



BULLETIN

Volume 64, Number 6

May 2017

President's Message



Dr. Steve Moriconi

“Musings on Life”

Recently I went to my primary care doctor for my annual checkup. After that visit and a bunch of lab tests, he said I was doing fairly well for my age. I was a little concerned about that comment, so I couldn't resist asking him, “Do

you think I'll live to be 90?”

He asked: “Do you smoke tobacco, or drink beer, wine or hard liquor?”

“Not much,” I said.

He asked: “Do you eat rib-eyed steaks or barbecued ribs?”

“Not much at all,” I said.

“Do you spend a lot of time in the sun, like playing golf, boating, sailing, or bicycling?”

“No, I don't,” I said.

He asked, “Do you gamble, drive fast cars or motorcycles?”

“No,” I said again.

He looked at me and asked, “Then why do you even give a shit?”

Seriously, as I now get much closer to the end of my career than the beginning, it seems a time of reflection has come upon me. I know some of you are feeling similarly, so my last message will have little to do with dentistry, although some of what follows is applicable to our professional lives, too.

I would like to share with the membership, as my last message, a few things I have learned and believe about life and living on this good earth:

Life is not about the accounting of one's accomplishments, but the mark you make on others' souls.

I have learned that the path through life is not straight, but celebrating the journey can be a source of great strength.

I think being completely honest with yourself is the hardest thing in the world to do, but the most critical skill you can learn.

I think that never regretting anything you've done means you've never done anything.

I believe stopping to help a stranger placed in your path is your duty as a human being.

I've learned the most challenging skill a man must acquire is to listen.

I believe there is always time to do the things that are important to you, no matter how “busy” you think you are.

I've learned there are only two times when you should put your two cents in: when it's requested or when it is a life-threatening situation.

I think respect is something that should be given everyone you meet. It's up to them whether they continue to deserve it.

That it's nice to be important, but it's more important to be nice.

That I will not be judged by what I have achieved in this world, but by how well I have cared for and loved those close to me.

I believe that forgiveness of those who have hurt you, patience with those who annoy you, and an appreciation of every single day of your life are much easier said than done, but so essential to happiness.

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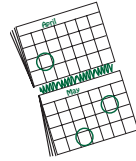
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MARK YOUR CALENDAR 2016-2017

Dinner Meetings: Cocktail hour beginning at 6:00 & dinner at 7:00
Monday, May 15, 2017 – President's Banquet Event
See Page 15 for Registration Informtaion

All dinner meetings are held at Normandy Farms Resort & Conference Center and CE Events are held at the Blue Bell Country Club clubhouse, unless otherwise noted.



2017

SAVE the DATE October 19-23 • Atlanta, GA

Distinguished Speaker
Peyton Manning

Update your profile on the ADA website
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sent directly to your office.

Important Contact Information:

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American Dental Association 312-440-2500
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Deadline for September 2017 Issue: August 1, 2017

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Member of American Association of Dental Editors

Thank you - Steve Moriconi

Many of us who have know Steve for years have been asked to write a few words on his behalf to celebrate his conclusion of the MBDS Presidency term. I chuckled – a few words? I have known this man for over 28 years, how can I write something in a few words? In addition, when have you all known me to say just a few words?

Here it goes ...

I remember when I was a dental student debating whether to select Abington as a residency program. A professor of mine stated, "Any program Steve Moriconi is associated with will be excellent." I was so fortunate to be selected by Abington and how true those words were and still are today.

I remember my interview with the committee and he wore a bow tie and had a goatee.

I remember my first OR experience with then Dr. Moriconi, (you would never address him as Steve as resident) and I stood in awe for hours as he performed a three jaw surgery on a young man knows at school as "pencil chin." I saw a transformation before my eyes. *One*, I didn't know you could do this procedure on one jaw, yet two jaws, and a chin! All of this on one individual – amazing! *Two*, the young man became so handsome before my eyes – no more "pencil chin" here!" *Three*, I didn't know I could hold my bladder for that long!

I remember an emergency OR fracture case as a resident, half way through the procedure as I was placing arch wires he commented, "Burrell, if it wasn't three in the morning I would let you continue, but you are putting the bars on upside down!"

I remember as an outgoing resident he said, "Burrell – what are you doing next year? Come talk to me." That began the start of another phase of our relationship.

I remember when he encouraged me to open my own practice – gulp!

I remember telling him I was pregnant with my daughter and his joy for Jack and me.

I remember challenging personal times for him and then for myself.

I remember calling him in a panic when a patient's jaw locked open after dental work. He calmly talked me through the procedure to alleviate the situation.

I remember making a poor decision on equipment in the dental clinic and him working through the situation with me.

I remember his wedding and the joy he and his wife Kristina spread across the room.

I remember him sharing wedding pictures of his children.

I remember him being so proud of his son's ordination.

I remember telling him challenging medical news and we both cried on the phone.

I remember telling him I was in remission and we both cried on the phone.

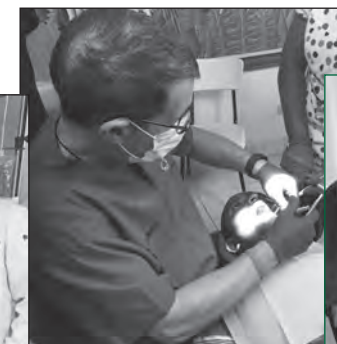
I remember a lot. Through thick and thin, good and bad, Steve has been and continues to be a wonderful friend and colleague. Congratulations on finishing this year as President of MBDS ! Now enjoy a martini with olives – of course!

Best of everything,

Joanne Burrell D.M.D.

"Steve, thank you for your wonderful leadership this past year. Not only do you have hidden talents but also a generous and caring heart. You will be a hard act to follow!!!" -Angel Stout, DMD

"One of the most caring and sensitive Presidents we've had!" - Larry Stone, DDS



Speaker for Monday, May 15 - Dr. Nelson Wood

“THIS DENTIST BROKE HIS OWN OPIOID HABIT.”

