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## MDA FIGHTS BREAK UP OF DENTAL BOARD

The Legislature's Economic Affairs Interim Committee (EAIC) is considering a bill for the 2013 session that would break up the Board of Dentistry and create new a new "board of dental providers".

"This is a radical and unworkable proposal, said MDA President Dr. Rob O'Neill. "MDA is absolutely opposed to breaking up the Board of Dentistry. It will weaken patient protection, will make regulation very difficult and won't reduce costs or increase access to dental care".

The draft bill calls for a separate board composed of two denturists, two dental hygienists and three public members. The new board would regulate licensure, discipline and practice rules for dental hygienists and denturists. The "board of dentists" would include four dentists and two public members.

The EAIC action came on August 23 at the end of a hearing on the status of the Board of Dentistry. The committee is charged by recent legislation with reviewing all state regulatory boards.

Members of the committee are Rep. Tom Berry (R-Roundup), committee chair; Sen. Tom Facey (D-Missoula); vice chair; Sen. Joe Balyeat (R-Bozeman); Sen. Edward Walker (R-Billings); Sen. Jonathan Windy Boy (D-Rocky Boy); Rep. Chuck Hunter (D-Helena); Rep. Carolyn Squires (D-Missoula); and Rep. Gordon Vance (R-Bozeman).

***"I am asking every dentist to reply to this survey with a strong "No!" to changing the Board".***

***- Dr. Rob Neill***

"Hygienists and denturists allegations that dentists unfairly dominate decisions of the Board of Dentistry are just groundless. In fact,

*(story continued on page 3)*

## MDA GROUP HEALTH PLAN CHANGES ARE MEETING THE CHALLENGES

The Trustees of MDA's Group Benefit Trust health plan are excited to announce several steps that are underway to manage costs and improve the quality of care and services.

- After lengthy review, the Trust will end the third-party administration contract with Blue Cross Blue Shield on December 31, 2011. The Trust has contracted with EBMS, a national company located in Billings, to administer claims beginning January 1, 2012
- Effective January, the Trust has contracted with URx to manage the prescription drug program

- A new rate structure is being initiated to attract younger dentists. This will help assure the sustainability of the Trust.
- "During 2011, the Trustees have built a long range strategy for our plan," said Dr. Patrick Quinn, chair of the Group Benefit Trust's board. "Holding down costs, improving the quality of care, and the quality of service, are our goals."

As a result of these actions and excellent claims results for this past year, the Trust has approved an overall premium increase of only 6.8% (not including age changes) effective January 1, 2012. By comparison, on a national

*(story continued on page 9)*



Dr. Mike Alvord sold his general practice in Bozeman to Dr. Gabe McCormick

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**PO Box 1154**  
**Helena MT 59624**

Telephone: (406) 443-2061  
(800) 257-4988 (in state)  
Fax: (406) 443-1546  
E-mail: [mda@mt.net](mailto:mda@mt.net)  
[www.mtdental.com](http://www.mtdental.com)

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## MDA Fights Break Up of Dental Board (continued from front cover)

Montana is the only state whose dental board does not have more dentists than non-dentists.”

Sen. Balyeat pushed the committee to put forward a draft bill. A motion to do so passed. Those voting for the motion were Rep. Berry, Sen. Balyeat, Rep. Hunter (by proxy), and Rep. Squires. Sen. Facey voted no. Sen. Walker and Sen. Windy Boy were absent.

Following that vote, another motion passed requesting members of the Board of Dentistry to report to the committee with other proposals or reasons why the board break up should not occur. Rep. Squires asked that dentists, dental hygienists and denturists also meet and bring back proposals regarding the board's composition and whether to break it.

(You can watch or listen online to the August 23 EAIC meeting at: <http://leg.mt.gov/css/Committees/Interim/2011-2012/Economic-Affairs/default.asp> Under “Meetings”, click on listen or watch for the August 23 meeting. The discussion on the Board of Dentistry begins at the 5 hour 23 minute mark on the hearing.)

The committee will take up the issue again at its January 20, 2012 meeting. If approved by the committee in January, a bill would be prepared for the 2013 session.

The Board of Dentistry is conducting an online survey of all licensed dentists, dental hygienists and denturists, asking their opinion on breaking up the board. The board will send an email directing licensees to the survey web site. (For further information, contact the board staff by email to [declark@mt.gov](mailto:declark@mt.gov) ). “I am asking every dentist to reply to this survey with a strong “No!” to changing the Board”, Dr. Neill said.

Information from the dental board staff indicated that a new board of dental providers and a separate board of dentists would result in an estimated 46 percent increase in license renewal fees for dentists, up to \$335 annually. Denturists could see a 30 percent decrease in their fees and hygienist fees would stay the same or could increase up to \$85 a year.

The MDA Dental Board is recruiting dentists who are constituents of legislators on the EAIC to lobby against this proposal. For information, contact David Hemion, executive director, by phone at (800) 257-4988 or email to [mda@mt.net](mailto:mda@mt.net).

## THE NINTH DISTRICT DENTAL SOCIETY ANNOUNCES ITS NEW BOARD REPRESENTATIVE



**Dr. Cody Haslam**

Billings dentist Dr. Cody Haslam was recently selected by the members of the Ninth District Dental Society to serve on the MDA Board of Directors. Dr. Haslam received his DDS from Marquette University School of Dentistry in 2003. He is actively involved in the Ninth District Peer Review Committee and the Boy Scouts of America as a member of the Eagle Board of Review as well as a Merit Badge Councilor.

# MESSAGE FROM YOUR PRESIDENT, DR. ROBERT NEILL



Dr. Rob Neill

**Greetings!** I have just returned from the ADA annual meeting in Las Vegas. I was able to attend the meeting as your President and acted as Secretary for the Montana delegation and alternate delegate from Montana. We were well represented with very experienced delegates: Doctors Doug Hadnot and Roger

Newman. We are also fortunate to have a Montanan, Dr. Roger Kiesling as the 11th District Trustee, representing Alaska, Washington, Oregon, Idaho and Montana. Also attending were Dr. Jane Gillette, as a 2nd alternate delegate and our Executive Director, Dave Hemion.

Your voice can be heard. You have to speak up at your local meetings. Your district reps get that information to the MDA Board and the Delegates. Resolutions can be formulated to bring before the entire ADA House of Delegates and debated.

