



# THE THOROUGHBRED

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## From the President...



Greetings,  
Last winter I attended the South West Pediatric Dental Society's Winter Ski meeting. During the meeting I picked up some nice tidbits that may aid in my practice but I also had the opportunity to listen to one lecture that really made me think and took me back to my time in undergraduate studies. The topic of the lecture was on the "Hall" technique for stainless steel crowns and if you haven't heard of it I'd highly encourage you to educate yourself. While this technique probably isn't right for every stainless steel crown it makes sense in some indications. The presenter who was a very well respected pediatric dentist at Indiana University's

School of Dentistry. However, the part that brought me back was that he began his lecture talking about the cost of "healthcare" relative to how "healthy" the overall population is.

When I was an undergrad, my ecology professor presented a paper that utilized seeds to "prove" the existence of global warming. The problem with the article was that there were many variables which had not either been controlled or the article had failed to explain why they didn't matter. The same problem existed in his presentation. In fairness, part of his presentation was that we tend to be slow to adopt less expensive and well researched modalities of disease prevention and treatment. However, he failed to take into account or compare many factors which may have a direct cost on "healthcare." These are things such as sedentary lifestyle of society as well as the cost of litigation, costs of education, and costs of regulations.

During my residency at University of Kentucky we got into the discussion of why health insurance was so expensive and we concluded that most people in this country don't have health insurance but rather they have pre-paid healthcare. If we think back to when insurance (of any type) was created it wasn't created to pay for expected maintenance but rather the catastrophic and unpredictable events (tornadoes and car accidents).

If you compare your home owner's policy to that of your health policy you'll note that your home owner's policy doesn't pay for you to have an alarm rather they offer you a discount for actions they determine will mitigate their risk of having to pay. The result of this policy is that for many of our patients they pay, or their company pays, an insurance company up front to manage their money. The insurance company now has to pay more people to manage this money which raises the cost. In addition, we as providers now have to do additional work and potentially pay additional people in order to collect from the insurance company which further raises the cost.

As many of you know I'm not in private practice but work for the government. Years ago as part of one of my additional duties I looked into the cost of dental insurance versus the cost of preventive dental care and found that, for the plan I was looking at, if a person was healthy and only needed the preventive services of the plan that it was not until the third person on the plan that they would break even. A single healthy person or a couple would be better self insuring and creating an emergency fund to help cover (insure) any unexpected expenses.

Education is supposed to teach us how to think. However, all too often it is more about training and memorizing. As scientists and professionals we owe it to our patients and our professions to look closely at articles and presentations. Before making practice changes be sure you carefully review the research. Perhaps look for credible other sources of similar research. If the study seems poor either because of design or obvious bias then don't be afraid to stand up and say so. In fact you owe it to yourself, your patients, and our profession to do so.

Sincerely,  
Geoffrey S. Ball, DMD, MAGD

## My experience



What defines a “trip of a lifetime?” *Travel + Leisure* may recommend an all-inclusive resort in St. Lucia, while *National Geographic* would certainly direct you to an African safari. After all, these trips allow one to experience diverse cultures among splendid landscapes. Prior to March 2016, I would have most certainly agreed with the travel “experts.” That was until I got to join a medical mission team from Hillvue Heights Church out of Bowling Green to Uspantan, Guatemala.

I can vividly remember my dental school interview at the University of Louisville School of Dentistry four years ago. When asked why I wanted to join the dental profession, I replied with the generic desire to “have a positive impact on my community and the world by changing their smile and life.” When Hillvue Heights Church approached me about joining their team, I knew that this trip would afford me the opportunity to physically heal the people of Guatemala.

We set out for Guatemala City on March 5<sup>th</sup> as a fully equipped medical team. We consisted of medical doctors, nurses, a chiropractor, a dentist, and one eager dental student (myself). Once we arrived in Guatemala City, a man whose heart measures greater than his 5’3 stature greeted us. His name is Felix Hernandez and in 1970 he traveled through Mexico and swam across the Rio Grande at the age of 15. If it was the American dream he was in search of, he truly found it. 46 years later, he runs a lucrative landscaping and hardscaping company out of Georgetown, Texas. While his business is very successful, his mission work is even more impressive as he leads several mission trips each year to his hometown of Uspantan.

After spending the first evening in Guatemala City at a home Felix bought specifically for missionaries, we set out for Uspantan. I had been warned about this “trip up the mountain” for months. Most of the time I just laughed and discarded any horror stories. Driving on abysmal highways and state roads, HDriDwe stopped after 4 hours in a town called Chichicastenango. This is usually the destination point for most missionaries. After being reminded that we were only halfway, I began to have doubts about this trip. I forced myself to revert back to my dental school admissions interview, convincing myself that this drive would mark the beginning of life-changing experience.