CAN THE DENTAL PROFESSION DO THE SAME?

HYANNIS, Mass. — It was an unsavory bargain: Nelson Wood, a dentist, would write opioid prescriptions for patients who agreed to give him some of the pills to feed his own addiction.

The prescribing came to an abrupt end when Wood was arrested during a drug deal with one of those patients: in the parking lot of a Gold's Gym.

That was nearly a decade ago in Western Massachusetts, and since then Wood has entered treatment, regained his dental license, and worked diligently to remove any temptations that could lead to a relapse — and almost certainly end his career. He's gone so far as to ask the government to not grant him the authority to write prescriptions for powerful opioids such as Percocet, Vicodin, and OxyContin that are classified as having “a high potential for abuse.”

Yet Wood's attempt to do the right thing — for himself but also, he believes, for his patients — has collided with an unnerving reality: Opioids are ingrained in the culture of dentistry, and his decision has been bad for business.

Wood's story is a case study of the pressures dentists face to prescribe potent pain pills, even as research shows most of their patients would do just fine with over-the-counter medications such as ibuprofen. Many patients have come to expect strong narcotics after having a tooth removed or undergoing a root canal.

The pressures go well beyond anxious patients: A major insurance company was hesitant to add Wood to its network because of his limited prescribing license.

“It's almost like they're telling me to prescribe opiates,” Wood told STAT. “Drugs are ruining this country and they want me to add to it. And I've basically said, ‘No, I won't do it. You know, I will not do it.’”

Dentists have become a significant source of opioid prescribing — especially for younger patients undergoing wisdom teeth extractions. They prescribe about 8 percent of the opioids in this country, according to government researchers, but are the top prescribers of these drugs to adolescents, accounting for 31 percent of all opioids given to patients aged 10 to 19 years old. That's particularly concerning because that age

group is among the most likely to abuse drugs and develop addictions.

“Most patients get along just fine without opioids,” said Dr. Paul Moore, a dentist and a professor of pharmacology at the University of Pittsburgh. “We've found that a combination of Advil and Tylenol provide a lot of relief. It's pretty remarkable with that combination.”

He said prescription painkillers such as Percocet and Vicodin are not very effective at treating acute dental pain and often come with side effects such as nausea, to say nothing of the risk of addiction.

Moore said there is growing support to reduce opioid prescribing in dentistry. He said he knows two dentists who have decided to operate without any kind of Drug Enforcement Administration prescribing license, essentially deciding they could practice without the ability to offer patients prescription painkillers. The rate of opioid prescribing by dentists declined a modest 6 percent from 2007 to 2012. And in October, the American Dental Association issued a statement on the use of opioids that recommends dentists consider over-the-counter pain relievers such as Motrin and Advil as “first-line therapy for acute pain management.”

Yet as the case of Wood shows, the pain treatment paradigm in dentistry likely won't change quickly.

30 tablets for a tooth extraction

In 2014, when the DEA moved to tighten restrictions on the prescribing of opioids like Vicodin, the leading dental societies banded together in an unsuccessful challenge to the proposal. Six groups representing dentists and oral surgeons, including the American Dental Association, argued that the stricter rules would make it harder for patients to get needed pain relief.

“It is the inertia of the provider,” said Dr. David Keith, an oral surgeon at Massachusetts General Hospital who co-chaired a group that recommended additional training on opioid misuse for dental students in Massachusetts. “It does take a little bit to change the Titanic's direction here.”

Many dentists prescribe “very, very large amounts” of opioids — far in excess of what

would be expected for patients following a tooth extraction, said Dr. Brian Bateman, associate professor of anaesthesia at Brigham and Women's Hospital and Harvard Medical School who studied the use of opioids following tooth extractions. In many cases, dentists prescribe 20 to 30 tablets of a narcotic painkiller, when a patient in all likelihood will only require a handful of pills before any pain subsides.

Bateman said that was troubling because many of those patients likely have leftover medication that could be abused. Keith estimates as many as 30 million prescription pain pills given to dental patients each year fall into this category.

Opioid prescribing is so prevalent in the profession that magazines for dentists carry advertisements promoting drugs that treat opioid-produced nausea and vomiting, Keith said.

The persistent belief in dentistry that drugs such as Vicodin are more effective than over-the-counter medications — despite evidence to the contrary — is reinforced by outside pressures. Some insurers and hospital systems take into account complaints from patients upset they were not prescribed an opioid when reviewing the work of dentists. Angry patients not prescribed an opioid also take to social media, potentially damaging a practice's reputation by making claims the dentist doesn't care about the pain of patients.

Moore said after a lecture he gave in Montana, an oral surgeon approached him to say he knew many of his patients didn't need Vicodin, but he prescribed the drug anyway.

“He said I have looked at the numbers and you are absolutely right,” Moore said. “But he said he was one of only three oral surgeons in his area and if he got a reputation for not prescribing Vicodin he would be out of business.”

In a precarious position

Now 62, Wood moves slowly around his office in a converted house near Hyannis Harbor. He is a solo practitioner working six days a week in a physically demanding job. Years of alcohol and drug abuse have taken a toll. His back and knees hurt. He suffers from osteoarthritis. He fits in frequent cigarette breaks and then sprays himself with a little cologne to mask the tobacco smell from patients.



Asked whether he has thought about using opioids to get relief from his pain, he answers quickly: “It's very tempting.”

It's a precarious position. Wood's struggle with addiction has cost him financially and personally. His dental license was suspended and he lost his house. He was arrested several times, and a girlfriend died of an overdose.

Growing up in the Boston suburb of Brookline, Wood was around age 13 when he began experimenting with drugs, and eventually alcohol. His parents had survived the Auschwitz concentration camp, he said, and his father, who owned a construction business, was emotionally distant and an alcoholic. Other family members also battled addiction.

When Wood was 20, he was arrested as part of a DEA cocaine investigation. He avoided jail by entering a treatment program. It was the beginning of a cycle of drug and alcohol abuse, followed by periods of sobriety that ended with several relapses.

