Our 2019 Veteran's Award Recipient

Dr. William Runyon

"Dr. Runyon is a man I know to be of the highest virtue and noblest character."

Dr. Greg Scheideman

UPCOMING COURSES AND EVENTS

NOVEMBER 12, 2019
Monthly Meeting
Ms. Diane Rhodes,
TDA Senior Policy Manager

DECEMBER 13, 2019
Christmas Party
River Crest Country Club

JANUARY 14, 2019
Monthly Meeting
Dr. Hal Stewart

Register online @ www.fwdds.org
ON THE CALENDAR

2019

SCHEDULE OF EVENTS & MEETINGS

November 12, 2019 - Monthly Meeting
Ms. Diane Rhodes, TDA Senior Policy Manager

December 13, 2019 - Annual Christmas Party
River Crest Country Club

January 14, 2020 Monthly Meeting
Dr. Hal Stewart

January 17, 2020 OSHA/HIPAA Update
Dr. Dale Martin

February 11, 2020 TDA President Update
Dr. Charles Miller

March 10, 2020 Monthly Meeting
Dr. Farhad Boltchi

April 10, 2020 Full Day CE Program
Dr. Bill Robbins

April 14, 2020 Monthly Meeting
Dr. Glenn Vo

November 10, 2020 Monthly Meeting
Dr. Jacqueline Plemons
(this is a required course for writing Schedule II prescriptions)

WELCOME NEW MEMBERS!

Dr. Alexis Capeci
Dr. Jae Brimhall
Dr. Jedediah Wooldridge
Dr. Christopher Gibson
Dr. Andrea Montoya
Dr. Andrea Uglem
Dr. Jade Johnson
Dr. Karen Knight
Dr. Swapnil Mahendrakar
Dr. Alan Gross
Dr. Tejas Patel
Dr. Tamra Montroy
Dr. Rita Okagbaye
Dr. Ryan Anderson
Dr. Mona Stone
Dr. Michael Castle
Dr. Kacey Mahoney
Dr. Malaika Thomas
Dr. John Gober
Dr. Fenil Patel
Dr. Valerie Mukanga
Dr. Kimberly Westmoreland
Dr. Maureen Limosnero
Dr. Veeraj Patel
Dr. Todd Wentland
Dr. Sonia Sehgal

CALENDAR OF ADA AND TDA OPPORTUNITIES

November 12, 2019
DENPAC Fundraiser - Make Your Voice Heard

Welcome to FWDDS!
We are thrilled to have you as new members. Please join us at our next monthly dinner meeting.
Skin in the Game

By Dr. Tim Knight

It’s funny how we pick up phrases as we grow up: “Follow the Money”, “That dog won’t hunt”, “I don’t have a horse in the race”. Some of them are a fad, but some really stick with us, usually because they prove themselves right over the years. So it made me think when I heard one of my favorite phrases several times over the last week, applied to different problems- “Skin in the Game”.

“Skin in the game” is one solution to the problem where a person making decisions on behalf of other people has little or no incentive to act in their best interests. To have skin in the game, nobody should put other people at risk without being at risk themselves. In other words, if you want to share in the benefits, you need to share in the risks. Architects might pay more attention to safety details of a building they are designing if they are going to have their office in that same building. Helicopter safety increased when they started making design engineers take random flights on their copters. If you want to find a company that is truly motivated to succeed, find one where all the executives have some of their wealth invested in the company. Outcomes are better if people have some “skin in the game.”

Well, as dentists, we have the ultimate skin in the game. We’ve invested years of our lives and thousands of dollars in education and training. We invested even more time and money in our practices. When something goes wrong, we are held responsible—by our patients, by our State Board, by our bankers. So we have the most incentive to try and “do things right”. I’ve always felt that is was one reason that state boards have tried to limit ownership of dental practices to actual dentists. And I feel that’s been a good thing for our patients.

Now, it seems that those lines are being blurred. With the increase in corporate ownership of dental practices, it’s harder to hold one person responsible for a bad outcome. The dentists can be replaced, but the corporate practice can still thrive. I just don’t feel they have the same “skin in the game” as private practices. Well, times change, and that might be the future of dentistry. But I would at least like a voice in where dentistry is headed. It’s been a great profession for me, and I hope for years and years of future dentists. That’s one reason I’ve become more active in the ADA, TDA, and FWDDS. I don’t want my voice missing when legislators are deciding our futures.

And here in Texas, our “voice” is DENPAC. DENPAC is the Political Action Committee of our TDA. Their goal is to help elect candidates for congressional office who have demonstrated their concern for the preservation of dentistry as an independent profession, and for the dental health of the people of Texas. They will contribute to candidates and elected officials, regardless of party, who they feel have the best interests of dentistry in mind. DENPAC accomplished some great things last legislative session in insurance reform, in fluoridation, and in the very complicated Controlled Substance legislation. And I always felt I was doing my part because I contributed $100 a year to support DENPAC. Yes, I was a Century Club Member—over thirty five years. Doing my part, feeling good. Three decades. Yes sir. And then, I did something dangerous. I started thinking. Thirty five years, and I’ve never increased my membership level. $100 in 1981, $100 in 2019. In 1981, my fee for an exam was $5. Ten bucks for 4 bitewings. A prophy was $25. Full crowns were $300. Back in 1981, the Dow Jones was at 875.00. My DENPAC contribution had not changed in over 35 years, but everything else has. Suddenly, I wasn’t so sure I was “doing my part”.