Once in Uspantan, we prepped for the next day by setting up our “clinic” which consisted of lawn chairs propped upon cement blocks, and wooden benches. With large grins and fingers pointed to significantly decayed teeth, the people of Uspantan surrounded the gates of the church to greet the dental team that would take them out of pain the next day. Fortunately, Dr. Kevin Cox (Bowling Green) and I received a blessing that night. It came in the form of a local dentist who had previously helped the group last year. Dr. Abdiel Herrera, of Uspantan, Guatemala, notified us that he had taken the next three days off to join the team. He was so moved by our team’s desire to help his community that he closed his doors for the duration of our trip.

The next morning, those empty wooden benches became full. Each patient desperately desired for us to relieve their pain. The primitive operatories made it more difficult for the three dentists; however, we never turned a patient away. The first day we operated out of a rural church kitchen. Within the first 30 minutes I realized that I had received a blessing in the form of my translator named Rene. Rene had actually gone to dental school for two years in Guatemala before moving to the United States. He had planned on living in New York City for a couple of years to make enough money to pay for the remaining two years of dental school. However, he stayed 11 years before returning to work for the city of Uspantan.

(Article continues with pictures on next page.)



# THOROUGHbred

Imagine your best EDDA or dental hygienist in your office. That's what Rene was to me for the next three days. Before I even saw each patient, Rene had all but diagnosed the tooth (or teeth) to be extracted. As we reconvened after a full day of operating a medical clinic in rural Guatemala, most of our team talked of the difficulties of working in such primitive conditions. I was just able to smile and tell them about my translator with a wealth of dental knowledge, making life much easier in the state of Quiche.

All in all, Dr. Cox, Dr. Herrera and I saw 200 patients over the 3 clinic days. The other two dentists took no official stats, but after the third day I had extracted 122 teeth on 68 patients. We had done everything from a full mouth extraction to an extraction of a neonate tooth on a 3-month-old baby. As patients thanked me as "Dr. Mateo" I did not have the nerve to tell them I was just a dental student in the United States. For some reason, I do not think they would have minded.

While flying back from Guatemala, I had an opportunity to reflect on the week. For the first time in my limited dental career, I felt that I had used my skill to change the lives of others. This trip changed my whole perspective on dentistry and the service we can provide as dentists. It was at that moment that I decided that I would continue to do mission trips. I had decided that even though my time in these remote third world communities was short, that the impact we can leave behind is immense. Just a few days of our time can truly change the lives of many.

*Dr. Matthew Riley is from Glasgow, KY. He, attended the University of Alabama and then University of Louisville School of Dentistry. He is currently practicing in Glasgow at Glasgow Dental Care. He is a former National Park Ranger (Mammoth Cave) and an avid outdoorsman.*



Dr. Riley treating patients with translator nearby.



From left Dr. Kevin Cox,  
Dr. Abdiel Herrera, Dr. Matthew Riley

## *Good Things Come To Those Who Wait*



***Zeynep Barakat, DMD, FAGD***

Last week, my friend sent me a text message complaining that she had to wait for her hygiene appointment at her dentist's office and that the delay was cutting into her appointment time. "What should I do?" she asked me. Then, before waiting for my response, another text message came through. She said she had voiced her frustration and that the front desk staff members were not going to have a good rest of their day. Yikes.

I tried to imagine what might have held up the staff that day: an anxious new patient who might have needed additional time, an equipment malfunction, or a child who may have had difficulty cooperating, or perhaps the dentist had an emergency patient whose front tooth broke while he or she was skateboarding, and the patient was, naturally, squeezed into the schedule alongside an extraction and a grafting procedure. Any of these (or worse, a combination of any of these) can likely throw off any perfectly laid-out schedule that appears flawless at the

morning huddle. Has this happened to anyone?

I asked if my friend has strong connections with her providers, whether her schedule allowed for a wait, and whether it was going to be long time before she could get in again. It was probably worth it to stay, I indicated. "I love my hygienist," she replied, "but I like to stick to my schedule." Well, we like to stick to our schedules, too, as providers. We don't like to fall behind, and neither do we like our front desk staff being scolded for it. I don't like patients to wait longer than a reasonable amount of time. I recall a new patient once scornfully asking if we always ran late. Meanwhile, the delay was exactly three minutes, and her appointment happened to be during a massive New England winter storm. I believe the view of cars skidding and near-zero visibility answered her question.

