From the President...

While the AGD’s primary mission is that of continuing education, it is also an organization of advocacy. The AGD is the second largest organization representing dentists and the largest representing the general dentists. Just as the rapid growth of technology and materials are requiring an increase in continuing education in order to stay relevant, so too is the political and public policy environment.

As many of you may know, the KYAGD tries to send a representative to the Kentucky Board of Dentistry meeting so that we can be well aware of what is occurring on that front and ensure that we can address any issues which may negatively impact the practice of general dentists. During these meetings we also learn of issues from the federal government and other organizations which may impact the way we practice. At the November Board of Dentistry meeting we learned that Medicaid was doing two things that we believe are wrong and may negatively affect our members. First, we learned that they are going to be looking at offices that have the highest Medicaid billing for fraud. Even more concerning is that Medicaid is now auditing tax returns for individuals who received Medicaid to determine retroactively that they were ineligible. They are then going back and forcing the providers to pay Medicaid back.

The KYAGD also gets regular reports from AGD regarding upcoming legislation which may affect practicing dentists. For instance, we already know that Representative Burch has once again pre-filed a bill allowing for denturity. In the coming months you may receive an e-mail about this and other legislative issues asking you to contact your legislator through the AGD’s Capwiz program. This really only takes a few seconds and there is strength in numbers.

I believe I’ve heard it said that if you’re not a guest at the table you’re likely on the menu. I’ve also heard said that the strength of the wolf is the pack and the strength of the pack is the wolf. The greater the number of members the AGD has, the better its ability to lobby on your behalf. Likewise, as an AGD member, the more involved you are in advocacy the greater the strength of the AGD. Involvement can be using Capwiz, developing personal relationships with your legislative representatives, and involvement with the ADA and KDA. Success as an organization will help to sway new dentists to join further strengthening our pack.

We understand that everyone in the AGD or any organization won’t agree 100% of the time. When we ask for your support it is representing the majority of the members. As a profession we agree more than we disagree. I hear complaints about what organized dentistry hasn’t done. We only have so much political capital and that capital goes up exponentially with membership and involvement. So the next time you get a request for support please spend the time to help us help you. Furthermore, when you’re talking to a colleague and they’re expressing that same tired argument about us doing nothing remind them that if they’re not at the table our profession may be on the menu and that being at the table means more than just being a member.

Sincerely,

Geoffrey S. Ball, DMD, MAGD
President, Kentucky Academy of General Dentistry
Abe Lincoln once said “You cannot escape the responsibility of tomorrow by evading it today.” Growing up firmly in the analog age, I sometimes find it challenging to navigate all of the digital records our great profession now requires.

About 5 months ago I received a notice in my email about the new CE tracking program initiated by the Kentucky Board of Dentistry. As with most new things, I am swearing a blue streak inside my head about the time it will take to scan & submit all of my CE hours. Luckily, after my first 5 years of practice, I started storing all of my CE information in one drawer. It was a bit of a rat’s nest, but at least all in one spot… After tossing all of my coat check stubs, parking tickets & mint wrappers, I was ready to get down to business.

Before you can start, you will need Al Gore’s internet access and a working scanner. A scanner is like a copy machine that uses electrons instead of paper. It allows you to copy a document and send it to your computer. If you need help, please ask your kids or grandkids.

The link to the Kentucky BOD is below and the MY CE Tool link is near the top center of their opening page. It is getting late in the year and this needs to be completed by Dec 31st.

*There is also a provision to mail/Fax copies of your CE into the KYBOD. They may not seem very excited about receiving paper copies, but please call them if you have questions about this method… 502-429-7280

See the directions below to submit your CE via the interweb:

An account has already been created by the KBD for all Kentucky dentists and dental hygienists. All you need to do is login using the following instructions:

Go to the link on the KBD home page and click on the My CE Tool link: http://dentistry.ky.gov/

You will be re-directed to The Dental Exchange My CE Tool login page;

This page is maintained by the DENTAL EXCHANGE. This is a private company having several useful tools and programs, that has agreed to collect our CE for verification/compilation by the KYBOD.

