

# the MIRROR



WISCONSIN ACADEMY OF GENERAL DENTISTRY

2019 Edition 1

## THE BOARD OF WISCONSIN AGD WELCOMES THESE NEW MEMBERS

### New Members

Dr. Joseph Gunasekera	Dr. Jennifer Vanderwoude
Dr. Tucker Colin Smith	Dr. Paul Szmanda
Dr. Nicole Martin	Dr. Soumen Chattejee
Dr. Shaina Rennegarbe	Dr. Megan E. Oldridge
Dr. Srinivas Challa	Dr. Jeremie Sauve
Dr. Austin Peterson	Dr. Mohammad Zohaib Taqvi

### Student Members

Andrew Crowell	Ethan Lawler
Vy Nguyen	Arrita Mallory
Cassie Hammen	Michelle Zellmer
Gerald Mikel	Viktoriia Senych
Jake Hauser	Jonathan Wirth
Erin Cole	Casey Messer
Collin Trainor	Michelle Sinapori

## WiAGD Board Would Like To Thank Our Members

We would like to thank the following sponsors of new members:

Dr's Mohamednazir Harunani, J.K.Hess, Susan Bishop and John Macki

While not all of you have been acknowledged as sponsors, we know that many of you are sharing the benefits of membership in the AGD with your friends and colleges. Your support of our organization is appreciated and has paid off with an increase of 3.3% of full paying members. Thank you.

# President's Message

Fellow Wisconsin AGD members, I find myself more upbeat and encouraged than I have been in a long time. Our House of Delegates just met at the beginning of November. The delegation from Wisconsin ranged from seasoned to first time attendees. We as well as other delegations had prepared for this important meeting and had great ideas and enthusiasm for moving the AGD forward. We did not always agree on the exact path to greater success but did work well together. I think we forged great plans for the AGD and dentistry.

Mid-level providers generated a tremendous amount of conversation during the meeting and afterhours. This issue is enormously important to our younger members. The well-funded Pew and Kellogg foundations are advancing this misguided delivery system. This system has been tried in other countries and states without generating the proposed desirable results. I urge senior as well as new graduates to follow this developing topic on the AGD website as well the ADA site. Your involvement in your own offices or in organized dentistry will make the difference. Get to know the politicians in your practice.

The House of Delegates also addressed other significant issues. The idea of dentistry becoming involved with Medicare was discussed and examined. Our AGD student members are being mentored in schools as well as being welcomed as practicing members upon graduation. My 40-year experience at MUSOD gives me great hope for our profession! The AGD Foundation is continuing to foster early detection of oral cancer. The AGD foundation is another way to become involved financially or clinically.

These are a some of these topics the AGD is currently involved with. If you have an interest in getting involved with these topics, please contact me. You are always rewarded more than the effort you put into volunteering with the AGD. If you have any questions, feel free to contact me.

It is time for you to inform yourself and get involved!!!



Lou Boryc, DDS, FAGD  
WI AGD President

Respectfully,  
Lou Boryc DDS FAGD

[louis.boryc@marquette.edu](mailto:louis.boryc@marquette.edu)

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# *A Message from the Regional Director*

Greetings! Please accept my best wishes for a Happy, Healthy and Prosperous New Year!

As your AGD Regional Director, may I suggest that you leverage your AGD membership by taking advantage of several amazing professional opportunities.

\* Make it a point to utilize the free webinars. These short CE experiences can focus on a single topic and help you learn or refine your skills.

\* This year's Annual Scientific Meeting will be in Connecticut, at the Mohegan Sun Casino and Resort. This meeting will be July 18 – 20, 2019. Much of the program has been announced, so signup early for premium Continuing Education, and a little fun.



