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MDA NEWS



Fall 2016

Volume 3 Number 1

Maine Dental Association

What's Inside?



UNE White Coat Ceremony - see p. 17

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With new space, Oasis Clinic hopes volunteer base will grow

Lucas Knowles, MDA Staff



Dental assistant Tammy Tyree in one of the two operatory rooms at the new home of the Oasis Dental Clinic in Brunswick.

Another fluoride vote coming in KKWWD

John Bastey, MDA Director of Governmental Affairs

The municipal water supply all along the southern Maine coast, from Fortunes Rocks in Biddeford to part of the town of York, has been fluoridated since 2004 (the rest of Biddeford was fluoridated back in the mid-1980s). Now fluoridation is threatened in all those municipalities, yet again, by the Kennebunk, Kennebunkport and Wells Water District (KKWWD). Superintendent Norman Labbe and his board are doubling down on their anti-fluoride, anti-science position. For the fourth time in eight years, they are again trying to remove fluoridation from

(continued on page 8)

The new, expanded location of the Oasis Dental Clinic in Brunswick has provided nearly as much care in its first three months of existence than all of last year.

"We are doing great, but we have the potential to do so much more," said Dr. Rick Elsaesser, a volunteer dentist at the clinic and also a member of its board of directors.

The clinic is working to enlist more volunteer help so it might live up to that potential. Dr. Elsaesser said the new

facility has the capacity to be open five days a week, if it had enough volunteers willing to give their time. The clinic is currently open mornings on Monday and Friday, and every other Tuesday evening.

The Oasis Dental Clinic, now in its 11th year, provides dental services to "working poor" adults who live in the Mid-Coast area. The clinic was housed in the Jessie Albert Dental Center in Bath until June of this year, when it opened its new facility, located in the same building as the Oasis

(continued on page 7)

The Maine Dental Association exists to: improve and maintain the oral and overall health of the people of Maine; serve the dentists of Maine, collectively and individually; and represent the American Dental Association at the state level.



Delegation attends First District Caucus



MDA Executive Board President Dr. Peter Drews, President-Elect Dr. Gary Creisher, American Dental Association Long-Term Delegate Dr. Jonathan Shenkin and Executive Board member Dr. Erik Johnson attended the ADA First District Caucus on Sept. 30 and Oct. 1 in New Hampshire.

Sign up for 2016-2017 Continuing Education Courses

For registration forms, confirmation forms and more information, go to www.medental.org

A message from MDA's interim executive director

Patti Bureau



While the last several weeks have been challenging, with guidance and assistance from the executive committee, the board and membership, the office is running smoothly and staff is on-track.

Over the next several weeks, we'll be reviewing office processes and procedures, looking for efficiencies and opportunities to streamline.

Another priority is our ongoing effort to make sure Aptify includes accurate member information. We'll continue with weekly communications through Constant Contact, and will also utilize the program to keep you informed of happenings at the State House, along with the status of legislation.

Additionally, we have already started posting region-specific information on the upcoming elections in the Members Center section of the website.

If you haven't done so already, log on to the MDA website. Let us know what you think of the new design and layout.

Finally, I am honored and excited to serve as your interim executive director, and look forward to working with all of you.

The MDA office will be closed:

- November 11 (Veterans Day)
- November 24 and 25 (Thanksgiving holiday)
- December 26 (Christmas holiday)

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I recently had the opportunity to speak to first-year dental students at the University of New England's College of Dental Medicine. I couldn't help but sound like my mother, that "it seems just like yesterday..." it was me who was sitting in a large lecture hall, trying to pay attention to the speaker who was telling our class about things that, frankly, seemed so

far removed from our daily struggle of just trying to survive the first year of dental school.

And so I heard myself addressing this group about the importance and responsibility that we all have to respect what the profession has given us, and our obligation to reciprocate. Without question, dentistry provides an enormous service to society, and, in turn, enables those in the profession with a rewarding lifestyle. However, in order to continue without compromising care, service or

ethical standards, dentistry **must** have a team of professionals that are willing to advocate for and create lasting change.

Teamwork is present across all aspects of human society. Professional athletes rely on their teammates to score points, NASA engineers work together to build complex spacecraft, and corporate employees must often coordinate on critical projects. Organized dentistry allows members of our profession to form camaraderie through local component meetings, the MDA state convention, as well as the ADA Annual Meeting.

In the age of social media and "education via the Internet," it has become harder to maintain the relevance for personal professional interactions. However, with our profession in transition, it is even more critical that we maintain membership and participate in controlling our future. Having a strong voice as an association ensures a

strong voice in our legislation. There is truth to the proverb "a tree with strong roots laughs at the storm."

The MDA hosted a student mixer on Sept. 14, where approximately 50 UNE students and 15 local area dentists met for drinks, food and "dental fellowship." This served as an important opportunity for current students to connect with members and the leadership of the MDA. UNE has launched a UNE/MDA Mentorship Program, where

members are matched with students who are entering their third and fourth years of dental school. This program is a phenomenal way to demonstrate the value of participating in the team that is "organized dentistry." You can learn more about the mentorship program at www.uneasda.com/mda-mentor-program.html.

We have a number of events scheduled over the course of the next 12 months. I encourage you, as a member, to actively engage and participate in these events. Please read the messages from the MDA for scheduling and dates.



Maine Dental Association Executive Board President Dr. Peter Drews talked to first-year dental students at the University of New England as the fall semester was getting started. He spoke about the benefits of being an MDA member.



I write this article as I am returning from the FDI Annual World Dental Congress meeting in Poland. Dentists from over 200 countries are members of the FDI, and many attend the general assembly session, which is similar to the ADA House of Delegates.

Together we discuss policy statements on issues in dentistry, such as the dentist-patient relationship, preventing oral diseases, and evidence-based dentistry. The most important step at the meeting this year was the adoption of a new definition for oral health to be used worldwide by governments, advocacy groups, third-party payers, etc. The definition is as follows:

Oral Health:

- is a fundamental component of health and physical and mental wellbeing, which exists along a continuum influenced by the values and attitudes of individuals and communities
- reflects the physiological, social and psychological attributes that are core to the quality of life
- is multifaceted and includes, but is not limited to, the ability to speak, smile, smell, taste, touch, chew, swallow and convey emotions through facial expressions with confidence and free of pain or discomfort
- is influenced by the individual's changing experience, perceptions, expectations, and ability to adapt to circumstances

The purpose of the World Dental Federation (FDI) is "to seek to achieve optimal oral health for all people across borders, uniting the world of oral health to harness the collective expertise and power of its members together with all sectors of society. As the profession's global and independent advocate, we champion disease prevention and oral health literacy and advance the ethics, art, science and practice of dentistry by stimulating and facilitating the exchange of information throughout the health care community."