So, right then I decided to increase my contribution—because I can. I know I’m in better shape now than in 1981 (and yes, we are definitely talking... Continued on next page.
only about financial shape here). I know everyone’s situation is different. Our new dental graduates come out of school with an unbelievable amount of debt. But only 15% of our FWDDS members contribute to DENPAC. Sometimes the amount contributed isn’t as important as the number contributing. So, if you’ve never contributed before, consider $25 a year, if you can. And if you haven’t increased your level in years, consider raising it $25, if you can. And if you’re not able to right now, keep it in mind for when times change. But when we’re talking about dentistry, remember we have more “skin in the game” than anyone. Every single one of us definitely “have a horse in this race”. And if you think things will automatically take care of themselves, well, I hate to “burst your bubble”, but “that dog won’t hunt”. Because at the end of the day, in each of our practices, even though “money doesn’t grow on trees, “the buck stops here”. (Hopefully twenty five bucks, payable by check or credit card). Take care, and have some great holidays.

We provide oral healthcare for patients with special needs.

Our facility offers a comfortable environment specifically designed to meet the needs of disabled, handicapped or challenging patients.

“My dentist makes me comfortable!”

The Texas Dental Association will neither favor nor disadvantage anyone based on the amount or failure to make a contribution. According to Texas state law, political action committees may only accept contributions from individuals, professional corporations, and professional associations. Contributions or gifts to political action committees are not deductible as charitable contributions for federal tax purposes. Federal law requires political action committees to request and make best efforts to report the name, mailing address, occupation and employer for each individual whose contributions aggregate in excess of $200 in a calendar year.
We’ll Take Care of Your Health Insurance.

What’s the real difference between purchasing insurance through TDA Financial Services Insurance Program and somewhere else?

You’ll always have attentive customer service from a team dedicated to TDA members and staff with TDA Financial Services Insurance Program. We work to make insurance easier for you and your staff.

Go to our portal to review, compare and buy your health insurance.

Open Enrollment Begins Nov. 1

Portal at TDAmemberinsure.com

Sign up for coverage effective Jan. 1 through the portal. 2020 rates will be available on Nov. 1.

Enroll or learn more at: tdamemberinsure.com

For more information, call: 800-677-8644
What is DENPAC and How Does It Affect Me?

By Dr. Caitlin Flosi

There are so many organizations that are crucial to join in dentistry. These organizations all work together to improve the profession of dentistry, the interests of dentists, and the care for our patients. At times, all of these acronym-named organizations can get confusing. ADA, AGD, TDA, FWDDS, DENPAC... I could go on for a while. Today, I would like to share with you about DENPAC and what this wonderful organization does for Texas dentists.

DENPAC is a group that we often hear about, but since there aren't meetings or newsletters like with our wonderful dental society, it can be easy to overlook this important branch of the TDA. This non-profit group is a subset of voluntary dentists from the Texas Dental Association whose goal is to influence the nomination or election of Texas state candidates to vote in the interest of our profession. They work to make sure that the Texas Dental Association is a voice heard by our representatives and senators to protect the integrity of dentistry. Texas legislature makes significant decisions that affect how dentistry is practiced, from regulation, to scope of practice and licensing, to taxation, and more.

Dentistry is a continuously evolving profession, and many of the freedoms we enjoy in our field exist because of DENPAC. Every year, outside groups lobby to allow mid-level providers in our state. They have already succeeded in other states, but due to DENPAC’s voice, dentistry in Texas can only be provided by dental professionals who have committed to the highest level of education and knowledge. Ultimately, this benefits our patients, because they receive the highest quality of care.

DENPAC also works to obtain enough funding for Texas CHIP and Medicaid programs, so that patients who struggle to pay for dentistry can still have access to quality care. They also protected the integrity of the dental board’s sunset review and affected a bill being passed at the state level that strengthened anesthesia regulations, streamlined dental assistant certifications, and provided clear, unambiguous enforcement tools. This past year, insurance was a major focus of DENPAC. Our volunteers spoke extensively to candidates about issues such as preventing insurance companies from charging credit card fees to dental practices, providing portals for our team members to have faster and more efficient access to patients’ insurance information, and more. Candidates were so moved, a bill is being drafted and taken to the floor to hold dental insurance companies accountable and prevent predatory fees on dental practices.