At the top of the page you will see four buttons….

A) **Opportunities:** A professional referral service for your dental practice to browse providers

B) **Knowledge:** This is where the CE Tool is located

C) **Professional:** This area has information on temp services and hiring

D) **Social:** A dental chat-room/Blog to post information.

Click on the **Login Now >>>** button (upper right side);

You will be asked to type in the email account you provided to the KBD when you renewed your license;

Your temporary password is the word “Temp” (make sure the T in Temp is capitalized) plus your four-digit Kentucky dentist or dental hygienist license number—example: Temp0000

- Next you will be prompted to change your password—NOTE: the new password must be 8 characters in length and must include at least one letter and a number; ie. GoCards!

- After you change your password, you will be taken to the CE reporting page where you can report your CE courses and upload your course certificates. Please note that while on the My CE Tool website there will be a live chat button on the far right hand side of the page through which you can access real-time assistance. Questions? 800.441.8973

Once registered, you will be directed to a summary page and your CE can be scanned and entered on the screen saying “Submission Tool” toward the bottom of the page. Pick “live or online”, then the proper category (medical/scientific, KASPER, Business/Charitable, Other) and enter other details as necessary. Remember to enter the number of hours. If all required fields are not completed, it will not let you proceed.

It worked well to scan all of my CE certificates onto my desktop, re-name them, so I could find them when I used the “Browse” feature. It was helpful to write out a list with the title, speaker & hours to ease completion of the information fields. I had a gaggle of hours, so this speeded up the process tremendously. Alternatively, you could just keep your CE certificates in order and match the information after it was loaded onto the site. In the future this can be done as the CE’s are taken so you can avoid the year end rush.

There is also an “APP” for that! Go to the app store and search “The Dental Exchange”. Download onto your device. You can use the camera function to take a picture of the CE certificate and upload to the site. Snap!

It was a nearly seamless procedure, had very few glitches, but still took some time & effort.

Happy Holidays & Happy submissions.
Thanks for your support.

*Randy Ransdell, DMD, MAGD*
**Diving Into the Deep End…of Your Community**

I’m going to give you a little bit of backstory before I dive into the deep end of my message today.

I grew up in the country. I mean country—three stoplights in the entire town. When the McDonald’s opened, it was the highlight of an entire year of our childhood (ain’t that scary?), and we had one elementary, middle, and high school. Needless to say, everyone knew everyone. It was a tight-knit community.

Fast-forward to college in a bigger town and dental school in a major metropolitan city. Nearing dental school graduation, I weighed my options and decided to return to the city closest to where I grew up, only I wanted to be in the middle of the action. Young, single, and enjoying life, I chose to live in a downtown loft, five minutes from the social scene, 60 minutes from work. I enjoyed the city life and all that comes with it, but I was missing something with my patients. I was missing a connection with most of them that I didn’t understand until much later, when a lightbulb went on—I was missing the community connection.

I remember growing up, playing baseball seemingly every day for eight months out of the year, from ages 5 to 21. Dad was always the coach, and everyone called him “Doc.” I shook it off as nothing, but now I get it. He wasn’t just there just for us; he was there connecting with the dads/moms/kids/grandparents of his community. And he did it well. He’s run a bustling practice in that little old town with one McDonald’s (we have a Bojangles’ now—whoop, whoop!) for 30 years, and most of his patients know him from the ball field, grocery store, church, or gym.

There’s something different when patients get to know you outside of the office. It brings about a deeper level of confidence and trust in you as a practitioner, doctor, and friend. It’s a great way to build a patient base, as well as to do good for others around you. You just can’t beat it.

So my wife and I recently decided to dive in. We are making the move out near the country. It’s a big change, but I am excited to get involved with the same patients to whom I’ve said, “Hey, how’s the weather?” for years. (That’s my go-to question when I don’t have anything else to say to a patient.) I’m excited to see people on the weekends and have them crank open their jaw, point to No. 18, and ask what I can do for it.