A panel session took place to discuss the United Nations environmental program and the worldwide effort to focus on a phase-down of the use of dental amalgam rather than a phase-out.

This is for environmental reasons, as there are still parts of the world that do not use amalgam capsules or follow environmental best practices. The UN Governing Council found that there was sufficient evidence of global adverse impact from mercury and its compounds. This warranted further international action to reduce the risks to human health and the environment from the release of mercury and its compounds to the environment. Governments were urged to adopt goals for the reduction of mercury emissions and releases, and therefore, dental amalgam is a component of this program.

Projects of FDI fall under the World Dental Development Fund (WDDF). This fund was established to improve oral health globally, primarily through the establishment of innovative prevention and access programs in disadvantaged populations. In the last 17 years, the fund has been supporting projects that promote and highlight oral health in different settings. All WDDF projects reflect the core values and principles of the FDI.

Finally, the FDI sponsors World Oral Health Day, of which the aim is to inspire people across the world to recognize that good oral health is not just about having a good smile, but has an impact on their overall physical health and well-being. The campaign was built around a platform to inspire a global commitment to oral health.

It was a special experience to network with dentists from around the world and to discuss the issues facing our profession. The United States is highly regarded in this setting and I was honored to be a part of it.

The most important step at the FDI Annual World Dental Congress this year was the adoption of a new definition for oral health to be used worldwide by governments, advocacy groups, third-party payers, etc.

HIPAA Compliance: Do You Understand The Rules?

Recently, the University of Mississippi Medical Center agreed to pay \$2.75 million to settle multiple alleged Health Insurance Portability and Accountability Act violations from an incident in which an employee's laptop, containing access to electronic protected health information, was stolen.

Make sure you are in compliance to avoid fines. These penalties can be assessed per violation per day.



The HIPAA security rule covers electronic protected health information

(ePHI), but what is considered ePHI?

ePHI includes:

- Electronic health information that can identify an individual
- Information about a health condition (like a health history)
- Information about provision of health care (like a treatment plan)
- Information about payment for health care (like a bill)

Policies and safeguards must be implemented by all covered health care providers in order to be compliant. The covered dental office is required to ensure confidentiality, integrity and availability of ePHI, identify and protect ePHI against threats to security, and ensure everyone in the practice complies with practice security policies and procedures.

PBHS, endorsed by the Maine Dental Association to provide members with secure email, recommends that dental offices follow these five steps to help you avoid HIPAA penalties.

1. Determine your specific security requirements - Cover all electronic patient information, including email, in your risk assessment, identify threats and vulnerabilities that could lead to a data breach, and remember to specifically address encryption.
2. Identify types of data sent and set protocols - Determine who needs to have access to send email messages that contain ePHI and set policies to be enforced regarding proper use of technologies to encrypt, transmit and

VIOLATION CATEGORY	PENALTY	MAX PER YEAR
(A) UNAWARE	UP TO \$50,000	\$1,500,000
(B) REASONABLE CAUSE	\$1,000 - \$50,000	\$1,500,000
(C I.) WILLFUL NEGLIGENCE*	\$10,000 - \$50,000	\$1,500,000
(C II.) WILLFUL NEGLIGENCE NOT CORRECTED**	\$50,000	\$1,500,000

archive messages.

3. Think about how data could be leaked or lost – Do patient files or referrals ever get left on the copier? Do staff always lock their computer screens when they step away? Are attachments containing patient charts or treatment plans being sent through regular email?

4. Implement secure communication practices by making technology upgrades if necessary - Secure

your email system and secure any digital space where collaboration on patient ePHI occurs.

5. Educate staff on security policies – Educate all doctors and staff and implement proper security procedures.

PBHS is the endorsed provider for secure email by the MDA. Contact them today at 855-932-4232 or pbhs.com to help you stay HIPAA compliant.



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In politics, there are no permanent enemies and very few permanent friends

With Election Day just around the corner, it's important to remember the old adage: *In politics, there are no permanent enemies and very few permanent friends.*

When the Legislature convenes in December, one-third of its members will be newly elected. In both the House and Senate, there are term-limited members, members who have chosen not to seek re-election, and incumbent members who may be defeated at the polls. The balance of power in both bodies of the Legislature is in play. Will Republicans maintain control of the Senate? Will Democrats maintain control of the House?

Current Senate Leadership

- Senate President Michael Thibodeau – R
- Majority Leader Garrett Mason – R
- Assistant Republican Leader Andre Cushing – R
- Senate Democratic Leader Justin Alford – D (Sen. Alford is term-limited)
- Assistant Democratic Leader Dawn Hill – D (Should Democrats gain control of the Senate, Sen. Hill will run for president; she will be challenged by former Sen. Troy Jackson, who left the Senate in 2014 to run for Congress)

Current House Leadership

- Speaker of the House Mark Eves – D (Speaker Eves is term-limited)
- Democratic Leader Jeff McCabe – D

(Rep. McCabe is term-limited and not eligible to run for re-election to the House; he is running for a Senate seat

- Assistant Democratic Leader Sara Gideon – D (Rep. Gideon will run for speaker if Democrats maintain control of the House)
- Republican Leader Kenneth Wade Fredette – R
- Assistant Republican Leader – Ellie Espling – R

It's been a rough few years at the State House. But we've made friends – good ones – who stayed with us through the LD 1230 battle, and again last session when the "direct supervision" requirement for DHTs in Maine law was challenged (LD 1514).

Efforts to change the existing statute to effectively allow dental hygiene therapists (DHTs) to practice independently aren't going away, nor will efforts to reduce the educational and supervised clinical practice requirements.

It's imperative that we nurture the relationships we have, and work diligently to create new relationships to ensure continued support on issues important to MDA members.

Keep in mind seven incumbent senators are not seeking re-election; five of the seven voted with us on LD 1514 – Sen.

Alfond, Sen. Gerzofsky, Sen. McCormick, Sen. Willette and Sen. Edgecomb. Senators Alford and Gerzofsky are term-limited and not eligible for re-election. Both supported MDA positions on LD 1230, which authorized DHTs, and LD 1514, which sought to eliminate the direct supervision requirement in the DHT law. Senators McCormack, Edgecomb and Willette have chosen not to seek re-election.