Dennis G Charnesky,  
DDS, MAGD

\* Help us grow the Academy! Enjoy a \$50.00 discount on your membership and a membership for your colleague. Here's how it works: When a colleague whom you refer joins AGD as an active member, you each get a \$50 coupon that can be applied toward a future purchase with AGD. You can apply it toward study materials for the Fellowship Review Course and even the national portion of your dues renewal. (See the AGD.org website and search "Refer a colleague" for details.)

\* Do you need insurance, financing, travel deals, practice management support, or marketing tools or training? Look at the "Exclusive Benefits" offered to members of the AGD.

\* One of the most important functions of the AGD is "Advocacy". The AGD is always working to promote and protect General Dentistry - Nationally and on a State level. One of the most important concerns we, as general dentists now face, is the Mid-Level Provider. They are a serious threat to General Practice as we know it. Keep abreast of the challenges and lend your support to this and other worthwhile effort to protect our profession. Our dental students are graduating with serious debt levels and these individuals are competing for entry level Jobs with minimal training.

2019 has all the makings of an exciting year for Dentistry. I sincerely hope your year is phenomenal!

Yours,

Dennis G Charnesky DDS, MAGD  
Regional Director Region IX

## *Free Toolkit for Fellows and Masters*

Have you earned your FAGD or MAGD? If so, check out the new AGD Awareness Toolkit we created to help educate your patients about Fellowship and Mastership. We also launched a webpage dedicated to teaching patients about the designations and why your achievements are important to their oral health. Direct your patient to KnowMyDentist.org for valuable information about AGD dentists. Then use the materials from the AGD Awareness Toolkit on your website and share our social posts on your practice's Facebook page. Your feedback is important-please let us know what you think at [agdawareness@agd.org](mailto:agdawareness@agd.org).

# Tooth Talk

MARCUS WELBY, DDS ?

The other day I was having a conversation with a friend who is having some challenges keeping her small business afloat. During the conversation she made a comment that I just went into my office, did some dental things and made lots of money. I know she was just venting her frustration, but I did start thinking about what she said. Just what are these “dental things” she thinks I do, does she have any idea at all what I actually do all day? Then I thought why should she know. We sugar coat our patient’s dental experiences, we want them to be stress free and enjoy their time with us, so they have no idea what goes on behind the scenes in our offices, what our dental procedures involve and how complex and technically challenging they are. Over the years patients have asked me how you become a dentist. After I share my dental school experience with them I would get comments like, “I didn’t know it took so long” or “It’s like going to med school.” I hate to say it, but the general population doesn’t know what we do and some of our patients think of us more as technicians than doctors just doing our “dental things.”

Then there was that part of making lots of money. Does the general population have any idea how much we pay to have the privilege of being a dentist? We generally don’t announce that our dental school tuition could buy a starter home, and we don’t leave the price tags on our dental equipment or announce how much our staff gets paid or share our overhead costs. So, the patient comes in, sits in a chair for an hour, sees you for 5 minutes and it costs her \$150 to \$200 for this experience. Is there any reason for a patient not to assume we are making lots of money? So, is my friend’s statement a fair statement and is it what the general population believes about our profession?

Now, I think our professional organizations do a great job handling negative media. And currently our professional organizations are getting the word out why someone should go to a member of their organization for their dental treatment. But where’s the education of the general population to address the issue of what do we exactly do as dentists?

If you watch TV at all right now you know there is currently a plethora of medical shows to view. A TV show about doctors is not a new idea, Ben Casey in the 60’s, Marcus Welby in the 70’s and House in the 2000’s. The names of the doctors and actors have changed, but the story remains pretty much the same. These doctors diagnosis obscure diseases, battle with hospital bureaucracy and corruption, perform lifesaving medical procedures, and somehow solve all their patients’ personal problems. They are basically super heroes with white coats for their capes, or maybe just knights in shining scrubs instead of armor. On the other hand, I cannot think of any TV show or movie where a dentist was not portrayed as a psychopath or even worse as a kind, but bumbling or clueless dentist good for a few laughs. We all know these TV shows are not real life, but fiction based on reality. Unfortunately, words and images do influence our perceptions and opinions even if they are not true.