We have an awesome job. We really do. People always will need dental care, but, more importantly, we do some great work for people in pain, in need, or in desire of a beautiful set of chompers. I’ve made the plunge, and I’m headed for the deep end. Hopefully, I don’t drown!

Donald Murry III, DMD

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**AGD Online Learning Center Offers Webinars**

In the three years since the AGD began hosting webinars, it has covered a range of dental topics, including pediatric dentistry, coding, implants, dental sleep medicine, and more. If you missed a course, or haven’t yet had the chance to try a live webinar, check out the AGD Online Learning Center—your one-stop resource for viewing live webinars and recordings of almost every webinar that the AGD has hosted. Visit www.agd.org/olc today and view the courses you missed!
The Kentucky Board of Dentistry met on November 14, 2015 and it appeared all members were present. The meeting was fairly short with the board entering closed session only once to discuss a litigation matter. Dr. Zena also asked all members of the board and guests to excuse themselves if they had involvement with a testing agency while that topic was discussed. However, I am unsure the point of this as he simply stated that there was a task force to evaluate whether to change the current exam process but that they were still investigating it.

Mr. Beyer discussed the budget, CE updates through TheDentalExchange, and licensure renewal. The board is now slightly under budget which was the result of suggested changes which were made by several board members. Roughly half of KY Dentists and hygienists have registered on TheDentalExchange and they have heard of very few issues. It is not necessary to upload your CPR/ACLS card there but you will certify that on your licensure renewal. The online licensure renewal was revamped and thus far they have heard very few complaints and it appears to be going better than in the past. He asked if we had issues to please e-mail him. Dr. Hargan brought up the issue of 100% audit of those who did not upload CE and said that he had thought that when they had chosen to go the route of online CE submission that the second part of that was if they didn’t, they would have to submit paper copies. Mr. Beyer, Dr. Zena, and several others contended that since it was a relatively new process they likely would not be in favor of essentially auditing 100% of those who did not digitally submit CE. There likely would still be an audit and those who were audited would come from that pool. It was evident that the intent of this new process was to eliminate the “Gotcha” and to ensure dentists were following the laws (re: CE Hours). Mr. Beyer stated that he hoped by the next renewal cycle to have CE and renewal linked so that if you could not renew without having the required CE Hours. Additionally, the Board of Dentistry will be getting an updated, more user friendly, and easier to update website soon.

The board also discussed their attendance at the AADB meeting. Dr. Zena was elected treasurer of that organization. They still don’t know what the ruling regarding the FTC/Supreme Court ruling means. There was a representative from the FTC there. However, she was apparently difficult to understand and gave vague answers. The gist of the discussion is that the FTC told the boards to interpret the ruling and make changes and that the FTC would let them know if it wasn’t how they interpreted it. Other discussion revolved around licensure portability and a single board exam. It appeared to them that most states are behind the curve on this issue while they have a task force to discuss it.

If you bill a lot of Medicaid be prepared for the Medicaid to look into your practice as they are going to target the highest Medicaid billers and look at them for fraud. They will then use the Board of Dentistry to do their dirty work. Several members of the board were disgusted with this and said they keep saying “we want you to take Medicaid, but if you bill too much we’re going to get you.” Additionally, Medicaid is going back and looking at tax returns from those on Medicaid to retroactively determine that they were ineligible. If they determine that, then they are going back to the providers, who followed the proper procedure initially, and declare that the patients in fact were not eligible. They will then demand the provider pay Medicaid back and force the provider to collect from the patient.

A report is also out regarding new graduates and it appears those in large group practices “corporate” are less stressed but also less fulfilled while those in private practice are more stressed and more fulfilled.

Report taken by KY-AGD President, Geoffrey Ball, DMD, MAGD
3 Steps for Providing Effective Feedback to Your Team

By: Pamela Marzban, DDS, FAGD

Providing effective feedback to a dental team is critical to running a successful practice. Without clear communication, people can easily misunderstand or misinterpret your intentions. When you want to provide someone in your office with positive or negative feedback, you should remember that the goal is to provide that individual with constructive information to help them improve on some level.