Please take a few minutes and send an email thanking these senators for their support and their service.

And let's not forget others who supported MDA positions last session, including Sen. Amy Volk and Sen. Andre Cushing, whose Herculean efforts both in the Committee of Oversight and on the Senate floor ensured a palatable outcome on LD 1230 and LD 1514.

This is the ideal time for members to engage with House and Senate candidates.

Contact the candidates in your district. Offer yourself as a resource on dental-related issues **now** and following the election.

Find out where the candidate stands on issues important to the profession, and to

(continued on page 7)



November 4, 2016

Please consider getting involved and make the 8th annual the best event ever!

For more information, please contact:

Demi Kouzounas at ddcins@maine.rr.com

Barry Saltz at bsaltz@maine.rr.com

Oasis Clinic (from page 1)

Health Center in Brunswick.

Oasis Free Clinics, founded in 1992 and funded through individual donations and grants, and which accepts no state or federal funding, received a substantial grant from the Next Generation Foundation of Maine that provided the impetus for the new location. The dental clinic is staffed with volunteer dentists, and also volunteer and paid hygienists.

The new space has given the clinic the ability to expand its hours and consolidate its services with the health clinic, located just upstairs.

During a tour of the new clinic, Dr. Elsaesser said the location's state-of-the-art equipment, supplies and operatory rooms are a big leap forward.

"A year ago, we were still using film and paper records," Dr. Elsaesser said. "Now we have all this digital equipment, and can bring X-rays up immediately." The Oasis Dental Clinic was open 24

times in 2015. It has already opened its doors 23 times in its first three months of operation at its new location. What was once a project started by the Merrymeeting Bay Dental Society and Catholic Charities Maine has grown and continues to grow.

Patients are eligible for care based on three criteria: They need to have no health or dental insurance, have a total household income at or below 175% of the Federal Poverty Level, and live in the area. Services are provided at no cost to the patients, who are pre-screened for eligibility by Oasis.

"No money changes hands," Dr. Elsaesser said. "Throughout the whole network, not a penny changes hands."

The dental clinic's mission is to treat the dental needs of region's "working poor" and to minimize dental visits to local emergency rooms, according to Dr. Jack Bauman, the clinic's dental director.

"We are helping patients, who, if they are not treated, will get very sick," Dr. Bauman said.

Dr. Elsaesser said the clinic is looking for volunteer dental professionals, especially retired dentists who could give a certain amount of time each week. He said the clinic could help retired dentists with licensing and insurance needs and "can accommodate anything volunteers want to do." The clinic has also reached out to the University of New England's dental school.

Volunteering at the clinic offers a great deal of satisfaction, Dr. Elsaesser said, and the ability to "make a big difference, one patient at a time."

Dr. Elsaesser said the call to provide dental care in the Mid-Coast area has not waned, and Oasis Dental Clinic hopes to keep providing and expanding its services.

"You don't have to travel. The need is in our backyard," Dr. Elsaesser said.

The Oasis Dental Clinic Received the Spotlight On Dentistry Award from the Maine Dental Association in February 2015. For more information, go to www.oasisfreeclinics.org.

Legislative Update (continued from page 6)

you personally.

Decide how you'll cast your vote, and how you can help your candidate win.

Volunteer to drive the candidate, drop literature, make phone calls, write thank you notes or work at the polls on Election Day.

Make a \$5 qualifying contribution to the Maine Clean Elections Fund for your House or Senate candidate if they are running as a Clean Elections candidate, or contribute to traditionally funded candidates' campaign committees or PACs.

Your efforts in these final days leading up to Election Day will have a lasting impact. Constituents matter to every elected official. Please log on to the MDA website, where you'll find further information specific to each component society.

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the KKWWD, notwithstanding votes by member communities over and over and the Maine Legislature to keep the area fluoridated. The KKWWD Board is working with support from a local group, the Campaign to Reconsider Water Fluoridation, in its efforts to remove fluoride from the drinking water in coastal York County.

The KKWWD is a member of the American Water Works Association, according to district staff. The position of the AWWA on fluoridation is as follows:

“The American Water Works Association (AWWA) supports the recommendations of the World Health Organization (WHO), American Medical Association (AMA), Canadian Medical Association (CMA), Centers for Disease Control (CDC), American Dental Association (ADA), Canadian Dental Association (CDA), and other professional organizations in the medical community, for the fluoridation of public water supplies as a public health benefit. AWWA supports the application of fluoride in a responsible, effective, and reliable manner that includes monitoring and control of fluoride levels mandated by provincial, state, and/or federal laws and which is subject to community acceptance through applicable local decision-making processes. AWWA supports regular reviews of the most current research on fluoride and the positions of the medical and dental communities.”

Adopted by the Board of Directors Jan. 25, 1976, reaffirmed Jan. 31, 1982, revised Jan. 20, 2002, revised Jan. 21, 2007, and revised Jan. 22, 2012. Revised January 16, 2016.

The Campaign to Reconsider Fluoridation succeeded in gathering enough signatures to put the fluoridation issue, once again, on the Nov. 8 ballot. That means each town and city council or select board must have a public hearing on the issue, and last week at the regular meeting of the Biddeford City Council, the hearing was attended by Dr. Dean Tourigny. KKWWD Superintendent Norm Labbe directed

councilors to the KKWWD webpage for information. Dr. Tourigny explained that he had been practicing dentistry in Biddeford since 1988, and was pleased that the KKWWD communities had become fluoridated in 2004, and he was pleased that his patients with access to city water now had the benefit of a fluoridated water supply.

One of the issues the KKWWD is bringing up is that some sources of fluoride create “bad fluoride.” Bad fluoride is an argument used only by the anti-fluoride folks. It has been thoroughly invalidated. Nevertheless, at an August meeting at Kennebunk Town Hall, Labbe brought it up.

I asked Dr. Larry Thompson, PhD, a past professor of chemistry of more than 40 years at the University of Minnesota (Duluth) and the University of New England, now retired, to explain. He said there is no such thing as bad fluoride - an ion is an ion is an ion. The source of the fluoride ions isn't part of the active fluoride ion.

So what is the dental community doing?