On page 6 you will find a report from our 11th District Trustee, Dr. Roger Kiesling.

## **Here is an update on other important topics:**

**Smile Montana** - This is the MDA's comprehensive oral health plan. Dr. Chris Hirt, MDA Sec.-Treas. and Dave Hemion are in the process of refining it.

**Direct Reimbursement** - I have asked the Dental Benefits Committee to look again at direct reimbursement, get a report from Mountain West Benefits and see how we can inject some life into this. Nothing to report yet.

**MDA Health Plan** - The Insurance committee and Group Benefit Trust are looking at the MDA health plan. The priority is to make the plan affordable and appealing to all dentists, young and old. (See page 1 for good news.)

**CHC Committee** - This ad-hoc committee is tasked with reviewing community health center dental clinics and coming up with specific solutions to enhance the good and solve the problems. This topic had a lot of interest at the ADA annual meeting.

**Leadership Development** - I have asked Dr. Will Samson (chair) and the New Dentist Committee to develop a framework for expanding and developing leadership and involvement of new dentists. His committee is on the move with some great ideas!

I am asking you, at the district level to develop a plan for your district to get the new dentists involved at the district and state level. Share this plan with Dr. Samson and the MDA so the other districts can benefit.

We are looking for content for the newsletter for articles specific to new dentists. We also are considering a column with tips on clinical, practice management and personal finances, etc.

**MDA Policy Manual** - come to find out we don't have one. I have asked Dr. Charles Wilson to develop an MDA Policy Manual and now that Dave Hemion is on board they can work together on this. Topics, for example: Executive Director Succession ( emergency and planned succession), Central office protocol, etc.

**Legislative Threat** - HB 525 was passed under the radar this last legislative session. It required the interim committee on economic affairs to review all licensing boards. They were tasked with deciding whether to keep the Board of Dentistry or dissolve it. Online surveys were available for licensees to participate in. A hearing was held August 23 allowing one hour to decide the fate of the Board of Dentistry.

Sen. Joe Balyeat (R-Bozeman) made a motion to have the interim committee introduce legislation in 2013 to breakup the board into one board of dentistry with 4 dentists and 2 public members and one board of dental providers with 2 hygienists 2 denturists and 3 public members. The motion passed. They will revisit proposing a bill at a meeting on January 20 in Helena. A bill, if proposed by the committee, would be introduced for the 2013 session at the request of the interim committee, The MDA has invited the Hygiene Association to discuss this.

Montana is the only state in the nation that does not have a majority of dentists on its dental board. We have 5 dentists, 2 hygienists, 1 denturist and 2 public members. No other state has an independent Hygiene Board with self regulatory power.

So, should the MDA oppose this? Yes, here is why: this action in no way improves the oral health of the public and in fact has the potential for harm. Hygienists and Denturists could increase their scope of practice without any oversight. It will raise license fees, it will duplicate regulations, confuse the public on where to go when they have a complaint and it is just more bureaucracy.

## **Prevention**

Prevention is the cornerstone of an effective and efficient healthcare delivery system. A definite improvement of the public's oral health is intimately linked to how strong the dental profession is.

The access issue, whether real or perceived is here to stay. We can argue whether access is hindered by manpower shortage, maldistribution, economic restraints or other complex factors.

Bureaucrats of course would say “we need more manpower, we need more people to treat dental decay. We need more people to do more fillings on more people”. I say - without strong prevention, the analogy is this: if your house is on fire, you don't move in the new furniture! It's important to get the fire out first then move in the new furniture! In other words let's get oral disease (gum and tooth disease) under control first (put the fire out), before we move in with the new fillings ( the new furniture).

In any case, we cannot fill our way out of the problem. Whatever happened to thinking about prevention? I think it high time that we get back to what we used to do.

I would like to start a **PR/oral health education program** using all media sources in Montana; including newspapers, press releases, television, radio, Internet and social media to get the word out. This campaign could be funded through the Montana Oral Health Foundation which we started. If we tied in a direct reimbursement message which would get more people dental coverage and thus more access to care, we could use some of our DR money.

The benefit to the public is obvious and the benefit to the MDA as the trusted resource on oral health issues and the positive PR is huge. The Council on Dental Health, (Dr. Jane Gillette, chair) has been tasked to come up with a specific plan to implement this by our January meeting. The board will decide then whether to act on this.

**Note** - Get the word out when you do good in your community. Get some local PR and put it in our MDA newsletter as well.

I also would like to **eventually** look at a program in the schools where oral health education could be integrated into the student studies, particularly reading programs. Kind of sneaky as they have to do their reading but while doing so they learn about the importance of oral health and all it takes to achieve good oral health. I have been in contact with the ADA and they have sources available for these type of learning programs. We have too much on our plate to proceed now however.

I hope you all enjoy the change of seasons and our wonderful Montana fall weather.

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# A REPORT FROM YOUR ADA 11TH DISTRICT TRUSTEE



**Dr. Roger  
Kiesling,  
Helena**

## 2011 11<sup>th</sup> District Caucus and ADA House of Delegates, Las Vegas, October, 2011

As my first year on the ADA Board of Trustees came to a close in Las Vegas, I am pleased to report a great deal of progress has been made at the ADA since last year's meeting in Orlando. I reported to you last year that I would focus on 5 main areas. 1. Young Dentist concerns, 2. ADA Audit, 3. ADA Financial health, 4. ADA Advocacy efforts, and 5. ADA Board of Trustees (BOT)/House of Delegates (HOD) relations/improve trust between the bodies.

I attended the 25<sup>th</sup> NEW DENTIST Conference in Chicago in June. As a young dentist I helped plan the first new dentist conference 25 years ago so it was exciting to attend the 25<sup>th</sup> session and see the good work being done and the tradition continue. While the issue of whether the committee should become an official council of the HOD had been raised, some significant constitutional and bylaws conflicts caused the Board to suggest the New Dentists remain a committee of the Board. The Board generally believes the Committee will remain more effective with a greater voice as a special subcommittee of the Board. The New Dentist Committee continues its advocacy for issues of great concern to young dentists with special emphasis on membership and relevant communication tools and networks to better meet their needs. This will be a major emphasis of mine for my entire tenure on the Board.

