

# ACTION

March • 2025

Journal of the Georgia Dental Association





# Enhance Your Practice with Neurosensory Bags

# Welcome

to the third “**Cool Tools**,” an Action magazine feature dedicated to showcasing the innovative tech tools that enhance your practice and daily life.

This month, we're excited to introduce Neurosensory bags by Second Wind Dreams. The sensory bag is a valuable tool for individuals who are neurodivergent, providing comfort and support in overwhelming environments like a dentist's office. Fidget tools help with self-regulation and stemming, while scented stickers offer a calming sensory experience. Glasses can reduce visual overstimulation, and noise-canceling headphones help block out distressing sounds. A message board and communication cards assist in expressing needs, making dental visits smoother. The social story (sent as a PDF) prepares individuals by outlining what to expect, reducing anxiety. All these tools fit neatly into a portable bag, ensuring accessibility when needed.



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- Glasses
- Noise-canceling headphones
- Message board
- Communication cards specifically for dentist offices
- Social Story for Dentist-specific

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**Georgia Department of Public Health ISSUES**  
**NEW SURVEY ON** **Antibiotic**  
**Prescribing**  
**Habits**



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## As a Practice Owner, You Should be Able to Answer the Following Questions:

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## From the GDA Editor



**DR. RHODA J. SWORD**  
GDA Editor

*"By checking on each other, and reaching out with encouragement, we are strengthening our profession, and possibly even changing/saving a life!"*

# Teamwork and Encouragement

Before beginning my editorial thoughts, I would like to spend a moment of introduction. I am so humbled to have been asked and elected as the GDA Editor! Isn't that how every role begins? We are *asked* by someone we trust to fill a position... In dental school (DCG Class of 2003), I was asked to be the ASDA editor (of the "Explorer") for the DCG (then MCG) by my classmate, Dr. Ched Smaha, who believed in me and elicited excitement in me about organized dentistry before I had a firm grasp of what that even meant. Upon graduation, I joined a private practice in Evans, GA for over six years and was *asked* (again, see the theme) to begin teaching part time. During that time, I was active in the district riding to meetings with Dr. Grant Loo, Dr. Celia Dunn, Dr. David Perry, and Dr. Annette Rainge, and even later driving Dr. Carole Hanes! I was asked to be the Editor of the EDDS (of the "Partial Post") turning a 3-year term into a short 9 years. Many strong mentors have impacted me along the way, as I transitioned from my beloved private practice career to my true calling into my current academic career. I love the often-used Isaac Newton quote, "If I have seen further, it is by standing on the shoulders of giants." Thank you to my giants!

Somehow the years flow so quickly from the new graduate hustle and bustle of our careers, whether private practice, military, public health, or academics, to looking up to realize we have moved from the position of mentee to mentor, and what a profound transition! Truthfully, because of our position and respect in society, we are always mentors, whether to our patients who are interested in dentistry (I try to recruit them all!), or dental students who are learning to hold the handpiece for the

first time or beginning graduates navigating their first years as a dentist! The continually beautiful cycle of wisdom and knowledge rolls forward in time...

In the stresses and pressures of the day-to-day, we can easily be overwhelmed by the incomplete to do list (how will we ever complete it?) or the empty staff position (who is going to do *their* job now?) and feel discouragement or dismay. What a blessing that dentistry is not a solo sport! We have a team around us of dental staff, dental colleagues, in my case, dental students who all carry in them the love of dentistry and passion for the profession (even if it is just beginning or wains at times.) I encourage my students to, and I will encourage each of you to, have a trusted friend, at least *one*, with whom you can be 100% honest! You can say, "No, I am not okay. Today is not a good day. I am struggling..." We are stronger together and sometimes that "stronger" looks like complete honesty to a close friend/confidant. Part of the absolute beauty of the GDA is its ability to create a network of colleagues and friends with whom we can be our real, authentic, goofy, silly, serious, sometimes sad, disappointed, and even hysterical selves while pressing on together in our beloved profession! By checking on each other, and reaching out with encouragement, we are strengthening our profession, and possibly even changing/saving a life! Who do you need to text today for a check-in? I challenge you to reach out to at least 1 fellow dentist! (Let me know how it goes!)

One of the most impactful books I have read encouraging me concerning how to care for my patients is by Dr. Larry Churchill titled "Healers." Though it is a book on ethics and is based in a medical setting, every truth it holds applies to



dentistry and how we care for our patients. In his definition of ethics, Churchill says, "Ethics to our practitioners, is decidedly not theory and is only partially problem-solving. Ethics has primarily to do with how to live one's professional and personal life, in the context of daily relationships. It is about *helping to heal the wounds they encounter*, in both themselves and their patients." As we listen to our patients' stories of their victories and even their pain, we are connected to them. They trust us, and look to us for their care, often much deeper than just a chipped front tooth, or replaced

crown on #30. We encourage them to find a physician who knows and follows their medical needs, to follow up on their depression after their spouse passes away, to urge them to take time to go on a vacation though their job seems so frantic and fast paced. We develop rapport with our patients and become an integral part of their lives. We are changing their lives for the better. We are “healers”!

I want to lead this GDA *Action* issue with a message of positivity and encouragement! We must encourage each other and lift each other! Dr. Amber Lawson is our exceptional

GDA President with her enthusiastic theme of “Teamwork makes the Dream Work!” We are better and stronger together. Reach out to a colleague to ask them how their day went. Reach out to a colleague to join you at the GDA Annual Convention this June! Who doesn’t need a little beach time? In a time when we could focus on all the challenges and divisions, choose to be part of the *team*, because of course, we all want to be part of the *dream* that is our awesome dental profession!! 

Take care  Dr. Rhoda J. Sword



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# Understanding Your Coverage

Navigating your insurance coverage is key to maximizing its benefits. Here's a quick guide to help you understand the benefits of having BOTH disability insurance and business overhead insurance.

## Disability Insurance

Protects **you** by replacing personal income if illness or injury prevents you from working.

- **Income Protection:**

Replaces personal income if you can't work due to illness or injury.

- **Long-Term Security:**

Maintains your lifestyle during recovery.

- **Customizable:**

Tailored coverage for associates or practice owners.

- **Tax-Free Benefits:**

Benefits are typically tax-free if premiums are paid with after-tax dollars.

- **Own-Occupation Rider:**

Benefits even if you can work in a different role.

## Business Overhead Insurance

Protects your **practice** by covering essential expenses if you're unable to work due to illness or injury.

- **Practice Continuity:**

Covers essential expenses (rent, salaries, utilities) if you can't work.

- **Prevents Hardship:**

Keeps your practice running during recovery.

- **Debt Protection:**

Covers business loans and liabilities during disability.

- **Employee Salaries:**

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- **Short-Term Coverage:**

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# CELEBRATING MEMBERSHIP—GDA

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December 2024 – January 2025



Dr. George Brown - NDDS

Dr. Allison Petty - NWDDS

Dr. Juhee Kim - NDDS

Dr. Amber Goode - NDDS

Dr. David Clary - NDDS



# MEMBERSHIP THAT MATTERS. IMPACT THAT LASTS.

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Scan the QR code to refer a friend or colleague for GDA Membership!

When they join, you'll be entered to **WIN a \$250 gift card** to the place of your choice!

Use the camera on your smartphone to scan the QR code and complete the referral form.



**Invite a colleague,  
Make an impact!**

# SEEN & HEARD

Members making news and news for GDA members.

**GDA member, Dr. Carolyn Allen,** was recently honored with the 2024 College of Science and Mathematics Distinguished Alumna of the Year Award by Valdosta State University. Dr. Allen, the 2025 SWDDS President, has exciting plans for her district this year. Congratulations, Dr. Allen!



**The Dental College of Georgia's chapter of the American Student Dental (ASDA)** earned two awards at the 2025 ASDA District 4 Conference in Charlotte. Congratulations to the chapter leadership for being awarded the Dynamic Presence Award, and a special shout-out to Arezoo Kalan for being awarded Chapter Leader of the Year!



**Governor Brian Kemp proclaimed February as Children's Dental Health Month**

in Georgia, recognizing the importance of good oral health habits for children and their long-term well-being.





**GDA Foundation volunteers screened 110 athletes and made mouthguards for participants at the Special Smiles event** held during the Winter Special Olympics State Games in Cartersville on February 1, 2025. Over 55 volunteers, including dentists, hygienists, dental assistants, dental and hygiene students, and pre-dental students from several universities, helped make the event a success.



## How Can We Help?



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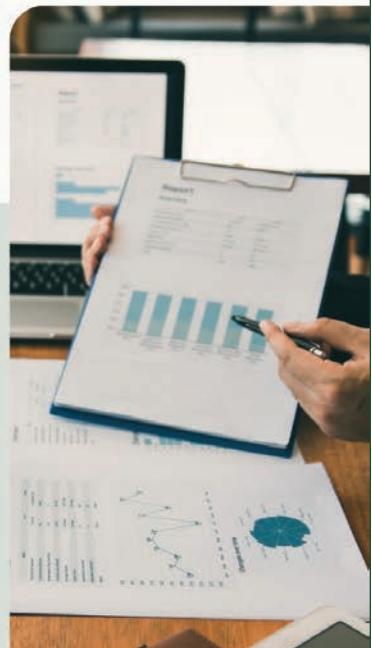
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## CE Requirements for Dentists in Georgia

At least **40 Hours** of Continuing Education must be obtained in the 2024 – 2025 biennium.

### Further requisites of the 40 hours:

- 30 hours must be clinical courses in the actual delivery of dental services to the patient or to the community
- 20 hours can be from webinars and other forms of online CE
- 20 hours must be obtained in-person
- 2 hours of CE regarding infection control in dentistry, including education and training regarding dental unit water lines
- 1 hour of CE on the impact of opioid abuse and/or the proper prescription writing and use of opioids in dental practice per renewal period
- 1 hour of CE in legal, ethics and professionalism in dentistry
- Proof of CPR certification as taught by the American Heart Association, the

American Red Cross, the American Health and Safety Institute, the National Safety Council, EMS Safety Services, or other such agencies approved by the board. Four credit hours for successful completion of the in-person CPR course required by Georgia law may be used to satisfy continuing education requirements per renewal period.



## CE Requirements for Dental Hygienists

At least **22 Hours** of Continuing Education must be obtained in the 2024 – 2025 biennium.

### Further requisites of the 22 hours include:

- 15 hours must be clinical courses in the actual delivery of dental services to the patient or to the community
- 11 hours can be from webinars and other forms of online CE
- 11 hours must be obtained in-person
- 1 hour of CE in legal, ethics and professionalism in dentistry
- 2 hours of CE regarding infection control in dentistry, including education and training regarding dental unit water lines
- Proof of CPR certification as taught by the American Heart Association, the American Red Cross, the American Health and Safety Institute, the

National Safety Council, EMS Safety Services, or other such agencies approved by the board. Four credit hours for successful completion of the in-person CPR course required by Georgia law may be used to satisfy continuing education requirements per renewal period.