We are currently facing the threat of midlevel providers to our profession. Now, I know there are a multitude of factors that are involved in this threat, economics, politics, Obama Care, the current push for socialized medicine, just to name a few. Obviously the general public’s idea of whom and what we are as a profession will not be the deciding factor if there is going to be midlevel providers. But I can’t help thinking that it easier to imagine a minimally trained technician taking the place of a bumbling or clueless dentist than it is to imagine a minimally trained technician replacing a super hero like Marcus Welby, DDS. And let’s not forget the fact, that the politicians who decide our fate are members of the of the general population who think we go to our offices and make “lots of money” doing our “dental things.”

Virginia Scott, DDS, MAGD  
Editor





# DISCOVER THE **D&S DIFFERENCE**

D&S Dental Laboratory is backed by decades of excellence and success. We invite you to experience the difference of high-quality restorations and educational opportunities from a Wisconsin-grown laboratory team that prioritizes your practice.

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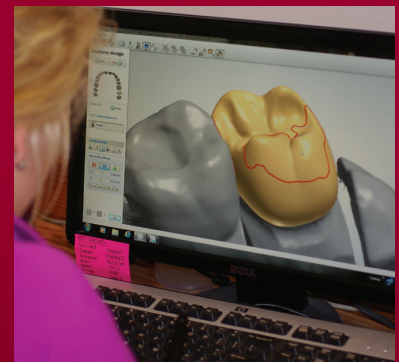
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Annual Member Appreciation Event:

The Science and Technology Behind Treating Sleep Apnea with Dr Jeffery Horowitz

Wow, what a breath of fresh air. Thank you to each and every one of you for your comments about the course. I'm so grateful for your attendance. This was a classic Both Win scenario. The students were amazed and grateful and the speaker and sponsors had nothing but positive feedback for us. Not to toot my own horn, but did I deliver? According to the surveys I did. Now I'm in competition with myself to raise the bar. I have to admit as the classical "CE junkie" I have never seen such a large group hang around after a course for an hour and a half just because we couldn't get enough. We actually couldn't stop using the equipment.

At one point in my career, about 8 years ago, I offhandedly heard a doctor say that many ADHD cases are misdiagnosed, and they are actually sleep apnea. Now I understand why. My wife attended a lecture a few years ago about sleep and many of the diagnostic criteria was withheld as bait to "sign up for more." This wasn't the case at our course. We should be proud of that. I'm especially proud that at lunch doctors wanted to find out how they could register for more from this speaker without any suggestions or advertisements. They could just tell that they already wanted to dive deeper. I'd love to give a play by play but I'm still trying to digest.

What I can discuss is my salary for this job, it's not one to brag about.....but the taxes are amazing.....zilch, zero, nah-da, so I'm completely happy to pay them. The only reason to do this job is because it helps all of us become introduced to something we might love, and then continue to explore. For some of you I know that happened and that will keep me coming back for more. See you at the next course.....

Michaelangelo Aust, DDS

Our WiAGD Board in Action

Marquette School of Dentistry holds a vendor fair every year during the fall semester. It helps acclimate dental students to various aspects of the dental world. It includes labs, product manufacturers, loan lending organizations, dental employers, practice advisors, and organized dentistry groups. The WiAGD displayed a booth, and our organization recruited student members by answering questions and giving an elevator speech on what benefits the AGD can offer to student members. Students were very interested in the six free online continuing education courses that the AGD offers all members every year. The AGD mentorship and the Fellow/Master awards also drew many students' attention. Overall, it was a rewarding experience that lead to over ten new student members.

John Machi, DDS

**WiAGD Board Members**

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			Stephen Sevenich, DDS

## *My Path to Become an Erudite Dentist*

The Academy of General Dentistry (AGD) has been an incredible resource for me during my transition from dental student to new dentist. Since my graduation two and a half years ago, I have grown in my appreciation of all the AGD has to offer and I find myself utilizing its benefits more and more.