Dianne Smallidge, RDH, MDH, took action after reading the KKWWD's summer newsletter containing a letter from its board of directors and superintendent denouncing fluoridation. The MDA and the York County Dental Society took action too, voting immediately to support fluoridation at KKWWD. The society is also working with Healthy Teeth, Healthy Smiles, a York County group formed back in 2002 by Dr. Lisa Howard and other local dentists to press for fluoridation at KKWWD, and reformed this year to help keep KKWWD fluoridated. Dianne sent a message to the Maine Oral Health Coalition, and Judy Feinstein. Judy immediately jumped into the fray by contacting the MDA, a member of the coalition. As a result, I attended a meeting in August sponsored by the anti-fluoride folks and staffed by the KKWWD.

Drs. Trentalange and Creisher, who practice in Kennebunk and Arundel, also attended and supported Ms.



Smallidge. Both dentists and Ms. Smallidge answered questions raised by the audience. The meeting lasted for about two hours. It was attended by only about thirty people, twenty of whom were members of the anti-fluoridation group. Labbe allowed his staff to be there to help the sponsors out. He said they provided refreshments and staffed the event.

On Oct. 3, Healthy Teeth, Healthy Smiles held a second meeting at the Kennebunk Town Hall, including a panel to discuss the benefits of fluoridation, including Dr. Myron Allukian, DDS, MPH, and past director of the Boston Dental Health program. York County dentists, the MDA, the Maine Oral Health Coalition and others joined at that meeting.

What's next?

The dental community is going to take part in making information about the benefits of community water fluoridation well-known in York County. Letters and opinion pieces will appear in newspapers across the county, with help from Lucas Knowles here at the MDA.

Dentists, hygienists and others will be asked to discuss fluoridation in their offices all month and take part in pro-fluoridation activities.

This is a battle that needs to be fought for the children and adults of York County, and this article is a call to arms. If you have questions, want to help or hear of issues we need to confront, call me at the MDA. As always, thank you all for your help.



An introduction to the inaugural graduating class

Dental school started with a swift kick to the face. During an orientation whitewater rafting trip down the Kennebec River in The Forks, my kayak partner and future colleague kicked me in the face as we flipped into the river. The impact was unintentional and no lasting scars were sustained, but three years later, we still have something to laugh about between the inevitable tales of treatment that dental students and dentists alike love to tell.

Injuries aside, our class did make our way back to Portland, where we bonded quickly while waxing teeth and spending far too much time memorizing the cAMP pathway. As the inaugural class, we had no upper classes to guide us and no entering class to indoctrinate. Necessity being the mother of all invention, we looked inwards and built our own academic and social support systems. The didactic and preclinical simulation curricula were a collaborative odyssey for us. Without study materials from previous classes, we made and shared our own.

Outside of school, those from Maine and the transplants like myself synthesized and shared our own individual versions of *The Way Life Should Be*. Some of the tastiest are Sheri's moose jerky, Bob's bear burgers, and Russ' lobsters. During our first year, we made our way through the basic sciences, established the student organizations that continue to grow on campus, and still managed to find time for turkey hunting, dodgeball, an ugly sweater party not to be forgotten, and extensive exploration of the Old Port.

As we ascended from D1 to D2 students, we welcomed the class of 2018 with an epic house party. I believe this tradition remains alive, but the intensity has been modulated. The arrival of new students helped us realize just how much we had learned over the course of our first year (now in our D4 year, the focus is on how much more there still is to learn). However dubious the distinction, we became the benchmark. Our feedback and performance on the NBDE parts I and II and CDCA have helped shape the curriculum for subsequent classes. We grew along with our faculty, learning from each other.

Along the way, our class has thus far produced five engagements, five marriages, and five children (one of them my own). We also have some exceptionally cute pets. There have been some memorable and heated discussions between the *cats are better than dogs* and

the *dogs are better than cats* people. Unfortunately, this disagreement still festers like a necrotic pulp, unresolved, as we have moved on to the glass ionomer vs. composite sealant battle. We have faced challenges together — getting stuck in an elevator for two-and-a-half hours was a particularly visceral one for me and four others — and emerged, if not stronger, at least alive.

But my intention is not to write a nostalgic missive. I will save that for May 2017, when I can look back on the entirety of our dental school experience. I am proud of our class and the professionals that we have become. But what truly excites me is the individual impact each of us will make in dentistry.

That impact began in our school clinic in Portland two years ago when we saw our first patients. Since May 2016, members of our class have been participating in 12-week community-based externships at clinics in Maine, New Hampshire, and Vermont. These externships have provided us with a broad spectrum of experiences and patient populations in a variety of practice settings. Outside of the school clinic, exposure to the myriad materials and techniques that are employed by practicing dentists is only enhanced. I expect that our class will graduate with excellent clinical and communication skills.

In June of this year, our student government conducted a survey of our class and found that while some will pursue specialty education, the majority intend to be general practitioners. Among our 62 students, 55% would consider practice opportunities in Maine, and 90% would consider Northern New England. Our interest is not limited to Greater Portland: while one-third are interested in practicing in a metropolitan area, one-third prefer a small city or town, and one-third will pursue a rural setting. The majority will be looking for non-equity positions, with an overwhelming preference for private practice associateships or employment in public health dentistry at an FQHC or look-alike.

As our class enters into practice in 2017, this will represent the final phase of the integration of UNECDM into the dental landscape of Maine. I am confident that our inaugural class and graduates of subsequent classes will find opportunities throughout Maine, joining our colleagues already engaged in the practice of excellent dentistry. And I promise we will be careful to avoid kicking anyone in the face when whitewater rafting.

Harborside Hotel, Marina, and Spa



2017 MDA convention in Bar Harbor

Don't miss the 2017 Maine Dental Association Annual Convention, June 2-3, 2017, at the Harborside Hotel, Marina, and Spa in downtown Bar Harbor.

Dr. Tieraona Low Dog and Dr. Gordon J. Christensen will both be presenting at the event.

Dr. Low Dog, whose presentation will be "The Fire Within: Nutrition and Lifestyle Approaches to Chronic Inflammation," is an internationally recognized expert in the fields of integrative medicine, dietary supplements, herbal medicine and women's health. She has been an invited speaker to more than 550 scientific/medical conferences, published 40 peer-reviewed articles, written 20 chapters for medical textbooks, and has authored five books.

Dr. Christensen, whose course will be "The Christensen Bottom Line: The Areas of Dentistry with the Most Change," is an adjunct professor at the University of Utah School of Dentistry. Dr. Christensen has presented thousands of hours of continuing education globally, made hundreds of educational videos used throughout the world, and published widely. He is a member of numerous professional organizations.