After earning a dental degree at the University of Pennsylvania, he joined a prestigious dental practice in Boston. But in 1992, State Police investigated Wood for inappropriately writing prescriptions for Percocet, Valium, and Xanax, according to an investigative report. The state board of dentistry placed him on probation for five years.

By 1999, he was out of dentistry and in a treatment facility in Mississippi, following an overdose. The best job he could find was working as a cashier at a supermarket for \$7.20 an hour. Several months later, he started cleaning the teeth of dogs as part of a research project at the University of Mississippi. The pay was \$50 per dog.

Wood returned to Massachusetts in 2006 to open an office for a national denture company. He said he soon relapsed again, after undergoing back surgery and receiving painkillers. In 2007, he was arrested following an alleged drug deal in the parking lot of a Gold's Gym. Wood allegedly had an arrangement with two patients — a husband and a wife — where he would write them prescriptions for Vicodin and Percocet in exchange for the couple providing him with some of the pills in return.

He entered the Massachusetts Professional Recovery System, a treatment program for medical professionals dealing with substance abuse issues. He credits the program with saving his life. Wood said he does well when he is being closely monitored — be it by the DEA, the board of dentistry, or a treatment program. He said he has been sober since 2008.

In 2011, he saw an advertisement for a dental practice for sale on Cape Cod. Wood jumped on the opportunity, borrowing money from his brother to make a down payment. Later, when two DEA agents visited his office to tell him he was cleared to get a full prescribing license, Wood told them he wanted only a limited license, to avoid any temptations if he had the ability to prescribe Vicodin or Percocet. He can still prescribe milder narcotics, with less potential for abuse.

Wood said his past drug use and his refusal to prescribe highly addictive opioids has caused problems for him with insurance companies. Blue Cross Blue Shield of Massachusetts approved him as a member of its network, but only after an extended review, Wood said. He said the doctor who reviewed his case said the insurer usually does not credential dentists who do not have a full DEA license. To assuage concerns of insurers, Wood said he arranged for an emergency room doctor at a local hospital to prescribe more powerful opioids to his patients who may need them.

Blue Cross declined to discuss the case of Wood. In general, the insurer said it credentials dentists on a case-by-case basis and that one of many factors it considers is what kind of license the dentist has from the DEA.

The Guardian Life Insurance Company of America last month notified Wood it would not allow him in its network because of his “history of license sanctions.”

Wood said most of his patients are insured by Medicaid, the government insurer for the poor, or pay cash. About a quarter are covered by a handful of private insurers that have included Wood in their network.

Beach towns awash in opioids

Wood has another reason for limiting his prescribing license: He doesn't want to be a target.

Cape Cod may be best known for its beaches and as the summer home of the Kennedy family, but it is also awash in illicit opioids. Massachusetts has the seventh highest rate of overdose deaths in the country — and within the state, the Cape Cod region experiences overdoses at a rate that exceeds urban areas like Boston.

Last month, police here broke up a fentanyl ring that allegedly operated out of a multi-million-dollar home owned by the Shriver family. Eunice Shriver was the sister of President John F. Kennedy. Police said the family was unaware of the drug dealing and the property's caretaker

was arrested for allegedly allowing dealers to use the sprawling home.

It didn't take long for opioid addicts to find Wood. One of his first patients was a young man complaining of tooth pain. Wood told him the tooth needed to be pulled, but the patient said he didn't want the tooth removed; he just wanted oxycodone for the pain. That is an opioid Wood can't prescribe, and he told the patient he didn't need it.

Wood said he then noticed the man signaling someone outside. He went around back where he caught the man's girlfriend trying to break into the rear of his office, presumably in search of opioids.

After that incident, Wood hung a sign in his reception area: “This office DOES NOT prescribe nor have narcotic medication on the premises.”

Another time, a mother dropped her daughter off for a procedure and Wood wrote a prescription for a mild pain reliever when he was done. After the young woman left, the mother stormed into the office to demand Wood write a prescription for something stronger. It was clear, he said, the mother wanted the more powerful drugs for herself.

One patient offered him sex in exchange for an opioid prescription, he said. Another changed a prescription for four Valium to 24.

In the past year, three doctors practicing within two miles of Wood's office gave up their medical license or had it taken away for charges related to illegal prescribing of opioids. The incidents are proof to Wood he is doing the right thing.

“I don't want the hamster running around in my head when I'm in pain, trying to get pain relief using my own license,” he said.

After starting out with just a few dozen patients, Wood has several hundred regular patients today. He said many of them know of his past. Some have talked to him about their own struggle with addiction or that of family members. Several patients have died of overdoses. It's a constant reminder of what is at stake if he uses drugs again: His dental license, his practice, and his ongoing redemption would be gone.

“If I don't stay sober, I'm going to lose everything,” he said. “But I'll stay clean and sober. I've been there before. I lost everything twice.”

By David Armstrong

President's Message

Continued from Page 1

I think it's okay to have expectations of others and to tell them what they are. It's the only way you'll ever know if they can be met.

I believe love is the most important emotion of all. It will heal almost everything.

And finally, for every situation, there is a suitable line from a song!

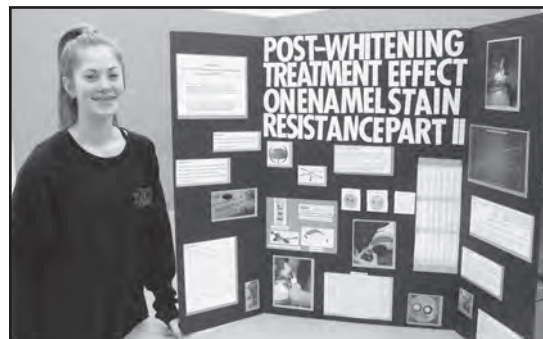
Thank you for the honor of serving you as President this year. I hope my time has been productive for the membership. I am proud our mutual accomplishments of this past year, highlighted by the well-received and MBDS-sponsored Opioid Symposium in November. I have been asked to participate in other symposia

and conferences on this subject, and hope to be at the forefront of providing the course on Opioids for the PDA going forward. Our community service efforts and Continuing Education programs have been excellent. We will continue to attract new members, and we have added several to the Executive Committee this year. I thank the members of that committee for their support and assistance during this year. As I hand over the gavel to Angel Stout, I am confident she inherits a vibrant and respected organization.