The AGD consists of dentists who are continually being educated. They promise to take 75 continuing education credits every three years. This far exceeds the 45 hours over three years that the Wisconsin Dental Board requires. As we all know, no one should be done with education after they graduate. The dental world is constantly changing and improving due to new innovations, technologies, techniques, and materials. It is important for dentists to be up to date with best practices so that they can give the best treatments to their patients.

AGD dentists are not solely interested in deepening their knowledge of a specific practice area. They pride themselves in cultivating their knowledge across multiple disciplines of dentistry. As a general dentist striving to be the best possible dental home for my patients, I want to know more about the multiple modalities of dentistry. In order to achieve this goal, I need learning opportunities in multiple subject areas that I can trust, opportunities which can bolster my knowledge across many topics. Regardless of how much I know at this moment, taking advantage of today's opportunities enables me to advise and provide the most comprehensive care for my current and future patients. The AGD not only provides CE opportunities to dentists, it also verifies the content of other CE courses, ensuring they have sound scientific basis. In a landscape of Google searches and Wikipedia, it is of paramount importance that an organization with trustworthy filtering exists.

Beyond continuing education, the AGD is also a source for great general dentist mentorship. AGD members are general dentists committed to learning and in turn, are committed to sharing that acquired knowledge via membership. This is why I turned to the AGD in my efforts to surround myself with dentists that have the same passion for learning that I do. Our quest for enlightenment in the field of dentistry helps foster diversity of thought in our profession and improves patient care. There are many good ways to do good dentistry. As a student, I was provided with a network of dentists at school, people I could bounce ideas off of and ask questions to. Today it is reassuring to know that after school, there is actually an even larger network of dentists at the ready, who enjoy giving insight and information. I have found that if a Fellow from the AGD doesn't know the answer, he or she will point me to someone who will not only know the answer, but they will also go out of their way to help me. This brings me to another point: some general dentists in the AGD have been awarded the title "Fellow" or "Master".

To become a Fellow of the AGD, one has to take 500 credits of CE in multiple modalities of dentistry. To become a Master of the AGD, more than 1000 hours of CE are needed. Fellows and Masters of the AGD have taken a lot of continuing education across multiple disciplines. Not only is this helpful for an energetic yet inexperienced mentee, but it is also an outward act of love for every patient seen. If I have a patient out of town on vacation and a dental problem arises, I can go online and find a dentist who is either a fellow or master of the AGD. I am assured that no matter what the dental problem is, whether it is endo, perio, OS, prosth or implant related, that I can find my patient a dentist who is guaranteed to have a diverse educational background above and beyond what was required for dental school.

Being a dentist is kind of like being a tooth, the surrounding dentition is a good indicator of the tooth's health. I see the AGD as a group of dentists dedicated to lifelong learning and service to the community. The more I ruminate, the more I love how the AGD has helped me grow and the more excited I am to serve my community as I continue in my aspiration to one day become a Fellow of the AGD.

John Machi, DDS

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## CONTINUING EDUCATION



# Save the Date

FRIDAY MARCH 29TH, 2019 IN GREEN BAY, WISCONSIN

## PULP THERAPY AND RESTORATIVE DENTISTRY FOR THE PEDIATRIC PATIENT

Do you and your staff get agitated and start sweating when you see a pediatric patient on your schedule? Wouldn't it be wonderful to not be so stressed out? Well, have no fear! This comprehensive review of Pediatric Dentistry is for you and your staff. It will make seeing children easier and more enjoyable. Attendees will learn the newest techniques in behavior management based on current research in Psychology. The presentation will include the identification, diagnosis, and treatment of common pediatric dental pathology. The presentation will give the dental implications and management techniques for children with Special Health Care Needs like Autism, OCD, and ADHD.