Dr. Low Dog's course, on June 2, is part of the 2016-2017 Dentist and Hygienist Package Plans. Dr. Christensen's presentation, on June 3, is part of the Dentist Package Plan.

A CNA Risk Management Seminar will be offered June 1, 2017, at the Harborside from 12:30 to 5 p.m. The Risk Management Seminar is not part of any Package Plan.

Watch for convention and Risk Management Seminar registration forms to be coming soon.

SUDOKU PUZZLE

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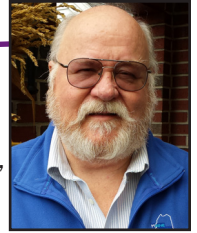
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Statutory Changes to Maine's Dental Practice Act



John Bastey, MDA Director of Governmental Affairs

Over the course of the last few years, we've witnessed significant changes at the Board of Dental Practice, formerly the Board of Dental Examiners. Perhaps most notable was the board's decision to create and fill the position of executive director. Penny Vaillancourt was hired in the fall of 2014 to assist the board in managing the increasingly complex legislative, legal and administrative affairs of its licensees.

In the first regular session of the 127th Legislature, Ms. Vaillancourt, on behalf of the board, provided testimony on no less than eight pieces of legislation including: a bill to restructure the board; a bill to increase statutory authority to the board's subcommittees; bills to expand scopes of practice of hygienists and denturists; and a bill to change dental practice ownership requirements.

The board asked that the Labor, Commerce, Research and Economic Development Committee **not** act on any of the bills, but instead allow the board to complete a comprehensive review of the laws and rules related to dental practice and report back to the committee with suggestions for the committee's consideration.

Ms. Vaillancourt, on behalf of the board, along with other stakeholders, cited statutory changes over the last several

sessions that had resulted in conflict and/or inconsistencies in statute.

By late October 2015, the board had completed its review, unanimously approved draft legislation, and submitted to the committee a complete "repeal and replace" of its authorizing statute. The board's intent was clear – the scope of the changes, or Phase I of a comprehensive review of the Dental Practice Act, was limited to "streamlining the licensing and scopes of practice provisions, as well as other administrative updates."

The proposed language further defined the board's jurisdiction and purpose, eliminated duplicative language, outlined license qualifications, clarified the existing scopes of practice, and clarified the board's rulemaking authority.

LD 1596 An Act to Revise the Laws Regarding Dental Practices:

1. Moved scopes of practice from rule to statute;
2. Combined all professional discipline provisions into one provision applicable to all licensees;
3. Made a few substantive changes to the law, including clarifying the board's lack of jurisdiction or licensing authority

over entities, employers, and dental assistants; and

4. Aligned the Dental Practice Act with provisions in Title 10 governing professional licensing boards within OFPR.

Following a public hearing and three work sessions, the bill passed with some modification (approved by the board), including the provision that "The Board of Dental Practice, in consultation with interested parties, shall conduct a study of the Maine Revised Statutes, Title 32, chapter 143 and any rules adopted by the board and recommend changes to the scopes of practice of dental practitioners, practice settings and delivery models and any other dental practice issues. The board shall report its recommendations to the joint standing committee of the Legislature having jurisdiction over labor, commerce, research and economic development matters on or before March 1, 2017. The joint standing committee may report out a bill to the Second Regular Session of the 128th Legislature related to the board's report."

LD 1596 passed both bodies and was signed into law by the governor on April 5, 2016.

For additional information:
<http://www.maine.gov/dental/documents/Info%20Ltr%2016-1.pdf>



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Silver diamine fluoride: A new paradigm in prevention

Jonathan Shenkin, DDS



Dentistry in the United States has long held to its principles of prevention. For decades, we have focused on reduced sugar consumption, brushing twice a day with a fluoride toothpaste, fluoridated drinking water, fluoride delivered by the dental team, flossing, reduced tobacco exposure and dental sealants as the prime means of preventing disease. Until now, little has changed in how we educate our patients or manage their risk.

In 2014, the Food and Drug Administration approved the use of silver diamine fluoride (SDF). It received the same type of approval as fluoride varnish, intending its use as a desensitizing agent. Though SDF is new to the dental market in the United States, the use of silver products for prevention is not new in the rest of the world, where it has been used for decades with measured success.

SDF has a profound impact on the disease process. It effectively kills all caries-causing bacteria which results in the very recognizable black-stained arrested caries in the affected area. The silver layer then serves as a protective barrier against further acid attack. Not only is SDF indicated on some lesions in children, but it is also an optimal tool for root caries management in the elderly when treatment is contra-indicated.

Treatment with SDF is fast, simple and safe. The protocol involves isolating the tooth with cotton, drying the tooth and, with an applicator, applying one drop of SDF to the caries for one minute, after which the area is rinsed with water. The main risk to using SDF is most notably black staining. Therefore, SDF should be used cautiously, because everything that it comes into contact with, such as skin, gingiva and even countertops, will stain

black. Eventually the staining subsides, and in a self-induced test, it took three weeks for an SDF stain to come off of my own skin. In a tooth, however, the decayed region will remain black until treated restoratively. Since SDF impacts the dentinal layer, bonding is affected, so restoration with glass ionomer or stainless steel is generally indicated.

Good informed consent is critical for using SDF. Our office uses an adapted version of the UCSF informed consent, which we can share with others upon request. Warning parents about the

lead to issues for the practitioner, because the color change of the caries may be significant, and often times in these programs, a verbal discussion about risks never occurs. Additionally, although the ADA created a CDT code for SDF in 2016, MaineCare does not reimburse for this service. As a result, those at greatest risk for caries have to pay for this service out of pocket.

The problem in the U.S. is that we have few published papers on SDF that originated here. Clinical protocols have yet to be established, and in a recent systematic review, the authors concluded that further research is necessary to establish guidelines for its use in children.

SDF has the potential to be very beneficial, and with proper application and consent, can be a great tool to help stop progression of disease.



potential staining of skin and the anticipated black color of arrested caries is crucial. You should also have a restorative plan in place for your patients before treating their disease with SDF. If you plan on referring your patient to another provider for restorative care, it is critical that you confirm with that provider that they are fine with the use of SDF.

