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TDA BOARD OF TRUSTEES REVIEW

By Mike Dvorak, Executive Director

Your TDA Board of Trustees (BOT) met on Saturday, January 25th to discuss and decide association business. This was a busy and productive meeting. Following is a review of the many exciting things happening at the TDA. In the absence of President Dr. Terryl Propper due to illness, the meeting was presided over by President-Elect Dr. Jeannie Beauchamp.

MEMBERSHIP

TDA has collected about 70% of our member dues at this time. Mr. Dvorak presented slides that outline the TDA's market share (total number of members as compared to Tennessee licensed dentists) as of January 1st. The TDA market share is the highest it has been in the past five years at 67.1%. We also have more members now than we have had in the past five years. During the same period our Active Non-Renew trend has dropped from a high of 42.5% to a current low of 26.7%. Currently over 36 members have renewed their dues and come back to us as TDA members and will continue to receive an excellent level of service and member benefits for their membership dollars. The hard work of our Membership Coordinator, Brittany Hall, along with our component directors and our grand division Vice-Presidents have paid dividends. The membership non-renew plan was a successful initiative of TDA President, Dr. Propper. This year the 2020 target groups of the ADA will feature those whose membership lapsed between 2014-2018, Female Dentists and Specialists. Those individuals may qualify for discounts on their ADA dues portion of up to 50%. The TDA has also eliminated the \$25 credit card fee which has increased those members paying by credit card from 241 to 657 from November to January compared to last year. Progress is being made with some "out of the box" thinking and initiatives and being proactive to change.

LEGISLATIVE UPDATE

The 111th Tennessee General Assembly has started. TDA Lobbyists Mr. Jack Fosbinder and Mr. Mike Dvorak will be spending a lot of time at the Capitol this legislative session. As usual, the TDA will be working right along with AGD Lobbyist Mark Greene. Under the direction of Dr. Leon Stanislav (Clarksville), the Governmental Affairs Committee will be working hard to find contact dentists for all legislators. We will be closely monitoring all bills, but particularly those having to do with hygiene, fluoridation and a digital impression bill.

Current bills and items of note:

- Block Grant – Changing TennCare to a Block Grant Program
- West Tennessee Pilot Project from Commissioner of Health
- Direct primary care agreements – TDA bill
- Allowing direct primary care agreements across all providers.
- Prescription side-effects explained.
- Telehealth Bill
- Anti-smoking and Anti-vaping Bill.
- Gold Card Program – require providers to rate doctors according to their service.
- Right to Shop Bill

Trust that we will keep an eye on anything that can potentially influence your practice and your business. TDA President-Elect Dr. Jeannie Beauchamp (Clarksville) Chair of Tenn-D-Pac and this PAC has done very well with supporting candidates and raising money. Mr. Dvorak is travelling around the state to each district for their annual legislative meetings to promote organized dentistry.

Continued on page 13...



Breaking News: Gov. Bill Lee signed Executive Order No. 18 to limit non-emergency healthcare procedures until April 13, 2020. Please read the newly released Executive Order regarding dental services, non-essential medical services and PPE supplies [here](#).



Tennessee

DENTAL ASSOCIATION

A MESSAGE FROM THE PRESIDENT

Dear TDA Members and Colleagues,

This past week has been fraught with anxiety, fear, financial uncertainty and frustration with the relentless spread of COVID-19. The TDA Executive Director, Mike Dvorak, along with the TDA staff and the TDA Board of Trustees have worked tirelessly to email and speak with you to answer your questions and provide you with accurate information as quickly as it could be disseminated via email, website, texts, links and portals.

Daily updates on COVID-19 have been provided via our website. We have sent links to contact your senators to guarantee action on your behalf. We have provided a portal for you to ask HR questions regarding staff issues to an employment law attorney. We have sent you guidelines and recommendations from the ADA. We have provided frequently asked questions & answers from the TDA Insurance Agency. During this unprecedented challenge to your practices, we have ramped up communications to keep you informed and educated, while operating in an environment that is foreign to us.

I have worked tirelessly with the officers and members of the Executive Committee to chart a strategy and a course for member dentists and the TDA to follow in weekly conference calls. I have held an emergency conference with our Board of Trustees to keep them informed about current recommendations for their constituents.

I have requested a statement from the Board of Dentistry regarding the health, safety and well-being of the citizens of our state and for guidance for our members to help protect our patients - I have heard nothing in response. I have contacted the Tennessee Department of Health for direction for our members and received a "use your best judgment" statement of neutrality in a public

forum. We have an **incredible** public health crisis in our State and our regulatory agencies are neutral.

Even the CDC, who have been shamefully absent during a time when they could have mobilized against the spread of this virus by simply asking the public to stay home, is silent. Too late - the damage is done. We are at a tipping point - and I am begging someone in a regulatory position to act. **Neither** the ADA or the TDA are regulatory agencies, we are here to advocate for our members. We cannot dictate the procedures you perform, require you to adhere to TDA recommendations, or police you if you elect to continue to see scheduled patients - nor should **we** - that is not our role. We can only request that you treat patients with social consciousness and ethical guidance to limit risk of exposure to patients, staff and yourselves. The recommendations by the ADA and the TDA were made to limit exposure to COVID-19.

Colleagues and friends, we are at war with a virus that threatens our lives and livelihoods.

We have been left to fend for ourselves, with no guidance and no voice for our profession from a Board of Dentistry whose mission it is to protect the public. **We have heard** no response from the Department of Health (DOH), whose responsibility it is in a public health emergency to make a recommendation to protect our citizens, a CDC that is operating in *absentia*, and a state and federal government that is more fearful of financial fallout, **than** loss of life.

High speed aerosol spray is a vector for transmission of airborne pathogens and has necessitated **that** dentists curtail their practices. Of course, we are all concerned about the loss of income, but financial loss **will never** supersede the loss of someone we care about. Bob Ramsey, DDS, a state representative, reached out to the TDA and heard our plea. It is up to our state and local governments to take action to **stop** the spread of this **horrific** virus by limiting exposure. The TDA is advocating for you in every possible **way**. Our members do not want to be **idle** in this pandemic, we want to be **proactive**. How can we help?

Terryl Propper, DDS

TDA President

Infectious Diseases in the News:

2019 Novel Coronavirus (COVID-19)

The Centers for Disease Control and Prevention provides important and up-to-date information to the public and healthcare providers on the status of reported cases of 2019 Novel Coronavirus (COVID-19) across the United States. Initial cases were reported in Wuhan, China and it is currently thought that the most likely mode of transmission is human to human. There are several reports of transmission from an asymptomatic person with the infection, so there remains much to be learned about how COVID-19 spreads.