For example, let’s say you just finished a difficult procedure that your assistant helped execute beautifully. At the end of day, you walk up to her and say, “Jane, you did an amazing job today!” She grins as you walk away, and you are so proud of yourself because you remembered to acknowledge her hard work…but what do you think she took away from that? Let’s change it around now and say, “Jane, you know that procedure we did for Ms. Smith? That went better than I thought it would, and it’s because of the way you retracted the tissue and had my field of vision absolutely clear. I could see everything because my mirror was dry, the cheek was tucked away, and your suction was in all the right places! That was perfect; please do that every time!” Which comment do you think will resonate more with Jane? Which one do you think she will remember and learn from?

Here are three steps that you can implement and easily teach your team to use daily:

1. Be specific with your example! If you want to provide constructive feedback, you must be clear on what it is that you want someone to continue to do, or what it is that you want them to change or improve on.

2. Let them know how their action impacted the office. You may be surprised that many people are unaware of how their words, body language, and actions impact others. It is important for you to explain to them the outcome of their actions.

3. Be clear about your expectation. Let them know: If it’s good, keep it up! If it’s bad, teach them how to change.

Let’s look at an example of negative feedback. In this situation, one of the front desk staff, Lisa, keeps coming in with a messy uniform and looking completely disheveled. This is bothering you and the rest of your team.

Wrong way: “Wow, did you just pull your uniform out of the clothes pile and throw it on this morning?"

Better way: “Lisa, I’ve noticed lately that you are coming in with your uniform wrinkled and unwashed. The way you present yourself represents me, this team, and our office. I need you to come to work in a clean uniform, looking fresh and ready to go.”

In the second example, I was very specific with what I found to be a problem, how it was impacting the office, and my expectation of Lisa. It is never easy to give negative feedback; however, if you keep it professional and not personal, it’s easier to avoid hurting someone’s feelings.

Let’s face it: Being a leader is difficult at times. Communication is key, and what I suggested above is simple, but you have to practice it and get your team to practice with you. Try it, not just at the office but anywhere. The more you practice simple and clear communication, the easier it becomes to convey your message and your intention. It grows relationships based upon understanding, which in turn will surround you with people who truly understand you.
Kentucky AGD Continuing Education...

*Winning Breakthrough Practice Management and Marketing Strategies for the New Economy,*
Dr. Irv Lubis
Saturday, December 12th, 2015 9:00am–4:00pm
Click [here](#) for more info.

**SAVE THE DATE! The 2016 KY AGD Annual Meeting**
*September 30, 2016 UofL Shelby Campus*
*Stay tuned for more details.*

**UPCOMING EVENTS**

**Board Meetings...**

**Next KYAGD Board Meeting**— January 8th, 2016 at 6:00 pm at Cardinal Cafe Louisville, KY If you are interested in getting involved with the board and attending our board meeting please contact Maegan Bennett at maegan03@hotmail.com or 270-401-3928.

**Next KYBOD Board Meeting**— January 9th, 2016 at 9:00 am at 312 Whittington Parkway First Floor - Board Meeting Room Louisville, Kentucky 40222. For more information about attending a Board of Dentistry board meeting please contact the Board at 502-429-7280.

**Medicare Part D Enrollment Deadline Nearing**
The Centers for Medicare & Medicaid Services (CMS) is urging prescribers of Part D drugs, including dentists, to submit their Medicare enrollment applications or opt-out affidavits to their Medicare Administrative Contractors (MACs) by Jan. 1, 2016, so that Medicare Part D prescriptions are coverable on or after June 1, 2016. To help AGD members comply with the requirement, and to reflect the most updated information from CMS, the AGD has revised its FAQ document, which can be found on the [Resources Web page](#) on the AGD Advocacy website. Further information and links to CMS’ Web pages dedicated to Medicare Part D enrollment can be found on the [Federal Issues Web page](#).