No review course would be complete without learning the latest indications and techniques for the new tricalcium silicates and biosilicates for pulp therapy. On the topic of restorative dentistry, slot preps and the latest materials and techniques will be discussed. The topic of prevention will include Xylitol and its use by children and pregnant women, fluoride varnish and Silver Diamine Fluoride and SMART in arresting caries. The final topic will review and discuss the contemporary concepts in the biology, management, treatment, and prevention of traumatic injuries. Participants will be able to use the information and treatment modalities to make treating children more enjoyable and efficient.

Dr. Kisby is a Board Certified Pediatric Dentist with an MAGD who lectures on Pediatric Dental topics for General and Pediatric Dental Practitioners, hygienists and staff. He lectures to the General Practitioner because he believes that the General Practitioner should partner with the Pediatric Dentist as there are only 4,800 Pediatric Dentist in the USA, which is down from 13,000 in the year 2000, therefore the Pediatric Dental community cannot successfully treat the needs of all pediatric patients, they need the help of the General Practitioner. His lectures are designed to be current, Evidence Based, practical and with clinical skills that can be used on Monday morning.

THIS WILL BE A HALF DAY LECTURE AND HALF DAY PARTICIPATION COURSE FOR 7 HOURS OF PARTICIPATION CREDIT FOR MASTERSHIP.

Register Online at [www.wiagd.org](http://www.wiagd.org)  
E-mail Dr Aust with questions: [WiAGD@gmail.com](mailto:WiAGD@gmail.com)

## CONTINUING EDUCATION

**AGD MASTERTRACK PROGRAM:****Orthodontics****Friday and Saturday, April 5-6th, 2019****Speaker: Dr. Neil Warshawsky***Course Description:*

The course will be broken into two parts. The first part will talk about moving teeth with plastic and the strategies to get around the hurdles typically associated with aligner therapy. The second part will be hands-on exercised that will reinforce these lessons. Participants may bring cases from their private practice for discussion and treatment planning purpose. There will be a thorough discussion on technology to gain a full understanding of how scanning and 3D printing work. We will also discuss some of the issues that now plague dentists as a result of the direct-to-the-consumer business model. We will thoroughly cover how a digital workflow affects your office. Most importantly, we will discuss and demonstrate a full end-to-end solution where we will build an entire case of aligners to manage specific malocclusion issues.

*Course Objectives:*

1. Understand the digital workflow from consult to delivery.
2. 3D printing will be explained and demonstrated.
3. The economics of inhouse printing will be discussed.
4. Learn how to plan, design and hand build an Essix retainer
5. Learn an end-to-end solution for delivering inhouse clear aligners.
6. Learn how to design and build a digital pontic to hide an implant site while it heals.
7. Learn how to fabricate a simple H I T retainer to close an anterior diastema.
8. Doctors may bring private cases to treatment plan, design and build aligners.

*Location and Time:*

April 5-6, 2019  
 8:00 AM - 12:00 PM Lecture and/or Hands-on  
 12:00 PM - 1:00 PM Lunch  
 1:00 PM - 5:00 PM Lecture and/or Hands-on

Midway Education Center  
 185 Hansen Ct., Suite 110  
 Wood Dale, IL 60191  
 630-474-6111

For more information contact: Dr. Sy Wachtenheim at [sy@ilagd.org](mailto:sy@ilagd.org)  
 or 847-858-1927 phone or 847-905-7271 fax.