There are wait times that are unacceptable, and our goal should be to swiftly bring patients in and out as a courtesy and as good service. But should there be unexpected and unavoidable delays, they ought to be managed with grace and solid communication. My friend was right: Had she been told upfront that the team was running behind, she may have rescheduled her appointment, and all would have ended well. It turns out, all did end well. She was seen by her favorite hygienist, had a fruitful conversation with her dentist, and ultimately left happy and satisfied. I was happy for her (and for the dental office for not losing a patient that day and for not being further scolded).

One of my text messages to my friend was: "Be nice to them; they treat people, not cars." Patients sometimes cry and may have urgent needs and medical and physical barriers. Disregarding them to remain on a rigid time schedule goes against the very core of our objective — caring for them. My friend left the dentist office that day having received the attention and care she valued — and she admitted that was well worth the wait after all.

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## UPCOMING EVENTS

### Kentucky AGD Continuing Education...

The 2016 KY AGD Annual Meeting

*September 30, 2016 UofL Shelby Campus*

*Featuring Dr. Suellen Vickers (Pediatric Dentistry) and Dr. Robert Franklin (Periodontics)*

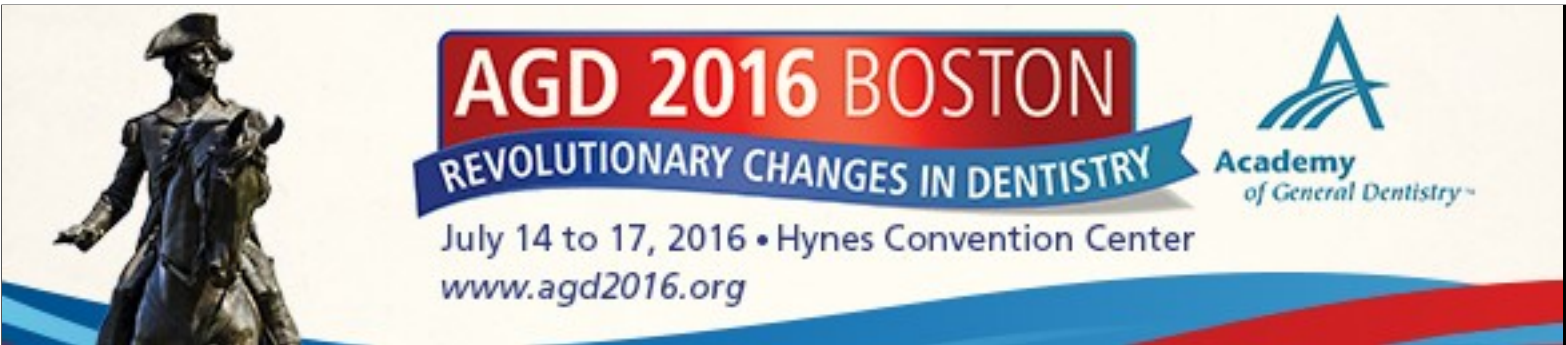
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The Academy of General Dentistry's 2016 annual meeting, AGD 2016, is planned for July 14 to 17 at the Hynes Convention Center in Boston. With an exhibit hall floor to feature highlights such as educational Learning Labs, daily dedicated networking events, and the Scientific e-Poster Session, AGD 2016 attendees will have numerous opportunities to meet with other dental professionals and students, as well as product and service representatives.

AGD 2016 also will offer clinical and practice management lectures, hands-on courses, live patient demonstrations, and educational opportunities for the entire dental team. Some of AGD 2016's educational highlights will include:

- "The Do's and Don'ts of Porcelain Laminate Veneers," with Gerard Kugel, DMD, MS, PhD.
- "DENTSPLY 360," a full-day educational program for the entire dental team. (DENTSPLY International is the presenting sponsor of this course.)
- "WOW! Complete Dentures in One Hour," with Lawrence N. Wallace, DDS, developer of the Larell One Step Denture™. This course sold out shortly after registration opened for AGD 2015 in San Francisco.
- Register for AGD 2016 at [agd2016.org](http://agd2016.org) starting Feb. 2, and visit the AGD 2016 blog, [agd2016.blogspot.com/](http://agd2016.blogspot.com/), for weekly updates on courses and news for attendees

### Board Meetings...

**Next KYAGD Board Meeting**— September 30, 2016 at 5:00 pm. Location TBD. If you are interested in getting involved with the board and attending our board meeting please contact Maegan Bennett at [maegan03@hotmail.com](mailto:maegan03@hotmail.com) or 270-401-3928.

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