Dentists are urged to view the CDC COVID-19 situation summary web page for current insight (<https://www.cdc.gov/coronavirus/2019-ncov/summary.html>). The risk of transmission in the United States is low at this time. Standard precautions should be taken with all patients, at all times.

Prevention of Suspected Respiratory Disease Transmission in the Dental Healthcare Setting

Patients with an acute respiratory illness may present for dental treatment at outpatient dental settings. The primary infection control goal is to prevent transmission of disease. CDC recommends a multi-step approach that begins before the patient arrives at the practice and includes guidance regarding their arrival and for the complete duration of the affected patient's presence in the practice.

It may not be possible to know the cause of any patient's illness so it is important to follow this guidance and standard precautions at all times.

Infection control issues during patient assessment:

- Patients with an acute respiratory illness should be identified at check-in and placed in a single-patient room with the door kept closed.
- Seek to prevent the transmission of respiratory infections in healthcare settings by adhering to respiratory hygiene/cough etiquette infection control measures at the first point of contact with any potentially infected person
<https://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>
- Offer a disposable surgical mask to persons who are coughing; and provide tissues and no-touch receptacles for used tissue disposal.
- Ill persons should wear a surgical mask when outside the patient room.
- Dental healthcare personnel assessing a patient with influenza-like or other respiratory illness should wear disposable surgical facemask*, non-sterile gloves, gown, and eye protection (e.g., goggles) to prevent exposure. Since recommendations may change as additional information becomes available it's a good idea to check the CDC website for COVID-19 updates at <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html>

- Patient and dental healthcare workers should perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic handwash) after possible contact with respiratory secretions and contaminated objects/materials.
- Routine cleaning and disinfection strategies used during influenza seasons can be applied to the environmental management for COVID-19. More information can be found at http://www.cdc.gov/ncidod/dhqp/gl_enviroinfection.html.

*Until additional specific information is available regarding the behavior of COVID-19, the guidance provided in the “Interim Guidance for the Use of Masks to Control Seasonal Influenza Virus Transmission”

<https://www.cdc.gov/flu/professionals/infectioncontrol/maskguidance.htm> is recommended at this time. Also recommended is a review of Prevention Strategies for Seasonal Influenza in Healthcare Settings

<https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>.

Frequently Asked Questions

1) What are the signs/symptoms and risk factors for COVID-19?

Similar to patients with other flu-like diseases, patients with known COVID-19 have reported mild to severe symptoms which can include fever, cough and shortness of breath. Patients may also report a recent trip to China, or a close contact with someone who traveled to China within the past 14 days.

2) Where can I find current, credible information about COVID-19?

CDC’s website includes numerous resources for healthcare workers including:

- Interim CDC Guidance for Healthcare Professionals at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>
- A one-page Flowchart to Identify and Assess 2019 Novel Coronavirus at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/2019-nCoV-identify-assess-flowchart-508.pdf>
- The 2019 Novel Coronavirus (2019-nCoV) Situation Summary at <https://www.cdc.gov/coronavirus/2019-nCoV/summary.html>
- Resources for Hospitals and Healthcare Professionals Preparing for Patients with Suspected or Confirmed COVID-19 at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/preparedness-checklists.html>
- Healthcare Professional Preparedness Checklist For Transport and Arrival of Patients Potentially Infected with COVID-19 at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/hcp-personnel-checklist.html>
- CDC’s Influenza Updates and Recommendations <https://www.cdc.gov/flu/>

3) I know it is much more likely that a patient with the flu may come to the office for dental treatment. What are the CDC recommendations for dental staff to receive the flu vaccine?

CDC recommends that all health care workers, including dentists and staff, receive the flu vaccine. Information on CDC's recommendations for immunization can be found at <https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>.

4) Should staff report to work with acute respiratory symptoms?

- Staff experiencing influenza-like-illness (ILI) (fever with either cough or sore throat, muscle aches) should not report to work.
- Staff who experience ILI and wish to seek medical care should contact their health care providers to report illness (by telephone or other remote means) before seeking care at a clinic, physician's office, or hospital.
- Staff who have difficulty breathing or shortness of breath, or are believed to be severely ill, should seek immediate medical attention.

Summary

Respiratory hygiene/cough etiquette infection control measures along with contact precautions are currently recommended for preventing transmission of COVID-19 and all flu-like illnesses in a dental healthcare setting. CDC continues to monitor activity relating to COVID-19 and is coordinating efforts with health departments in Arizona, California, Illinois, Massachusetts, Washington, and Wisconsin and communicating with the World Health Organization. This is an evolving situation and CDC is updating its guidance and information as it becomes available.

Brought to you by the ADA Practice Institute. For more information, please contact the Center for Dental Practice at dentalpractice@ada.org or 312-440-2895.

Wednesday, March 18, 2020

ISSUES ALERT: Emergency or Non Emergency? ADA Offers Guidance for Determining Dental Procedures

In a [statement](#) issued on March 16, the American Dental Association (ADA) called upon dentists nationwide to postpone elective dental procedures for three weeks in order for dentistry to do its part to mitigate the spread of COVID-19. Concentrating on emergency dental care only during this time period will allow dentists and their teams to care for emergency patients and alleviate the burden that dental emergencies would place on hospital emergency departments.

The ADA recognizes that state governments and state dental associations may be best positioned to recommend to the dentists in their regions the amount of time to keep their offices closed to all but emergency care. This is a fluid situation, and those closest to the issue may best understand the local challenges being faced.

The following should be helpful in determining what is considered “emergency” versus “non emergency.” This guidance may change as the COVID-19 pandemic progresses, and dentists should use their professional judgment in determining a patient’s need for urgent or emergency care.

1. Dental emergency

Dental emergencies are potentially life threatening and require immediate treatment to stop ongoing tissue bleeding, alleviate severe pain or infection, and include:

- Uncontrolled bleeding
- Cellulitis or a diffuse soft tissue bacterial infection with intra-oral or extra-oral swelling that potentially compromise the patient’s airway
- Trauma involving facial bones, potentially compromising the patient’s airway

Urgent dental care focuses on the management of conditions that require immediate attention to relieve severe pain and/or risk of infection and to alleviate the burden on hospital emergency departments. These should be treated as minimally invasively as possible.