**Register online at [www.ILAGD.org](http://www.ILAGD.org)**

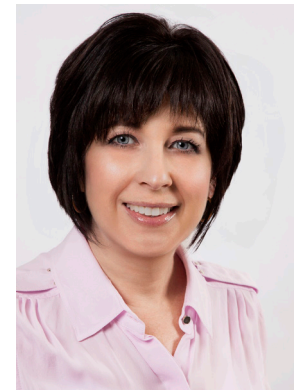
## CONTINUING EDUCATION

**AGD MASTERTRACK PROGRAM:****Pedo/Special Patient Care****Friday and Saturday, May 17-18th, 2019****Speaker: Dr. Carla Cohn***Course Description:*

This course will give you practical points on how to treat your little patients well. Restorative treatment options & their clinical indications will be presented. A variety of dental materials & procedures in anterior & posterior teeth will be demonstrated & practiced. Learn how your youngest patients will become the best part of your day. Treat your kids well & your practice will soar.

*Course Objectives:*

- Use a variety of restorative materials
- Learn efficient restorative techniques
- Treat anterior & posterior decay aesthetically in the primary dentition
- Manage children.... & their parents
- Manage special patient needs kids



For more information contact: Dr. Sy Wachtenheim at [sy@ilagd.org](mailto:sy@ilagd.org)  
or 847-858-1927 phone or 847-905-7271 fax.

**Register online at [www.ILAGD.org](http://www.ILAGD.org)**

**UPCOMING 2019 AND 2020 MASTERTRACK PROGRAMS**

April 5-6, 2019: Dr. Neil Warshawsky.....Ortho

May 17-18, 2019: Dr. Carla Cohn.....Pedo/Special Patient Care

September 27-28, 2019: Dr. Karl Koerner.....Oral Surgery

October 25-26, 2019: Dr. Jun Lim.....Periodontics

April 3-4, 2020: Dr. Larry Williams.....Adult and Geriatric Special Needs Dentistry

For more information contact: Dr. Sy Wachtenheim at [tzaner2@gmail.com](mailto:tzaner2@gmail.com)  
or 847-858-1927 phone or 847-905-7271 fax.



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**REGISTER TODAY FOR AGD2019**

## *In the News*

Currently there is a lot of discussion and opinions regarding the subject of dental therapists. A lot of the information being shared with the general population and our politicians is incorrect. Two of our members have decided to do something about this. Dr. Laura Hibbard attended an AGD conference and has shared her insights with us. Dr. Christine Jones has responded to an article printed in November in the La Cross Tribune. Some of you may have seen her response already, but we felt it would be good to share it for all of our members to see. We appreciate the effort and dedication of these WiAGD members.

### Wisconsin AGD and WDA Work Together to Fight Midlevel Provider Legislation

In September, the AGD hosted a conference to discuss advocacy strategies to oppose midlevel provider legislation. Attendees learned about strategies from CA, SC, FL, MD, and OH that have helped to defeat such legislation, and these states have gone on to implement policies that more effectively address access to care than alternative workforce models. The time to preserve our way of practice in WI is now! The WDA and WiAGD have been actively opposing dental therapist legislation for the past several years but our opponents are increasingly well-funded and aggressive in their efforts. We must call upon every AGD member to support this issue of patient access to care! We must allow our unified voice to show how much we care about our patients. Every legislator has a dentist, and when they have questions, they should be turning to you for advice. Be prepared to tell them the real story about midlevel providers.

Our opponents, the Pew Charitable Trusts and W.K. Kellogg Foundation, have significant research supporting dental therapists. They will cite literature proving their safety. For this reason, efficacy instead of safety should be the primary talking point with legislators. Dental therapists have never solved an access to care problem. In Minnesota, access to care for children on Medicaid has actually declined since the dental therapist program was implemented. Additionally, 54 of the 87 therapists are not practicing in designated Health Professional Shortage Areas (HPSA) (their intended but not legally mandated purpose). Finally, all dental therapy education programs require state and federal subsidies to be viable, and are therefore not a free market solution. This has been demonstrated with Canada's program which has fizzled out after governmental funding was eliminated.

This year, the WDA's alternative to dental therapists is the Wisconsin Oral Wellness (WOW) Initiative, published in the most recent WDA Journal. This multifaceted approach includes increases in Medicaid Pilot Project funding, support for the Rural Track program at MUSoD, expand rate enhancement for Special Needs dentistry (including hospitalization), financial support of an expanded General Practice Residency Program especially in shortage areas, and reintroduction of EFDA legislation. The WiAGD supports these initiatives.