None of these things happen magically on their own. DENPAC needs help from each and every one of us to protect the future of dentistry. DENPAC is the best investment we can make to protect the stability and growth of dentistry in the future. Towards the end of the year, DENPAC will send out requests for donations, and I encourage each and every one of you to donate to protect our profession. Even if you can only give $25, every little bit makes a big difference. I truly love our profession and am so thankful we have DENPAC to allow our voices to be heard at a state level.

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Contributions or gifts to political action committees are not deductible as charitable contributions for federal tax purposes. Federal law requires political action committees to request and make best efforts to report the name, mailing address, occupation and employer for each individual whose contributions aggregate in excess of $200 in a calendar year.

Gill Children's Services held a luncheon celebrating 40 years of service to the community and the Outstanding Service Provider was given to Dr. Bruce Weiner.

We also recognized Dr. John Kelley, Dr. Dale Martin, Dr. John Paul Stella, and Dr. Jason Zimmerman.

DO YOU WANT TO BE A MENTOR?

Go to www.FWDDS.org/member-center/mentorship for more information

Continued from previous page.

rations, and professional associations. Contributions or gifts to political action committees are not deductible as charitable contributions for federal tax purposes. Federal law requires political action committees to request and make best efforts to report the name, mailing address, occupation and employer for each individual whose contributions aggregate in excess of $200 in a calendar year.
“BIOREJUVENATION DENTISTRY: DIAGNOSING & TREATING FROM THE INSIDE OUT”

- The 4 keys to an airway-centric, anterior proprioceptive guided occlusion
- How to identify occlusal disease
- Quick and easy clinical signs/symptoms of sleep disordered breathing (SBD)
- The participants will learn the basic tenants to an airway-centric occlusion and will see several patient cases to help illustrate

Dr. Hal Stewart

January 14, 2020 @ 6PM | TCMS | 555 Hemphill St. , Fort Worth, TX 76104

EASY AND PAINLESS COMPLIANCE TRAINING: OSHA/HIPAA (HB300) UPDATE

- Understand the importance of standard precautions and the use of PPE in the dental office.
- Recognize the importance of the CDC’s infection control guidelines and training for the dental health care worker.
- Recognize the role of regulatory and risk management issues in dentistry.
- Identify strategies that can prevent occupational exposures to blood and body fluids.

Dr. Dale Martin

January 17, 2020 @ 8AM | Cook Children’s | 801 7th Ave., Fort Worth, TX 76104

LEGISLATIVE UPDATE FROM THE TDA PRESIDENT & ANNUAL BUSINESS MEETING

- Update from Dr. Charles Miller, TDA President
- Legislative Update from Jess Calvert, Director of Public Affairs
- FWDDS Town Hall Meeting

Dr. Charles Miller

February 11, 2020 @ 6PM | TCMS | 555 Hemphill Street
Fort Worth, TX 76104
“DIGITAL IMPLANT DENTISTRY - THE NEXT FRONTIER”

- Demonstrate the benefits of a digital implant dentistry workflow.
- Understand the advantages of guided implant surgery over current freehand techniques.
- Outline a fully integrated digital workflow including digital implant planning, digital surgical guide fabrication, digital impressions via intraoral scanning, and digital fabrication of CAD/CAM implant restorations.

Dr. Farhad Boltchi

March 10, 2020 @ 6PM | TCMS | 555 Hemphill St., Fort Worth, TX 76104

“SPENDING MONEY ON WHAT REALLY MATTERS”

- What matters most in your practice: Assess, Invest, Pay Grade, creating opportunity?
- What matters most in your career?
- What matters most to you personally?

Dr. Glenn Vo

April 14, 2020 @ 6PM | TCMS | 555 Hemphill St., Fort Worth, TX 76104

“MAGNITUDE OF PRESCRIPTION NARCOTIC ABUSE IN THE U.S. AND ITS EPIDEMIOLOGY”

- The extent of prescription drugs across U.S. and the effects of addiction on families & society
- Use of Texas Prescription Monitoring program and how you can safely prescribe prescription narcotics in the dental office
- Potential regulatory issues that will likely affect prescription writing in Texas

This is a requirement for writing Schedule II Prescriptions

Dr. Jacqueline Plemons

November 10, 2020 @ 6PM | TCMS | 555 Hemphill St., Fort Worth, TX 76104
Dr. Runyon is a man I know to be of the highest virtue and noblest character. Bill joined our practice 18 years ago and it’s been an absolute joy to work with him. His patient care and surgical excellence place him in the halls of great Oral Surgeons. I am honored to call him a colleague, a partner, and a friend.

