They show a real interest in each and every patient that comes in to our office. We send flowers to patients that are sick, or have lost a loved one or sometimes, if they are just having a tough time in their life. We regularly get **Thank You** notes from our patients for thinking of them. We send meals to patients that have been in the hospital. We even give them rides home after their appointments, if they need one. All patients are offered a warm moist towelette after their appointment to clean their face. We offer our patients warm blankets to make them comfortable in my freezing office.

Our patients love to come to our office. They share their stories with us and they tell us they feel like family. I get **HUGS** and I love that!!!

All this is to say that if you offer great **Customer Service**, and don't get hung up on the cost of doing these things, it will come back to you. Happy patients don't mind paying for treatment.

The definition of insanity is... "doing the same thing the same way and expecting a different outcome". If you keep treating patients the same as you always have but expect them to follow through with treatment, and happily pay for it, during a down economy, then you are fooling yourself. You have to offer them something they can't get anywhere else and that is **GREAT CUSTOMER SERVICE!**

## BALTIMORE 2009...A HOMERUN FOR THE AGD

Our national AGD held its annual conference in Baltimore this year on July 8-12 with the Hilton Baltimore Convention Center Hotel as the host. Adjacent to the Baltimore Convention Center it was a terrific choice to host one of our best attended conferences ever. There were 4 other hotels in the vicinity to house the approximately 1700 Doctors and staff attending.

The courses were excellent as you would expect from the AGD with top name speakers such as Gene Antenucci, Brian Hufford, Howard Farran, and others. The exhibit hall was tremendous as well with many commenting how they enjoyed being a part of our meeting and how well they were treated by our AGD.

Our keynote speaker this year was Cal Ripken Jr who

is the Hall of Famer baseball shortstop from the Baltimore Orioles. The record for "The Iron Man" still stands at 2632 consecutive games played which surpassed a Lou Gehrig record set 56 years earlier. His message of determination and perseverance to achieve excellence echoed well with our group as we strive each day to build our practices our patients have come to appreciate. He was gracious enough to hold book signings for any attendee and photo opportunities with Fellows and Masters of the AGD.

The excitement was not only at the Baltimore Convention Center but in extracurricular activities as well. Many attendees went to at least one Baltimore Orioles baseball game against the Toronto Blue Jays who happen to be

in the city at the time. Others also enjoyed eating and shopping at the Inner Harbor area, exploring the history of Fells Point, Little Italy, and nearby Gettysburg. A popular excursion was a Washington DC tour as well by either car or train. Some of the Louisiana AGD participated in a 5K run to benefit the AGD foundation at a nearby park.

All in all we thoroughly enjoyed our stay at this year's conference. Next year's conference will be held in our very own New Orleans! We expect most of you to attend as it will be right in your own back yard. Our LAGD President Kay Jordan DDS FAGD has been working diligently to create a national meeting that will be the best ever! We look forward to seeing you and your staff there to enjoy it all.



### New Orleans is calling you!

The AGD annual meeting is July 8-11, 2010 in the Big Easy. New Orleans is an amazing city where European traditions blend with

Caribbean influences, the architecture and food are to die for and their saying "Laissez Le Bons Temp – Let the Good Times Roll" can become real for you.

Region 12 is hosting the meeting next summer and we need your help. Kay Jordan, AGD leader from New Orleans, is chairman of the local arrangements committee. The Louisiana AGD is working very hard to make the meeting a tremendous success. But our Region is small. We need people from every state in our region to volunteer to host a course or man a booth or help with something. You can be an

important part of our annual meeting and enjoy the camaraderie, education and the satisfaction that comes with making a large event a success!

New Orleans has something for everyone. Besides the obvious delights of Bourbon Street (which doesn't smell nearly as bad since the clean up necessitated by Hurricane Katrina), New Orleans has fabulous restaurants, art galleries, steamboat rides, antebellum homes and crazy cemeteries. You don't have to drink a single hurricane to have a good time.

Please come to New Orleans. You can get 25 hours of continuing education credit, see friends and tour one of the most interesting cities in the United States. Please contact me or Kay Jordan to offer your services for a day in New Orleans. You won't regret it.

Cindi Sherwood, D.D.S. FAGD  
csherwood@terraworld.net





## Oklahoma

### **Successful Laser Course**

September 25, 26, 2009 found the Oklahoma AGD experiencing a very well attended two day hands on laser course at the OUHSC Dental School in Oklahoma City.

Dr Robert Convissar, from New York City, lectured and presented the “pros and cons” of each laser type. After the didactic session, each participant had the opportunity for trying out five different lasers on fresh pig mandibles.