- Severe dental pain from pulpal inflammation
- Pericoronitis or third-molar pain
- Surgical post-operative osteitis, dry socket dressing changes
- Abscess, or localized bacterial infection resulting in localized pain and swelling.
- Tooth fracture resulting in pain or causing soft tissue trauma
- Dental trauma with avulsion/luxation
- Dental treatment required prior to critical medical procedures

ISSUES ALERT: Emergency vs. Non Emergency Dental Procedures

Wednesday, March 18, 2020

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- Final crown/bridge cementation if the temporary restoration is lost, broken or causing gingival irritation

Other urgent dental care:

- Extensive dental caries or defective restorations causing pain
 - Manage with interim restorative techniques when possible (silver diamine fluoride, glass ionomers)
- Suture removal
- Denture adjustment on radiation/oncology patients
- Denture adjustments or repairs when function impeded
- Replacing temporary filling on endo access openings in patients experiencing pain
- Snipping or adjustment of an orthodontic wire or appliances piercing or ulcerating the oral mucosa

2. Dental non emergency procedures

Routine or non-urgent dental procedures include but are not limited to:

- Initial or periodic oral examinations and recall visits, including routine radiographs
- Routine dental cleaning and preventive therapies
- Orthodontic procedures other than those to address acute issues (e.g. pain, infection, trauma)
- Extraction of asymptomatic teeth
- Restorative dentistry including treatment of asymptomatic carious lesions
- Aesthetic dental procedures

The ADA is committed to providing the latest information to the profession in a useful and timely manner. Please visit [ADA.org/virus](https://www.ada.org/virus) for the latest information.



CORONAVIRUS/COVID-19 FAQs

MedPro has offered the following guidance for medical malpractice:

Will my coverage remain in force if I suspend some or all of my practice (e.g., elective and non-urgent procedures) in response to recommendations from the CDC, federal, state & local governments, healthcare accreditation organizations, licensure boards, and medical & professional associations – even if those entities provide differing recommendations – in response to the COVID-19 pandemic?

Yes. You do not need to notify us about such temporary changes.

Will my coverage remain in force if I am temporarily practicing in/from a different physical location (e.g., another facility, office, parking lot, temporary testing center) in response to the COVID-19 pandemic?

Yes, as long as those patients are located in a state(s) in which you are authorized or licensed to practice. You do not need to notify us about such temporary changes.

Will my coverage remain in force if I am temporarily practicing in a new state in which I am authorized or licensed to practice in response to the COVID-19 pandemic?

Yes. However, you should notify us as soon as possible if you are beginning to practice in Connecticut, Indiana, Kansas, Louisiana, Nebraska, New Mexico, Pennsylvania, Virginia or Wisconsin since those states may require separate limits, additional information and/or premium for enrollment in their state funds.

Will my coverage remain in force if I am temporarily practicing in a new state (whether care is provided in-person or remotely) in which I am not authorized or licensed to practice?

No, unless your practice in that new state is limited to Medicare and Medicaid patients under a temporary CMS waiver.

Will my coverage remain in force if I am asked to temporarily provide care outside my specialty or scope of practice in response to the COVID-19 pandemic?

In order to help us review your situation, please contact us as soon as possible to obtain approval for such temporary changes.

Although I have not been diagnosed with the Coronavirus, my employer is closing for an unknown amount of time or I am not working in order to prevent contracting the virus, can I file a disability claim?

A disability is characterized as a diagnosed sickness or injury that prevents you from working. If you're choosing to not go to work, or you're not allowed to work under the instructions of your employer or local or federal governments, you would not meet the basic policy requirements of a disability.

Can a dentist borrow against an insurance policy during shutdown?

If the dentist has a policy with cash value, then they would be eligible to apply for any loans per the terms and conditions of the individual policy.

Does an umbrella policy pay if a patient staff or dentist is diagnosed with a communicable disease?

If a staff person or dentist is diagnosed with a communicable disease and it was obtained during the course of employment, then there may be coverage under the workers compensation policy. An umbrella policy simply adds an additional layer of protection to the underlying policy, therefore if the workers compensation policy was included with the umbrella policy there could be additional coverages.

Does a policy pay if a patient obtains a communicable disease?

MedPro has offered the following guidance: Yes, we expect most patient claims alleging professional negligence relating to COVID-19 would be covered; but as always coverage is subject to your policy's existing terms and conditions. MedPro has no plans to modify or restrict existing coverage as it relates to COVID-19. If you are concerned about coverage for COVID-19 claims involving transmission of the virus to employees, we suggest you review your workers compensation policy for potential coverage, and for claims involving transmission of the virus to members of the general public, we suggest you review your general liability policy for potential coverage.

If I test positive for the Coronavirus, would I be considered disabled under the terms of my disability policy?

Contracting the virus resulting in your inability to work is one of several criteria that needs to be met when considering a disability claim. You must also be unable to work due to a diagnosed sickness for a sufficient length of time to satisfy the elimination/waiting period of the policy. Other criteria include, but are not limited to:

- Is the policy definition of disability met?*
- Is an attending physician certifying the disabling condition?*
- Are you under the appropriate care of a physician for the condition?*

Does a business overhead policy cover during shutdown?

A disability is characterized as a diagnosed sickness or injury that prevents you from working. While your business is impacted by the measures to prevent spreading of the Coronavirus, the policy requirements of disability have not been met.

Any of waiver of premiums?

No, at this point we know of no carriers that have instituted waiver of premiums for any policies. However, we recognize this as an unprecedented situation. If premium payments are delayed, or expected to be late we ask that you contact the carrier as early as possible.

THIS INFORMATION IS NOT INTENDED TO BE DEFINITIVE AND IS FOR INFORMATIONAL PURPOSES ONLY. DO NOT RELY SOLELY ON THIS INFORMATION. PLEASE MAKE SURE TO CONSULT WITH YOUR RESPECTIVE INSURANCE AGENT(S) FOR PERSONAL ADVICE BEFORE PROCEEDING WITH ANY COURSE OF ACTION.



TDA Staff attended a venue walk through, ahead of the 2020 Annual Session, at the Cool Springs Marriott in Franklin, TN. Pictured from L to R: Amy Williams, TDA Office Manager; Mindy Campo, TDA Administrative Assistant; Lourdes Arevalo, TDA Communications & Marketing Coordinator; Brittany Hall, Membership Coordinator; Leah Wallace, Administrative Assistant; Mike Dvorak, TDA Executive Director.



TDA Executive Director Mike Dvorak delivers a legislative report to members of the Seventh District Dental Society Meeting.



Scan this QR code with your smartphone to go to the TDA's website.