## Dentists and Dental Hygienists: Don't forget these requirements!

- MATE/DEA Training (8 hours)**
  - Required for:** DEA-registered practitioners
  - Date required:** Next DEA registration submission (This one-time training requirement will not be part of future DEA registration renewals.)
- OSHA Bloodborne Pathogen Training**
  - Required for:** Any staff that may come into contact with blood
  - Date required:** Annually
- HIPAA Training**
  - Required for:** All staff, new hires
  - Date required:** Code of Federal Regulation (CFR § 164.530) requires

HIPAA training for all staff, new hires within a reasonable period of time after hire, and any time "functions are affected by a material change in the policies or procedures"

- Radiation Safety Training (6 hours)**
  - Required for:** Dental Assistants or anyone that did not get radiation safety training in their dental education
  - Date required:** Prior to the use of X-ray equipment
- Phlebotomy Training**
  - Required for:** Dental Assistants, licensed Hygienists and Dentists before performing phlebotomy or venipuncture

- Date required:** Prior to the performing phlebotomy or venipuncture
- Pharmacology, Anesthesia, Emergency Medicine or Sedation (4 hours)**
  - Required for:** Dentists in practices with a sedation permit
  - Date required:** For license renewal – end of 2025
- Administration of Local Anesthetic (2 hours)**
  - Required for:** Dental Hygienists administering local anesthesia pursuant to rule 150-5-.07
  - Date required:** Two hours per biennium

# DID You Know?



- CE hours can also be obtained through volunteering, teaching and assisting with investigations and licensing exams, etc.
- You must maintain official documentation of course attendance for at least three years after the biennium during which the courses were taken.

For the complete details on CE requirements, contact the Georgia Board of Dentistry at 404-651-8000 or view online at:

- Dentists: <https://rules.sos.ga.gov/GAC/150-3-09>
- Dental Hygienists: <https://rules.sos.ga.gov/GAC/150-5-05>

For more information on GDA courses that meet the requirements listed on page eight, visit [gadental.org/events-ce](http://gadental.org/events-ce)

Our current required on-demand and virtual CE offerings include:  
**Opioids, OSHA, HIPAA, LEAP and Infection Control/ Waterlines.**



The GDA proudly thanks **Torch Dental** for sponsoring our fall 2024 on-demand and virtual courses.



Scan QR to access on-demand opportunities!

## ON-DEMAND OPPORTUNITIES:

### Opioids – “Prescribing Opioids in Dentistry: Lessons Learned”

**SPEAKER:** Dr. Randall Tackett – University of Georgia, Clinical and Administrative Pharmacy, Int'l Biomedical Regulatory Sciences and Clinical Trials Programs Professor and Associate Department Head

### OSHA – “OSHA is Here! No Need to Fear”

**SPEAKER:** Karen Gregory, RN, CDIPC – Karen Gregory Consulting

### HIPAA – “Locking Down Privacy and Security: Protecting Patient Information”

**SPEAKER:** Karen Gregory, RN, CDIPC – Karen Gregory Consulting

### LEAP – “Legal Trends and Updates”

**SPEAKER:** Stuart J. Oberman, ESQ – Oberman Law Group

### Infection Control and Dental Unit Waterlines Management

**SPEAKER:** Candace Coker, M.Ed., RDH – Athens Technical College



# NAVIGATING MEDICAL LOSS RATIOS in the Southeastern United States

Jon Hoin, GDA Senior Health Policy Manager

Bills designed to set minimum Medical Loss Ratios (MLR) for dental benefit plans are among the most popular dental insurance reform measures proposed in the United States, with 9 states introducing MLR legislation in 2024, and Alabama is joining the ranks of states that have explored such a measure.<sup>1-3</sup> To increase public awareness of the measure and promote an MLR proposal, the Alabama Dental Association has launched the More for Your Smile

85%  
(Proposed)

Campaign. More for Your Smile's message is a simple one: Patients' hard-earned money and benefits should go directly to their care. With interest in MLR legislation rising in the Greater Southeast, a closer look at options for MLR legislation is worthwhile.

## What do medical loss ratio laws regulate?

Medical loss ratios are a relatively simple concept, but the topic also includes a lot of nuance.<sup>2,4</sup> At its most basic, an MLR is the fraction of revenue an insurance company spends on patient care. Every year, insurance companies collect premiums from the people they cover, and some portion of that money is spent on administration and some portion is paid out to providers for services rendered. The greater the portion spent on administration the lower the ratio. Advocates for MLR argue that higher ratios mean more dollars go to patient care and that MLR

laws promote greater transparency: They also support provisions requiring reimbursement in cases where MLR dips beneath the minimum threshold.<sup>2,4</sup> Opponents suggest that MLR minimums are burdensome regulation that will drive up prices in dental plans, who have a history of leaner premiums with a greater portion going toward administering the plan.<sup>5</sup>

## What's been going on with medical loss ratios and dental plans?

Since 2011, the Affordable Care Act has required health insurance companies to have an MLR of 80%-85%, spending a majority of premium income on claims and quality improvement activities.<sup>6</sup> The minimum MLR varies based on the size of the plan. Plans failing to meet the MLR must issue rebates to customers. Several states have implemented similar standards for dental plans, but for the most part, these laws are too new to know exactly how they have influenced the market for dental coverage.<sup>7</sup>

State variation provides opportunities for comparison. Massachusetts set their dental loss ratio at 83%; meanwhile, other states chose much lower percentages. New Mexico set the MLR for dental plans at 65%

and Nevada chose 75%.<sup>8-10</sup> Other proposed bills would simply require reporting. Most of the bills proposed in the recent legislative season would, or would have, set a minimum MLR for dental plans above 80%.<sup>3</sup> The National Association of Dental Plans continues to argue that arbitrary MLRs mirroring medical plans are harmful to the consumer, specifically criticizing any minimum over 80%. Whether or not this is the case is a complicated question to answer, and it requires weighing the relative value of potential increases in premium cost against services rendered.

## What do we know about minimum MLRs for dental insurance?

The effects of MLR minimums on dental plans need more study, but published research suggests some potential trade-offs. A 2018 study found that California dental plans' MLR varies based on the number of covered lives.<sup>11</sup> Plans averaged an MLR of 76%, but authors found a wide range of variation. Products covering up to 10,000 lives averaged 56% while covering more than 1,000,000 lives averaged an MLR of 90%. Intuitively, this makes sense. Larger plans have more diluted fixed costs plus the benefits of economies of scale. The authors' dataset did include plans covering under 5,000 lives with MLRs of over 80%. Consequently,

75%

83%

65%

an older study on health insurance suggested that markets in which a single insurer holds monopoly power creates downward pressure on MLRs.<sup>12</sup> Together, the findings above suggest that high minimum MLRs could shake up insurance markets and force them into a new equilibrium.

The California Health Benefits Review Program conducted an analysis of the potential impact of their recently proposed MLR bill (AB2028) which would have raised the minimum threshold in the state to 85%. The analysis lays out a series of potential options that insurance companies can use to comply with a minimum MLR.<sup>13</sup> With an aim to balance the numerator and denominator of the ratio, they might:

- Implement cost controls and decrease profit margins
- Raise premiums
- Enhance the generosity of benefits and eliminate leaner lower priced plans
- Leave the market
- Merge with other insurers

The California analysis goes on to estimate significant increases in premiums, with HMOs rising 145%-266% and DPPOS rising 13% to 114%.<sup>13</sup> These estimates are likely high. Dental insurance profit margins for the largest companies tend to run between 2-3%, rather than the target 5% assumed by California's analysts, and administrative costs may be able to be lowered more than the 10% they assumed.<sup>14</sup> For plans that keep between 25% and 40% of their premiums to cover overhead, one cannot help but wonder how much fat can be trimmed.

The resulting picture is of a potential trade-off in which premiums are likely to rise in response to the need to spend more on care relative to administrative costs. This could make it harder for some people to afford coverage. It may result in some people canceling their coverage, but focusing too much on cost alone distracts from a key question. Is having an insurance plan with a 50% MLR really worth it? What about 60%? At some point, just paying out-of-pocket for care is much more cost effective than paying for added dental

benefits, and with the advent of alternative arrangements, such as dental membership plans and direct primary care agreements, customers have cost effective alternatives to low value dental insurance. Dental insurance beneficiaries deserve insurance plans that work for them.

## Is this relevant to Georgia?

Georgia has been generally favorable to insurance reforms supported by the ADA, but Georgia lawmakers have historically avoided imposing mandates on businesses.<sup>15</sup>

Passing an MLR law with a mandatory minimum would likely be tough sell.

There is one option that appears more promising. Model legislation adopted by the National Council of Insurance Legislators, and agreed to by representatives from the American Dental Association and the National Association of Dental Plans, lets the minimum MLR float up and down with the market.<sup>16</sup>

The model bill does this by using a formula to establish the minimum ratio. It sets the minimum MLR as 1 standard deviation below the average for a plan's particular market segment. There are some additional caveats for market segments with slim levels of variation, but the gist is that the minimum MLR follows a statistical rule that highlights major outliers. The model bill goes on to give latitude to a state's insurance commissioner when addressing outliers, but it mentions that premium rebates could be compelled.

Modeling by a team at the American Dental association finds that the model legislation produces generally favorable results.<sup>2</sup> It does not set an arbitrary ratio, but it does enable regulatory review of extreme outliers. In turn, this tends to raise a state's average MLR for different market segments while also reducing the spread amongst MLRs. The result is that plans are unable to justify egregiously low, under 20%, MLRs.<sup>2,11</sup>

## What's Next

Whether establishing a minimum MLR is right for Georgia is something of a judgment call. In general, minimum MLRs are a blunt instrument, but they can be beneficial. Perhaps the greatest benefit of any MLR law is the increase in transparency that comes with the required data collection and evaluation. This transparency could eventually be used to sharpen new scalpels for the benefit of dental insurance beneficiaries everywhere. Ultimately, all Georgians who choose to purchase dental insurance deserve to have insurance that works for them. A minimum MLR could be a tool that helps make that happen. 

<sup>1</sup> More for Your Smile. Alabama Dental Association. 2024. Accessed January 21, 2025. <https://moreforyoursmileal.com/>

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<sup>3</sup> Anderson O. The states introducing dental loss ratio legislation. *ADANews*. January 26, 2024.

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<sup>5</sup> **Dental Loss Ratio.** *National Association of Dental Plans*. Accessed January 21, 2025. <https://www.nadp.org/about-dental-plans-care/loss-ratios/>

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<sup>8</sup> Minimum Standards for Dental and Vision Plans. *New Mexico State Records Center and Archives*; 2024.