As a member of the Board Audit Committee, I can report that ADA AUDIT functions have progressed at a slow but steady pace, and we have completed the 2010 Internal and External Audits. Outside firms with national reputations were hired to perform the audits. We will now proceed on schedule with audits of 2011 beginning in January, 2012. The ADA has spent considerable direct and indirect resources in this effort. Our audit expenditures should even out and be more predictable in the future. We now have the healthiest infrastructure we have had at the ADA in well over a decade!!! No other project of significant financial impact could move forward until delayed audits were completed. We are now well positioned to do the proactive work that members expect from the ADA.

**FINANCIAL HEALTH:** We have also spent time and resources on outside consultants in the areas of Compensation, Pension, and Strategic Planning. Those costs will moderate in future budgets, and were necessary to correct our positions in each instance. Without new actuarial assistance with the Pension study requested by last year's HOD, we would not have

been able to act on the revisions the Board suggested and the HOD accepted to realign the Pension plan and retirement allocations to sustainable levels. Unfunded liability for the ADA staff retirement system would have otherwise continued to place the Association at risk. We have reconstituted the ADABEI (ADA Business Enterprises, Inc.) Board (the for profit side of the ADA). This could not be done until the Audit work was complete for 2009 and 2010. ADABEI has 5 board members, and I was honored when Dr. Gist appointed me as the sole Trustee member of the ADABEI Board. I participated in the interview process for the ADABEI Board and have full confidence in the quality of the new board members. This is one of the major areas the ADA relies upon to create non-dues revenue. It is a critical part of the work the ADA requires to provide member programs to the high level members expect. I will attend my first ADABEI Board meeting in November in Chicago and look forward to the challenge of helping to find reliable business opportunities for the ADA that enhance member value and financial stability of the ADA.

**ADVOCACY** at the state and federal level continues at the ADA. The HOD voted to earmark up to 5 Million dollars from ADA reserves in addition to traditional State Public Affairs (SPA) funding to assist constituents with their legislative issues related to dentistry and oral health issues in their states. The Washington, DC office and ADPAC functions with the Washington Leadership Conference (WLC) are continuing to do great work at the federal level to promote the causes of dentistry with Congress. (Politico ranking of ADA lobbying effectiveness is impressive!!) Recent victories in various states, as well as on the legislative and regulatory front in DC continue, but require constant vigilance. The BOT continues to be supportive of efficient and cost effective advocacy efforts.

And finally, as to the improvement of **TRUST LEVELS** within the BOT and between the BOT and the HOD, significant progress has been made. Two members of the HOD have been added to several of the standing committees of the Board (eg. Audit, Budget and Finance, Pension, etc.). We believe they should continue to serve in that capacity and have changed Board rules to include them as permanent additions to those committees. The tone and responsible attention to the business of the ADA and the HOD was very positive in Las Vegas and should build momentum during the coming years. This is significant because of the difficult economy everyone faces from dental practice up to the Association level.

I had a very busy year as a freshman Trustee. I travelled to Portland in March for the Oregon Dental Conference, and to Seattle in April for a WSDA Board

meeting. I attended the Montana annual meeting in May, and the Idaho annual meeting in July. I was the Board Liaison to the Commission on Dental Accreditation (CODA), the Dental Economics Advisory Group (DEAG), American Dental Education Association Committee on Change and Innovation (ADEA CCI), ADA Business Enterprises, Inc. (ADABEI) interview team, ADA FDI Delegation to Mexico City, and served on the Audit Committee. I attended the Washington Leadership Conference (WLC) in May in DC, and the New Dentist Conference in June in Chicago. I was able to attend a portion of the Western States Presidents meeting in Utah in August. Chicago 9 times, Seattle 2 times, Portland, Palm Springs, Washington DC, Sun Valley, ID, San Diego, Mexico City, and Park City, Utah.

I have been able to develop a good working relationship with fellow Board members. I have worked with my classmates on the Board to voice concerns about areas that could be improved in Board process and procedure which has had a positive effect. I have worked hard to get to know senior management in every division and I believe I have their confidence and trust. I have had productive time with the executive director as needed related to issues I wanted to discuss. She has earned the confidence of the Board and is providing the leadership we need to manage a complex organization like the ADA.

I have appointed an 11<sup>th</sup> District Task Force to study the governance of the 11<sup>th</sup> District Caucus. I have asked Doug Hadnot to lead the task force of 7 respected dentists from the northwest to analyze how we might improve our effectiveness. Doug's group will report their preliminary findings in April during the Oregon Dental Conference in Portland. Thanks to Doug for his leadership in this effort. And a big thanks to Rob Neill, Roger Newman, and Jane Gillette for their good work for Montana and the 11<sup>th</sup> District during the district caucus in Seattle, as well as at the HOD in Las Vegas.

We are in a much better place at the ADA. The Board is more unified and optimistic. We had a productive 11<sup>th</sup> District Caucus and HOD setting the stage for an even better 2012. Thanks for giving me the honor of serving as your Trustee. I am there for one purpose-to work hard to improve the ADA and the member and public benefits of one of the worlds' premier professional associations.