Steve Moriconi

*"Where it all ends I can't fathom, my friends.
If I knew, I might toss out my anchor." — Jimmy Buffett*

SCIENCE FAIR WINNERS



MADDIE NASE

Maddie's project was conducted to figure out if MI Paste of Fluoride treatments would resist red wine staining on pre-whitened enamel. The main methods that were used was that teeth were all bleached in 35% hydrogen peroxide for an hour. The MI Paste and Fluoride groups were treated for 20 minutes using the Kwon Technique, then all teeth were placed in the wine. Last all teeth had their L*, a*, b* colors measured. In the results the Control Group had the lowest Delta E, which means it resisted the staining the most. The Fluoride Group had the highest Delta E which means it resisted staining the least. The MI Paste Group was in the middle of the two. In conclusion Fluoride Gel and MI Paste do not help resist red wine staining.



NEDA MAHJOUR

Neda's project involved testing the antimicrobial properties of four different dental cements using the agar diffusion test and direct contact test.

President's Dinner
Honoring our out going President
Steve Moriconi

Also recognizing
Dr. Gene Katz
for his many years of dedicated and outstanding
service to Montgomery Bucks Dental Society
as well as the profession as a whole!

Monday, May 15, 2017 • 6:00 PM
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6 Month Progress Report for VNA Foundation of Greater North Penn Grant

Organization Reporting: Abington Jefferson Health Dental Care Access Program
Contact Information: Julie S. Paslowski, MSW, LSW Amy Arbogast
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julie.paslowski@jefferson.edu amy.arbogast@jefferson.edu

07/01/16 through 12/31/16:

The Abington Jefferson Health Dental Care Access Program connected 133 individuals with affordable dentistry. Of this total number of individuals served 37 were children twenty-one years old and younger while 96 were adults. Additionally, to date 105 individuals who were previously enrolled in our program re-enrolled during this current fiscal year to continue their treatment. Thus far the program has spent \$62,823.00 directly toward patient care. \$13,099.00 went towards services for children, while the remaining \$49,724.00 went towards services for adults. We do anticipate using the rest of the funding by June 30, 2016.

Currently, our program has 15 different dental providers in our network, which consists of 29 locations and 50 dentists.

The program offers a wide range of services, including but not limited to: exams, cleaning, x-rays, fillings, extractions, root canals, crown, referral to oral surgery, partial dentures, complete dentures , sealants, fluoride, anesthesia, periodontal scaling and root planning, and periodontal maintenance.

An excellent example of the impact of the Dental Care Access Program is seen in the Parker* family. The father, Gregory*, is a 67 year old individual who is disabled. The mother, Alice*, is a 59 year old individual who is works to contribute to her household in addition to her caregiver duties. The daughter, Melissa*, is a 24 year old graduate student who works part-time. Gregory has health insurance through Medicare due to his age and disability; however he does not have dental coverage. Alice has health insurance through the health insurance marketplace but she does not have dental coverage either. Melissa is currently uninsured as she is being bounced back and forth between medical assistance and the health insurance marketplace. This family has continued with our program since its inception. For this current fiscal year Gregory was able to get an evaluation, x-rays, cleaning and 5 fillings, while Alice was able to get an evaluation, x-rays, cleaning, 4 fillings, and an adjust-

ment to her partial denture. Additionally, Melissa was able to get an evaluation, x-rays, cleaning, and 2 fillings. Even though both Gregory and Alice exhausted the program funding, they were able to complete their dental work by taking advantage of our reasonable fee schedule.

These are just a couple examples of the many success stories of the Dental Care Access Program. However, without a strong network of participating dental providers these successes would not be possible. Our program values our partnerships with the local dental community, as they are willing to give back to their local community members by providing quality and affordable dental care to vulnerable populations (i.e., children, the elderly, disabled individuals, impoverished individuals, etc.). Easing someone’s pain, assisting someone in regaining function to eat properly, and instilling proper dental hygiene habits are no small feats. The Dental Care Access Program and its participating dental providers have truly changed lives.

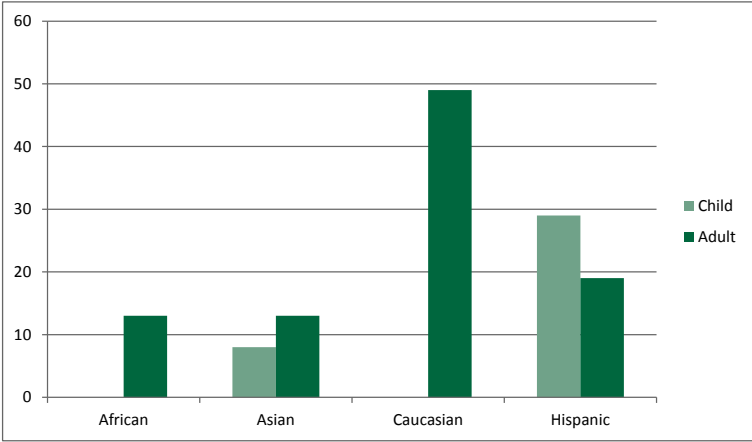
*Please note participants names have been changed to protect their identity.

Future Needs:

In the future, our program hopes to recruit additional dental providers. We were pleased to add two additional providers this fiscal year and hope to continue this growth. We would love to increase the network of specialists, i.e., oral surgeons, endodontists, and periodontists. This will provide our patients with greater access to services and specialized care.