I should stress that because SDF will stain caries black, this may be very unacceptable to some parents. You should never assume that your referring dentist/pediatric dentist will be able to treat this cosmetic issue, and the use of SDF should be discussed prior to using it liberally. It is also important to note that more than one application may be necessary to arrest caries, so proper follow-up with your patients is necessary. In school-based programs, applying SDF without proper informed consent may

For further information, please see: Horst JA, Ellenikotis H, and Milgrom P. UCSF Protocol for Caries Arrest Using Silver Diamine Fluoride: Rationale, Indications and Consent. CDA Journal; 2016; 44(1):17-28.



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Dental emergency? Researchers develop an app for that

From The American Dental Association

Count dental emergencies among the many issues that a smartphone application may one day help resolve, research published in the October issue of The Journal of the American Dental Association suggests.

For the cover story, "A Prototype Mobile Application for Triageing Dental Emergencies," researchers developed a mobile application with the goal of expediting emergency care.

The application successfully guided all volunteer users in the study through a series of questions designed to capture clinically meaningful data, including high-resolution images, by using familiar smartphone functions, according to the article. The application was built to facilitate sending the information to a dentist who would assess the information remotely.

"Our results demonstrate that patients can use mobile applications to transmit clinical data to their dentists and suggest the possibility of expanding the use of mobile applications to enhance access to routine and emergency dental care," said lead study author Corey Stein, a doctoral candidate in dental medicine at the Western University of Health Sciences College of Dental Medicine.

"We also address how to enable patients to communicate



emergency needs directly to a dentist while obviating patient emergency department visits."

Read the full article at JADA.ADA.org by searching for the article title. Every month, JADA articles are published online at JADA.ADA.org in advance of print publication. The entire October issue is online.



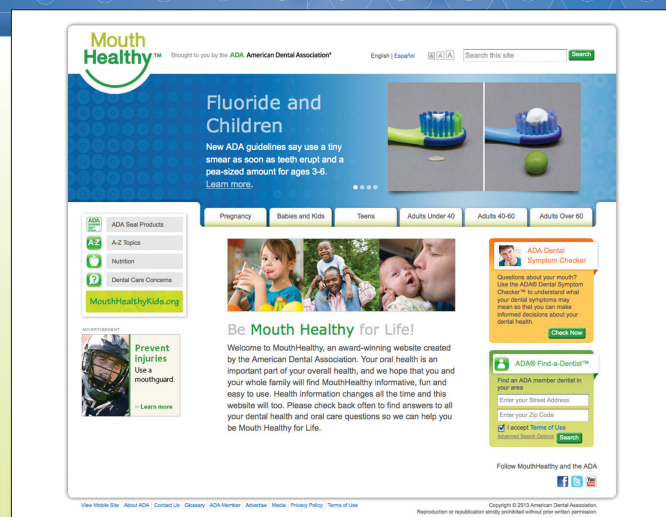
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Working To Better Prenatal, Infant Oral Health in Maine



Gina McKenney, Before the First Tooth

Before the First Tooth (BTFT) is an initiative aimed at improving the oral health of Maine's pregnant women and infants through education, policy and collaborations with medical and dental providers. Making progress toward this goal will require resources and expertise from stakeholders from the dental community. We are actively seeking dentists to engage in this work either by becoming referral sites or serving as clinical champions and advisors. Please see contact information at the end of this article if you are interested in supporting our work.

By building on the successes of the *From the First Tooth* model and infrastructure across the state, *Before the First Tooth* expands the reach to women in the perinatal period, as well as increases the focus on infant oral health. The initiative seeks to achieve a 15% increase in both the percent of women who have received oral health care during pregnancy and the percent of infants who have received preventative oral health care by age 1, both measured by national data sources.

Physiological changes during pregnancy can have adverse effects on a women's oral health, which can affect her overall health and that of her unborn child. These changes can be linked to periodontal disease, which includes gingivitis and periodontitis. (Corbella, 2016) However, many pregnant women

do not seek nor do they have access to dental care. MaineCare data show that 14% of pregnant women over the age of 21 and 32% under the age of 21 had a dental claim during their pregnancy. Most infants and young children acquire



decay-causing bacteria from their caregivers. In 2011, a statewide survey showed that 22% of kindergarteners and 33% of third-grade children had treated or untreated tooth decay. (The Maine Center for Disease Control and Prevention's 2013 report, "Oral Health In Maine"). BTFT seeks to prevent early childhood tooth decay through early intervention and by educating caregivers about the importance of oral health care for infants.

BTFT works with medical and dental providers to help women get the dental care they need during pregnancy. Through a pilot project, medical providers integrate an oral health risk assessment into prenatal visits to

determine whether their patient needs to be referred for immediate, early, or routine dental care. Dental providers serve as referral sites and deliver the much needed care to pregnant women. We are seeking more dental providers to serve in this capacity.

The work of BTFT does not end there. Community organizations will work to deliver important messages to women and their families, including the safety and importance of dental care during pregnancy as well as education about transmittable bacteria and proper hygiene for infants. Additionally, we work to promote statewide oral health policy to advance oral health for pregnant women. The initiative is funded by a four-year, \$1 million grant from the Health Resources and Services Administration's Maternal and Child Health Bureau. The initiative is led by MaineHealth, in partnership with Eastern Maine Health System and MaineGeneral Health. USM's Muskie School of Public Policy provides data, evaluation, and surveillance support. Community partners include Maine Families; Women, Infant, and Children (WIC); Head Start; and Early Head Start.

If you would like to get involved or have questions, contact Gina McKenney at 207-661-7560 or GMcKenney@mainehealth.org.

Dues Bills

Bills for the 2017 tripartite membership dues (ADA, MDA and local component society) will be mailed in November. Payments are due January 1, 2017.

If you retired in 2016, or plan to retire by January 1, 2017 and have not yet notified the MDA, please do so as soon as possible. It is necessary for members to complete an Affidavit for Retired Membership to allow the Central Office to change your dues rate.

Please be patient if your dues check / credit card payment doesn't clear your bank as soon as you might expect. The central office will attempt to process the payments as quickly as possible. Thank you for your patience and understanding.



2016-2017 Continuing Education Offerings

SAVE THE DATES!