  
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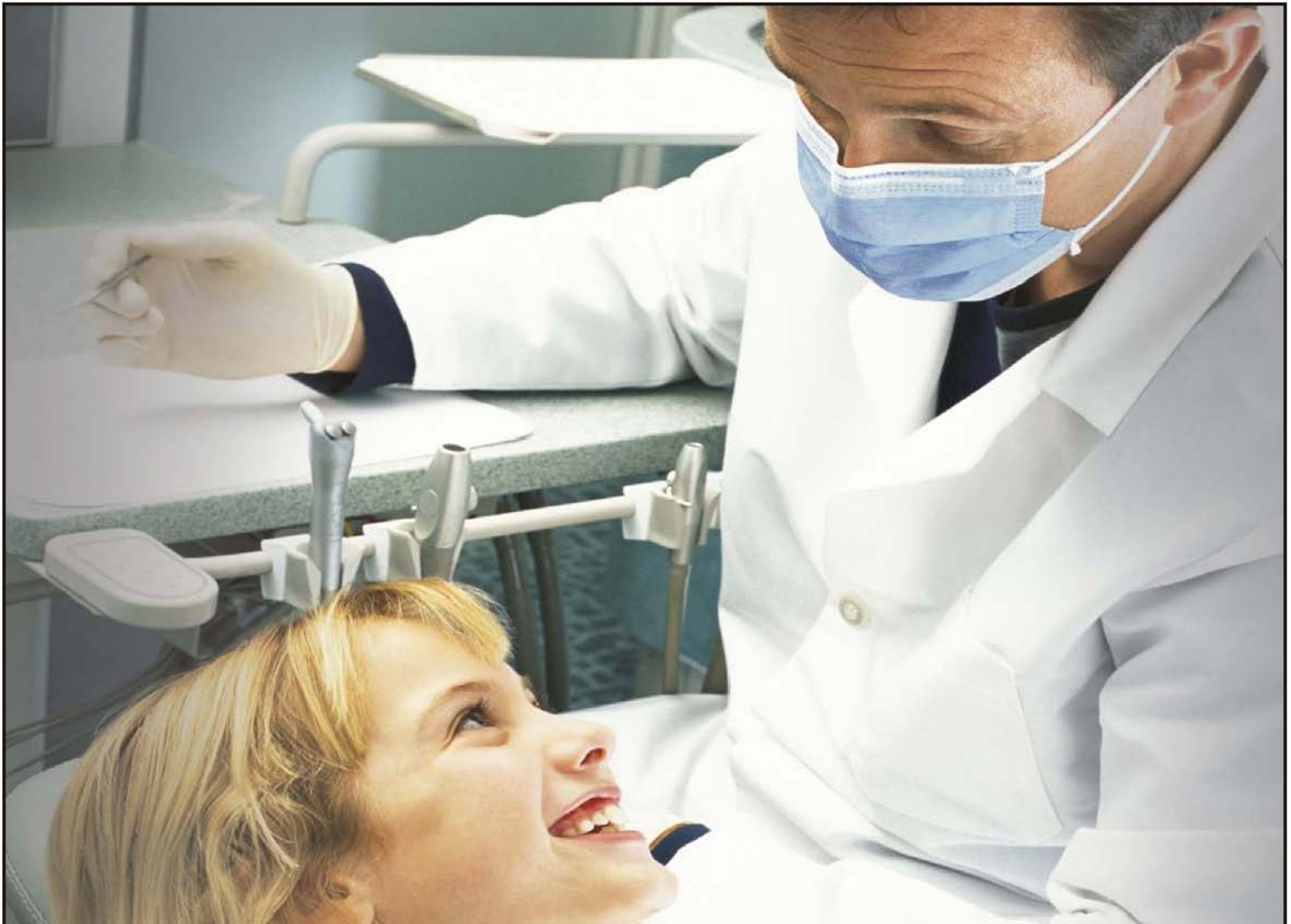
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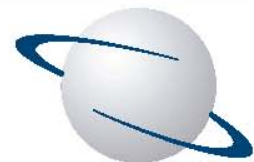
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# MDA MEMBERS ENJOY TIME AWAY FROM THE OFFICE



**Dr. Jackie Jones, Fellow, Academy of General Dentistry, Missoula.**

Dr. Jackie Jones, Fellow, Academy of General Dentistry, of Missoula, recently received the Academy of General Dentistry's Fellowship Award at their annual meeting in San Diego.

This prestigious Fellowship is presented to dentists who provide the highest quality dental care and remain current in their profession.

To qualify for her fellowship, Dr Jones completed more than 500 hours of continuing dental education and passed a comprehensive written exam.

Dr. Jones joins more than 7,000 AGD Fellows out of the 37,000 AGD members, all of whom are primary dental care providers for patients of all ages and are responsible for the diagnosis, treatment, management and overall coordination of services related to their patients' oral health needs.

Dr. Jones is also an avid bicyclist. Since opening her practice in 1979, she has bicycled the 10-mile round trip commute to her office over 3,000 times.

## MDA Group Health Plan Changes are Meeting the Challenges (continued from front cover)

basis, average health insurance increases for 2012 are anticipated to be almost 9%.

"Our plan's average net increase, including premium holidays, over the past seven years has been 6.9% per year, far below national averages," said Dr. Quinn.

"While most of our costs go to pay for medical services, our overhead costs to manage this program have also been put under the microscope," Dr. Quinn noted. On January 1, 2012 the Trust will engage EBMS for third party administration of claims, resulting in a significant savings over the existing contract. There will be no disruption of service. Full information is being sent to plan members to make the transition easy to follow.

Prescription drugs have been the primary area of growing cost for the MDA Plan, according to Mountain West Benefits, the Trusts management advisor. To control costs, the Trust recently contracted with URx, a pharmacy program designed by the Montana University System

"We are determined to take a proactive stance against the double digit price hikes of the drug manufacturers," said Dr. Quinn.

"URx has received attention nationally for improving prescription compliance while holding down and even reducing expenditures," Dr. Quinn said.

The Trust is addressing the challenge of attracting younger dentists who have chosen not to enroll because of competitive plans available outside of the MDA.

"With the changes the Trust has made, we invite our younger MDA members to take a second look at the benefits of MDA's plan," said Dr. Quinn.

Please contact MDA's plan consultants, Mountain West Benefits for further information on how this plan will both serve you and help you manage the costs of your health care. Call Dara or Sarah at Mountain West Benefits at 1-877-343-1060.

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# REPORT FROM THE NEW DENTIST BOARD REPRESENTATIVE



*This report is submitted by MDA New Dentist Board Representative, Dr. Will Samson of Havre.*

As a recent dental school graduate, I can still remember preparing for Parts I and II of the National Dental Board Exam. The countless hours scanning the Dental Decks, pouring over old exams, and not being able to sleep the night before are still fresh in my mind. The tests came and went, scores were good, and another box was checked off on the way to earning my degree. Recently I was contacted by the Committee for an Integrated Examination (CIE), which is a subcommittee of the Joint Commission on National Dental Examinations (JCNDE), and was asked to serve on an ad-hoc committee termed the New Dentist Science Panel. The JCNDE is concerned that NBDE part I, taken during the sophomore year, and NBDE part II, taken during the senior year of dental school, may be out dated. It is the concern of the Joint Commission that part I is no longer consistent with learning styles of dental students and they are working to implement a more clinically relevant approach to testing. Many stakeholders have encouraged integration of the NBDE Part I and NBDE Part II examinations. For those who may have forgotten, part I consists of factual regurgitation from the vast knowledge learned during the first two years of dental school. The new integrated exam would not simply combine Parts I and II, but is rather being designed as a truly integrated exam. The basic science knowledge will still be tested but in a clinical context. The integrated examination would be given during the senior year of dental school, prior to graduation. This new exam will not affect any of the state/regional licensure exams. There are no plans to add a

practical component to the examination. The practical examination is the domain of the state boards and clinical testing agencies and it will remain their responsibility.