<sup>9</sup> **Dental Loss Ratio.** Massachusetts Dental Society. 2024. Accessed January 21, 2025. <https://www.massdental.org/Advocacy/Legislative-Action/Dental-Loss-Ratio>

<sup>10</sup> Olson C. Nevada improves medical loss ratio law for dental plans. *ADANews*.  
<sup>10</sup> Finocchio L, Connolly K. Medical loss ratios for California's dental insurance

<sup>12</sup> Karaca-Mandic P, Abraham JM, Simon K. Is the medical loss ratio a good target for insurance plans? Assessing consumer value and policy solutions. *Health Aff.* 2018;37(9):1517-1523. doi:10.1377/hlthaff.2018.0441

<sup>13</sup> Abbreviated Analysis California Assembly Bill 2028: Medical Loss Ratios

<sup>14</sup> Berdousis D. Dental Insurance in the US - Market Research Report (2014-2029); 2024. Accessed January 21, 2025. www.chbrp.org

<sup>15</sup> Westfall S, Mayfield R. Medical Loss Ratios for Dental (Dental Insurance Reform Shifting the Balance of Power.; 2024.

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# GDA CONVENTION & EXPO 2025

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**JUNE  
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2025**



## Schedule of Events:

### WEDNESDAY | June 18, 2025

- BOT Meeting | 8:00 am – 12:00 pm
- District Caucus Lunches | 12:00 pm – 12:45 pm
- HOD Meeting | 1:00 pm – 4:00 pm
- Exhibit Hall & Welcome Reception | 4:00 pm – 7:00 pm

### THURSDAY | June 19, 2025

- Sunrise Yoga | 7:00 am – 8:00 am
- ADA Delegation Meeting | 8:00 am – 9:30 am
- Kickoff Event & Awards Ceremony | 10:00 am – 12:00 pm
- CE Courses | 12:00 pm – 4:30 pm
- Exhibit Hall | 12:00 – 3:30 pm
- Exhibitor Happy Hour | 3:30 pm – 5:00 pm
- Social Hour & New Dentist Reception | 5:00 pm – 6:30 pm

### FRIDAY | June 20, 2025

- Sunrise Yoga | 7:00 am – 8:00 am
- CE Courses | 8:00 am – 4:00 pm
- Exhibit Hall | 3:00 pm – 6:00 pm | Happy Hour Beer Bash, BINGO with Exhibitor prizes

### SATURDAY | June 21, 2025

- GDAPAC Golf Tournament | 8:00 am – 12:00 pm
- CE Courses | 8:30 am – 3:00 pm
- GDA Celebration | 6:00 pm – 10:00 pm
  - Adults Only Lounge | 8:00 pm – 10:00 pm
  - Kids Program | 8:00 pm – 10:00 pm

Enjoy the party as a family until 8:00 pm, then let the kids enjoy the kids' program while you relax and spend the evening with friends!

# GET A SNEAK PEEK OF OUR CE TOPICS

- LEAP
- Infection Control and Waterlines
- Facial Aesthetic Solutions: Botox and Filler Techniques for Dental Professionals
- Practice and HR Management Panel
- Digital Dentistry and Materials Selection: An Update State of the Workforce in Georgia
- The Bacterial Secret Invasion: Restorative Challenges & Solutions
- Sleep-Related Breathing Disorders: Hiding in Plain Site?  
(Read more on page 22)
- Opioids and Medical Emergencies
- Prosthetic Implant Complications: Causes, Prevention, and Management
- The Maverick Mindset: Elevate Your Success as a Dentist
- Trends In the Business of Dentistry Panel
- How the Dental Transition Landscape Has Evolved and How to Properly Prepare for Your Ideal Exit Strategy

This year's event offers a perfect blend of Continuing Education courses, exciting social events, and an exhibitor hall showcasing the latest in dentistry. Whether you're looking to expand your skills, connect with peers, or unwind in a breathtaking coastal setting, there's something for everyone. Be sure to bring your family—there's plenty of fun for all ages!



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## Golf & Tennis

The resort features a championship golf course and award-winning tennis facilities, ideal for some leisurely downtime or a friendly competition with friends and colleagues.

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## Dining with a View

Enjoy dining options with breathtaking views of the ocean. From fresh seafood to casual bites, the resort offers a variety of restaurants and bars.



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As the event date approaches, be sure to stay connected through our social media channels and the convention website for the latest updates, speaker announcements, and special promotions.



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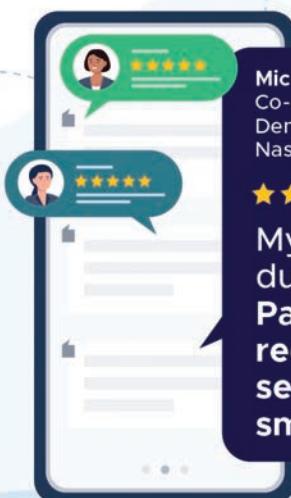
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ASSOCIATION<sup>SM</sup>

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**2025 GDA Convention & Expo Speaker****Dental Sleep Medicine – Hiding in Plain Site?****JOHN C. COMISI,  
DDS, MAGD, D'ASBA**

Professor, The Dental College of Georgia at Augusta University

## How many times have you looked into the

oral cavity of a patient and noticed that your patient has massive tonsillar tissue, or a battered and red uvula, or a tongue so muscular and large that you wished your assistant had the strength of Hercules to hold it back and out of the way when you were working on your patient?

Have you ever noticed the prominent scalloping of the tongue on a patient and just looked past it? Or perhaps you had experienced the reaction of horror from your patient when you began leaning them back in the chair, and they insisted you not lean them back any further. Most of the time during my career, I just chalked it up to “that’s just the way it is.”

I noticed these things in my practice and never thought much about them until I started investigating the possible causalities of these findings. What they all have in

common is that they are potentially signs of a Sleep-Related Breathing Disorder (SRBD). As defined by the American Academy of Sleep Medicine (AASM), SRBDs are “sleep disorders that involve difficulty breathing during sleep.” The most common SRBD is obstructive sleep apnea (OSA). A colleague from Sydney, Australia, Roger Price, recently brought the term Breathing Related Sleep Disorders (BRSDs) to my attention, which he has used for the past 30 years. He points out that the breathing or diminishment of breathing impacts the patient’s effective sleep. Regardless of the term you wish to use, many people have some significant problems.

SRBDs or BRSDs have patients presenting with excessive daytime sleepiness, insomnia, sleep eating disorders, snoring, bruxism, sleep leg cramps, and restless leg syndrome, to name a few. It is estimated that approximately seventy million people experience sleep disorders each year.<sup>1</sup>

These disorders are medical conditions that can only be diagnosed by a sleep physician trained in sleep medicine. Typically, pulmonologists, ENTs, and neurologists will have additional training in this specialty. Still, those in internal medicine, cardiology, psychiatry, pediatrics, otolaryngology, and anesthesiology also pursue residencies and fellowships that can lead to a sleep medicine subspecialty. These individuals frequently attain board certification in Sleep Medicine.

So, what does all of this have to do with dentistry? I once wondered that question until I began investigating the daily challenges my patients presented in my private practice.

Patients or their significant others often complained about their partners’ snoring and wanted to know if I could help them before they killed their significant others. Many of these people slept in separate bedrooms because they could not tolerate the other person’s snoring. I figured I could help with that and started creating snore devices. I was a “hero,” and it felt good—

until the devices broke or the teeth began to shift. That put the brakes on things for me.

Then, articles began popping up in the various “journals” I read about the creation of mandibular advancement devices that could help patients with sleep apnea. Again, that would be easy: take a couple of impressions and send them off to the lab, get it back, and adjust the devices until the patient said they weren’t snoring any longer. Some devices had polymer-elastic bands that would hold the jaw forward and allow the patient to move their jaw sideways as needed. I explained to the physician I worked with that this would greatly help their patients.

Then, the problems with the “bands” connecting the upper and lower devices began breaking with some devices. Too often, the sounds associated with the snoring they were having were not reduced as the devices were advanced, and again, the teeth began to move, and the joints began to hurt. To make matters worse, the secondary sleep studies that the patient had, as required by the physician, did not show improvement in the patient’s results. What did I get myself into?

What seemed so simple became a nightmare. I started investigating different types of devices that claimed to be the solution to my problems. I was told those would work. But alas, there was no improvement. The sleep physician called to say that she could not send any more patients to me since the secondary polysomnograms did not show improvement. I had “egg on my face.”

As I investigated the science of dental sleep medicine, I learned that my methodology used, George Gauge™ (GG), was not an exact science and could not provide a consistent outcome as I presumed it would. The method instructions for creating the devices are very explicit in the document “Where the correct construction bite”<sup>2</sup> : “The optimum position of the construction of bite varies in each patient. It is somewhere between centric relation



and full protrusive. There are no landmarks that can be used to locate it accurately. No relationship of upper-to-lower incisors can be correct for all patients.”

So, what does that mean? Unfortunately, this method is a guessing game. Many publications have indicated that there is an inherent problem with this methodology. In the article *Retrospective comparison of the George Gauge™ registration and the sibilant phoneme registration for construction of OSA oral appliances*<sup>3</sup> the authors state: “The George Gauge™ Registration (GGR) has become a standard method used to document MA (mandibular advancement). Notwithstanding that GGR overestimates measurements of advancement when compared to a ruler and cephalometric measurements.” They continue with “the literature regarding optimum advancement is also conflicted, some determining optimum benefit with 70% advancement and others finding no benefit beyond 50% advancement.”

Hamoda et al.,<sup>4</sup> states that the long-term effects of Oral Appliance Therapy (OAT) are maxillary incisor retroclination and mandibular proclination and that the changes seemed to continuously progress with time. Hu and Comisi<sup>5</sup> demonstrated in their study that the position determined with the 70% George Gauge was, on average, 5.0 mm more protrusive than positions found using an alternative position-determining device called a pharyngometer.

Pharyngometry is an analysis tool used to determine the optimal treatment position of an OAT when treating obstructive sleep apnea. It aids in identifying the location and severity of pharyngeal obstruction via the analysis of the minimal cross-sectional area (MCA). This minimally invasive testing mechanism can help screen patients suspected of suffering from OSA. After a sleep physician renders a diagnosis, it can help determine the optimal jaw position for appliance therapy. It can also be a significant asset in determining, before creating an oral appliance (OA), if the patient would be a responder using an OA.

Understanding whether a patient will respond to therapy is critical. All too often, when GG creates devices, there is no way of knowing if the device will be effective until it

is created and worn by the patient.

Unlike GG, pharyngometry employs acoustic soundwaves that travel down the patient’s airway in a non-invasive manner to help identify where the problem in the airway might be and determine the most beneficial and therapeutic position for an oral device. This typically is found with the help of special Airway Metrics jigs (Kettenbach USA, Huntington Beach, CA) that can help determine therapeutic position by opening the vertical bite at 4, 6, 8, 10, and 12 mm while using the pharyngometer. Typically, most devices I create are at an edge-to-edge position in this vertical dimension. If advancement is needed, these jigs can also help place the jaws in those positions while working with the Pharyngometer. Ultimately, this process places less stress on the TMJ area and enhances the patient’s compliance.