October 14, 2016

Dental Sleep Medicine (6 credit hours)
John Nadeau, SGS Vice President [Togus VA]

November 4, 2016

Professional Ethics & Questions/Problems Facing Dentists as Employers (6 credit hours)
Christopher Taintor, Esq & Kelly Hoffman, Esq. [Togus VA]

*December 9, 2016

Geriatric Oral Health Care (6 credit hours)
Dr. Leonard Brennan [Togus VA]

*April 21, 2017

Diabetes and Oral Health (6 credit hours)
Dr. John Devlin [Togus VA]

*June 2, 2017

The Fire Within: Nutrition and Lifestyle Approaches to Chronic Inflammation (6 credit hours)
Dr. Tieraona Low Dog [MDA CONVENTION 2017 - Bar Harbor, Maine]

June 3, 2017

The Christensen Bottom Line: the Areas of Dentistry With the Most Change (6 credit hours)
Dr. Gordon Christensen [MDA CONVENTION 2017 - Bar Harbor, Maine]

*Hygiene Package Plan

**Registration forms are on website (www.medental.org).
Remember that registration for courses at the 2017 convention must be done on separate form**

MDA holds Health and Wellness Conference

The Maine Dental Association sponsored its first annual Health and Wellness Conference Sept. 16 and 17 at the DoubleTree by Hilton in Portland. Annie Kay, lead nutritionist for the Kripalu Center for Yoga & Health, offered a daylong course on Sept. 16 called "Components of Vitality - Stress &

Resilience - Nutrition for Oral & Overall Health - How Can You as a Dental Professional Support Your Patients in these Areas." The course included discussions of mind-body wellness and ways to promote healthful diets in clinical practice settings. Kay also spoke on Sept. 17 at the

conference, offering a "Mindfulness for Behavior Change" course. Other courses that were offered were Dr. Sarah Rossignol's "Yoga & Dentistry: How to Improve the Quality of Life for Both You and Your Patients" and Dr. Dave Pak's "Medical Marijuana Affects How You Treat Your Patients."

Roster Corrections

Dr. Edward Sebok
10 Plaza Drive,
Suite 201
Scarborough, ME
04074
O=207-396-6699
F=207-396-6696
www.oakhillendo.com

Dr. Arthur Hanson
124 Ridgewood Drive
Falmouth, ME 04105-1656

Dr. Benjamin Murray
O=207-985-7337

Dr. Ansley Sawyer
P=207-441-7935
ansley.sawyer@gmail.com

**HELLO
New Members**

Dr. Ronald Davis
326 Main St
Cumberland, ME 04021
O=207-829-5937

Dr. Susan DellaRipa
Bangor Dental Associates
62 Corporate Drive
Bangor, ME 04401
O=207-947-7503

Dr. Mark Diamond
500 Enterprise Drive
Scarborough, ME 04074
O=207-883-9881

Dr. Jeffrey Finegold
716 Stevens Ave
Portland, ME 04103
O=207-283-0171

Dr. Lakshmi Garladinne
1 College St #240
Portland, ME 04103
O=502-457-7503

Dr. Robert McVety
460 Main St
Springvale, ME 04083
O=207-324-6182

Dr. Jesse Snow
12 Drive In Lane
Windham, ME 04062
O=207-892-3100

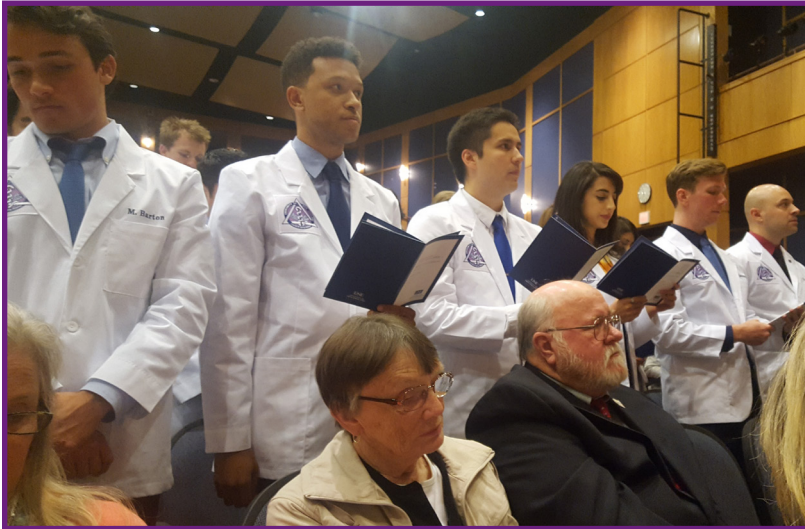
Visit our website at www.medental.org

Contributions can be made year round to the MDA Charitable Foundation P.O. Box 215 Manchester, ME 04351

Condolences

The MDA expresses condolences to the families of
Dr. Raymond Beaudoin, Dr. Frederick Findlen and Dr. Wesley Mills.

UNE White Coat Ceremony



Representatives and members of the MDA were in the audience at the annual University of New England College Of Dental Medicine White Coat Ceremony on Sept. 30. The event, in which the class of 2020 received their white coats, was held at the Westbrook Performing Arts Center. Dr. James Koelbl, provost and senior vice president, and Dr. Jon Ryder, dean, spoke. According to the UNE website, "the White Coat Ceremony marks the beginning of a lifelong professional and educational journey. A traditional symbol of compassion and professional training, the white coat represents clinical excellence and serves to remind us of the privileges and duties we have as dentists and the responsibilities we have in service to the public."

Classifieds

PERIODICAL FOR SALE

Periodical for sale – "What Do I Know, I'm Only a Dentist." The comical, but sad truth about people, written by Dr. Z. Amazon or Barnes & Noble. \$11 print, \$8 Kindle. GET YOUR COPY TODAY.

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Waldo County General Hospital seeks part/full-time dentist to work in nationally recognized hospital-based dental clinic. Maine license required, comfortable performing all aspects of restorative dentistry, including extractions, and willing to do community outreach. Please forward CV and confidential inquiries to John Bragg at physicianrecruitment@penbayhealthcare.org.

PART-TIME DENTIST POSITION

Our general practice dental office is looking to hire a dentist for two days a week. The position would involve general care administration and treatment planning. Our office utilizes contemporary digital radiography and Dentrix software, with state-of-the-art external laboratory support. We are happy to provide foundational experience for the enthusiastic young graduate or stable alliance with the experienced clinician. Please submit cover letter and resume to roncody@maine.rr.com. www.ronaldcodydm.com

DENTIST NEEDED TO JOIN TEAM

Harrington Family Health Center is seeking a dentist to join our integrated care team and patient-centered medical home. The candidate will have excellent computer skills and experience with electronic health records. We have a competitive compensation and benefits package and NHSC Loan Repayment. Send resume to Lee Umphrey, lee.umphrey@harringtonfamilyhealth.org.