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Mr. Dvorak reported that he and Mr. Greene met with the new Tennessee Health Commissioner, Dr. Lisa Piercy regarding Governor Lee's proposed Pilot Program. The Health Department will request a line item of \$800,000 in the Governor's budget to hire three dentists to work in Jackson, Tennessee and up to five hygienists to reach out to the five counties surrounding Jackson under the dentists' supervision.

A group of our legislative contact dentists including Dr. William Powell, Dr. Roy Thompson, Dr. Rachel Hymes, Dr. Valencia May, Dr. Jeannie Beauchamp, Dr. Dale Blevins, Dr. Leon Stanislav, Executive Director Mike Dvorak and several students from the Meharry School of Dentistry and the University of Tennessee Dental School will travel to Washington D.C. in April for the ADA's Lobby Day to advocate nationally on your behalf.

TDA LEGAL COUNSEL

The TDA has hired new legal counsel for the association, Blake Matthews of Cornelius and Collins, LLP. Mr. Matthews addressed the board, gave background information on his work history and answered questions. Mr. Matthews took his new post on January 1, 2020 and we look forward to a long and productive professional relationship.


BOARD OF DENTISTRY REPORT

Dr. Anthony Carroccia stepped in as a substitute for Board of Dentistry Liaison, Dr. Susan Orwick-Barnes and delivered the October 19, 2019 Board of Dentistry report concerning the recent happenings. Highlights from October 10, 2019: Beam Readers and rejection of blanket acceptance for any provider to read the scans, revising state laws to include dental anesthesiology as a specialty, and dentists with sedation permits must be inspected by their license renewal date.

Dr. Orwick-Barnes provided a report from the January 9-10, 2020 meeting, which included an EFDA training update. It was made clear that UT Knoxville campus can provide EFDA training courses, and a Board of Dentistry Task Force is exploring the possibility of UT satellite locations, as well. This will be decided at the April Board of Dentistry meeting.

CONSOLIDATION TASK FORCE

The TDA Board approved a change in the Bylaws to allow for consolidation of the Council on Scientific Programs and Continuing Education and the Annual Session Committee. A presentation was made by Dr. Beth Randall (Chattanooga), Chair of the Consolidation Task Force. This will be contingent on House of Delegates approval in June.





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FINANCIAL

Treasurer, Dr. James Avery (Memphis), reported on the search for a new accounting firm for the TDA's daily functional accounting and for the annual audit. After the Executive Committee interviewed seven accounting firms, including Bellenfant, PLLC, who is under new leadership. The board approved a motion by the Budget & Finance Committee to retain Bellenfant, PLLC, as the TDA's functional, day-to-day accounting company. Dr. Avery mentioned that the Budget & Finance Committee will choose a separate CPA firm for the annual audit.

Dr. Avery presented the TDA Financial Statement through December 31, 2019. Dr. Avery also presented a report on the mortgage loan and current balance. A motion was also approved to support several students from the Meharry School of Dentistry to attend the ADA Student and Dentist Lobby Day in Washington D.C. in April.

PRESIDENT-ELECT REPORT

TDA President-Elect, Dr. Jeannie Beauchamp (Clarksville) is already putting together a comprehensive 2021 Annual Session in downtown Nashville with Annual Session General Chair, Dr. Chad Edwards. We are working together to produce a series of promotional videos for the annual session as well as Public Service Announcements (PSA) to promote the TDA.

TDA President, Dr. Terry Propper hosted a successful corporate partner reception this summer which resulted in pledges for sponsorship dollars of over \$100,000 to help support our meeting and events at the annual session this year.

Dr. Beauchamp is exploring options for an Executive Committee Retreat this summer to continue building on the TDA's 2016 Strategic Plan and association focus.

JACK WELLS AWARD

Congratulations to Dr. James Avery (Memphis) on being selected as the 2020 recipient of the Jack Wells Award! We salute Dr. Avery on this well-deserved award (the highest award of the TDA), which he will receive at the Annual Session in June. Dr. Avery is the current Treasurer of the TDA, and his leadership roles have also included President of the Memphis Dental Society and delegate to the American Dental Association. He is married to his wife Karen, has three daughters and loves spending time with his active grandchildren. He was also captain of the Vanderbilt University football team and a graduate of the University of Tennessee College of Dentistry in 1978. It is with great honor that we recognize Dr. James Avery with the 2020 Jack Wells Award.

OUTREACH

We have also been working very hard "outside" of the TDA headquarters to promote the TDA and organized dentistry. Mr. Dvorak has delivered full lectures on "The State of the TDA" and attended component Legislative Nights. We have lectured at both

dental schools and next up I will be speaking in Chattanooga in April. Our goal is to be visible and available to our membership to answer questions, show energy and enthusiasm and used these great opportunities to heavily promote the TDA Annual Session and all its offerings.

ADA TRUSTEE REPORT

Our very own Dr. Roy Thompson, Murfreesboro is our Sixth District Trustee to the ADA. Dr. Thompson is currently one of three candidates running for the office of President-Elect of the American Dental Association. Dr. Thompson will attempt to become the first ADA President from Tennessee since Dr. R. Malcolm Overbey in 1989-1990. Dr. Thompson will run for office this October in Orlando, Florida at the ADA Annual Session.

Unavailable to attend the BOT meeting in person due to his rigorous travel schedule, Dr. Thompson sent a written report with the following highlights:

- Working with new ADA President, Dr. Chad Gehani (New York) who has involved the board through multiple issue conference calls. Issues ranging anywhere from Medicaid Block Grant to Membership to DIY Dentistry
- Heavy travel schedule
- Raised over \$50,000 in donations for his campaign thus far
- Developed a campaign video available at www.ada.org
- Plans to visit several components and 6th District Locations.

GROUP HEALTH PLAN – MULTIPLE EMPLOYER WELFARE ARRANGEMENT (MEWA)

We are receiving great reports from the MEWA plan. We are outwardly promoting our TDA Group Health Insurance Plan. This plan gives our members options moving forward that they would not normally have. We are happy to report that we now have over 600 covered lives. This is proving to be a real benefit for our members. After a recent ruling by the insurance commission and approval by the TDA Board of Trustees, we are now free to pursue adding members of other healthcare associations into our MEWA plan. This will result in more favorable pricing and would increase the royalties back to the association by increasing the size of the group. The TDA has recently brought in the Chiropractor Association as affiliate members of the TDA for the sole purpose of obtaining the Group Health Plan benefit. As we continue to add other associations our royalties will continue to increase, and our prices will drop. A win for all! Stay tuned for more information or call the TDA insurance agency at 800-347-1109 for a quote for your office.