The literature is currently filled with evidence of the benefits of incorporating this methodology for creating a device when treating patients referred to your office to fabricate an OA.<sup>6, 7, 8, 9, 10, 11</sup>

But this was just the beginning of my journey. I began learning about the dental signs of SRBD and incorporated enhanced screenings into my practice. We found out that the bruxism we were attempting to treat could be traced back to sleep issues, and placing a mouth guard to protect the teeth could be closing off the airway.<sup>12</sup> This also changed things for me; when I examined a patient with an apparent bruxing issue, I would always inquire about sleep issues. This requires you to be a real investigator, but it is worth it. Even more has been published on this issue.<sup>13, 14, 15, 16</sup>

Now, for every patient I examine, I inquire if there is a history of sleep issues, a diagnosis of sleep apnea, snoring, and excessive daytime sleepiness. If they affirm any of this, a single arch flat plane splint will not be fabricated. Typically, I will refer to a Sleep Medicine specialist and request an evaluation and a sleep study to determine and render a diagnosis. If the diagnosis of obstructive sleep apnea is rendered, and a prescription for the creation of an oral appliance is provided, I will then move forward with the fabrication of a custom therapeutic device using pharyngometry.

Please remember that these Breathing Disorders (BD) are medical diseases and a prescription from a sleep physician is needed to care for all patients with OSA. The days of making snoring appliances, flat plane mouth guards, and unquestioningly creating sleep appliances are gone from my practice and what I teach, first as a faculty member at the Medical University of South Carolina and now at The Dental College of Georgia. The physicians I have worked with and the students I teach and will teach now have a greater understanding of the partnership between dentistry and medicine in this arena. Our students are all gaining further insights regarding the need to screen all patients for potential BD. This way, more people will be screened and ultimately treated for this ubiquitous medical disease. We are on the front lines. Now it’s your turn to learn more about it and help all of your patients you did not previously recognize as presenting with this problem.

<sup>1</sup> <https://sleepeducation.org/sleep-disorders/> (accessed May 16, 2022)

<sup>2</sup> <https://www.greatlakesdentaltech.com/media/resources/GeorgeGaugeInstructions.pdf> (accessed May 16, 2022)

<sup>3</sup> John Viviano, Daniel Klauser, Steven Olmos & Joseph D. Viviano (2022) Retrospective comparison of the George Gauge™ registration and the sibilant phoneme registration for constructing OSA oral appliances, CRANIO®, 40:1, 5–13, DOI: 10.1080/08869634.2019.1694776

<sup>4</sup> Mona M. Hamoda, Fernanda R. Almeida, Benjamin T. Pliska, Long-term side effects of sleep apnea treatment with oral appliances: nature, magnitude and predictors of long-term changes, Sleep Medicine, Volume 56, 2019, Pages 184–191, ISSN 1389-9457, <https://doi.org/10.1016/j.sleep.2018.12.012>.

<sup>5</sup> Hu JC, Comisi JC. Vertical dimension in dental sleep medicine oral appliance therapy. Gen Dent. 2020 Jul-Aug;68(4):69–76. PMID: 32597782.

<sup>6</sup> DeYoung PN; Bakker JP; Sands BA; Batool-Anwar S; Connolly JG; Butler JP; Malhotra A. Acoustic pharyngometry measurement of minimal cross-sectional airway area is a significant independent predictor of moderate-to-severe obstructive sleep apnea. J Clin Sleep Med 2013;9(11):1161-1164.

<sup>7</sup> Kim BY, Cho JH, Kim DH, Kim SW, Kim SW, Kim BG, Park YJ. Utility of acoustic pharyngometry for screening of obstructive sleep apnea. Auris Nasus Larynx. 2020 Jun;47(3):435-442. doi: 10.1016/j.anl.2019.10.007. Epub 2019 Nov 12. PMID: 31732282.

<sup>8</sup> Kamali I. Test-retest validity of acoustic pharyngometry measurements. Otolaryngol Head Neck Surg. 2004 Feb;130(2):223-8. doi: 10.1016/j.otohns.2003.08.024. PMID: 14990920.

<sup>9</sup> Rong T, Ma JG, Li XY, Cai L, Jiang XX, Wang YX. [The application of acoustic pharyngometry in diagnosis and treatment of OSAS]. Lin Chung Er Bi Yan Hou Tou Jing Wei Ke Za Zhi. 2018 Mar;32(6):477-53. Chinese. doi: 10.13201/j.issn.1001-1781.2018.06.020. PMID: 29737750.

<sup>10</sup> Zhao Y, Li X, Ma J. Combined application of pharyngeal volume and minimal cross-sectional area may be helpful in screening persons suspected of obstructive sleep apnea (OSA). Sleep Breath. 2022 Mar;26(1):243-250. doi: 10.1007/s13135-021-02358-4. Epub 2021 May 8. PMID: 33961516; PMCID: PMC8857154.

<sup>11</sup> Friedman M, Samuelson CG, Hamilton CS. Acoustic Pharyngometry: A Substitute for Drug-Induced Sleep Endoscopy? Otolaryngology—Head and Neck Surgery. 2012;147(2—suppl):P119-P119. doi: 10.1177/0194599812451438a264

<sup>12</sup> Gagnon Y, Mayer P, Morisson F, Rompré PH, Lavigne GJ. Aggravation of respiratory disturbances by the use of an occlusal splint in apneic patients: a pilot study. Int J Prosthodont. 2004 Jul-Aug;17(4):447-53. PMID: 15382781.

<sup>13</sup> Martynowicz, H., Gac, P., Brzecka, A., Poreba, R., Wojakowska, A., Mazur, G., Smardz, J., & Wiedziekowicz, M. (2019). The Relationship between Sleep Bruxism and Obstructive Sleep Apnea Based on Polysomnographic Findings. Journal of clinical medicine, 8(10), 1653. <https://doi.org/10.3390/jcm8101653>

<sup>14</sup> Oksenberg A, Arons E. Sleep bruxism related to obstructive sleep apnea: the effect of continuous positive airway pressure. Sleep Med. 2002 Nov;3(6):513-5. doi: 10.1016/s1389-9457(02)00130-2. PMID: 14592147.

<sup>15</sup> Balasubramanian, R., Klasser, G.D., Cistulli, P.A., & Lavigne, G.J. (2014). The link between sleep Bruxism, Sleep Disordered Breathing and Temporomandibular Disorders: An Evidence-Based Review.

<sup>16</sup> Mayer P, Heinzer R, Lavigne G. Sleep Bruxism in Respiratory Medicine Practice. Chest. 2016 Jan;149(1):262-71. doi: 10.1378/chest.15-0822. Epub 2016 Jan 6. PMID: 26225899.

# GDA MEMBER PROFILE



## DR. KENDRA OUSLEY

**GDA DISTRICT:**

Northern District Dental Society

**PLACE OF WORK:**

Managing Clinical Director,  
Cherokee Smiles Dental

**DENTAL SPECIALTY:**

General Dentistry

## Dr. Kendra Ousley



This column highlights GDA members talking about their path to dentistry and the value they find in GDA membership. This month we hear from **Dr. Kendra Ousley**.

**GDA**

### What inspired you to become a dentist?

I first developed my passion for dentistry at the age of 13. I was introduced to dentistry by my family dentist, Dr. Boggess in my hometown of Springfield, IL. By high school, I was introduced to Dr. Thomas who mentored and helped me become the dentist I am today.

### What surprised you in your early days of practice?

In my early years of dentistry, I was surprised by how important it was to use interpersonal communication skills to build lasting relationships with both my team and patients. The excellence of emotional intelligence is key to good leaders. Creating an environment that values each team member will equal the success of your dentistry.

### Has there been something through the years that became a game changer for you and your patients (technology, tools, resources, etc.)?

Implementing Color Method by ZIRC (an organization system that assigns a specific color for each dental procedure, allowing for easy organization and identification of necessary instruments

and materials by color-coded trays, tubs, and cassettes.) This system was one of the best decisions I made in my career. The system has made my office more efficient, decreased supply costs, and patients enjoy the nice colors.

### What do you value about your GDA membership?

GDA membership is valuable to the dental community because it provides help with everything from discounted work attire to legal advice and social events. Programs like Leadership GDA help bring our dental community together and provide tools for success.

### What advice would you give to a dental student?

The advice I would give to a dental student is to remain open-minded and always continue striving to be a better dentist. One should never stop seeking to grow.

### What do you enjoy doing to decompress?

I love music and baking, especially with my mother who taught me everything I know about sweets. I also enjoy traveling with my beautiful little girl Grace Alma and my loving husband, Omara. Together we can conquer the world!



If you were on a plane right now,  
where would you be headed?

If I was on a plane today, I would be  
heading to Israel, The Holy Land!

Without saying "I am a dentist,"  
what would you say if someone  
asked you what you do for a living?

I make people's day by brightening  
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## Ready to discover more member benefits?



Explore the many ways to save on top-quality products and services for your practice, home, and life—just scan the QR code now!

Choose with confidence, knowing these resources have been carefully researched and endorsed for members of the American Dental Association and/or the Georgia Dental Association.

## We are pleased to announce



Dr. Christina Legradi

has acquired the practice of

Dr. Scott Barnett

Pell City, Alabama

Dr. Jack Hasenkopf

has acquired the practice of

Dr. Kim Kozloski

Marietta, Georgia

(Pictured left.)

Dr. Dejuanquaries Stephens

has acquired the practice of

Dr. Lee Zhao

Norcross, Georgia

### Practices for Sale

West of Atlanta: All FFS practice collecting \$450K per year. 7 ops.

South Atlanta Suburb: Collects \$700K in busy shopping center. FFS/PPO patient base. Strong cashflow. 5 ops.

Atlanta: Large rooms with windows. 4 ops, room to expand. Mainly FFS. Collects \$500K. Digital with CBCT.

Gwinnett: 5 ops with real estate. FFS/PPO. Part-time. Collecting \$325K.

Chatham Co: Paperless, CBCT. Mainly FFS. Collects \$600K. Strong hygiene.

Buckhead: Collecting \$1M/year. Open 3 days/week. Cosmetic. No marketing. Seller will help with transition.

East of Atlanta: Grossing \$550K. PPO/FFS. 5 ops. Digital and paperless.

NW GA Ortho: Modern practice, 11 chairs. Digital and paperless. Revenue \$1.5M. Mainly FFS.

Hall County: Newly built office. 4 ops. Busy shopping center. Mainly FFS. Digital, paperless, CBCT.

North Atl Ortho: Prime location. Large facility. Open parttime. Collects \$500K. Busy road. Lots of potential.

Gwinnett Pedo/Ortho: Currently a satellite pedo practice, room to add ortho. Excellent condition. Jumpstart.