Dr. Greg Scheideman

Our honoree earned his Doctorate of Dental Surgery from Baylor College and then went on to complete a training program in Advanced Education in General Dentistry at Fort Benning, Georgia. Before departing Fort Benning, he completed U.S. Army Parachutists training. The following year he served as Brigade Dental Surgeon, 2 Infantry Division at Camp Casey in South Korea. His military career continued as he served as Officer in Charge at the Buedingen Dental Clinic in Frankfort DENTAC, Germany. During 1993 – 1994 he completed the Army Officer Advanced Course as an Honor Graduate and Executive Officer. That same year he went on to train at the Tripler Army Medical Center’s Department of Oral and Maxillofacial Surgery. In 1998 he began practicing at the Fort Hood Clinic and became the Chief of Staff in July 1999. While at Fort Hood he continued parachute endeavors, trained with the Golden Knights, and his team competed at an international level achieving multiple world records. He was honorably discharged as a Lt. Colonel after fourteen years of service. In addition to his military career our honoree has served in mission outreach to Marshal Islands, seven trips to Honduras, India, Cambodia, Mexico and multiple TMOM events. We are honored to recognize him for the contributions he has made to our country and to the dental profession.

Dr. William Runyon
The Alliance of the Fort Worth District Dental Society is excited to once again bring you the opportunity to purchase homemade baked items at our fundraiser for the Alliance’s Silver Lining Silent Auction to be held at the FWDDS meeting November 12th, 2019 at the Tarrant County Medical Society Building beginning at 6:00 pm.

I would like to take this opportunity to let you know more about the Alliance of the Fort Worth District Dental Society’s SILVER LINING FUND and what the money is used for. As you are bidding on a tasty item, please realize that your winning bid is not only tax deductible, but the proceeds will be used for a wonderful program that the Alliance has. We know you can purchase tasty treats at a bakery or grocery store, but they are not homemade and these Silver Lining proceeds will benefit someone in our dental family.

Dental families, as any other families, have crises from time to time. There are many situations that can cause a family to need some temporary financial help to get them through a real challenge in their lives.

The Silver Lining money is given in grants, NOT loans, from the state Alliance and the recipient and their situation remains private. Normal grants are usually between $5,000.00 and $10,000 dollars. An Alliance member must submit a request for a grant to be given to someone specific. That person, or family, does not know about this request. The ATDA Silver Lining Committee and the ATDA Administrative Committee are responsible for consideration and approval of grants. I have served on ATDA Administrative and Silver Lining Committees more than once and can assure you that we guard the privacy of the recipient.

I hope this information helps you to understand how important this fund is. Please come with cash, checks or credit cards and support this worthy program. Thank you for your past support of the Alliance’s Silver Lining Fund, and Thank You for your support this year.
Endodontic treatment of immature teeth can present significant challenges for dental practitioners. The open apex or apices can present challenges in controlling irrigation and adequately obturating the wide canal. Pediatric patient management can limit treatment time and appointments. Discussing prognosis with the patient’s parents/guardians can be complex due to potentially thin and short roots. We attempt to demystify endodontic management of the open apex in pediatric patients.

The criteria for treatment planning an endodontically involved immature tooth are based on pulpal diagnosis. Vital immature teeth can be successfully treated with an apexogenesis procedure. Apexogenesis procedures (direct pulp cap, Cvek pulpotomy, full pulpotomy) promote the continued development and formation of the root’s apex. Under dental dam isolation, carious tooth structure is removed to the pulp exposure, hemostasis is achieved, and calcium silicate cement (CSC, i.e. MTA, Endosequence Root Repair Material, NeoMTA, and Biodentine) is placed in the pulp chamber or on top of the exposure. The cement is sealed with RMGI base prior to placement of a direct restoration. Non-staining calcium silicate cements (Figure 1) are preferred in anterior teeth and premolars. Non-resin based materials are preferred over resin-based materials (ex. Limelight, Theracal, Vitrebond, and Fuji II LC) for apexogenesis procedures due to potential cytotoxicity to the dental pulp cells.

Teeth that test non-vital (no response to cold test or EPT) are diagnosed with pulp necrosis. Management of the open apex in necrotic teeth involves apexification procedures. Apexification procedures include: CSC apexification and revascularization. Both procedures are considerably more technique sensitivity than apexogenesis procedures. CSC apexification involves adequate shaping and cleaning of the root canal system, while respecting the open apex by preventing extrusion of instruments and irrigation. After cleaning and shaping is complete, the canal is dried and CollaCote
(Figure 2) is carefully placed apically just beyond the clinical apex. This serves to create an apical stop for the placement of the CSC root-end filling. The CollaCote will resorb over time. A CSC is carefully placed incrementally to the working length to form a 3-5 mm root-end seal. Large paper points (size 50 and higher) or intracanal condensers can be premeasured and used to lightly condense the obturation material. The use of a dental operating microscope (Figure 3) facilitates the accurate placement of a CSC plug as the operator can often see down the canal into the bleeding apex. A working radiograph can be taken to verify adequate placement and condensation of the CSC. Warm vertical condensation can be used to three-dimensionally obturate the remaining canal space (Figure 4), and a subsequent bonded restoration or post and core may be placed. Figures 5 and 6 demonstrate step-by-step an apexification procedure performed on a 9-year old male.

CSC apexification is recommended if present root length and root thickness is acceptable. Apexification of short roots with blunderbuss apices (apical canal walls that are divergent and wider

Figure 2. Sterile CollaCote, a resorbable collagen dressing.