My charge was to represent District 11 (Montana, Idaho, Alaska, Oregon, Washington) on the New Dentist Science Panel. The meeting was held over September 24<sup>th</sup> and 25<sup>th</sup> at the ADA headquarters in Chicago. During this meeting, the 17 representatives were given the task of reviewing the 65 clinical competencies and the ten areas of foundation knowledge that are currently represented on Part I of the NBDE. We were then asked to rate the degree of interaction between the 65 clinical competencies and the ten main foundation knowledge statements. Through this meeting, and ratings process, the Committee for an Integrated Examination was able to gauge how a new dentist (all representatives had to be out of dental school for 5 years or less) views the correlation between the clinical competencies and the foundation knowledge areas. It is the hope of the committee that this information will help them create an integrated exam with relevant questions that cover the basic science component that would have been tested with part I of the original NBDE.

The Joint Commission would like to implement the new integrated exam sometime during 2014 or 2015. There is still a lot of work that must go into the planning and completion of the exam. I found the experience to be very educational and exciting knowing I may have played a small part in helping to create a more relevant examination.

Respectfully Submitted,

Will Samson DDS 220 3rd Ave, Suite #404  
Havre, MT 59501 (cell) 406-399-1867

## MDA RENEWS ENDORSEMENT OF CINCINNATI INSURANCE COMPANY PROFESSIONAL DENTAL LIABILITY INSURANCE

MDA has renewed its endorsement of the Cincinnati Insurance Company's professional dental liability insurance and Dentist's Package Policy program. The endorsed program is marketed by Hoiness LaBar/Payne Financial Group.

"We are pleased to maintain MDA's long-term relationship with companies that have served MDA members well," said Dr. Rob Neill, president.

During the past months, Dr. Neill and Dr. Kurt Lindemann, president-elect, met with representatives of several other insurance companies and researched other endorsed dental malpractice insurance programs. Following review by the Board of Directors, the Executive Committee finalized approval in October.

"We've made the right choice on behalf of MDA and our members," Dr. Neill said.

For information about the Cincinnati insurance program, contact Nate Allie at Hoiness LaBar / Payne Financial Group, (406) 238-1900; E-mail: [nallie@pfg-insurance.com](mailto:nallie@pfg-insurance.com)

# CREATING VALUE IN HEALTHCARE

Article submitted by MDA Board Member, Dr. Jane Gillette of Bozeman

Have you ever had these thoughts?

*“Sometimes I think patients don’t value oral health.”*

*“I just want to help people get better and insurance companies always want to deny my patients care.”*

*“It would be great if I could get paid for the true value of what I do – helping people acquire and maintain health.”*

Many of us have had these thoughts – they are a symptom of a broken and dysfunctional healthcare system lacking competition for excellent health outcomes. Our system is plagued with “zero-sum competition” which means the gains of one system participant come at the expenditure of others. Players in the healthcare arena compete to shift costs to one another, accumulate bargaining power, and limit services. Instead of creating great patient value, this type of competition degrades quality, promotes inefficiency, creates excess capacity and drives up administrative costs. However, as can be seen in other industries, there is an alternative economic model of competition in the healthcare arena: “value-based competition”.

In our nation, value-based competition is so commonplace it largely goes unnoticed. Think of a new technology that comes out on the market. When the new technology comes out you might really (really!) want it. However, it’s too expensive and still has some technological bugs to work out. So you do what all smart consumers do – you wait. You know that if you wait a little bit economic pressures will play out that drive



Congressman Paul Gosar, DDS (left), Rob Robinson, DDS (middle) and Jane Gillette, DDS (right) talk at the ADA Annual Session in Las Vegas about Value-based Healthcare. Dr Gillette will be attending Harvard Business School’s Institute for Strategy and Competition in 2012 to study Value-based Healthcare.

prices down and quality up. Competition between companies will result in relentless improvement and decreased cost (high quality + decreased cost = value). Those companies who are successful rise to the top. Those who aren’t sink to the bottom. In the end, the consumer wins by receiving great quality at a decreased cost and the companies who are efficient and

innovative win big by realizing decreased costs and having more customers! That is value-based competition. These basic economic principles are as true for other industries as they are for healthcare; however, some significant restructuring of our beliefs surrounding healthcare would need to take place in order to achieve great patient value.

So now imagine a system dramatically different than ours; a system aligned with value; a system aligned with competition based on *results in improving health and serving patients*. What would it be like if your patients were engaged in their health in part due to insurance incentives to obtain and maintain health? What would it be like to work with insurance companies who viewed their role not as antagonistic to yours, but as case managers and facilitators of health? What if by assisting patient in obtaining and maintaining health they were able to realize profits; since health is always less costly than disease. And for you, what if you were paid for the true value of what you do **based upon the measurably improved health results of your patients?** If you were rewarded significantly for assisting patients in achieving great health over the course of their disease (not by procedure) and when you are innovative and efficient you realize huge profits and even more patients! A free-market system that rewards innovation and measurably improved health results is the foundation of “value-base healthcare” and with small and not so small changes in our healthcare system it is possible today!

## Principles of value-based competition (from [www.hbs.edu/rhc/value.html](http://www.hbs.edu/rhc/value.html))

- *The focus should be on value for patients, not just lowering costs.*
- *Competition must be based on results.*
- *Competition should center on medical conditions over the full cycle of care.*
- *High-quality care should be less costly.*
  - *Value must be driven by provider experience, scale, and learning at the medical condition level.*
- *Competition should be regional and national, not just local.*
  - *Results information to support value-based competition must be widely available.*
- *Innovations that increase value must be strongly rewarded.*

# DR. GORDON CHRISTENSEN HEADLINES 2012

## ANNUAL MEETING IN MISSOULA

Plans for our 109th annual meeting are shaping up nicely. On April 26 and 27 when MDA members gather at the Hilton Garden Inn in Missoula for their annual meeting they will have the opportunity to hear outstanding speakers on timely topics of vital interest to dentists.

Dr. Gordon J. Christensen is the featured speaker on Thursday, April 26. He is the founder and director of Practical Clinical Courses (PCC) in Utah, an international continuing education organization providing courses and videos for all dental professionals.