Dekalb Co: Collects \$800K/year. 6 ops with room to add more. Digital and paperless. Real estate for sale.

SE Georgia: 100% FFS. 6 ops. Lots of windows. Collects \$550K per year.

Gwinnett Pedo: Collects \$800K. 8 chairs in 3735 sq/ft. Seller will help transition. Lots of potential for more.

Troup Co.: Beautiful, technology driven practice. Collecting \$1M+. 5 ops with room. Real estate for sale.

Lawrenceville: Brand new practice! 3 fully equipped ops with room to add more. Digital and paperless. Windows

N. Atlanta Pedo: State-of-the-art practice in highly desirable location near elementary school.

Paulding Co: Collecting \$1M/year. Moderns. FFS/PPO. 5 ops. Paperless.

NE GA: 100% FFS. 5 ops. Standalone building. Collects \$450K. Potential.

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# 2024 YEAR-IN-REVIEW REPORT

**Mission Statement:** GDA's mission is to help GDA member dentists succeed.

**Vision Statement:** Our vision is for Georgia to become a state with optimal oral health.

## A MESSAGE FROM THE



**KRISTEN MORGAN**  
GDA Executive Director

As we reflect on 2024, we are proud of the progress we've made to enhance the value of your membership. We are also grateful for your continued support and commitment. Thanks to you, our GDA community and the dental profession in Georgia remain strong.

Here are some of the new member benefits introduced this past year:

### **1. Complimentary online CE:**

Members had access to monthly complimentary online CE courses to help meet license requirements.

### **2. Free job posting on the**

**GDA Career Center:** Members received a free job posting, valued at \$125, on the GDA Career Center at [jobs.gadental.org](http://jobs.gadental.org).

**3. Website updates:** Major updates were made to the GDA website to improve the member experience, including simplified navigation and reorganized content.

# Executive Director



MEMBERSHIP



ENDORSED PARTNERSHIPS



GOVERNMENT RELATIONS



PUBLIC RELATIONS,  
MARKETING &  
COMMUNICATIONS



EDUCATION &  
TRAINING



GOVERNANCE



MEMBER  
PRODUCTS  
& SERVICES



FOUNDATION

— Kristen

These new benefits are a direct result of your feedback and our commitment to providing you with unparalleled value. We are excited to see how these enhancements continue to support your professional and personal growth.

Thank you for being an essential part of the Georgia Dental Association. As always, we welcome your ideas, feedback, and suggestions to help us serve you better.

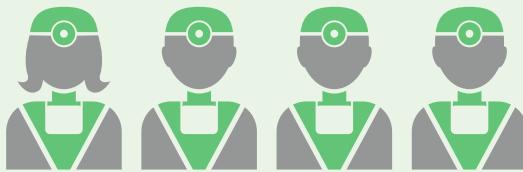


# Membership

## 2024 GDA Membership Demographics

# 3,426

Member Dentists



# 66%

of total dentists in GA are members

\*as of December 2024



Average Age

# 56yrs

Average Years of GDA Membership

# 23yrs

## Membership Outreach

GDA hosted events throughout the state to connect with current members and promote organized dentistry to prospective members.

GDA hosted a Western District "Ask Me Anything" event in Columbus to facilitate one-on-one connections with recent graduates / new dentists and district leaders while demonstrating the strength of the GDA community and district resources that come with membership.

GDA President, Dr. Amber Lawson, spoke on a panel discussion at the fall HOSA Conference for future healthcare workers of America in Athens. This supported GDA's efforts to promote careers in dentistry to Georgia high school students in partnership with HOSA, the Future Health Professionals organization.

GDA membership invited non-members to the Southeastern District CE Day in Savannah, providing a \$150 discount for registration to attend. Membership staff delivered a lunchtime presentation on the value of membership to attendees.

At GDA's Fall CE Conference in Peachtree City, membership staff met roughly 60 attendees and promoted membership opportunities.

Throughout the fall and winter, GDA met with students at the Dental College of Georgia and provided sponsorship and programming to support their future transition to organized dentistry.

**In September:** GDA hosted a Lunch and Learn Panel Discussion offering career insights from Dr. Jamie Mitchell, Dr. Bridgett Jorgensen and Dr. Phillip Tully and sponsored DCG's Fall Career Summit for D3s and D4s.

**In October:** GDA hosted a conversation with Executive Director of the Georgia Board of Health Care Workforce, Mr. Chet Bhasin, on the Georgia Dentist Education Loan Repayment Program (GDELRP).

**GDA President:** Dr. Amber Lawson shared her insights on careers in dentistry during a panel discussion at the Georgia HOSA Fall Leadership Conference in Athens in November. The GDA partners with Georgia HOSA, the 4,200-member Future Health Professionals organization for middle and high school students and advisors, to promote all career paths in dentistry.



**GDA Convention:** The GDA convention was held in Jekyll Island, GA July 3-6, 2024. Nearly 700 dentists, dental staff, guests and exhibitors networked, attended CE, heard from inspiring speakers and enjoyed a spectacular Fourth of July celebration.

**Focus on Member Value:** GDA launched several new member benefits in 2024, including complimentary online CE, free job postings on the GDA Career Center (valued at \$125), increased access to policy resources and information to help members navigate regulatory changes, new lower health insurance plans and major updates to the GDA website to improve member experience. GDA also provided support for pre-dental club meetings throughout the state.

# Endorsed Partnerships

Thank You!  
Endorsed Partners



Explore the discounts and savings offered by GDA's endorsed partners.



GE APPLIANCES



Mercedes-Benz



v o l v o



Unlock exclusive savings with our endorsed partners—scan the QR code to discover more!



# Government Relations

## 2024 Legislative Successes

This session was an incredibly successful one for the GDA. From budget requests to expanding loan repayment for dentists in rural areas, the GDA thrived under the Gold Dome in 2024.

### **HB872-Service Cancelable Loan Program:**

The bill carried by Chairman Lee Hawkins expands the service cancelable loan program for health care providers to include dental students.

### **HB82-Rural Health Professional 2024 Tax Credit:**

The bill sunsets an existing tax credit available to rural physicians, and it creates a broader version of the credit also available to dentists.

### **DRAA and DDS Funding:**

Advocated for and retained funding for the DRAA (Dentists for Rural Areas Assistance Program) and the Donated Dental Services program.

### **Medicaid Expansion for Dental Services:**

With the proposed budget for adult expansion for dental Medicaid coverage, adults will receive the same care as children on Medicaid until the age of 62. Concerns over the size of the request and if it is enough to cover the program, stress the need for education of the benefit for both providers and users.

### **HB441-Tele-Dentistry:**

Twenty years in the making, this bill introduced by GDA and supported by the Georgia Dental Hygiene Association passed both the House and Senate but was vetoed by the Governor and his staff. It would have created a statutory framework to regulate the practice of tele-dentistry in Georgia. We are grateful to House Chairwoman Katie Dempsey for her willingness and passion to see this bill through to the finish line and to Senator Shawn Still for his presentation of the bill on the Senate floor.



## Legislative Receptions

Over the course of the off-season, each of the seven dental districts hosted legislative receptions to give the members of each district the opportunity to network and connect with their elected officials. These receptions also give us the opportunity to speak with our elected officials about policies that affect the dental profession.



Northwestern Legislative Reception Fish Fry

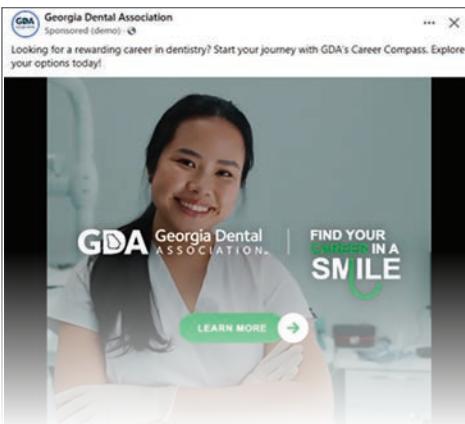
# PR | Marketing | Communications

Public relations and communications activities continue to keep members informed, promote the profession, and encourage all Georgians to find a dentist and visit regularly.



## Public Relations

- **PR efforts drove over 18,800** people to find a GDA member dentist through a dental prevention digital ad campaign and landing page, [www.healthymouthhealthyme.org](http://www.healthymouthhealthyme.org)
- **A digital video ad promoted careers** in dentistry on social media platforms. The ads targeted high school students, generating over



3.2 million impressions, 142,522 video plays and 118,539 link clicks to GDA's pathways to dentistry landing page.

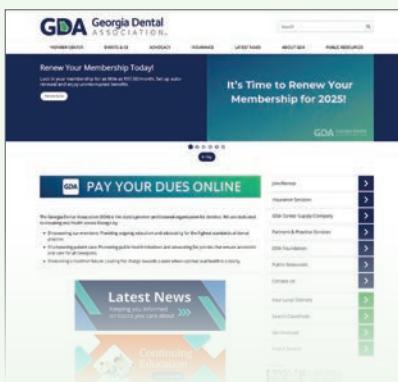
- **GDA served as the voice of dentistry** in Georgia addressing issues in the news such as dental health, DIY dentistry, veneers and hurricane relief efforts. Proactive media outreach generated over 530 media placements.



## Marketing

### Website Refresh

The GDA website was refreshed earlier in the year to include simplified navigation, a clear call to action, reorganized content and an updated logo.



**TOP  
5**

#### Most Visited Pages

- 1 Charitable Clinics
- 2 Georgia Dental Association & American Dental Association
- 3 Donated Dental Services
- 4 Find a Dentist
- 5 Expanded Duties

### Social Media

GDA continues to grow our online activity and engagement through the GDA and subsidiary websites and social media:

**258%**  
USERS  
**INCREASE**  
over 2023

**GDAPLUS.com**  
**9,546 users**

**63%**  
USERS  
**INCREASE**  
over 2023

**GADENTAL.org**  
**77,798 users**



**FACEBOOK:**  
**2,728**  
Followers



**LINKEDIN:**  
**1,983**  
Followers



**INSTAGRAM:**  
**1,130**  
Followers



**TWITTER:**  
**927**  
Followers





# Education & Training



## GDA – Your Home for Required Continuing Education

GDA continues to enhance educational opportunities for members. Relevant and high-quality programs help members and their practices in a variety of accessible formats from webinars and online learning to in-person CE opportunities.

Find all upcoming CE at [gadental.org](http://gadental.org)



### In-person CE at GDA Offices

A two-hour LEAP training was hosted at the GDA office on May 17. In addition to the two hours of required, in-person CE attendees had an opportunity to donate blood at an onsite Bloodmobile.

### Phlebotomy Training for Dentists and Dental Staff

A new phlebotomy course was created by GDA and approved by the Georgia Board of Dentistry for dentists and dental assistants. The first course was offered in September at the GDA office. It was instructed by Dr. Lee Whitesides. After a successful first course, a second Phlebotomy session was offered at the GDA office in December. Twenty-four people, consisting of member dentists and their dental assistants, attended.