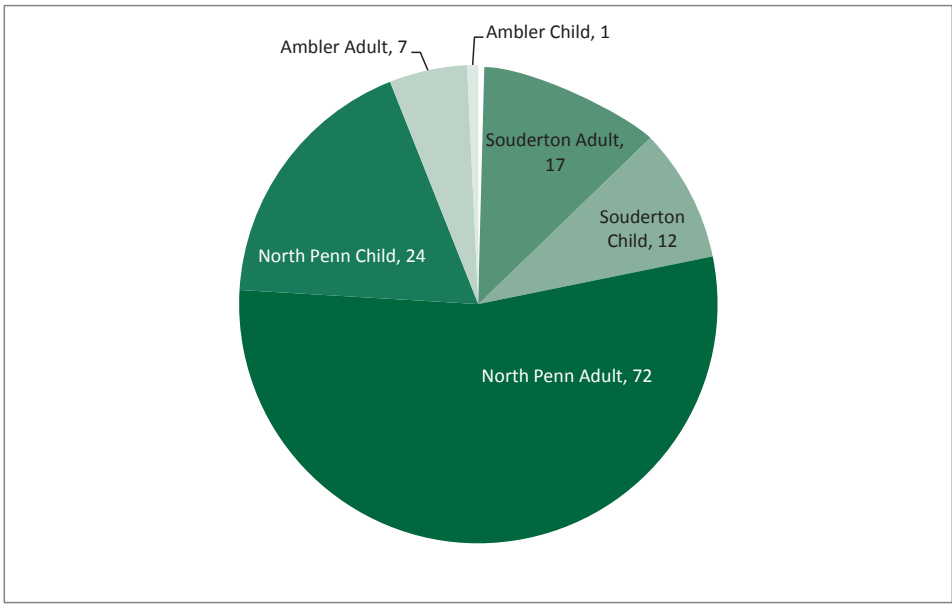
Going forward, we will continue discussions on how to best distribute the funding and provide care to our growing patient base. Due to the great success of our program, we have enrolled 280 individuals since the program’s inception in 2014. With this large patient base and a strong demand from the surrounding community, we must continue to re-examine criteria for eligibility as well as strengthen our network of providers and referrals to meet the complex and comprehensive dental needs of the North Penn region.

Racial / Ethnic diversity of patients served from July 1, 2016 – December 31, 2016

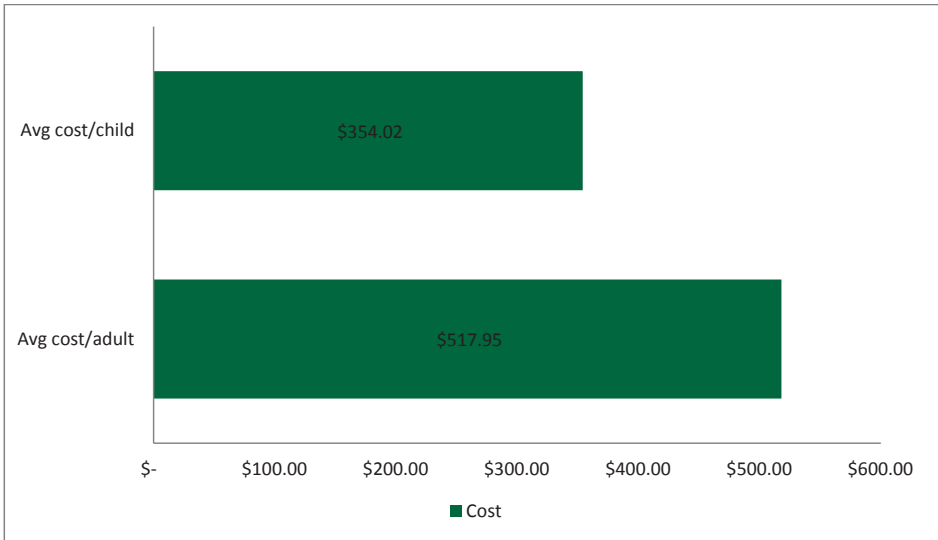


*NOTE: 2 adult patients would not disclose race and were not included in graph

Geographic location of patients served from July 1, 2016 – December 31, 2016



The average cost for patients’ services provided July 1, 2016– December 31, 2016



*NOTE: Patient cost includes June 2016 dates of service with payments issued in July 2016

Gene Katz

is a colleague and friend worth knowing

One of the reasons I joined organized dentistry 31 years ago was to network. Little did I know the power and pleasure of joining such a special group of individuals focused on improving their skills, offering the best quality care to their patients and promoting the unity of dentists. One dentist, in particular, became both a role model and my friend over the years.

One night in early March 2017, four couples sat down to interview Gene and his wife Lenore (Leni) about their lives, dental practice and his involvement in organized dentistry for more than seven decades.

Dr. Eugene (Gene) Katz is now 92 years old, and while he no longer practices dentistry, he continues to be an active member in organized dentistry just as he was in 1951.

Gene's parents were immigrants from Russia. They managed to start a life in this country and both became pharmacists. They moved to Conshohocken before the Depression and started their family as well as their business in this small mill town along the Schuylkill River, just outside the city limits of Philadelphia. Gene remembers that his parents had one of the only telephones on the block at that time. During the Depression years he would often hear the phone ring in the store and his mother or father would tell him to run down the street to someone's house to say that the mill called and wanted them for the next shift. So happy to have work for the day they often would give young Gene a tip of one or two cents.

As a teenager Gene worked at the local paper mill and the steel mill for one dollar per hour. The work was hard and honest and familiar as most of the men in Conshohocken had labor jobs. Mill jobs were also dangerous. Gene joked and said that the day he left the steel mill was the day he retired. Dentistry would become a much easier way to earn a living. Gene was always interested in science and flying. His brother had already started dental school before Gene finished high school.

Gene wanted to be a Navy pilot. At the age of 17 and just barely out of high school, he joined the Navy. It just so happened to occur after Pearl Harbor, in early 1943. During his tour of duty, he never became a pilot, but he did get three semesters of college level engineering.

Fresh from returning from WWII he was able to complete his undergraduate course work and attend Temple Dental School.