Dr. Christensen has presented over 45,000 hours of continuing education throughout the world and has published many articles and books. Gordon and Dr. Rella Christensen are co-founders of the non-profit Gordon J. Christensen CLINICIANS REPORT (previously CRA), which

Rella directed for many years. Since 1976, they have conducted research in all areas of dentistry and published the findings to the profession in the well-known CRA Newsletter now called CLINICIANS REPORT.

Gordon's degrees include: DDS, University of Southern California; MSD, University of Washington; PhD, University of Denver; an Honorary Doctor of Science from Utah State University, and an honorary Doctor of Dental Education and Research from Utah Valley University.

Early in his career, Gordon helped initiate the University of Kentucky and University of Colorado Dental Schools and taught at the University of Washington. Gordon is a practicing prosthodontist in Provo, Utah. Gordon and Rella's sons are both dentists. William is a prosthodontist, and Michael is a general dentist. Their daughter, Carlene, is a teacher.

Dr. Christensen is a Diplomate of the American Board of Prosthodontics, a Fellow and Diplomate in the International Congress of Oral Implantologists, a Fellow in the Academy of Osseointegration, American College of Dentists, International College of Dentists, American College of Prosthodontists, Academy of General Dentistry (Hon), Royal College of Surgeons of England, and an Associate Fellow in the American Academy of Implant Dentistry. Some of his other memberships include: American Academy of Esthetic Dentistry; International Association of Dental Research; Academy of LDS Dentists; American Academy of Restorative Dentistry; American Academy of Fixed Prosthodontics; Academy of Operative Dentistry; and International College of Prosthodontists.

Offerings on Friday include a full day seminar presented by Robert Stutman, *Are we Really Doing no Harm*. Mr. Stutman had a 25-year career with DEA as a high profile drug buster. He is considered one of the nations top experts on drugs.



By the time many companies think about drugs and substance abuse in the workplace, they have been blindsided by a lawsuit. They often think they have the problem under control. Unfortunately, they don't realize the costs of substance abuse such as absenteeism, pilferage, and turnover, as well as completely unexpected accidents that may end up in punitive damage suits, for which they are not insured.

Robert Stutman will startle you with the reality of how substance abuse affects your family and workplace. He will share many unique ideas on how to deal with the issue many of us "think we don't have in our families and workplace" -- SUBSTANCE ABUSE.

MDA member Dr. Jane Gillette will provide *Access to Baby and Child Dentistry (AbCd)* training in the morning. In the recent past it was believed that it was adequate for children to have their first dental visit by age 3 or even 5. Now the evidence supports health promoting interventions for children by age one and in light of this evidence AbCd Montana has developed a rigorous training program for dentists and their support staff to achieve this evidence-based recommendation. The topics of this hands-on course include:

- Perinatal, infant and toddler oral health
- Etiology, pathophysiology, progression and treatment of Early Childhood Caries
- Caries Risk Assessment (CRA) tool utilization
- Fluoridation guidelines and prescription writing
- Anticipatory guidance
- New therapies and techniques for managing caries
- Medical-dental partnerships
- Hands-on "knee-to-knee" exam training
- Child behavior management techniques
- Hands-on fluoride varnish application training
- State and community resources and support

The Montana Office of Medicaid, understanding the advanced training and resources needed by dentists to provide these services and the benefits of delivering disease preventing services to at risk children committed substantial funding and support to compensate dentists to the appropriate maximum amount for the services provided. Services provided under this enhanced reimbursement system are available at a more frequent rate only to AbCd Montana trained dentists.

In the afternoon Dr. Gillette will address the topic of Evidence-Based Dentistry (EBD) which is an approach to oral healthcare that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient's oral and medical condition and history, with the dentist's clinical expertise and the patient's treatment needs and preferences.

By saying "relating to the patient's oral and medical condition and history", this definition takes a patient-centered approach to treatment decisions. It is important to understand that EBD is an approach to practice, an approach to making clinical decisions, and is just one component used to arrive at the best treatment decision. EBD is about providing personalized dental care based on the most current scientific knowledge.

The American Society for Asset Protection will present a two hour lecture on *What Every Dentist Needs to Know About Lawsuit Protection, Tax Reduction, and Estate Planning*.

#### LAWSUIT PROTECTION

- How to recognize sources of lawsuits you are exposed to.
- How to protect 100% of your professional and personal assets from lawsuits.
- How to structure your business using C-Corporations, S-Corporations, LLCs, and Limited Partnerships.
- How to protect your business, property, and personal assets in the event of a judgment in excess of liability insurance or an exclusion in a policy.
- How to avoid the most common asset protection mistakes, such as putting assets into a spouse's name.
- How to avoid the serious problems that can result from operating as a sole proprietor.
- How to minimize vicarious liability for the acts of other professionals and staff.

#### TAX REDUCTION AND ESTATE PLANNING

- How to legally save up to 40% in income taxes each year.
- How to eliminate the capital gains tax on the sale of your business, real estate, or other assets.
- How to pass assets to your heirs tax free.

## AFTCO NATIONWIDE



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*Ed has 20 years  
experience  
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dentists select:  
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### Largest Dental Transition Company in the United States

- \* New dentists can maximize profits with proper planning - first year dentists "take home" \$150,000 to \$250,000 after debt service and operating overhead.
- \* Established dentists can increase income while working less - AFTCO can create over 100 transition programs.
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- \* Planning an "exit strategy" 5 to 10 years before retirement in the "First Step".
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# Classifieds

## Practice Opportunities

### Practice for Sale

**Flathead Valley GP for Sale** - Beautiful, 5 operatory general dental practice in an excellent location. This efficient dental business offers the opportunity to step into a practice with long term goodwill, a strong patient base and a reputation for quality. 2010 collections exceeded \$860,000.

Contact: Practice Transition Partners, (888) 789-1085 or [contact@practicetransitions.com](mailto:contact@practicetransitions.com).