Figure 3. Zeiss dental operating microscope with magnification power of 4x to 24x.

Figure 4. Warm vertical obturation armamentarium. System B (upper left) sears gutta percha master cone. B&L Beta (upper right) ejects warm gutta percha. Buchannan pluggers (bottom) compact warm gutta percha for three-dimensional obturation.

Figure 5. Pre-op images of #8. 9 year old male with luxation injury. Left image (07/19/17). Right image (09/05/2017) after splinting.

Figure 6. (BELOW) #8 apexification step-by-step procedure, including 24-month recall on far right.
than coronal canal walls) may result in a guarded prognosis due to risk of fracture or inability to adequately seal the apex. To promote continued root growth and thickness, revascularization (formerly known as regeneration) can be performed. Pediatric patients with open apices have powerful stem cells of the apical papilla (SCAP) at the base of the root that can be stimulated to form dentin/cementum-like tooth structure. Following the principles of tissues engineering, a combination of inductive CSC, growth factors released from dentin, and a blood clot containing SCAP result in successful revascularization procedures. Compared to CSC apexification, revascularization is a multi-appointment procedure and can be more technique sensitive.

In the first appointment, the immature necrotic tooth is accessed under dental dam isolation. Often an apex locater reading may be inaccurate, so a working length film with a large hand file can be taken to confirm appropriate working length. The large file can be used to file along the canal walls to aid debridement. The canal(s) are irrigated with diluted sodium hypochlorite (1.5%) in an effort to disinfect while also preserving the SCAP cells. EDTA (17%) may be used in conjunction to sodium hypochlorite. The canal is dried with paper points and calcium hydroxide medicament is placed with a subsequent temporary access restoration.

After 2-3 weeks, the patient returns and elimination of clinical signs and symptoms (pain to percussion/palpation, sinus tract, extra/intra-oral swelling) are verified. Plain anesthetic (ex. Mepivicaine 3% without epinephrine) is administered at this appointment to facilitate intracanal bleeding later in the appointment. The tooth is accessed under dental dam isolation. Sodium hypochlorite is not used to irrigate the canals in this appointment. EDTA (17%) is used to irrigate and remove previously placed calcium hydroxide medicament. EDTA also promotes the release of essential growth factors from the root dentin. A pre-curved hand-file is carefully placed beyond the apex and turned in order to stimulate apical bleeding into the canal. This may take multiple attempts. Once bleeding is noted, CollaCote can be placed in the coronal third of the canal to serve as a base for subsequent CSC placement. 2-3 mm of CSC is lightly placed on the CollaCote. CSC layer should remain in the coronal third. A GI or RMGI base is placed and cured on the top of the CSC layer, and then a bonded resin restoration or post and core may be placed. The intranal bleeding contains SCAP and will form a clot that interacts with inductive CSC and growth factors released from dentin. A 6-week, 3-month, 6-month, and 1 year follow-up schedule may be performed to monitor continued root maturation. In some patients, sensibility to cold may return in these teeth. Figures 7 and 8 demonstrate step-by-step...
a revascularization procedure performed on an 11-year old male. **Figure 9** shows expected results at a 2-year follow-up of revascularization performed on teeth #4 and #5.

Currently, success and survival rates of previous CSC apexification and revascularization procedures are similar. **Table 1** shows the results of a 2017 meta-analysis and systematic review comparing CSC apexification and revascularization with an average follow up of 19.9 months and 16.7 months, respectively. As techniques and materials improve, it can be expected that outcomes and patient experiences will improve as well. Initiating bleeding to form a blood clot tends to be a hurdle for clinicians in a revascularization procedure. Efforts in improving alternative scaffolds are presently being explored. For example, Yadlapati et al.\(^\text{^*}\), demonstrated the use of an intracanal VEGF-loaded fiber scaffold promoted connective and vascular tissue into a vacant root canal space.

**Table 1.** Success and survival rates of apexification and revascularization procedures.*

<table>
<thead>
<tr>
<th></th>
<th>Apexification</th>
<th>Revascularization</th>
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</thead>
<tbody>
<tr>
<td><strong>Success</strong></td>
<td>94.6%</td>
<td>91.3%</td>
</tr>
<tr>
<td><strong>Survival</strong></td>
<td>97.1%</td>
<td>97.8%</td>
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</tbody>
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To provide optimal outcomes for our pediatric patients, it is essential to appreciate vital pulp therapy and apexification procedures, and to partner with endodontists familiar with modern techniques and materials. ■

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For additional information about the content of this article please contact Dr. Nieves or Dr. Loeffelholz at Fort Worth Endodontics
FWDDS Clay Shoot Photos

Thank you to everyone who attended!
Exceptional Patient Experience
+
Quality Dentistry
=
Success

October 18, 2019
at the Ridglea Country Club

Amy Morgan – great speaker! Good program content.