ANNUAL SESSION

We are excited to invite all members and their families to attend the TDA's 153rd Annual Session on June 5-7 at the Franklin Marriott Cool Springs! The whole staff is busy working with Dr. Propper in preparing for a spectacular annual session. We are

planning events, logistics, decorations and fun social events. We are also simultaneously planning on the 2021 meeting. Dr. Beauchamp, Amy Williams, Program Chair Dr. Chad Edwards (Franklin) and I are in the planning and construction stages on speakers for the 2021 Annual Session which will be held at the Marriott Renaissance Hotel in downtown Nashville on June 25-27, 2021.

STRATEGIC PLAN

An added focus has been concentrated on the strategic plan by TDA President, Dr. Terry Propper this year. Each Board of Trustees meeting focuses on two of the six core strategies. This will enable us to properly develop a plan for the future of the TDA as well update our fluid plan, thus keeping the TDA on the cutting edge of association progress and communication.

TECHNOLOGY

Once again, we will have a "new and improved" Annual Session conference phone app! We are utilizing all levels of social media to promote this TDA Annual Session. New this year we will have your CE information automatically logged in by using the TDA Annual Conference App and your applicable course code. This will offer more flexibility for the attendee and an added member benefit. You may also now download the TDA home screen icon on your smart phone which will seamlessly take you to the digital version of our website for any and all updated information.

SUMMARY

There is a lot of positive activity happening and the TDA staff is always available as a resource for you. We appreciate your membership! Your Board of Trustees is representing the membership in a proactive manner and counts on representation from our nine component societies to relay pertinent information or concerns. We always welcome any ideas from our membership to make our organization more viable and beneficial to you and the profession. Please feel free to contact the office with any questions or e-mail me with any concerns you may have legislatively or otherwise at msd@tenndental.org Thank you for being a member of the TDA!



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In Memoriam...

Second District Dental Society
Dr. Clarence "Buddy" Lewis Nabers Sr.
February 3, 2020

Chattanooga Area Dental Society
Dr. Jack L. Currey
February 21, 2020



We began our February meeting with a joint session with our New Dentist Committee. The focus of the session was consideration of things we do which are of less value than other activities. We were all asked to identify the “stupidest” things the ADA does. This phrase is said a bit tongue in cheek. While there may be some things we do which fall within it, our real focus needs to be on setting aside those things which are of the least value. We should use our strategic plan to identify what is essential and what is not. It is important for us all to remember that when we say ‘Yes’ to one thing, we may be saying ‘No’ to something else.

Dr. Emily Mattingly, the chair of the New Dentist Committee (and a Missouri dentist), and other committee members briefed us on some of the results of the “stupidest thing” survey of the NDC and the Board. ADA membership is strongly linked to geography. Does that reflect our current world of greater mobility? Do the ADA social media platforms engage and interest our new dentists? Or are new dentists migrating to other platforms? We discussed these and other ideas, first in small groups and then together.

What is most essential? Among ideas shared were advocacy, community, science, mobility, becoming digital, customizing the member experience, disrupting the insurance model, ready accessibility of information, telling our story, virtual mentoring, more “representativeness” of the House of Delegates and governance in general, portability, financial sustainability and return on investment. We identified advocacy, going digital and telling our story as priorities.

What is non-essential? What should we move away from? Ideas included: barriers to membership and participation, printing JADA, our current CE delivery system, the annual meeting and our current governance structure, too many emails, too many in-person meetings, geographic barriers (e.g., which local meeting to attend), wastes of time and money, and divisions among dentists—the ADA needs to be for all dentists. From among these, we identified the following as priority items: barriers, the current annual meeting and too many in-person meetings.

The work product from our joint session will provide input to future discussions. The notes from the meeting, which were projected for us, have been posted for the Board. We thank the New Dentist Committee for its efforts and commitment to the future of the ADA.

It is not coincidental that we later heard an update on our digital transformation efforts. A digital member experience is a “must have”, especially for our younger members. All members want information from the ADA when and how they choose, and they want it at their fingertips instantaneously. Because we recognize the importance of digital transformation (this was reinforced in our joint session with the new dentists), we decided to accelerate

our efforts in this area and to fund this essential work in 2020 through an investment from our reserves.

We recently learned of an upcoming executive order mandating that all government-funded research be published in open-access journals. This would have a profound impact on JADA, as well as many others. Many organizations, including the ADA, sent a letter to the White House asking that this order not be issued. As a result of these efforts, release of the order has, at least, even delayed. Our preference is for the current requirement of publication in open access journals twelve months after initial publication. This would protect subscription-based journals like JADA.

In addition to having a joint session with the New Dentist Committee, its chair joined in our meeting. The insights and participation of the NDC chair during our meeting is very much appreciated. Among the topics addressed by Dr. Mattingly was the committee’s deliberations regarding issues surrounding attracting and retaining dentists employed in DSO settings as ADA members. The resolution we passed, at the suggestion of the NDC, calls on the Council on Membership to work with the New Dentist Committee and other appropriate agencies to develop a strategy to increase engagement with these dentists. We look forward to hearing back from the council as it conducts its work.

A key responsibility of the Board is to monitor progress under our strategic plan. The Board and Chicago team uses a Quarterly Management Report to monitor our progress. Going forward, we will regularly receive standard reports on each strategic plan goal. Those reports will discuss the strategies and tactics being pursued for each objective under the plan. The reports will also provide us with the most current results, as measured against the metrics contained in the plan itself.

Mr. Michael Graham, ADA Senior Vice President of Government and Public Affairs, provided us with our regular update on activities in Washington and the states. McCarron Ferguson repeal remains an area of significant work and we hope for action this spring. Twenty states have applied for FIST money, yet all the funds allocated by the House of Delegates have not been appropriated. While we are very early in the process, enthusiasm for this work is running high. Moreover, only seven states are dealing with therapist issues, a significantly smaller number than in the past. This will free up resources to help with the effort to fight dental benefit issues. Finally, work continues on Lobby Day and we all look forward to it. Registration is open for Lobby Day and the hotel will fill fast. If you are going, register today.

Dr. Araujo provided us with an update on the Foundation and the ADA Science and Research Institute (ADASRI). The new Foundation board met, and we expect an additional report in April. Dr. Armstrong, chair of that board, expressed his optimism about the work of the Foundation going forward. ADASRI’s board also met recently. Dr. Ray Cohlmiya, Dean Oklahoma Dental

School and former ADA Trustee, was elected as chair of the board. During a meeting in April, the ADASRI board will work on its own strategic plan, which will be aligned with the ADA's strategic plan. We all look forward to the work of both the Foundation and the ADASRI.