**Northwest** - Fabulous practice in the Flathead Lake region. The practice is large and progressive and has six operatories. Strong hygiene program and plenty of room to accommodate an associate or partner. The valley is legendary for its beauty - and its tasty cherries. Whether it is skiing at Big Mountain or Blacktail, sailing on Flathead Lake, hiking or hunting, there is nowhere more beautiful or that has more to offer in terms of family fun and recreation. For detailed information about this opportunity and others, contact Wendy Hirai at ADS Northwest/Consani Seims Ltd. (866) 348.3820. [www.mydentalbroker.com](http://www.mydentalbroker.com)

**North Central** - If you're looking for the best deal out there, this is it! 100% fee-for-service solo practice collecting \$500,000 and priced to attract you to come and enjoy the advantages of a rural community. Owner refers out most oral surgery and endo. Practice has three operatories. Building also available for purchase. Beautiful area with immediate access to big game and bird hunting, fishing, hiking, golf and water sports. Rural area minutes away from larger community; international airport 2 hours away. For detailed information about this opportunity and others, contact Wendy Hirai at ADS Northwest/Consani Seims Ltd. (866) 348.3820. [www.mydentalbroker.com](http://www.mydentalbroker.com)

**North Central** - Contemporary 3-op practice with exceptionally low overhead. Seller does most of his own endo and refers out oral surgery. Opportunity to grow with expanded schedule. Seller relocating out of state. For detailed information about this opportunity and others, contact Wendy Hirai at ADS Northwest/Consani Seims Ltd. (866) 348.3820. [www.mydentalbroker.com](http://www.mydentalbroker.com)

**Great Falls** - Professional Office Space Available: I have a dental building available for lease or purchase (possible owner finance). It is located in a dental complex with an endodontist, periodontist and several general practitioners and is close to an oral surgery practice as well as the hospital. It has approximately 1,750 sq. feet on the main floor including five operatories, panoramic x-ray room, dark room two offices, laboratory, two bathrooms and a large waiting-reception area. It also has a full basement with laundry facilities, locker room with bathroom facilities including a shower and a large storage area. It will be available this summer. If you are interested please contact me at 406-781-8340. Jay A. Tuomi, DMD, 2504 13A St SW, Great Falls MT 59404.

**Central** - Owner relocating. Low, low overhead means high-net to purchaser. This semi-rural four operatory practice collected \$500,000 last year. Owner pretty much "does it all" including implant restoration. The office is roomy and attractive, and there is opportunity to expand the schedule. The area is largely agricultural and has remained economically stable. There is a local airport, and the area is scenic and surrounded by various mountain ranges. For detailed information about this opportunity and others, contact Wendy Hirai at ADS Northwest/Consani Seims Ltd. (866) 348.3820.

[www.mydentalbroker.com](http://www.mydentalbroker.com)

**Southwest** - Modern practice in rural area close to shopping, airport, etc. Four operatories with room for five. The practice is collecting \$425,000 on a three-day schedule. Digital x-ray, digital pano, a great team and low overhead make for a great opportunity with a healthy profit margin. This is a walk away sale and available now. There is also opportunity to supplement practice income with an outside employment opportunity. The area is beautiful and surrounded by unlimited outdoor recreation, including skiing, golf and family recreation areas. For detailed information about this opportunity and others, contact Wendy Hirai at ADS Northwest/Consani Seims Ltd.

(866) 348.3820. [www.mydentalbroker.com](http://www.mydentalbroker.com)

**Western Montana** - A great opportunity in the surrounding beauty of the Rocky Mountains. This family Practice offers a wide cross section of dental care plus a well trained, versatile staff with many years of experience. A perfect setting for the outdoor enthusiast (rafting, hiking, hunting, fishing and golfing nearby). The community has excellent schools, hospital, museum and public library. East, Interstate drive to a large University, international airport, cultural and sporting events.

Reply in confidence to Dr. Don Hanson (406) 862-6260  
[www.qualitytransitionsdds.com](http://www.qualitytransitionsdds.com)

**Dental Office** - 1,300 sq. ft., 3 operatories, reception area, option for 4th operatory. Excellent location. Bozeman, Montana. Call (406) 587-4888.

**Missoula** - Federally qualified health center seeks dentist to join our four provider practice. Services will be provided to underserved adults and pediatric patients in our community. We also pride ourselves in numerous community outreach projects that serve preschools, assisted living or nursing homes, elementary schools, and various other non-profit organizations. **Highlights/Service Area:** Located halfway between Yellowstone and Glacier National Parks and home to the state's largest university, Missoula is an academic center situated in an outdoor enthusiast's paradise. Missoula has easy access to three river recreational opportunities, the Blackfoot river, the Clark Fork River, and the Bitterroot River. Depending on the season, the well-educated, work-hard/play-hard population of Missoula can hike, ski, fish, hunt, run rivers, ride mountain bikes, or just sit back and marvel at the Rocky Mountain scenery. Mis-

### Professional Office Space Available: Missoula

I would like to bring it to your attention that I am currently constructing a 6,000 square foot, two story building located on the corner of High Park and SW Higgins, next to Romeo's restaurant.

There will be professional space available up to 3,000 on the first floor sometime this summer. This will be available for lease or lease option to buy. At this time, there are still some design options available. This is an excellent location with easy access from High Park as well as SW Higgins.

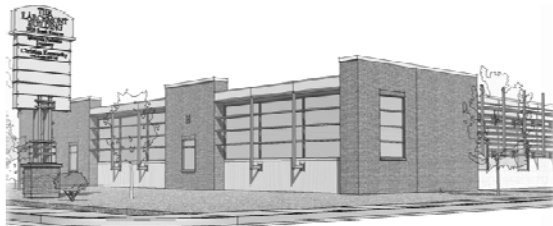
If you have an interest in possible ownership or needing a larger facility to lease in the future please contact me at 406-728-5100.

John Spierling, D.M.D.  
690 SW Higgins Ave. Ste B  
Missoula, MT 59803



### Professional Office Space on South Reserve in Missoula

Dr. Christian Kenworthy and Mr. Paul Tiede have recently remodeled the Larchmont Building located at 3020 South Reserve Street. Opened for business in January 2011, three of the five condominium suites are occupied by Missoula Pediatric Dentistry, PC., Kenworthy Orthodontics, and Missoula Oral Surgery. Two suites are remaining for lease or purchase. Suite A is roughly 2100 sq ft and Suite B is roughly 2400 sq ft. Super exposure, excellent access on Reserve Street and more than ample parking for both staff and patients. Please call for a personal tour and specific layouts of the remaining suites.