### Radiation Safety Webinars

A two-part virtual Radiation Safety training was hosted via Zoom on May 17 and 24. Taught by Jennifer Burrell, recordings are available for GDA members and their staff to complete the required six hours of training.

### CE Webinars

Several CE webinars were offered in the first half of the year. Topics ranged from embezzlement and cybersecurity to red flag patients.

### Expanding Expanded Duties

A total of 16 Expanded Duties dates were offered around the state in 2024, concluding with final sessions in Claxton and Atlanta.

### Fall Conference In-Person CE

Fall Conference offered 25 in-person, CE hour options at the Hilton Peachtree City Atlanta Hotel and Conference Center, a location not typically offered to members.

### Required Webinars

Four required courses (LEAP, OSHA, HIPAA, Infection Control/Waterlines) were offered in the fourth quarter in an on-demand format to give members and dental teams an early start on completing requirements!

### Free Friday CE Webinars

Free Friday CE webinars continued to be offered monthly from endorsed partners and sponsors like Bank of America, USB, DDSMatch and Fortune Law.





## Leadership GDA

Twelve Leadership GDA participants took part in an impactful program this summer featuring:

- A virtual meeting in June moderated by Carol Paige from PRN Consulting
- A July self-study and Action magazine interview to be published at a later date
- A meeting with moderated discussion on key challenges and strategies in being a strong dentist leader in August
- Graduation and lunch celebration with GDA leaders at the GDA office

GDA 2024 House of Delegates

## Strategic Plan Review

- At the March 15 – 16, 2024 Board of Trustees meeting, the Board engaged in an audit of the GDA's strategic plan by reviewing the key results, objectives, and strategies, and adding additional strategies to meet new challenges. The current strategic plan ends in December 2025, and planning for 2026 and beyond will begin this year.

## Amendments to the GDA Bylaws and Policy Manual

- At the July 3, 2024 House of Delegates meeting, the House approved amendments to the GDA Bylaws and Policy Manual regarding the Council on Peer Review and Ethics policies and procedures for reviewing alleged violations of *The Principles of Ethics and Code of Professional Conduct of the ADA*. The GDA Bylaws and Policy Manual can be found on the GDA website at [gadental.org](http://gadental.org), or by scanning this QR code (login required).

## Moving the Winter HOD Meeting

- At the July 3, 2024 House of Delegates meeting, the House voted in favor of moving the winter HOD meeting from December to January.





# Member Product & Services



The association has diversified its income streams, reducing the reliance on dues to 30% and achieving a strategic plan goal.

## 2024 GDIS Business Insurance Lines (Hartford)

**27.2%**

Growth in  
NEW  
BUSINESS  
WRITTEN

**8.8%**

Growth in  
TOTAL  
WRITTEN  
PREMIUM



## 2024 Personal Lines

Continues to assist members with their personal insurance needs, including home, auto, life, and disability insurance.

## GDA Plus+ Supplies (2024)

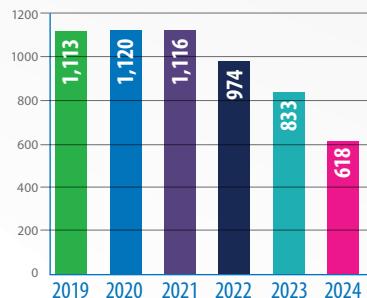


## 2024 GDIS Dental Malpractice (MedPro)

**1.6%**

Growth in  
TOTAL  
PREMIUM

## GDA Health Plan Enrollment Comparison



The GDA Health Plan has declined over the past five years as the costs of the plan have risen. In 2025, the GDA introduced our new carrier, United Healthcare, with new age banding rates. Age-banding makes premiums more equitable for all members and attracts the next generation of dentists.

# Latest News

Stay Informed. Stay Ahead. ➤

## BOARD OF DENTISTRY ADOPTS NEW Dental Unit Water Quality Rule

On February 7th, 2025, Georgia's Board of Dentistry adopted a new rule

aimed at ensuring dental unit water quality. A focus on water quality, particularly as relates to water lines, has been on the rise nationally, and with a new case of *Mycobacterium abscessus* in Georgia, the board chose to implement a new rule clarifying infection control requirements for dental offices in the state. Representatives from Georgia Dental Association were present for public comment.

### The Growing National Conversation

The Georgia Board of Dentistry is aiming to make dental offices even safer. Several outbreaks of *Mycobacterium abscessus* have been reported over the past decade. The worst, and best known, occurred in California. Of 71 confirmed cases, 70 were hospitalized for a mean 8.5 days and required surgical intervention. All cases were in children who had undergone pulpotomy procedures at the same clinic. This and other headline-grabbing cases have prompted regulatory authorities to begin to act, and the trend toward regulating water lines matches a growing emphasis on preventing healthcare-associated infections in all settings.

In Georgia, the Board of Dentistry already had existing rules governing infection control. One rule (Ga. Comp. R.

& Regs. r. 150-8-.01(a)) directs dentists to follow Centers for Disease Control and Prevention (CDC) guidelines, particularly as relates to bloodborne pathogens. Another rule requires continuing education on infection control with a special emphasis on dental unit water lines. The Board's new rule adds an infection control requirement that mirrors existing CDC guidance.

### What does the new rule require?

The Board selected Washington's existing regulatory model as a base, and they chose to focus solely on water line testing. Washington's rule largely restates long-time recommendations broadcast by public health authorities. The new Georgia rule requires:

- Offices to use water meeting EPA drinking water standards ( $\leq 500$  CFUs/mL) for nonsurgical dental procedures
- Offices to follow manufacturers' instructions for use when testing water quality, to test water lines at least quarterly, and to test water quality within 30 days of plumbing modifications
- To take remedial action if an unacceptable level of colony-forming units (CFUs) is identified
- To keep a log for a period of at least 5-years recording dates, the person conducting the tests, and reports from an independent testing entity

Discover more about this **NEW RULE** by purchasing our on-demand webinar at [gadental.org/requiredcourses](http://gadental.org/requiredcourses)

### How will this new rule affect Georgia dental practices?

The rule is unlikely to have a major impact on many dental practices. Many practices are already testing water quality and addressing issues as they arise. They may have to adapt existing practices to fit the new rule, but complying with the rule should be an easy adjustment. Even for a practice doing no testing, compliance would most likely be low cost. For those who encounter difficulties with compliance, GDA is here to help.

### Georgia Dental Association is Helping Dentists Prepare

One of the benefits of GDA membership is access to **GDA Plus + Supplies**. GDA's supply company provides dental supplies to member dentists, often at lower prices than other major supply companies. Water testing and infection prevention supplies are among the many items available for order today.

To support our members during the transition to the new quarterly testing requirement, we're here to help with all your waterline testing needs. GDA members can purchase high-quality test kits for just \$219.02, while nonmembers will pay \$271.99. Take advantage of this special pricing through our trusted supply company. 

**GDA Dental Supply Company**  
Buying with Integrity

For questions about the new regulation, call GDA today at (404) 636-7553. To get more involved in advocating for dentistry in the state of Georgia, consider attending LAW Day, signing up as a contact dentist, or donating to GDAPAC.

SCAN the QR code to access the **full text** of the new rule.



SCAN the QR code or visit [gadental.org/dentalsupplies](http://gadental.org/dentalsupplies) to purchase **test kits**.



# Marketing Trends: Elevating Your Dental Practice's Digital Presence and Reputation

In today's dental industry, a robust digital presence and a stellar online reputation are indispensable for attracting new patients and retaining loyal ones. As marketing strategies evolve in the digital era, modern dental practices are leveraging reputation management, social media, and emerging technologies to differentiate themselves and build trust. By combining effective online review management, smart local SEO tactics, engaging social media content, and innovative tech solutions, dental professionals can significantly enhance their visibility and credibility in local markets.

## The Essence of Online Reputation Management

Online reputation management (ORM) is the strategic process of monitoring, influencing, and shaping the public perception of your dental practice across digital platforms. Rather than being a mere optional tactic, ORM is a critical element of contemporary practice management that drives trust, patient satisfaction, and long-term success.

**At its core, ORM encompasses several vital activities:**

**Monitoring:** Tracking conversations and mentions about your practice across social networks, review sites, blogs, forums, and news outlets.

**Engagement:** Actively interacting with your audience by responding to reviews, comments, and feedback. Demonstrating genuine care for patients' opinions and addressing concerns openly reinforces your commitment to quality care and builds lasting relationships.

**Content Creation:** Developing and sharing positive, informative content—ranging from blog posts and testimonials to videos and press releases—that highlights your practice's achievements, community involvement, and professional expertise. Such content not only promotes a favorable image but also helps push down any negative search results.

In essence, maintaining a positive digital footprint is an ongoing effort that reflects the

quality and values of your practice. A well-managed online reputation not only attracts new patients but also serves as a continuous improvement tool, enabling your practice to learn from feedback and adapt accordingly.

**Key Takeaway:** Reputation management is critical for dental practices because it directly influences patient trust, online visibility, and overall business growth.

## The Impact of Google Reviews

Patient reviews have transformed the way potential patients choose their healthcare providers, and Google Reviews are at the forefront of this trend. When individuals search for a new dentist, they often rely on the firsthand experiences shared by previous patients. Positive reviews act as social proof, signaling that the practice delivers compassionate care and professional expertise.

Multiple studies underscore the importance of these reviews. Research from BrightLocal reveals that over 90% of consumers read online reviews when evaluating a local business, with nearly 84% trusting these evaluations as much as personal recommendations. Similarly, research by Software Advice found that roughly 72% of patients consider online feedback when selecting a new healthcare provider. Recent insights even suggest that between 70% and 90% of patients now depend on these assessments to guide their decisions.

**Google Reviews offer several key benefits:**

**Authenticity and Credibility:** As genuine accounts of patient experiences, these reviews provide honest and unbiased insights into the quality of care offered by your practice. Such authentic feedback can be more persuasive than traditional advertising or marketing.

**Enhanced Local SEO:** Google's search algorithms favor businesses with high ratings and consistent positive feedback. An abundance of favorable reviews not only improves your practice's ranking in local search results but also increases your online visibility when prospective patients look for dental services nearby.

**Interactive Communication:** Responding to reviews—whether praising or constructive—demonstrates that you value patient feedback and are committed to ongoing improvement. This engagement helps build a rapport with both current and prospective patients, reinforcing your reputation as a responsive and caring provider.

**Cost-Effective Promotion:** In an era where every marketing dollar counts, leveraging Google Reviews is an economical way to boost your practice's reputation. These patient-generated endorsements carry significant weight and can effectively differentiate your practice from competitors.

**Key Takeaway:** Google Reviews are a powerful form of user-generated content that enhances credibility, bolsters local search rankings, and facilitates direct engagement with patients, ultimately influencing the decision-making process.