Great speakers!

Y’all did great!

Loved that you kept it fun. Ya’ll rock!
This sounds like a new social media acronym that most of us will spend weeks trying to decipher. CC4PT+W stands for “Coordinated Care for Pregnant Teens + Women” which is a new initiative being guided by Elaine Vivens with the Children's Oral Health Coalition led by Cook Children's; Dr. Tonya Fuqua with the Center for Children's Health led by Cook Children's; Dr. Andrea Palmer with Fenom Women’s Care; and a host of Oral Health Champions for Change. The program is also getting assistance from Dr. Rhonda Stokley with the Texas Department of State Health Services. The Fort Worth District Dental Society is proud to be a Champion for Change. This pilot program brings together medical and dental health care providers and resources to address untreated oral health problems in pregnant teens and women.

When it comes to improving the oral health of young children, it starts during pregnancy. That is why the Children’s Oral Health Coalition (COHC) and Dr. Tonya Fuqua, DDS, are going upstream to address this issue. Untreated oral health problems during pregnancy is not only crucial to the mom’s health, but it can also cause the baby to be born prematurely or at a low birth weight, and increase the baby’s risk of getting tooth decay.

The biggest barriers to accessing oral health care during pregnancy include:
- Insufficient supply of dentists who will see or treat moms-to-be without prior medical consent,
- Not enough coordination of care or referrals between medical and dental providers,
- Limited window of opportunity for pregnant women on Medicaid to receive much needed dental care, and
- Poor understanding and perception of medical and dental providers, and moms-to-be about the safety and importance of oral health care during pregnancy.

These barriers prevent many women/teens from receiving the necessary dental treatment and care that can improve their health as well as the baby’s.

Unfortunately, over 67% of the pregnant women in Texas did not have a dental cleaning during pregnancy. Teens are at high risk of oral health problems and are least likely to receive the necessary care.

The COHC’s Coordinated Care for Pregnant Teens + Women is an innovative, multi-sector initiative to prioritize access to care during pregnancy by reducing barriers. A pilot is being launched to test the effectiveness of the program’s four major components:
- Recruit dental providers who will prioritize dental care for mom’s to be.
- Integrate oral health into prenatal and primary care settings for improved referrals and coordination of care with dental providers.
- Provide limited oral exams (dental screenings) to pregnant teens/women.
- Educate providers and moms-to-be about the importance and safety of oral health care during pregnancy, and the age 1 dental home visit.

Continued on next page.
We need your help to build a network of dental and medical providers to understand and bring coordinated care to the children, moms-to-be, and families in our community. Together we can improve access to oral health care, neighborhood by neighborhood.

with a pilot program to actively screen and coordinate care with dental providers. At each obstetric visit, our medical staff is being trained to assess and refer patients without a dental home to a dentist. We are seeking a network of willing providers and partners in the Tarrant County dental community where our pregnant patients can find care and a dental home.

Coordinated care for pregnant teens and women is needed because pregnancy is a (short) 9-month period of time where we have these patients actively engaged in the health care system. So many of these patients lack insurance coverage and are not up to date on their routine health maintenance such as dental care, STD testing, and routine physical exams. Pregnancy provides a finite opportunity of coverage combined with a very “teachable moment” in which young women will prioritize health and wellness for the sake of their baby. Getting these young women and their unborn babies plugged into a dental home during pregnancy can make a difference for their lifetimes.

We at FENOM Women’s Care are prioritizing this movement by partnering with the Children’s Oral Health Coalition and a pilot program to actively screen and coordinate care with dental providers. At each obstetric visit, our medical staff is being trained to assess and refer patients without a dental home to a dentist. We are seeking a network of willing providers and partners in the Tarrant County dental community where our pregnant patients can find care and a dental home.

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We at FENOM Women’s Care are prioritizing this movement by partnering with the Children’s Oral Health Coalition.

Oral health is an important part of prenatal health. The condition of a pregnant woman’s mouth affects both her and her baby. Coordination of prenatal dental care is important for two reasons: First, women may be fearful of seeing a dentist while pregnant, so prenatal providers should provide reassurance and a referral. Second, most dentists require a medical clearance prior to providing dental treatment to pregnant patients.

The Oral Health Improvement Program at the Texas Department of State Health Services helps pregnant teens and women across the state through its Smiles for Moms and Babies program. We provide oral health education and resources to groups who work with at-risk pregnant women and mothers. Last June I spoke in Fort Worth at the Coordinated Care for Pregnant Teens + Women (CC4PTW) providers meeting. I shared statistics on the oral health of pregnant women in Texas and discussed the attitudes and behaviors of Texas dentists towards treating pregnant women.

We are excited to announce we are developing Oral Health Care During Pregnancy: Practice Guidance for Texas Prenatal and Dental Providers. This multidisciplinary resource includes practical information for both prenatal and dental providers, as well as clinical photos. We will roll it out in Tarrant County because of Tarrant’s interest in prenatal oral health. Please email us at dental@dshs.texas.gov to request a free copy. The key message is that dental care is safe, important, and recommended for pregnant women. The guidance will be part of a toolkit that will include office displays, sample referral forms, and handouts for pregnant patients.