The cornerstone of advocacy success depends on dentist participation. Build a relationship with your legislator by having regular meetings either at his or her office or yours. An established relationship before you "need" something is critical. Michael Toner (AGD Government Relations Coordinator) suggests: "make sure they know you want to be part of the solution. Make clear that your primary interest as a dentist is the oral health of your patients, and support this by providing examples, such as volunteer work, Medicaid patients, or a particular story in which you made sure your patients received the care they needed, regardless of the personal sacrifice. Do not be afraid to discuss low Medicaid reimbursement rates. Many state legislators are also businesspeople, and they will understand that a dental practice simply cannot stay in business when reimbursement rates are too low."

As general dentists, we can all agree that our education and training primes us to be the head of the dental team. Our goal is to secure what is best for our patients and the delivery of their care. I hope that this issue inspires you to take action. You can start by and joining the discussion on the AGD Connect Advocacy board and be sure to look out for AGD and/or WDA legislative action alerts about this issue in your inbox!

Laura Hibbard, DDS  
Monroe, WI



## Letter to the Editor, La Crosse Tribune

Dear Mr. Cunningham,

A recent op-ed entitled “Expand options for dental care” pointed out some significant facts related to oral health. In particular, the author’s emphasis on oral health being important for the overall health of the body is a vital message that dentists are constantly trying to convey.

We also appreciate the author’s admission that the reason many Medicaid patients are unable to find dentists willing to treat them is not because of a shortage of dentists, but because in Wisconsin Medicaid reimburses, on average, just 27 cents on the dollar for dental procedures — 48th in the nation.

In the 2015-2017 state budget, Gov. Scott Walker approved a four-county dental Medicaid pilot, raising the Medicaid rates for pediatric and adult emergency dental procedures in Brown, Marathon, Polk and Racine counties. Initial data from the pilot indicate more patients are being seen in these counties, more care is being delivered and — perhaps most importantly — there is a significant and sustained increase in the number of dentists in these counties who are accepting Medicaid patients.

My Wisconsin Dental Association colleagues and I support the expansion of this pilot to more counties, including La Crosse. We hope that Governor-Elect Tony Evers and the state Legislature will support an expansion of the dental Medicaid pilot in the upcoming state budget.

While Ms. Brekke is correct in identifying many of the issues plaguing access to dental care in Wisconsin, her solution of dental therapists is misguided.

First, she equates dental therapists with physician assistants, a common comparison. However, physician assistants require an education of six years. Minnesota is the only state in the country currently educating dental therapists, and the longest program available is three years.

Second, physician assistants do not work without supervision, as hinted at in the article. Their practice act requires that a physician be physically available within a certain timespan should something go wrong. All proposals for dental therapists in Wisconsin so far do not afford patients this protection.

Third, the idea that therapists are working successfully in four states is misleading at best. Vermont and Maine have dental therapy laws on the books, but have yet to train a single therapist. Colleges in their states have shown little to no interest in such a program. Alaska’s Dental Health Aide Therapist program was created decades ago to help provide basic dental hygiene services to those in extremely rural areas, and cannot legitimately be compared to a dental therapist as proposed for Wisconsin.

It’s important to note that roughly 70 percent of the dental therapists in Minnesota work in the seven county Twin Cities metro area, while very few work in underserved rural areas. Furthermore, despite nearly 10 years of dental therapy in Minnesota, access to dental care for Medicaid patients has continued to decline, so much so that in the spring of 2017 the federal government warned Minnesota that it was at risk of losing federal funds if it did not increase access to dental care for children on Medicaid. The state’s response was, predictably, to propose raising Medicaid rates. Pretending that we can simply throw more providers at the problem without additional funding is folly, and Minnesota’s experiment only provides further proof.