His older brother, David, was already a dentist with a practice in their hometown. David was in the reserves when he was re-activated into the army and left Philadelphia to serve in Korea. His younger brother Robert was attending Jefferson Medical School in Philadelphia. Later, all three would practice in the same house in where they were raised.

Gene had known his wife, Leni, since she was 16 years old. She told several stories about how they met a few years later on a blind date set up by a cousin. When Leni met Gene, who was accepted into the Navy at 5 feet 4 ¾ inches, she made sure that she never wore heels again. She liked Gene, as she tells, it because other guys would take her to nightclubs, and Gene like going to concerts and the theater. They were married four years later while he was in dental school and she was Temple Tyler School of Arts.

Gene would step into his brother's practice when David left for Korea, and continued to practice in Conshohocken until his retirement in 2000. In 1951 there were 11 dentists and 10 pharmacies in Conshohocken. His patients were mostly people he knew and grew up with. His brother had taken him to a Montgomery Bucks Dental Society Meeting shortly after he began to practice. Gene remembers that meetings were held in different locations each month with about 25 members in attendance. Dues in 1951 were two dollars per year! He said that at one of his first meetings there was a motion to raise the dues to four dollars and a riot nearly broke out.

At first Gene would just attend the meetings for the camaraderie and education. Soon he was asked to serve on the program committee by Dr. Bob Hedges, an Orthodontist, and Dr. Sylvester Smith, a general dentist from Ambler. He would attend meetings in New York and Philadelphia to listen to a speaker before being invited to talk to the members of Mont-Bucks. Gene found his calling when he was asked to be on the insurance committee at the local level. Later he would be asked to serve on the state level and eventually at the ADA level.

After WWII, Gene's parents along with Gene and his brother, Robert, decided to buy a house on a corner of busy Fayette St. for \$17,000.00. Eventually Gene's brother David would return from his tour of duty. Robert would later graduate from medical school. In the 1950's all 3 brothers practiced under the same roof. They added onto the front porch to create the office space. During the early years Gene and Robert lived in the house with their wives and Gene's parents. Can you imagine all living and



Our District Directors, Dubinski, Katz and Hughes. Great picture of Jack!

working under the same roof? We asked Gene how that went and he said that it was interesting! In 1965 Gene would become the President of the Montgomery Bucks Dental Society. Twenty-five years later, in the mid-seventies, the suburbs of Philadelphia would blossom with families, and of course dentists. There would be 140 members at a monthly Monday night dinner meeting and lecture. During the 1970s joint meeting were held with the Naval dentists and Montgomery Bucks at the Willow Grove Naval Air Station, and there would be over 200 attendees. However, drinks were twenty-five cents and Gene thinks that had something to do with attendance. Gene would go on to serve as a director to the PA AGD from 1977 to 1979. He also served as a director to the Second District from his local from 1967 to 1999.

As an active member in organized dentistry, Gene would serve as a delegate to the PDA annual House of Delegates as well as an ADA delegate to the annual ADA HOD.

Gene remembers that it was assumed that as a new graduate you signed up and went to a local dental meeting. In the 1950s and 60s most dentists were men. He formed lasting friendships from the dental society and made friends locally as well as nationally from his involvement in organized dentistry. Camaraderie has often been noted by many members as the number one reason they stay a member.

Like many dentists of his time, he trained with low speed handpieces driven by an electric pulley system. Newer pulley systems with gear changes allowed for faster speed, but high speed handpieces did not enter into the dental office until the late 1950's. This was one of the most memorable changes in the practice of dentistry for Gene and his contemporaries. Many dentists would come to meetings to hear and learn how to use a high speed handpiece.



In the 1950s there was no dental office autoclave. He used a tray with hot water and cold sterilization. Dentists re-used needles by dipping in

cold sterilization. Needles would be used again and again until they were too blunt to puncture the tissue. He also remembers getting malpractice insurance for eighteen dollars per year.

There were no oral surgeons in Conshohocken when Gene started his practice. In 1952 his brother Robert was a resident at Sacred Heart Hospital and encouraged Gene to apply to be on the hospital staff for the extraction of third molars and minor oral surgery. So, Gene sought continuing education in Philadelphia and Chicago. Once while in the O.R. he was asked to help another surgeon when the patient crashed. Gene watched the doctor lift up the patient gown, cut across the chest and spread the ribs. The doctor performed an open heart massage in front of Gene. After the heart began beating again, they closed up the patient. Another time it happened to a patient of Gene's. He did the same open heart massage, just as he had seen. Later he went out to tell the family what happened and they responded by asked if he took out the teeth!

Gene never forgot his roots in Conshohocken. He was on the active staff of both Sacred Heart Hospital and Montgomery Hospital from 1958 until 1990. He was Chief of Dental Services at Montgomery Hospital from 1968 until 1981, where he operated a clinic for indigent patients.

Like most dentists, Gene had hobbies. He enjoyed his family along with furniture making, sailing, fishing and photography, just to name a few. He traveled often with Leni throughout their lives. His first vacation was when Leni was pregnant with their daughter. They didn't have money to travel, but the butcher who owned the building that Gene and his brother David practiced in at the time gave them \$700 to travel. When he practiced with his brother David, each was allowed to take longer vacations while the other covered the office. Once Gene and Leni traveled across the United States for 5 weeks. Their goal was to see as many landmarks and national parks like the Grand Canyon as time allowed. But everything paled compared to what he did for his community, his patients and for organized dentistry.