Oral health is an important part of prenatal health. The condition of a pregnant woman’s mouth affects both her and her baby. Coordination of prenatal dental care is important for two reasons: First, women may be fearful of seeing a dentist while pregnant, so prenatal providers should provide reassurance and a referral. Second, most dentists require a medical clearance prior to providing dental treatment to pregnant patients.

The Oral Health Improvement Program at the Texas Department of State Health Services helps pregnant teens and women across the state through its Smiles for Moms and Babies program. We provide oral health education and resources to groups who work with at-risk pregnant women and mothers. Last June I spoke in Fort Worth at the Coordinated Care for Pregnant Teens + Women (CC4PTW) providers meeting. I shared statistics on the oral health of pregnant women in Texas and discussed the attitudes and behaviors of Texas dentists towards treating pregnant women.

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It is Safe to Visit the Dentist During Pregnancy

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FWDDS members who do not accept Medicaid patients can still participate in this pilot program. When it comes to dental treatment and care, CC4PT+W will need help from a multitude of dentists, doctors, and specialists willing to volunteer to support this initiative.

Source:
1 Texas PRAMS Data 2016. Prepared by DSHS Maternal and Child Health Epidemiology Unit

If you are interested or would like more information, please contact Elaine Vivens, COHC Coordinator, at elaine.vivens@cookchildrens.org or 682 885 6730.
FWDDS September Monthly Meeting

Thank you to everyone who attended!
Planning Your CE for 2019-2020

Winter 2020:

Dr. Hal Stewart
“BioRejuvenation Dentistry - Diagnosing and Treating from the Inside Out”
January 14, 2020
It is becoming more and more evident that the root cause of most TMJ Dysfunction, tooth wear, bruxism, and malocclusion is related to airway issues and sleep disordered breathing. In this CE program Dr. Stewart will introduce the principles of Minimally Invasive BioRejuvenation Dentistry. This is a proven method of diagnosing the root cause of TMD and malocclusions and understanding how to treat it successfully from an airway-centric prospective. You and your team will learn how to identify occlusal disease, quick and easy to spot clinical signs/symptoms of sleep disordered breathing, and the basic tenants to an airway-centric occlusion. The presentation will include several patient cases to help illustrate the issues. Join us in January 2020.

Dr. Dale Martin
OSHA/HIPAA (HB300) Update
January 17, 2020
It’s that time of the year. Join us in January 2020, along with your team, for the annual OSHA/HIPAA Update. This program is unique in that our speaker is both a dentist and an attorney and brings both perspectives to his presentation. We will be at Cook Children’s Hospital for this program – stay tuned for more information.

Dr. Charles Miller
TDA President and Annual Business Meeting
February 11, 2020
Get the latest updates from the TDA President, Dr. Charles Miller on issues facing dental professionals. Learn about the work being done at the state level to ensure your voice is heard and that the interests of organized dentistry are represented and preserved for the future. This is your opportunity to hear directly from Dr. Miller as he shares his experiences and insights on what is happening at the state level.

Dr. Farhad Boltchi
“Digital Implant Dentistry – The Next Frontier”
March 10, 2020
The digital revolution in dentistry is progressing rapidly. The translation of digital technologies into the clinical field of implant dentistry has resulted in new treatment modalities at the surgical and restorative level. This CE program will focus on the application of digital technologies in surgical and restorative implant dentistry, including digital scanners and cone beam CT scanners, and how the merging of CAD/CAM and CBCT data will culminate in a guided implant surgery technique and digital implant restorative techniques that can ultimately lead to an increased predictability and efficiency in dental implant therapy.
With the increased emphasis on interdisciplinary treatment in recent years, the deficiencies associated with traditional methods of diagnosis and treatment planning have become more evident and problematic. Historically, the treatment plan was primarily dictated by information provided by study casts which mounted on a sophisticated articulator in centric relation. The treatment plan was simply based on restorative space, anterior tooth coupling and resistance and retention form of the final preparations, with no focus on placing the teeth in the correct position in the face. Practitioners did not have access to advanced periodontal, orthodontic, orthognathic surgery and plastic surgery tools that are currently available. With the advent and common usage of these new treatment modalities, the historical method of diagnosis and treatment planning is no longer adequately serving our profession. It is the purpose of this course to provide a systematic approach to diagnosis and treatment planning the complex interdisciplinary dental patient with a common language that may be used by the orthodontist, periodontist, and oral and maxillofacial surgeon, as well as the restorative dentist. The four Global Diagnoses which dictate all interdisciplinary treatment planning will be defined. A set of questions will then be presented which will aid the interdisciplinary team in the diagnosis and treatment planning of the complex dental patient.

This is a great program for the dentist and his or her team. Special early bird pricing will be available.