Finally, another common argument in favor of dental therapists — cost savings — fails to hold up, particularly when we use the comparison of doctors and physician assistants. The Health Care Cost Institute’s 2016 data shows the average office visit to a primary care doctor cost \$106 in 2016, compared to \$103 for a visit to a physician assistant or nurse practitioner. This comes even after visits to nurses and nurse practitioners rose by 129 percent between 2012 and 2016, and visits to primary care doctors declined, amid a shift toward mid-level providers in primary care.

My fellow dentists and I have been working for years to increase access to dental care by participating in a variety of charitable care programs and continuing to see Medicaid patients despite the very low payments, all the while fighting for proper Medicaid reimbursement for dentists.

The most cost-effective and timely solution is to fix the current underfunded system, so today's dentists can welcome more Medicaid patients into their practices rather than create another provider category that will take time and money without actually improving access.

Sincerely,

Christine Jones, DDS  
Vice President, La Crosse District Dental Society

## COMPREHENSIVE DENTAL THERAPIST LEGISLATIVE TOOL KIT

Interested in what is going on currently with the dental therapist's legislation? Want to know what the AGD is doing about the dental therapist legislation? Wondering how to become more involved or get your opinion heard? The AGD Advocacy Committee has put together a toolkit which explains what current arguments are being used by those who believe dental therapists are the answer to a shortage of dentists and dental care for certain patient populations. The toolkit is for all AGD members to serve as talking points and references when having discussions with legislators.

The toolkit can be accessed at the AGD Advocacy Website, on the Key Issues webpage. Here is a link to the page: <https://www.agd.org/dental-practice-advocacy-resources/advocacy-resources/key-federal-issues/midlevel-providers>

If you would like more information or to be more involved at the state level, contact Lou Boryc, DDS at: [louise.boryc@marquette.edu](mailto:louise.boryc@marquette.edu)

## AGD House of Delegates Installs Officers, Adopts Policy

AGD's House of Delegates installed new officers during its recent Annual Meeting, Nov. 2–4 in Chicago. Neil J. Gajjar, DDS, MAGD, from Toronto, was named president. He is the second Canadian to hold this office. Other new officers include Bruce L. Cassis, DDS, MAGD, of Fayetteville, West Virginia, as vice president, and Elizabeth A. Clemente, DDS, MAGD, of Skillman, New Jersey, as treasurer.

The House of Delegates also adopted a new policy that supports private sector solutions to provide coverage or benefits for the Medicare population as an alternative to inclusion of dental benefits into Medicare Part B. The House of Delegates voted overwhelmingly in the affirmative to support this resolution.

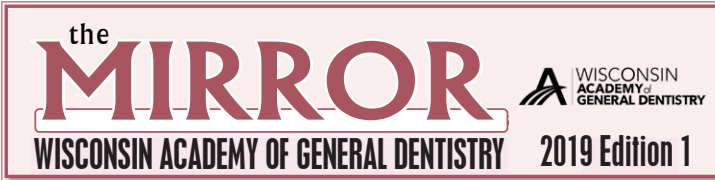
The House of Delegates also adopted a new Strategic Plan for 2019-2021, which champions education and advocacy as the cornerstones of AGD as well as increasing awareness of the unique role general dentists play in improving oral health.

During the AGD Annual Meeting, the 2018 AGD Mark Ritz Award was presented to Rocky Napier, DDS, of Aiken, South Carolina.

The Ritz Award is presented to a member who has demonstrated outstanding service to the AGD and organized dentistry in advocacy, ensuring that AGD's voice is heard by legislators, regulators and policymakers.



Dr's Dennis Charnesky, Ed Batchelor, Lou Boryc, Virginia Scott, and John Machi.



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# *Save the Date*

Friday, March 29th, 2019  
Pulp Therapy and Restorative Dentistry  
for the Pediatric Patient