Dr. Marko Vujicic, ADA Chief Economist, gave us a presentation on the state of the dental economy. Dental spending in the U.S. continues to show a steady increase. The trends are similar for per capita spending and per capita spending is now at its highest ever. The sources of this funding are important to understand. The trends are driven almost entirely by private insurance and Medicaid programs. There has been an increase in privately insured adults in dental offices and this partly explains the trends we have seen. On the other hand, there continues to be a long-term, slow decline in self-paying adults. The numbers of self-paying children is very low.

Over the last ten years, the overall population in the U.S. has grown. Despite that, the number of self-paying patients has decreased. The uninsured, self-pay patient population is shrinking, declining by 17% the past decade while the overall patient base grew by 4%. There are, however, more senior patients in offices today than ten years ago, while the total number of patients has declined. Over that same time period, the share of dentists in solo practices has decreased 11%. On the other hand, 8.8% of dentists are affiliated with DSOs in 2017, up

from 7.4% in 2015. While there does continue to be increased earnings associated with ownership, data demonstrates that the earnings gap between owner dentists and employed dentists is shrinking. Key to note is that the ownership premium has disappeared among other health care professionals.

Based on the best numbers available to us, approximately between 90 and 95% of dentists participate in one or more dental plan. Therefore, as reimbursements from third party carriers decline, the impact on dentist income is significant. The decline in reimbursements is estimated at 6% between 2013 and 2017. In recent years, dentist earning have been basically flat.

Looking forward, demographic shifts among the population and providers, intensified consumerism, and other economic forces are driving major changes in dentistry. Dr. Vujicic feels strongly that the data over the last several years consistently shows that we are in the midst of an irreversible transition in practice modality.

I hope this gives you some insight into our meeting. Obviously, we handle many more minute issues that guide the ADA moving forward. If you have any questions, feel free to contact me.

Respectfully,
Roy Thompson, DDS | ADA 6th District Trustee
02-15-2020



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Nicole Mancini

Second District Dental Society

An Ta

Joe Griffin

Derrick Thomas

Nicholas Charles

Smita Borole

Fourth District Dental Society

Aaron Carmean

Nashville Dental Society

James Tyus

Scott Rachels

Nashville Dental Society (cont.)

Ashley Whetsell

Tyler Smith

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Kelly Norris

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Allison Bethel

Orpheus Triplett

Juan Carlos Salazar

Jose Salazar

Erica Polk



TDA Executive Director Mike Dvorak speaks at the Memphis Dental Society Meeting



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153RD ANNUAL SESSION ★ JUNE 5-7, 2020

SPEAKER SCHEDULE

FRIDAY, JUNE 5, 2020

CREATING A HEALTHY WORK ENVIRONMENT

Dr. Cathy Jameson
9:00 a.m. – 12:00 noon



COLLECT WHAT YOU PRODUCE

2:00 p.m. – 4:00 p.m.

FOODS THAT FIGHT CANCER

Dr. Pam VanArsdall
2:00 p.m. – 4:00 p.m.



TDA TOOTH TALKS / TEAM TALKS

2:00 p.m. – 4:00 p.m.

TOOTH TALKS / DENTISTS TRACK:



GET TO KNOW ANESTHESIOLOGY: THE NEWEST ADA RECOGNIZED SPECIALTY

Dr. Matt Yezerki



THE ROI ON HUMAN CAPITAL: APPRECIATION

Mr. Trent Watrous



USE PERSONALIZED VIDEO TO INCREASE YOUR "ACTIVE PATIENTS"

Mr. Kevin Barnett



UNFAIR COMPETITION: NAVIGATING NON-COMPETE AGREEMENTS AND AVOIDING PITFALLS RELATING TO WORKPLACE TRANSITIONS

Mr. David Johnson

TEAM TALKS / DENTAL TEAM TRACK:



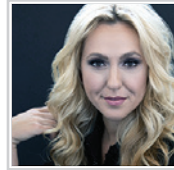
ARE YOU ON THE TEAM?

Ms. Hollie Bryant



MAKE EVERY TOUCHPOINT COUNT

Ms. Abbey Stanerson



PERSONAL AND PROFESSIONAL BRANDING

Ms. Mila Grigg



THOSE WHO CAN, DO. THOSE WHO CAN DO MORE, VOLUNTEER.

Dr. Rhonda Switzer-Nadasdi

CHEMICAL DEPENDENCY & PRESCRIPTION WRITING

UNDERSTANDING ADDICTION

Dr. Peter Martin
2:00 p.m. – 4:00 p.m.



THE OPIOID CRISIS AND TENNESSEE'S CONTROLLED SUBSTANCE PRESCRIBING

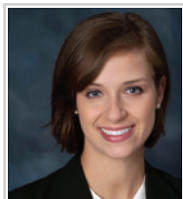
Dr. Wesley Geminn



SATURDAY, JUNE 6, 2020

OSHA 2020 REGULATIONS, COMPLIANCE AND INVESTIGATIONS UPDATE

Ms. Sara Anne Quinn
8:00 a.m. – 10:00 a.m.



PRACTICAL HIPAA

Ms. Shannon Hoffert



MICROENDODONTICS: ENDODONTICS IN THE 21ST CENTURY – LECTURE

Dr. Samuel Kratchman
8:00 a.m. – 12:00 noon



MICROENDODONTICS: ENDODONTICS IN THE 21ST CENTURY – HANDS-ON

2:00 p.m. – 4:00 p.m.

ADHESIVE DENTISTRY – MAXIMIZING THE PLACEMENT OF ANTERIOR AND POSTERIOR COMPOSITES

Dr. Marc Geissberger
8:00 a.m. – 11:30 a.m.



ALL-DAY COURSE WITH LUNCH BREAK

THE COMPLETE FACE: BOTOX® TRAINING WITH CADAVER ANATOMY WORKSHOP

Dr. Gigi Meinecke
8:00 a.m. – 4:30 p.m.

Afternoon is HANDS ON
Preregistration ONLY
(Limited to 15 dentists/injectors)



MINI MBA / NEW DENTISTS:

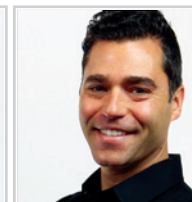
RAISING THE REIMBURSEMENT ROOF WHILE REDUCING REGULATORY RISK

Dr. Roy Shelburne
8:00 a.m. – 11:30 a.m.