Dr. Glenn Vo
“Spending Money on What Really Matters”
April 14, 2020

In less than two years, Dr. Glenn Vo went from a regular dentist to one of the top influencers in dentistry. He is a sought after speaker and has created multiple large Dental Facebook Groups. Dr. Vo has helped dental practices to locate opportunities to save money and implement systems to lower costs.

Dr. Vo and his wife, Dr. Susan Tran have a practice in Denton Texas and are both graduates of Baylor College of Dentistry. Their shared passion for keeping the old tradition of the “family dentist” motivates them to provide individualized care while offering the knowledge, comfort and clinical techniques of today’s modern dentistry.
Why is Vicodin now a triplicate prescription? Can the State Board of Examiners inspect my office without any notice? Is it legal for insurance companies to pay in paper credit cards?

It often seems that dentistry is under attack from outside sources and they have more influence than we do. What is advocacy and who advocates for dentistry?

Advocacy - “an activity by an individual or group that aims to influence decisions within political, economic, and social systems and institutions.”

These and many other questions about the laws that affect dentistry are constantly monitored by the Texas Dental Association’s legislative staff, Jess Calvert, Director of Legislative and Regulatory Affairs, and Diane Rhodes, Senior Policy Manager and by TDA’s advocacy groups, the Council on Legislative Affairs (CLARA) and DENPAC, TDA’s political action committee. Together, staff, CLARA, and DENPAC direct TDA’s legislative efforts and advocate for organized dentistry.

DENPAC uses voluntary member investments to help elect state candidates who have demonstrated their concern for the preservation of dentistry as an independent profession. Electing and keeping the right legislators in office is a critical safeguard against counter-productive legislation. DENPAC also helps TDA maintain a constant presence at the state capitol, providing TDA a place at the table. If you aren’t at the table, you are on the menu.

I recently met with my state representative, Representative Craig Goldman, to talk about the previous legislative session, and to thank him for his hard work. We chatted about what was going on here in Tarrant County as well as in Austin. He informed me that he was somewhat ambivalent about the TDA insurance reform bill until he met with some of his constituent dentists during TDA Legislative Day. After our discussion, he pushed to get the insurance reform bill passed. He also informed me that he will have an opponent during the upcoming election and he asked for my support. Politics is a 2 way street - personal contact with our Legislators still works!

The Legislature is not in session this year but all members of the Texas House of Representatives and several members of the Texas Senate are up for re-election in 2020. Many will be seeking our concerns as well as contributions for their campaigns. Please take the time to learn about the issues and how your representative or senator stands on them. Please visit denpac.org to make a DENPAC investment and help keep organized dentistry’s strong voice in the Capital. Thank you for your support and for taking the time to help your profession.

FWDDS will be fortunate to have Ms. Diane Rhodes speak to the membership at the November monthly meeting. Diane Rhodes is a graduate of Baylor University and has won several TDA Presidential awards for her work at TDA in the Legislative and policy making arena. Her topic is “It’s Your Dental License, Protect It.” Her discussion will focus on what it takes to keep your license current in this day of rapid changes of rules and regulations. Please bring your questions for Diane. Be prepared for a fun, interesting, and enlightening evening.

The Texas Dental Association will neither favor nor disadvantage anyone based on the amount or failure to make a contribution. According to Texas state law, political action committees may only accept contributions from individuals, professional corporations, and professional associations. Contributions or gifts to political action committees are not deductible as charitable contributions for federal tax purposes. Federal law requires political action committees to request and make best efforts to report the name, mailing address, occupation and employer for each individual whose contributions aggregate in excess of $200 in a calendar year.
Register for the
Annual Christmas Party
Friday December 13, 2019
River Crest Country Club

Merry Christmas!
FWDDS - FORT WORTH DISTRICT DENTAL SOCIETY

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Matt McCarthy
matthew.mccarthy@bofa.com
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midmark
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jveltri@midmark.com
972-310-1649

VALLIANCE BANK
Shelby Bruhn
sbruhn@vbank.com
682-316-6070

Watson Brown
Practice Sales & Appraisals
Jeremy Brown | Frank Brown
jeremy@adstexas.com
frank@adstexas.com
469-222-3200

Burkhart
Justin Abraham
jabraham@burkhartdental.com
469-243-5616

Practice Real Estate Group
Austin Wheeler
austin@practicearealestategroup.com
214-232-0718

HiOssen Implant
Woojin Rose
woojin.rose@hiossen.com
682-221-6265

Procare
Gary Thacker
gary@procure.health
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Staffing Solutions for Dental Practices

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To update your profile and access resources to help promote your practice, visit ADA.org/findadentist
Our meetings are open to the Dental Hygienists, Assistants, and Office Staff.

They can attend our Monthly Meetings and Continuing Education events for CE credit.

The dentist MUST attend for staff to be included.

Pricing for Monthly Meetings will be $16/per meeting. This includes dinner and the presentation.

Go to www.FWDDS.org to register