GENERAL DENTIST

The Waterville Community Dental Center is seeking a general dentist (DDS/DMD) to join our talented staff of dedicated professionals. We are a stand-alone nonprofit dental center located in the heart of vibrant, arts-focused Waterville, ME. The Center is a state-of-the-art facility that provides a full range of oral health services to the residents of the Central Maine area. Full or part-time options are available. Possibility for tax-free loan repayment up to \$25,000 per year. To learn more about us, please visit www.communitydental.org. To apply for this position, please submit a cover letter and resume/CV to communitydentalcenter@yahoo.com.

DENTIST SEEKING PART-TIME POSITION

Pediatric Dentist with thirty+ years experience in private practice, FQHC, and O.R., who loves kids of all ages, especially those with "special needs," is seeking a part-time position (one day per week +/-). Please call "Dr. Linda" at 207-966-2676. Thank you!

GENERAL PRACTICE FOR SALE

Southern Maine/Coastal New Hampshire: General practice with 4 ops, new digital pan, sensors, I/O cameras, and brand new computer hardware. Demographically strong area. GR > \$900K, strong hygiene. Contact Henry Schein Professional Practice Transitions Consultant Tyler Russell, 617-447-8760, tyler.russell@henryschein.com. #ME105

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GENERAL DENTIST

Katahdin Valley Health Center (a Federally Qualified Health Center) is seeking a General Dentist to staff the Dental Site at our newly acquired Brownville ME Clinic and our current Millinocket ME Clinic. We are looking for a Dentist who will help us provide quality dental health services to the people of this region. We offer a competitive salary and benefits package which includes a sign on bonus, generous amounts of paid time off, health insurance, life and disability insurance as well as FTCA malpractice coverage and much more. Dentist joining the KVHC are eligible to apply for NHSC Loan Repayment! For more information, visit www.kvhc.org or contact Shelli LeFay, 1-866-366-5842 or mlefoy@kvhc.org. Katahdin Valley Health Center is an Equal Opportunity Employer.

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General Practice #ME-1230: York County. 3 operatories. Average collections \$552,918. Average net profit \$294,440 (53%). Very profitable; well-established patient base. Historic seaside town. Within 75 minutes to Boston, 40 minutes to Portland, ME and 15 minutes to Portsmouth, NH. For details, contact Rick McNamara at 877-365-6786 x232, r.mcnamara@NPTdental.com or www.NPTdental.com.

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GENERAL DENTIST

St. Croix Regional Family Health Center in Princeton, Maine has an excellent opportunity for a recent graduate or an experienced general dentist. SCRFHC is Federally Qualified Health Center located in a Health Professional Shortage Area! Our new dental department is state of the art with digital radiography and paperless charting system. We are looking for a highly motivated and personable general dentist who is licensed in the state of Maine. We have a competitive compensation and benefits package. Dentist joining SCRFHC are eligible to apply for NHSC loan repayment! Please send in your resume to Corinne A. LaPlant, Community Health Center, St. Croix Regional Family Health Center, 136 Mill Street, Princeton, ME 04668 Telephone Number: 207-796-5503 Email Address: scrfhc.cal@hotmail.com

DENTAL HYGIENIST WANTED

Full or Part Time - Downeast coastal community; caring family practice. Send resume to PO Box 528, Machias, ME 04654

Classified forms can be found on the MDA website. You can mail, fax or email the form. Make sure to select which issues of the MDA News you would your classified printed in and a start and end date for a website listing.

Have life's challenges got you down?

If use of drugs (including alcohol) or other compulsive behaviors have become a problem for you, help is just a phone call away. The Medical Professionals Health Program can provide you with confidential guidance to help you, a friend or colleague with substance use issues. Please call the number below for assistance or for more information. Eligible professionals include: physicians, physician assistants, dentists, hygienists, denturists, nurses (all licensed), pharmacists and veterinarians.

*** Medical Professionals Health Program
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Multi-professional Peer Support Group Meetings

These weekly confidential meetings (Caduceus Groups) are mutual peer support meetings for the health professionals listed above who are experienced with recovery for chemical dependency, addictive behaviors and/or other medical or mental illness, including depression. Please call the contact number listed for more information.

PRESQUE ISLE: Thursday at 7:30PM - Aroostook Medical Center, Nat: (207) 551-2171

BANGOR: Monday at 7PM - Acadia Hospital - Osprey Room, Patti: (480)221-9776

CALAIS: Thursday at 7:15 PM - Surgical Services Office, 15 Palmer St., Dave: (207) 461-8724

FARMINGTON: Tuesday at 5:00 pm - UMF - Education Bldg, Rm 322 Jen: (207) 272-4449 Jack:(207) 578-0232

LEWISTON: Tuesday at 7PM - New Wing St .Mary's Hospital Front Lobby, Julie: (207) 784-2985

PORTLAND: Wednesday at 7PM - Mercy Hospital Level B2 Upper Aud., Don: (207) 651-7008

PORTSMOUTH, NH: Monday at 7:30PM - Portsmouth Ballroom, Laura: (603) 534-2372

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The University of New England College Of Dental Medicine, Portland, Maine, invites applications for full-time clinical faculty positions in general/restorative dentistry; endodontics and prosthodontics.

Qualified candidates must possess a DDS/DMD degree or international equivalent. The candidate must be currently licensed in Maine or have an active dental license in a U.S. state or Canada and be eligible for licensure in Maine and must have successful completion of NBDE I & II. Didactic and clinical instruction in general/restorative dentistry to pre-doctoral dental students will be core responsibilities for this position.

Candidates must demonstrate a passion for dentistry and a strong desire to teach students in a demanding, fast-paced, academic environment. Candidates must demonstrate the ability to contribute to and participate in a humanistic environment of learning and discovery. The successful candidate is expected to be able to provide direct clinical supervision of pre-doctoral dental students and to provide clinical care in the group practice. Salary and rank will be commensurate with experience. Interviews of qualified candidates will begin immediately and continue until the position is filled. A background check may be required.

Send cover letter and curriculum vitae to careers@une.edu.

The University of New England is an Equal Opportunity/Affirmative Action employer and welcomes female and minority candidates.

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Associate dentist needed one day a week in busy Augusta practice, preferably Wednesday. Excellent staff, amazing patients, and the latest in digital dentistry. Please email carlsheline@gmail.com or call 330-651-2265.

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