In the late 1970s while serving on the PDA insurance committee Gene and others saw an opportunity to sell insurance products to dentists. He had the vision to see that brokers were charging insurance companies pretty good fees for disability and life insurance policies. In the 1980s malpractice insurance had a sudden jump in premiums. Gene and others were looking for a change, but it would still take another 10 years. The PDA through PDAIS could be the broker and generate non dues income for the PDA. PDAIS was born in 1996. This was one of Gene's greatest accomplishments during his involvement in organized dentistry. Gene served as President and CEO of PDAIS from its inception in 1996



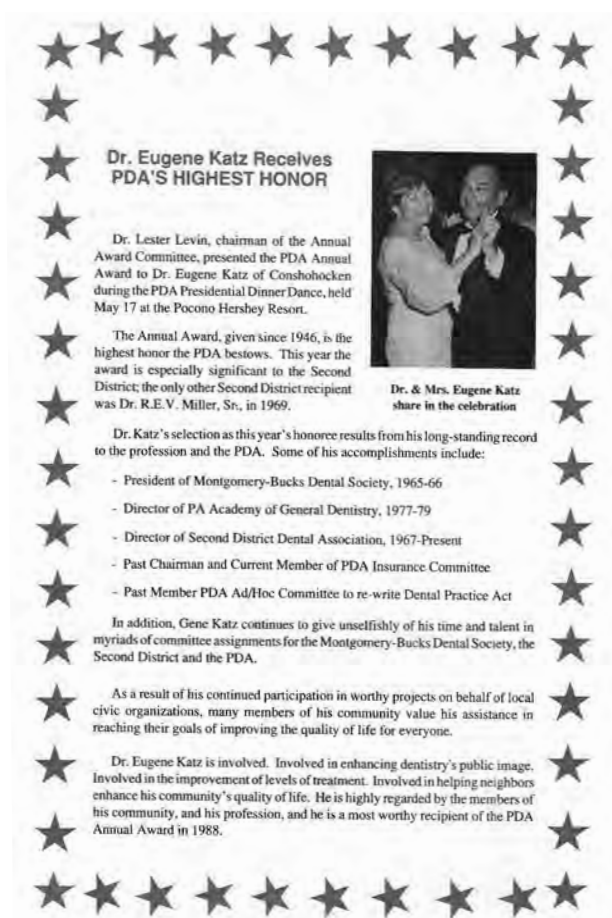
until 2002, Fifty years after graduating dental school. During our dinner we asked Gene what he was most proud of during his sixty plus years in organized dentistry. We all agreed that it was the creation of PDAIS, but Gene is a humble man. He said that his friendships were his best memories.



Gene has had many accomplishments in his life-time. He served in the U.S. Navy, finished dental school and raised a family. He returned to his home town to serve the community in which he was raised. He served on several community boards

and was very charitable both locally and away from home. He has been a lifelong member of organized dentistry. He has been a lifelong student of dentistry, a mentor to more than one generation of dentists, an advocate for dentists, a volunteer, a role model. He served his local dental society, state and national associations where needed. He helped start PDAIS. Gene is an inspiration to all of us from the most involved to the barely involved. Let's celebrate with Gene as he enters his 67th year as a member of organized dentistry.

By Bruce R Terry DMD



U.S. News & World Report Announces the 2017 Best Jobs

Dentist, other health care vocations top the list.

Washington, D.C. – Jan. 11, 2017 – U.S. News & World Report, the global authority in rankings and consumer advice, today unveiled the 2017 Best Jobs. The new rankings offer a look at the year's best jobs across 15 categories – from best-paying jobs to diverse sectors like business and technology – to help job seekers at every level achieve their career goals. The rankings take into account the most important aspects of a job, including growth potential, work-life balance and salary.

Health care jobs dominate the 2017 rankings, with 52 of the 100 Best Jobs in health-related fields. Dentist ranks as the Best Job overall, followed by nurse practitioner at No. 2 and physician assistant at No. 3. The majority of the Best-Paying Jobs are also in health care, with anesthesiologist topping the list, followed by surgeon at No. 2 and oral and maxillofacial surgeon at No. 3.

"Health care jobs often require a human element, so they can't be exported or entirely replaced by robots – at least not yet," said Susannah Snider, personal finance editor at U.S. News. "Continued growth in the health care sector, low unemployment rates and high salaries make these jobs especially desirable. Plus, individuals can pursue a range of health care positions that require varying levels of skill and education."

Statistician (No. 4) and mathematician (No. 20) also make this year's list of the Best Jobs, in large part due to the explosion of data and use of advanced analytics to solve problems across sectors.

"Almost every type of company is hiring people to collect, analyze and provide insights on data to improve their operations," said Brian Kelly, editor and chief content officer. "These roles – along with technology positions – are going to be important to almost any business in the future."

The 2017 Best Jobs rankings offer job seekers detailed information on training and education requirements, median salary and job satisfaction across diverse sectors, including social services, education, construction and creative and media. For individuals interested in pursuing science, technology, engineering and math, also known as the STEM fields, U.S. News also compiles the Best STEM Jobs.

To calculate Best Jobs, U.S. News draws data from the U.S. Bureau of Labor Statistics to identify jobs with the greatest hiring demand. Jobs are then scored using seven component measures: 10-year growth volume, 10-year growth percentage, median salary, employment rate, future job prospects, stress level and work-life balance.