## Harnessing Social Media for Meaningful Connections

Social media platforms have evolved into dynamic marketing tools that enable dental practices to create personal, human-to-human connections with patients. By engaging with audiences on platforms like Facebook and Instagram, practices can showcase their unique culture, expert care, and the friendly faces behind the service.

**Here are some ways social media can transform your marketing strategy:**

**Personalized Engagement:** Social media offers an ideal channel to share informative content, behind-the-scenes glimpses, and day-to-day stories that humanize your practice. By posting authentic photos and videos of your office environment and team members, you create a welcoming atmosphere for potential patients.

**Educational Content:** Short videos explaining common dental procedures or addressing frequently asked questions can demystify treatments and foster a sense of trust. This educational approach not only informs patients but also positions your practice as a thought leader in dental care.

**Targeted Advertising:** Social media platforms provide sophisticated advertising tools that allow you to target specific demographics based on age, location, and more. Such precision ensures that your marketing messages reach your target audience.

**Interactive Campaigns:** Incorporating elements like live Q&A sessions, contests, or giveaways can further boost engagement. These interactive campaigns not only drive online traffic but also encourage word-of-mouth referrals in the digital space.

By integrating these strategies, dental practices can effectively build a strong online community, enhance credibility, and convert online interactions into in-office appointments.

**Key Takeaway:** Social media is an indispensable tool for dental practices, enabling them to establish authentic connections, educate their audience, and leverage targeted outreach to build a loyal patient base.

## Embracing Emerging Technologies

The advent of advanced digital tools is reshaping the way dental practices interact with patients and manage their operations. Emerging technologies—such as artificial intelligence (AI), chatbots, and virtual consultation platforms—offer innovative ways to personalize patient experiences while optimizing office efficiency.

### Consider the following advancements:

**AI-Powered Personalization:** Artificial intelligence can analyze patient data to create tailored marketing messages and treatment reminders. This level of personalization enhances patient engagement by ensuring that communication is relevant and timely.

### Chatbots for Instant Communication:

Chatbots integrated into your website can provide immediate responses to frequently asked questions and guide visitors through basic queries. This not only improves the overall user experience but also frees up staff time for other tasks.

**Virtual Consultations:** In today's fast-paced world, offering virtual initial consultations can significantly expand your reach. Video conferencing tools allow prospective patients to "e-meet" a member of your team, ask preliminary questions, and get comfortable with your practice before an in-person visit. These virtual interactions can also help to reduce new patient anxiety.

**Video Introductions:** Pre-recorded "Meet the Team" videos, featuring personal introductions from dentists, hygienists, and support staff, can be automatically sent to interested patients. These personalized video messages foster familiarity and trust, making potential patients feel more at ease when they eventually visit the office.

**Automation and Analytics:** All these technologies come equipped with tracking and reporting capabilities, allowing you to measure engagement, set up automation triggers, and refine your marketing strategies based on real-time data.

By embracing these cutting-edge solutions, dental practices can streamline their operations, deliver customized patient experiences on demand, and stay ahead of competitors in an increasingly digital marketplace.

**Key Takeaway:** Innovative digital tools, including AI, chatbots, and virtual consultations, empower dental practices to provide personalized, efficient patient engagement while enhancing overall operational performance.

## Integrating Strategies for Lasting Success

A well-rounded digital marketing strategy for dental practices involves combining traditional reputation management with modern online engagement tools. By focusing on authentic online reviews, dynamic social media content, and emerging digital technologies, your practice can build a comprehensive marketing framework that fosters growth and reinforces patient trust.

**Here's how to integrate these components effectively:**

**Unified Online Presence:** Ensure that your dental practice's information is accurate and up-to-date across all platforms, from your website and Google Business Profile to social media channels and review sites. A cohesive digital identity boosts search engine rankings.

**Consistent Engagement:** Regularly monitor feedback and engage with your online community. Whether it's addressing concerns or sharing informative content, consistent interaction strengthens your reputation and patient loyalty.

**Data-Driven Decisions:** Leverage the analytics provided by various digital tools to understand patient behavior, measure the success of your campaigns, and identify areas for improvement. Data-driven insights enable you to refine your strategies and ensure that your marketing efforts yield tangible results.

By synthesizing these strategies, dental professionals can transform their digital marketing approach into a powerful asset that drives patient acquisition, enhances service delivery, and fosters a positive community image.

## Overall Key Takeaways:

**Reputation Management:** Proactive monitoring and engagement with online feedback are essential for maintaining trust and improving local search rankings.

**Google Reviews:** These authentic, user-generated endorsements serve as vital social proof that influences patient decisions and bolsters your practice's online visibility.

**Social Media Engagement:** Leveraging platforms like Facebook and Instagram allows for personalized interactions, educational outreach, and targeted advertising that resonate with prospective patients.

**Emerging Technologies:** Cutting-edge digital tools such as AI, chatbots, and virtual consultations not only personalize patient experiences but also streamline operations and drive efficiency.

In conclusion, an integrated approach that combines robust reputation management with innovative digital strategies can revolutionize your dental practice's marketing efforts.

By staying abreast of evolving trends and continuously refining your online presence, you ensure that your practice remains a trusted and competitive choice for patients seeking quality dental care.



# LAW Day 2025



Dentists from all over Georgia gathered at the Capitol on January 30th, 2025 to participate in Georgia Dental Association's (GDA) annual **Legislative Awareness Day (LAW Day)**.

Over 100 participants spent the day advocating for the dental profession by informing legislators about legislative priorities: passing GDA's teledentistry bill, pursuing tort reform, improving Medicaid reimbursement, addressing dental workforce needs, and creating opportunities to boost access to care.

The day was packed full of opportunities for participants to engage their legislators, learn about policymaking, and meet fellow dentists interested in advocacy. The day began bright and early with coffee and networking right in the middle of everything. Dentists arrived to register and pick up their custom Wilson & Bow ties and scarves. The ties and scarves were a hit this year with legislators arriving to enthusiastically pick them up on the way into session.

The end of the morning was punctuated by a chance to hear from key legislators and a gathering in the galleries in each legislative chamber. Chairman Matt Hatchett,



the House Appropriations Chair, dropped in to share some words and offer to help pass key legislative priorities. Vice Chairwoman Kay Kirkpatrick, Senate Health and Human Services, and Representative Karen Lupton also shared words of support and encouragement. Participants also had the opportunity to pull legislators “to the ropes” for introductions and short discussions, fostering new relationships that may someday help legislators better understand the needs of dental professionals throughout the state.

A welcome surprise of the day came when Governor Kemp took to the stairs to announce that his office is dropping a comprehensive tort reform package. LAW Day participants were able to watch the press conference in person from every floor of the Capitol building just by stepping over to a railing. GDA members cheered the announcement that several tort reform priorities for healthcare providers made it into the bill.

Following the press conference, participants gathered to have lunch and to prepare for group meetings with

legislators from around Georgia. Groups of participants had the opportunity to directly address legislators at scheduled meetings throughout the day. This gave participants the opportunity to discuss their priorities and personal experiences with a representative group of legislators from around the state, and it gave legislators the opportunity to share their thoughts on current and future policies that could impact dentists.

The day ended with an evening legislative reception at the Westin Peachtree Plaza. The reception, cosponsored by GDA and the Northern District Dental Society, offered those staying in the city overnight an additional opportunity to gather with each other and even more legislators. Chairman Lee Hawkins, House Health Committee, and others dropped by to continue the conversation with LAW Day participants.

With LAW Day complete, there is still advocacy work to be done in the 2025 legislative session. Our government affairs teams, along with GDA's contact dentists, are advocating for the profession

of dentistry. Advocacy is one of the top-ranked member benefits available to GDA members, and member participation is more important now than ever. Dedicated dentists sharing their stories with Georgia's lawmakers make all the difference.

LAW Day is but one of many opportunities during the year for members to participate. Throughout the year, members can sign up as contact dentists. Contact dentists take the lead in developing important relationships with their legislator, and when bills appear that affect dentistry, contact dentists are often the first phone call a legislator makes. Supporting the Georgia Dental Association Political Action Committee helps elect candidates, regardless of party affiliation, who understand the needs of dental professionals. And do not forget that other events throughout the year provide opportunities to learn about policy and to join GDA's advocacy work.

**Join us June 19th-22nd at the Omni Amelia Island Resort for GDA Convention & Expo 2025 and be on the lookout for fall legislative receptions.**

## Wilson & Bow

CUSTOM TIES & TEXTILES



**Thank you** to Wilson & Bow for creating our green and toothbrush-themed **2025 LAW Day ties and scarves!**

❖ Dental Themed needlepoint handbag straps and key fobs coming in April. These will make great staff gifts. Small minimums with pre-order. Contact us today!

❖ Upcoming Needlepoint Collection Launch



SCAN the QR, text 762-395-9060, or email Matt Wilson. Upcoming needlepoint product launch including dental-themed shotgun straps and handbag straps, Christmas ornaments, and key fobs coming Spring 2025. Pre-order now for spring delivery.

❖ Order *custom scarves, ties, socks, and needlepoint items for your practice, with your practice name and logo.*



Georgia Commissioner of Agriculture Tyler Harper wearing GA Forestry Tie

### Contact Matt Wilson

Email: matt@wilsonandbow.com  
Phone Number: 762-395-9060  
Website: wilsonandbow.com

## Georgia Dental Association Foundation for Oral Health

## 2024 Impact Report

## Our Mission

We are dedicated to advancing Georgia's oral health through our community education and donated dental care programs.

## 2024 Highlights

This year we made a difference in the oral health of Georgians:

- 10,000+ school children received oral health education and smile kits, fostering healthier habits
- 200 special needs patients benefited from dental screenings and preventive treatment tailored to their unique needs
- Over \$140,000 in donated dental care provided through Georgia's Give Kids a Smile program
- Launch of Share a Smile, bringing donated dental care directly to local communities
- Relief fund established, offering financial assistance to GDA members and dental students affected by Hurricane Helene

Children's Dental Health Month



## We appreciate your support this year!

We extend our deepest gratitude to all who contributed to our mission this year. Your generosity allows us to continue making a meaningful impact in our community. The following individuals and organizations include generous supporters who donated, attended our fundraising events, bid in our silent auction, or contributed in other meaningful ways.

## Our Donors

### Gifts \$5,000 and Up

- Georgia Dental Insurance Services
- Henssler Financial
- SGA Dental Partners
- Southwestern District Dental Society

### Gifts \$1,000-\$4,999

- Affinity Bank
- Advanced Automation
- Bank of America
- Cartersville Endodontics
- Dentistry at Kennesaw Point
- Diab Dental Implants & Periodontics
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- Wealth Creation Atlanta

View a list of all our 2024 supporters at [gadental.org/2024support](http://gadental.org/2024support) or scan the QR code:





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• We strive for accuracy in donor recognition. If your name is listed incorrectly or you prefer to remain anonymous, please contact us.