### **New Board Members**

The board for the Oklahoma AGD is very excited to report three new board members. Bringing fresh new ideas and excitement to our board is Travis Burkett, DDS, from Drumright, OK; Brian Patten, DDS, from Stroud, Ok; and Chris Tricinella, DDS from Tulsa, OK. These new members graduated in 2007 from OU School of Dentistry and bring enthusiasm, new ideas, and very importantly, a view point of” the younger dentists”.

Welcome to the Board!

### **AGD Benefits**

At the Academy of General Dentistry (AGD), we understand that our members are passionate about dentistry and are committed to serving their patients to the best of their abilities. It is our hope that your membership in the AGD will help you achieve that level of service, and that you receive that same commitment from us.

The AGD’s membership benefits cover all of the areas necessary to build and maintain a successful dental career. From continuing education to advocacy to connecting you with others in your field, the AGD does everything it can for the general dentist. Here’s what AGD membership does for you:

- Offers over 30 hands-on participation course, informative lectures, and in innovative exhibit hall at the AGD Annual Meeting & Exhibits
- Tracks general dentists’ continuing education (CE), available for viewing 24 hours a day on [www.agd.org](http://www.agd.org)
- Speeds up the relicensure process by offering the AGD Board Licensure Transcript
- Offers the only recognized achievement-based designations in general dentistry, the Fellowship and Mastership Awards
- Provides patient education resources like AGD fact sheets, oral health resources, and *Dentalnotes*

### **CE Planned for February 12, 2010**

Friday, February 12, 2010, please plan on joining us in Oklahoma City for a remarkable day of continuing education. The Oklahoma Academy of General dentistry will be hosting their annual Spring Meeting.

Please watch for your mailer with all the details. This meeting sounds like one you will not want to miss.

### **New Orleans, July 2010**

If you are not a regular at the annual meeting of the Academy of General dentistry, you are missing a special opportunity. The meeting is loaded with top speakers from around the country, and an unbelievable assortment of “hands-on” participation hours. The next annual meeting will be in New Orleans, in July 2010. Keep your eyes open for the course listings and the registration packet. Register early to get the courses you want.

- Offers a superior professional network via the AGD Member Directory and networking events throughout the year
- Advises general dentists on topics such as managed care contracts, coding and reimbursements, and dealing with state dental boards
- Sends award-winning AGD publications, *General Dentistry* and *AGD Impact*, to members’ doors
- Offers practice management assistance through CE, a patient referral program, practice Web sites, product discounts, and more
- Advocates exclusively for the general dentist at the state and federal level.

The AGD’s Refer a Colleague program recognizes and rewards members for their recruitment efforts throughout the year. Recruit the most new members and you could win prizes from gift baskets to concert tickets. Have someone in mind? Fill out the AGD Referral Form and fax or mail it to AGD, and we’ll contact your colleagues for you! Or send your colleague’s information to [membership@agd.org](mailto:membership@agd.org).

For more information about the AGD membership or the Refer a Colleague program, contact the Membership Services Center at 888.AGD.DENT (243.3368) or [membership@agd.org](mailto:membership@agd.org).

## Editorial



By Greg Kilbane, Editor

The purpose of this newsletter for Region 12 is to disseminate knowledge within the region. To this end I started the “New Views” section in the last edition. I first wanted to give a voice to the Constituent

President’s to be able to say something about what issues were going on or important in their state. Unfortunately, some officers are not into writing or expressing their opinion and as a result I haven’t gotten submissions from everyone. In some instances another person in the constituent has “stepped up to the plate” and made a contribution. This is great!! Now, more than any time in the past is it important for us to communicate with each other. Anyone that is an AGD member is welcome to voice an opinion and submit an article to me. **LET ME HEAR FROM YOU!**

In Kansas, we are very concerned with the position that Delta Dental and other dental insurance carriers are taking in setting fees for procedures that they do not cover. What is happening in your state in regards to this issue? Are you going to stand still and take this or get fired up and get your legislators to pass a law that disallows this practice. Kansas has had a lawyer, that was involved with the Rhode Island Dental Societies battle, tell us how to get legislation passed to combat this practice. What is your state doing? Kansas is also trying to position itself with an incoming governor candidate in order to have a place at the table to fight the “midlevel provider” issue that is sure to come up in the next few years.

These are the types of issues that we all need to be aware of and communicate about to protect the profession that we have dedicated our lives to! PLEASE, help me facilitate this movement by contributing to our regional newsletter and make it a relevant instrument for all of us. Thank You!

Dr Gregory Kilbane, Editor

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