Christian Kenworthy, DMD  
K&T Associates, LLC  
3020 South Reserve Street, Suite E  
Missoula, MT 59801 (406) 450 - 2264

Missoula is a very family friendly community and offers water parks, a skate park, many small play parks spotted throughout the community, an outdoor amphitheater, and many more community planned family activities. **Benefits:** Vacation, sick, personal day, retirement, health (medical, dental, vision) coverage, disability, life insurance, continuing education, licensing. Partnership Health Center Dental Clinic, 406/258-4153, [byingtonj@phc.missoula.mt.us](mailto:byingtonj@phc.missoula.mt.us).

**Missoula** - Dental building for sale or long-term lease. 5 operatories with some cabinetry, but dental/office equipment not included. Available Summer 2012. Inquire [mslanordstrom@msn.com](mailto:mslanordstrom@msn.com) or call (406)544-4936.

**Billings** - Associate position with future ownership. This high tech, patient centered office, provides all components of Dentistry including an excellent Soft Tissue Management program with a long term, experienced team. CE and good communication have been an important aspect of this Practice. The Yellowstone Valley provides all the aspects of the good life: fine dining, performing arts center, excellent schools, hunting, fishing, golfing and a regional hub airport in its back yard. Reply in confidence to Dr. Don Hanson (406) 862-6260 [www.qualitytransitionsdds.com](http://www.qualitytransitionsdds.com)

**Billings** - Small patient base Billings practice, 4 opts, west end, good parking—excellent merger or start-up option. AFTCO (406)462-5615

**Eastern** - Exceptionally well priced practice with experienced staff and loyal patients waiting to welcome new owner. The Practice is 100% fee-for-service and has very low overhead. Monthly collections are averaging \$45,000. Located in Dawson County, the area is very stable economically and is beautiful with rolling hills and rock formations. The community has much to offer with the Dawson Community Airport served by Gulfstream International, Dawson Community College, a local golf course, and even dinosaur museum. For detailed information about this opportunity and others, contact Wendy Hirai at ADS Northwest/Consani Seims Ltd. (866) 348.3820. [www.mydentalbroker.com](http://www.mydentalbroker.com)

### Temporary Coverage of Your Dental Practice

I am semi-retired in Bozeman, and provide locum tenens or "fill in" dental services. Whether it is an illness, military commitment, extended vacation, or just assisting during a transition, I can help. Contact Ron DeArmond at 406/579-8103, 406/586-1768 [ron\\_dearmond@hotmail.com](mailto:ron_dearmond@hotmail.com).

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## MDA WELCOMES NEW MEMBERS

William J. Aippersbach, MD  
Bozeman

Eric D. Berkner, DMD  
Missoula

Heidi C. Browne, DDS  
Helena

Joseph D. Byington, DMD  
Missoula

R. F. John Holtzen, DMD  
Missoula

Paul C. Fawson, II, DDS  
Laurel

Amy K. Gustafson, DMD  
Billings

Christopher J. Hall, DMD  
Bozeman

Richard D. Hannah, DDS  
Bozeman

Erik H. Johnson, DMD  
Butte

Dane C. Kinghorn, DMD  
Bozeman

Terri L. Kinnee, DDS  
Missoula

John F. Miller, DDS  
Columbia Falls

Andrew T. Ordelheide, DDS  
Plains

Erin C. Price, DMD  
Bigfork

Jason A. Tanguay, DDS  
Bozeman

Grant M. Wiswell, DDS  
Missoula

Jessica K. Yoon, DDS  
Bozeman

If you are an MDA member and learn of a new dentist in your community who has not yet joined the association, please invite him or her to join. Call 800/257-4988 for more information.



## Dental Datebook

2011

### December

2 Montana Board of Dentistry Meeting

2012

### January

12-13 Billings Mid-Winter, contact Amy Fuller at 406/651-4867 for more information. Thursday, Dr. Chandhur Wadhvani and Dr. Alfonso Pineyero: "Restoratively Driven Implant Failure." Friday, Dr. Dennis Tarnow: "Esthetics and Implant Dentistry; Innovations & Controversies". Online registration at [www.mtdental.com](http://www.mtdental.com).

26-27 Montana Study Club

27 MDA Board of Directors meeting - Helena.

### March

2 Montana Board of Dentistry Meeting

2 Montana Study Club open lecture with Dr Ed McLaren. Registration at 8 am, with class from 8:30 - 5. Lunch and snacks included in fee. Missoula Holiday in Parkside. More details to follow.

### March (continued)

16 3rd District Dental Society Annual St. Patrick's Day Seminar, Fairmont Hot Springs, Anaconda, MT. Call Dr. Bill Brennick (406) 494-7080 or Dr. Dan O'Neill (406) 494-1316.

### April

26-27 MDA annual meeting - Missoula, Montana. Thursday, Dr. Gordon Christensen and Friday - Robert Stutman. Dr. Jane Gillette will present AbCd Montana training and Evidence-Based Dentistry. An Asset Protection class and a Dental Assisting Radiography Study Course will be available. See page 12 for further details. More information to follow.

### May

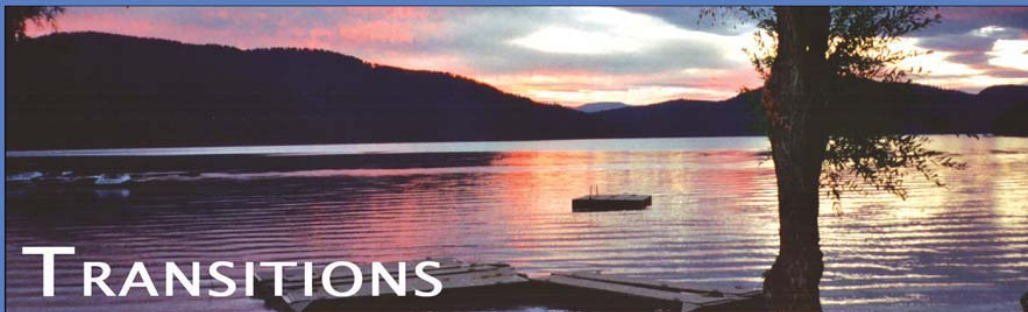
3-4 Montana Study Club Missoula

### June

15 Montana Board of Dentistry Meeting

### September

7 Montana Board of Dentistry Meeting



# TRANSITIONS

Donald G. Hanson, DDS, PC.: 406.862.6260  
[www.qualitytransitionsdds.com](http://www.qualitytransitionsdds.com)

Do  
you  
have  
a  
plan?



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