HOW TO BUILD A GROUP PRACTICE

Dr. Jared Van
Ittersum and
Dr. Elias Achey
1:30 p.m. – 4:30 p.m.



DO YOU KNOW WHAT \$100,000 RISKS ARE HIDING IN YOUR DENTAL OFFICE LEASE?

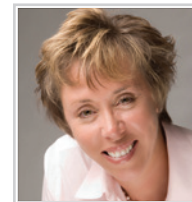
Mr. Ryan Cathers
1:30 p.m. – 4:30 p.m.



DENTAL TEAM:

TOP 20 TIPS FOR CLINICAL TEAM MEMBERS

Dr. Lori Trost
8:30 a.m. – 11:30 a.m.



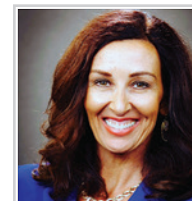
YOUR MIND YOUR BODY: HOW SLEEP IMPACTS ALZHEIMER'S

Ms. Anne Rice
8:30 a.m. – 11:30 a.m.



EFFECTIVE COMMUNICATION: IT STARTS WITH YOU

Ms. Andrea Johnson



SATURDAY, JUNE 6, 2020

FINDING SIGNIFICANCE AND ADVENTURE WHILE SERVING THE UNDER-RESOURCED AROUND THE WORLD

(Retired Colonel)
Dr. Robert Meyer

8:30 a.m. – 11:30 a.m.



SEDATION AND ANESTHESIA REVIEW: KNOW YOUR PATIENTS, KNOW YOUR LIMITS, STAY PREPARED

Dr. Matthew Yezerki

1:30 p.m. – 4:00 p.m.



GRAND SLAM INDIRECT RESTORATIVE DENTISTRY

Dr. David Bonner

1:30 p.m. – 4:00 p.m.



A RADIOLOGY PORTFOLIO: TECHNIQUES FOR SUCCESS

Ms. Renéé Graham

1:30 p.m. – 4:30 p.m.

Lecture and Hands-on



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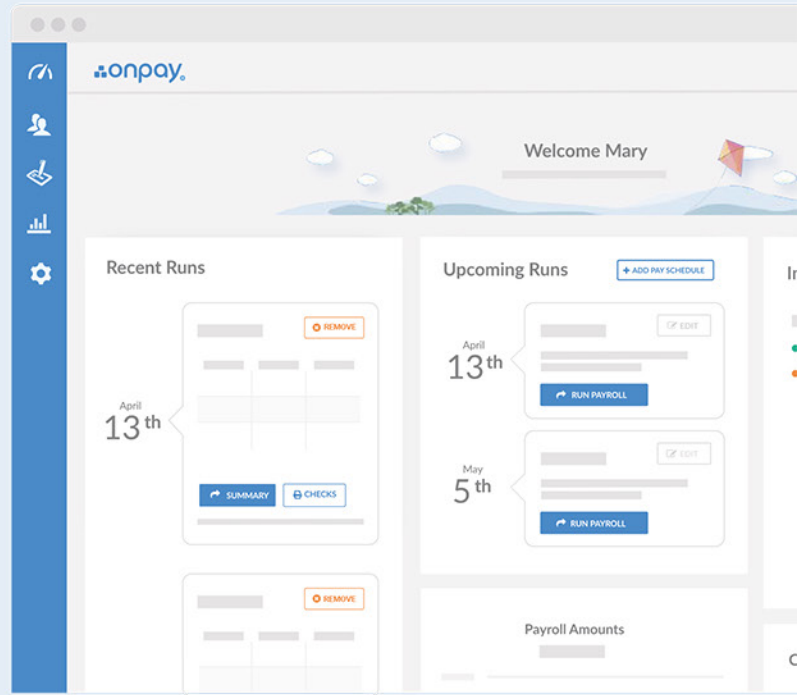
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MDS President, Dr. Kyle Fagala at Memphis Dental Society Meeting - February 20th, Crescent Club, Memphis, TN




TDA Foundation board member Dr. Mike Lamb had the honor of presenting Northeast State Community College Dental Assistant Program Director Haley Francisco a mobile x-ray unit. The unit will aide students with their hands-on practice and curricula. Thank you, TDA Foundation.

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Dr. Carter graduated from the University of Colorado School of Dentistry and has practiced dentistry for nearly 20 years. He and Pat formed PDG (Practice Design Group) in 2002 as a more collaborative and innovative design resource for dentists.



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Pat is an NCIDQ licensed and registered interior designer and the former VP of T.H.E. Design, Inc. She has been involved in the design and construction of over 2,000 dental facilities, including 16 national design winners.

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AGENDA

This agenda is for planning purposes only. Final details will be updated and communicated closer to the event.

THURSDAY, MAY 7

8:00 AMWorkshop Begins
4:45 PM-7:30 PM..... BMW Driving Program
7:45 PM-9:00 PM Cocktail Reception and Dinner

FRIDAY, MAY 8

8:00 AM-12:00 PMBreakfast and Workshop
12:00 PM-3:00 PM Lunch and Private
Appointments Available

While the Workshop ends at 12:00 PM, we encourage you to stay and meet one-one with our speakers.

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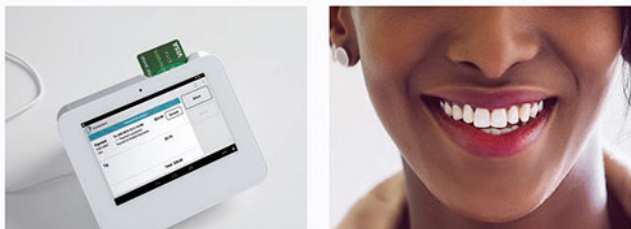
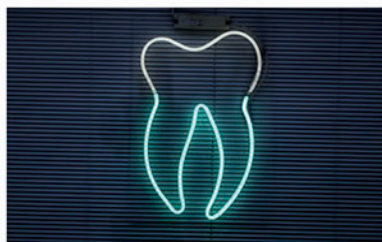
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TWENTIETH ANNUAL H. DAVID HALL LECTURE

The Vanderbilt Department of Oral and Maxillofacial Surgery will host the Twentieth Annual H. David Hall Lecture on Saturday May 9, 2020, in Children's Hospital Theater at the Monroe Carell Jr. Children's Hospital at Vanderbilt.

Daniel C. Shing Huang, D.D.S., Ph.D., will be this year's speaker. Dr. Huang's topics are "Evolution of Surgery-First Approach in Orthognathic Surgery" and "First Approach in Skeletal Class II, III Deformities and Craniofacial Anomalies."