2017 U.S. NEWS BEST JOBS RANKINGS

100 Best Jobs

1. Dentist
2. Nurse Practitioner
3. Physician Assistant
4. Statistician
5. Orthodontist

Best-Paying Jobs

1. Anesthesiologist
2. Surgeon
3. Oral and Maxillofacial Surgeon
4. Obstetrician and Gynecologist
5. Orthodontist

Best Health Care Jobs

1. Dentist
2. Nurse Practitioner
3. Physician Assistant
4. Orthodontist
5. Nurse Anesthetist

Best Business Jobs

1. Statistician
2. Mathematician
3. Financial Advisor
4. Actuary
5. Operations Research Analyst

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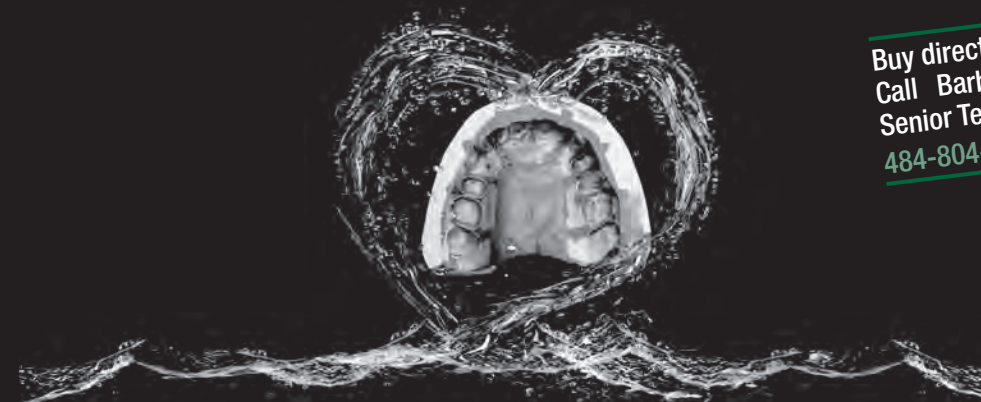
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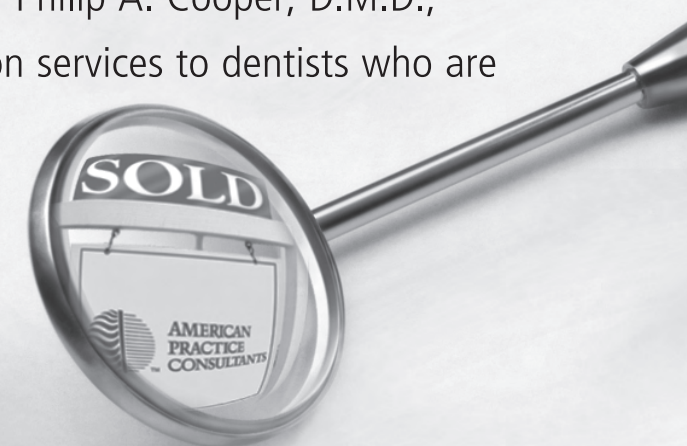
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FACTS

Dental Care Access Program

Abington Health Dental Care Access Program
51 Medical Campus Drive • Lansdale, PA 19447

New model of care

The Abington Health Dental Care Access Program is a community benefit program, a collaboration amongst resources that already exist in the community. A new model of dental care that is administered by Abington Health, the program is designed to provide basic dental services to the underinsured and uninsured residents of the greater North Penn community through a network of participating local dentists from the Montgomery-Bucks Dental Society.

Services provided

The Dental Care Access Program provides preventative care, basic restorative procedures, and emergency services to qualifying children and adults. Required treatment is always covered for children, and while the scope of care is more limited for adults, cleanings, exams, x-rays, fillings, extractions and help with the cost of dentures or partials is covered. Services are provided in the offices of participating dentists in the community.

Services are approved by the program coordinator and approval is communicated to the provider via fax. Only approved services can be billed. If additional or follow-up services are necessary, a list of those services must be submitted by the patient and approved by the program coordinator prior to services being provided.

Reimbursement for Services

Services are capped at \$500 per patient, per fiscal year. Payment for services needed after the cap has been reached is the responsibility of the patient.

The fee schedule for services is slightly higher than the Medicaid reimbursement rates for the same services. A co-pay of \$10 per visit will be collected from most patients, depending upon eligibility, and is to be deducted from the invoice submitted to the program. Copay eligibility will be communicated to the practice through the initial confirmation fax sent by the program coordinator.

Upon the rendering of dental services, the provider submits the Abington Health Dental Care Access Program invoice with appropriate service codes, service descriptions and fees, per the fee schedule, to the program coordinator for payment. Tracking of expenditures toward the cap for each patient will be the responsibility of the program coordinator.

Patient Eligibility/Screening

The Abington Health Dental Care Access Program serves residents of the greater North Penn community who are uninsured, underinsured, low-income, Medicare recipients, Medicaid recipients, those on disability who are within the two-year waiting period for eligibility for Medicare, those who have lost their jobs and insurance, or children waiting to be accepted into either CHIP (Children’s Health Insurance Program) or one of the medical assistance programs.

Participants are screened by the program coordinator for eligibility based upon income and residency. Participants must live in the North Penn, Souderton or Wissahickon school districts.

Upon verification and acceptance, participants are asked to choose a participating dentist to provide care. The first appointment is made by the program coordinator with the practice office. Patients are given a card with their dentist’s name, practice address and appointment information which will be collected by the practice staff at the time of the appointment.

More Information

For more information or to speak with the program coordinator, please call 215-855-8296.



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REGISTRATION FORM

MONTGOMERY-BUCKS DENTAL SOCIETY

May 15, 2017 - President’s Dinner

If you want to mail a check, please return this form with your check to:
MBDS PO Box 633 Green Lane, PA 18054-0633

Doctor Attending Menu Selection: ☐ Fish ☐ Chicken ☐ Vegetarian

Name: _____

Email: _____ Telephone: _____

Other Attendees: ☐ Fish ☐ Chicken ☐ Vegetarian

Name: _____

Name: _____

“Comp” meals are available for the April dinner, as long as you appear on the PDA dues “paid” list when making reservation! Email: mbdsdr@comcast.net to confirm usage.

\$49.00 per person Total Attending () x \$49.00 - \$ _____

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MONTGOMERY-BUCKS DENTAL SOCIETY

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Dinner Meeting: Monday, May 15, 2017
President's Dinner

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Membership Benefits in the Montgomery-Bucks Dental Society include:

General Membership Meetings

- Meet with your colleagues at these monthly dinner meetings offering lectures by a variety of speakers.
- Members receive two complimentary dinners annually.

Continuing Education Programs

- Fulfill All CE Credit Requirements
- Grow professionally by attending our superb CE programs featuring nationally known speakers. New dentists receive substantial discounts for all courses; nonmembers are invited to attend one evening program or one all-day seminar free of charge.
- Accumulate the required CE credits in one year through various programs and meetings offered by MBDS while enjoying the camaraderie of your colleagues who represent a diversified membership.

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