### A special thank you to GDA Districts for their support

- Central District Dental Society
- Eastern District Dental Society
- Northern District Dental Society
- Northwestern District Dental Society
- Southeastern District Dental Society
- Southwestern District Dental Society
- Western District Dental Society

## Event Participants

The success of our events would not have been possible without the enthusiasm and generosity of our participants. Together, we raised over \$30,000 through ticket sales, auction bids, raffles, and donations.

Thank You!

Visit [gadental.org/foundation](http://gadental.org/foundation) to learn more.

Pull for Smiles



Hats and Horses



SWDDS Casino Night



# DID YOU KNOW You Have a Friend in the Dental Insurance Business?

Written by:

**PATRICK O'ROURKE**  
CEO, Practice Quotient®

For over ten years, I've been helping dentists across Georgia navigate the complex world of PPO contracts. My company, Practice Quotient, was born out of a simple but powerful idea: dentists deserve to be paid fairly for their expertise and hard work. Here's the story of how it all began, what we do, and how it benefits Georgia Dental Association (GDA) members like you.

## ORIGIN STORY: From Insurance Insider to Dentist Advocate

Ten years ago, I was ready to leave the corporate insurance world behind. After years of building dental networks and designing insurance plans, I opened my own financial services business. But the dental industry kept pulling me back in.

During that time, I frequently spoke with dentists who confided in me about their struggles with insurance reimbursements. Many shared stories of financial frustration despite having full schedules and years of practice.

One conversation stuck with me:

**DENTIST:** "The insurance companies are killing me. I've been here 30 years, and I'm struggling to make ends meet."

**ME:** "How many insurance plans do you participate in?"

**DENTIST:** "All of them, I think. My front office signs me up."

**ME:** "Did you know you can negotiate your fee schedules?"

**DENTIST:** (shocked) "What? They told me it's based on my zip code and that's it."

Hearing this over and over, I realized there wasn't anyone truly helping dentists fight for fair reimbursements. Companies I researched either lacked insurance expertise or charged exorbitant fees without delivering measurable results. Frustrated but inspired, I decided to step in.

In 2013, Practice Quotient was born. Our mission? To level the playing field between insurance companies and dental providers, ensuring fair compensation for quality care. Since then, we've helped countless dentists increase their revenue—sometimes by six figures annually—and regain control of their practices.





## What Practice Quotient Does for GDA Members

Practice Quotient specializes in dental insurance PPO network contract analytics and reimbursement guidance. In simpler terms, we make sure your contracts reflect your worth as a provider. Here's how we help:

- **Analyze Your PPO Contracts:** We evaluate your current contracts, comparing reimbursement rates to market and industry standards.
- **Develop a Customized Strategy:** Every practice is unique. We create tailored strategies to maximize your reimbursements while maintaining patient retention.
- **Negotiate on Your Behalf:** Using actuarial science and industry expertise, we negotiate directly with insurance companies to secure better terms.
- **Educate and Empower:** We provide insights into how insurance participation impacts your practice's bottom line, helping you make informed decisions.

By partnering with Practice Quotient, GDA members gain an advocate who understands the nuances of dental insurance and prioritizes your success.

## How the GDA Program Works

Our process begins with a consultation, designed to assess your specific circumstances and determine whether a full project would deliver meaningful financial benefits. Here's what to expect:

1. **Initial Consultation:** GDA members pay a discounted fee of \$150 (vs. \$395). This fee is donated to GDAPAC if you proceed with a full project.
2. **Data Collection:** We guide your team in gathering the necessary reports and PPO fee schedules, ensuring compliance with HIPAA/HITECH standards.
3. **Preliminary Analysis and Recommendations:** Using your data, we evaluate your current contracts and present options tailored to your goals.
4. **Strategic Discussion:** In a web conference, we review potential opportunities, challenges, and strategies for achieving a meaningful return on investment.

Our goal is to deliver actionable insights within 14-17 business days after receiving your data.

## Ready to Take the First Step?

If you're tired of unfair reimbursements and want to learn how Practice Quotient can help, schedule your consultation today. Together, we'll ensure your contracts reflect the quality and care you provide to your patients.

**Call our offices: (470) 592-1680**

**Visit our website: [PracticeQuotient.com](http://PracticeQuotient.com)**

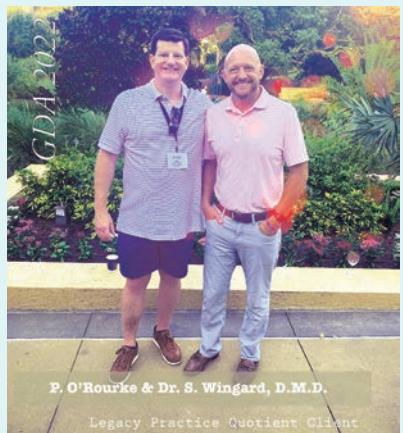
**Email: [info@PracticeQuotient.com](mailto:info@PracticeQuotient.com)**



### ABOUT THE AUTHOR

Patrick O'Rourke began his career in dental and vision insurance operations in Florida, later moving to Atlanta to work for Humana in the large group segment. With decades of experience building dental networks, designing insurance plans, and negotiating contracts, Patrick founded Practice Quotient in 2013. His mission is to help dental providers secure fair reimbursements while navigating the complexities of managed care.

Patrick is a sought-after speaker, educating dentists nationwide on how insurance participation affects their practices. As a GDA member benefit, he's available to speak at district meetings or study clubs (time permitting).



P. O'Rourke & Dr. S. Wingard, D.M.D.

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- Online: Visit [gadental.org/renew](http://gadental.org/renew) and pay your dues today.
- Check: Mail in your full dues payment to the address in your dues statement.
- Phone: Contact the GDA for questions and dues payment over the phone at 404-636-7553.

### **Step 2: Select a payment plan**

Payment plans are available at no additional cost to GDA members paying by credit card. Select a 6-month, 12-month or one-time payment option.

### **Step 3: Select auto-renewal**

Select the "Auto-Renew" option when you renew online, on your dues statement or by phone. If you choose a payment plan, that same plan will apply next year. Email reminders are sent each year before dues are charged.

# STEP UP TO THE PLATE

Join us at SRP Park in Augusta to celebrate DCG's 2025 graduates and GDA's newest members, while the Augusta Greenjackets kickoff their 2025 baseball season!

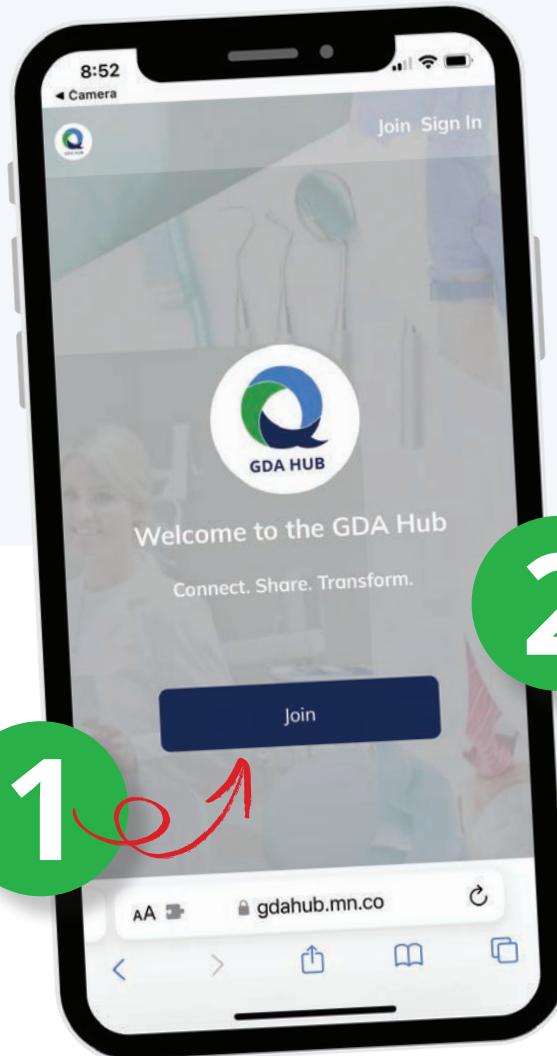
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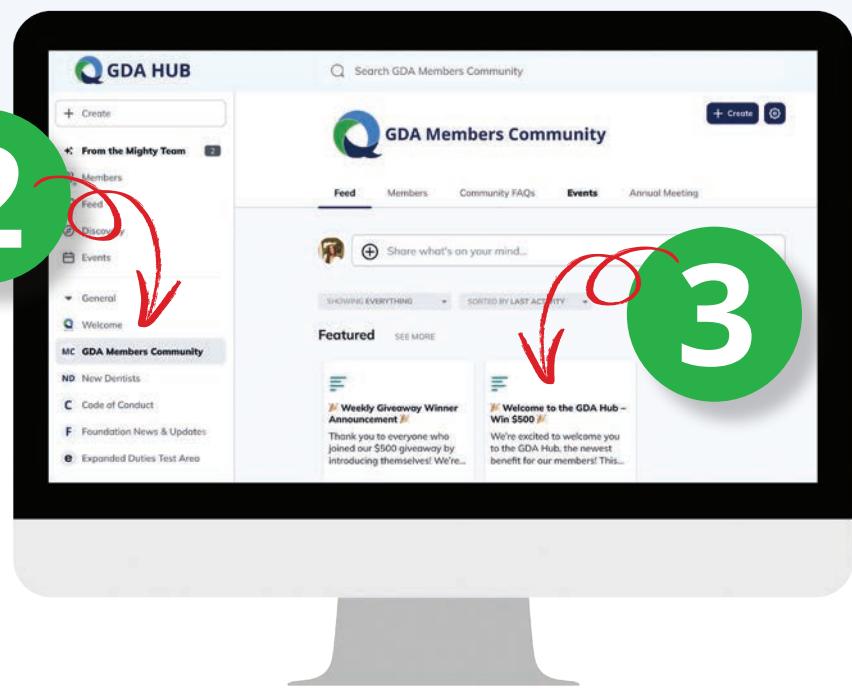
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**2** **JOIN** the GDA Members Community

**3** **ENTER** our weekly giveaway!

## Features:

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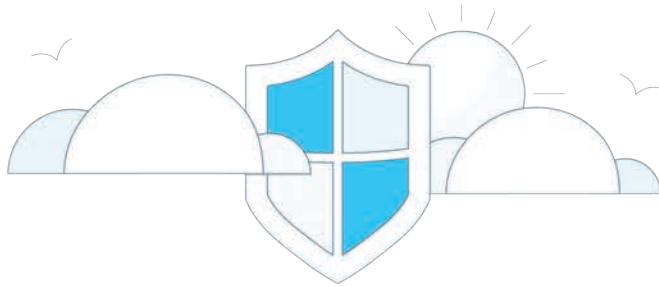
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