Dr. Huang is Consultant and Professor in the Department of Craniofacial Orthodontics at the Craniofacial Research Center, Chang Gung Memorial Hospital in Taipei, Taiwan. Dr. Huang's major research focuses on craniofacial treatment and orthognathic surgery. He has published over 66 articles

and lectured nationally and internationally. Over the years he has served as president of the Taiwan Association of Hospital Dentistry, Taiwan Association of Orthodontists, Taiwan Cleft Palate-Craniofacial Association, and Noordhoff Craniofacial Foundation.

Registration for the event will begin at 7:30 a.m., with the program starting at 8:00 a.m. until 12:00 noon. The event is approved for TN Board of Dentistry CE Credit for each hour of attendance. There will be no charge for attending this lecture.

For more information regarding the Twentieth Annual H. David Hall Lecture, please call Debbie Trewyn at 615-343-9404 or email deborah.d.trewyn@vumc.org.

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HANDS ON! DISCOVERY CENTER UNVEILS NEW ORAL HEALTH EXHIBIT

The Tennessee Dental Association is excited to share the news of the official unveiling of the new exhibit at Hands On! Discovery Center.

Thank you Dr. Rick Guthrie and Dr. Rachel Hymes for your work on this project. We proud to have you as part of the TDA leadership.



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BAMM: Teeth Whitening Gel- www.BAMMenterprises.com or 800-390-BAMM

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Endorsed practice finance provider www.bankofamerica.com/practicesolutions

Big Ear: Custom earplugs - 865-405-0904 / Rebecca Horton; www.bigearinc.com

CareCredit: Patient Payment Plans - new 1-800-300-3046, ext. 4519; already enrolled 800-859-9975 or www.carecredit.com/dental

ClaimX: Electronic Claim Processing - 866-886-5113 Opt 1 (Promo Code KCI0208) or www.claimxedi.com

The Digital Dental Record: Paperless solutions for a dental office and online data backup. 1-800-243-4675 or www.dentalrecord.com

D-MMEX: Easy Refine Scrap Metal Recovery Program 1-800-741-3174 or www.easyrefine.com

Elavon: Credit Card Processing - 800-226-9332 or email peter.hodge@elavon.com

eScapes Dental TV: Private television channel provides therapeutic relaxation television programming designed to relax patients and viewers. 734-682-3409 or www.eScapesDentalTV.com/tn

InTouch Practice Communications: Message on Hold. 1-877-493-9003 or www.InTouchDental.com

Kevin Christian, LLC: Registered, Approved X-Ray Machine Inspector. 615-268-4345 or visit www.kevinchristianllc.com

Lands' End: Business Outfitters - Customized Apparel for You and Your Staff - 1-800-490-6402 or <http://ada.landsend.com>

Lenovo: PC products and accessories. 800-426-7235 ext. 4886 or www3.lenovo.com/us/en/ada

Medical Protective: Malpractice Insurance - Contact TDA Insurance Agency, Inc. - 1-800-347-1109 or www.TDAinsurance.com

Mercedes-Benz: New, purchased or leased Mercedes Benz and Smart Cars Call 866-628-7232 or visit www.ada.org/mercedes

Modern Practice Solutions: Consulting Firm to Assist with OSHA, CDC Infection Control Guidelines, HIPAA and HR Management - 931-232-7738 or www.DentalComplianceTN.com

Office Depot/Office Max: Office Supplies: 855-337-6811 ext. 16025; email: Lentrice.Wilson@officedepot.com

One Beat CPR: defibrillators- 1-855-ONE-BEAT or www.onebeatcpr.com

On-Pay: Payroll Solution, integrity accounting, time keeping and attendance software- www.onpay.com/ada or call 1-877-328-6505

PBHS Website Design & Marketing Services: Call 1-855-WEB-4ADA or visit www.pbhs.com/ada

PBHS Secure Mail: Secure, regulatory-compliant email solutions for dental practices. Visit www.pbhs.com/ada

RJ Young: Tamper Proof Prescription Pads/Paper - 1-800-800-5876 or customerservice@twopointinc.com or www.theTDAstore.com

Sharps Compliance, Inc.: Healthcare waste and compliance services 1-800-772-5657 or www.sharpsinc.com

Solmetex: Amalgam Separator Equipment - 800-216-5505 or www.Solmetex.com


TDA Insurance Agency, Inc.: Personal & Business Insurance Programs - 1-800-347-1109 or www.TDAinsurance.com

TDSC (The Dentist Supply Company): Examination gloves and other general dental office supplies - tdsc.com

UBS Financial Services: Retirement Planning- 813-227-2843/Greg Dooley or greg.dooley@ubs.com

UPS: Shipping. 1-800-MEMBERS (800-636-2377) or visit www.savewithups.com/ada

Whirlpool: Appliances for home or office - ADA Group Code: ADA5A2775 - call 1-866-808-9274 or visit www.whirlpoolinsidepass.com



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Memphis, TN- Established FFS practice. Revenues averaging \$800K annually. All digital and Conebeam. 3 ops + 3 plumbed. Building is also for sale. For details contact Henry Schein Professional Practice Transition Sales Consultant Dr. Suzie Stolarz, 615-418-3113, Suzie.Stolarz@henryschein.com. #TN158

Memphis area, TN- 3 Op Perio practice established 40 yrs in desirable location. Digital, High-tech, Paperless updated office with Softdent and strong perio prog. Expansion into adjoining space possible—1300 sq/ft. GR \$900K. For details contact Henry Schein Professional Practice Transition Sales Consultant Dr. Suzie Stolarz, 615-418-3113, Suzie.Stolarz@henryschein.com. #TN161

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Franklin, TN- 3 equipped ops, 20 years in a desirable location. FFS, Digital, paperless, with Dentrix. R/E available. GR \$750K. For details contact Henry Schein Professional Practice Transition Sales Consultant Suzie Stolarz, 615-418-3113, Suzie.Stolarz@henryschein.com. #TN164

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Mail checks, made payable to the TDA, along with your typed or clearly printed classified ad, by the 1st of the month prior to the month of publication to: TDA Newsletter, 660 Bakers Bridge Avenue, Suite 300, Franklin, TN 37067.

TDA reserves the right to reject any advertising. Call Molly Wardlow at 615/628-0208 or outside Nashville at 1-800-824-9722 or email bmh@tenndental.org if you have any questions.

*Free to TDA members: one ad per year — three (3) month maximum — after third month the \$30.00 minimum and additional character charge will apply.