Here’s where to look for one of the best values of your Dental Association membership. Across Montana, district dental societies have begun their first monthly dinner meetings of the fall. Your dental society gathering provides continuing education presentations, collegial connections and comradery, updates on state dental advocacy and reports on MDA’s programs and services.

If it’s been awhile since you joined dentists in your area for dinner, please take this opportunity to do so. If you are a new dentist, or a member who hasn’t been able to attend a dinner in the past, there’s no better time than now. And if it’s been some time since you dropped in for an evening with colleagues and friends, come back and say hello.

<table>
<thead>
<tr>
<th>District</th>
<th>President’s Name</th>
<th>Phone</th>
<th>Time</th>
<th>Dates &amp; Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dr. Michael Bowman</td>
<td>(406) 752-8888</td>
<td>6:30pm</td>
<td>3rd Tues. Sept-May Jagz restaurant</td>
</tr>
<tr>
<td>2</td>
<td>Dr. Joseph Petrino</td>
<td>(406) 542-1600</td>
<td>6:30pm</td>
<td>3rd Tues. Sept-May Country Club Elbow Rm.</td>
</tr>
<tr>
<td>3</td>
<td>Dr. Aaron Shearman</td>
<td>(406) 494-1316</td>
<td>6:30pm</td>
<td>1st Mon. Sept-May Rotating Sites</td>
</tr>
<tr>
<td>4</td>
<td>Dr. Kevin Fairhurst</td>
<td>(406) 761-1365</td>
<td>6:30pm</td>
<td>2nd Tues. Sept-May Rotating Sites</td>
</tr>
<tr>
<td>5</td>
<td>Dr. Brandon Kiesling</td>
<td>(406) 443-5526</td>
<td>6:00pm</td>
<td>2nd Tues. Sept-May Grubstake Restaurant</td>
</tr>
<tr>
<td>6</td>
<td>Dr. Jesse McClung</td>
<td>(406) 585-5949</td>
<td>6:30pm</td>
<td>2nd Tues. Sept-May Johnny Carinos</td>
</tr>
<tr>
<td>7</td>
<td>Dr. Lars Swensen</td>
<td>(406) 265-7886</td>
<td>6:00pm</td>
<td>1st Mon. Sept-May TBA in Havre</td>
</tr>
<tr>
<td>8</td>
<td>Dr. Matthew Moen</td>
<td>(406) 538-2376</td>
<td>5:30pm</td>
<td>2nd Tues. Sept-May Moen Family Dental</td>
</tr>
<tr>
<td>9</td>
<td>Dr. Elgin W. Wilde</td>
<td>(406) 565-6100</td>
<td>6:00pm</td>
<td>Quarterly TBA in Havre</td>
</tr>
<tr>
<td>10</td>
<td>Dr. Jesse Cole</td>
<td>(406) 487-2650</td>
<td>TBA</td>
<td>2nd Tues. Sept-May RMC Prescott Hall</td>
</tr>
</tbody>
</table>
One of the most important messages I can convey to you as your MDA President is the value we are receiving from our American Dental Association tripartite memberships which includes that ADA, the MDA and your local district. I am a huge fan of the ADA and the benefits that national membership offers. The ADA is working diligently to support the tripartite at the state dental association level and right down to the grass root district level to impact its members in a vital, relevant, and personal way.

If you haven’t recently, take a moment to visit the website:  www.ada.org.

The ADA’s national efforts toward prevention are currently magnified on a Montana statewide level through “Healthy Smiles From the Start”, MDA’s prevention awareness campaign. Visible through TV, print media, and billboards, and heard throughout our state on radio stations, the MDA with the support of the ADA is advancing preventative care for pregnant women and young children. According to the CDC, nearly one in four children under the age of four already have cavities. If we can educate young mothers about the importance of good dental care when they are pregnant, we can cultivate a culture in which seeking and maintaining good oral health is a priority from the earliest age.

As your President, I encourage all of you to unite with your fellow dentists who practice right in your district to create a collaborative dental community. Meet with those colleagues regularly. Share breakfast, lunch or dinner with them. As a profession, dentists tend to operate on an island within their businesses. Joining and being active in your local district bridges this gap and allows participating dentists to work together in their communities. My home district, The First District, is a tight knit group of dentists and my professional career has been very rewarding because of these relationships. I have been motivated by the First District’s leaders and it’s the reason why I address you now. No one will understand the problems or issues we face the way our fellow dental professionals will. We are each other’s best resource and support. I urge you to get involved on the district level and continue to improve our association and the communities we serve!
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In the world of Pulpal Treatment we have reinvented the “Endodontic Wheel”. And we have done it several times. We have competed against and, for all intents and purposes, conquered the dark ages of Endodontics. The painful, long procedures, using caustic obturation materials, opening and draining the tooth in multiple visits, GONE! Yikes, no wonder we are changing the misconceptions one patient at a time. We have reinvented the Endodontic wheel once, and we did it again. We were not satisfied with the mediocre treatment of necrotic immature apices. Apexification? Apexogenesis? Calcific bridge? MTA cement? Not good enough. We want thick canal walls. We want continued root development. We want naturally closed apices. Done and done. It’s called Pulpal Regeneration. Even though there hasn’t even been a code for the procedure until recently, your local endodontist has been doing this for years. Just ask them. But here is the recipe step by step:

1) Case selection – Necrotic Pulp with Immature Apex
2) Open the tooth and irrigate, irrigate, irrigate – with Sodium Hypochlorite But be careful – use side vented tip to avoid any accidents
3) Clear all Necrotic Tissue
4) Flush with QMIX 2-in-1 (Potent disinfectant and Smear Layer Remover)

5) Induce hemorrhage by working a “hooked” long 10 file into the Periradicular Tissues
6) Create a clot by packing the root with strips of Collagen Tape to the CEJ
7) Pack a bridge of MTA over the Clot
8) Restore the Access Preparation Permanently

Be advised this is meant to be a definitive and final Endodontic Procedure. No need for any further nor additional pulpal treatment. Finally, watch the apices finish developing. I tell ya, it works! RE-Inventing the Endodontic Wheel? Well, here it is!
Dr. Gillette recognized by ADA, AADR

The American Dental Association and the American Association for Dental Research (AADR) have presented the 2015 Evidence-Based Dentistry Practice Award to Dr. Jane Gillette, MDA’s president-elect.

The award honors Dr. Gillette for her “significant contributions in evidence-based dentistry and the broader professional impact she has had in her efforts to implement EBD in your practice and the state of Montana – truly going above and beyond in her work and distinguishing herself in the field. Her influential and forward-thinking work places her among the leaders of the profession.”

News About You

The high-altitude tale of Dr. Tanguay

by Dr. John Smith

Napoleon Hill wrote that: “Great achievement is usually born of great sacrifice, and is never the result of selfishness”. These words exemplify the profession of dentistry and reflect the life of Bozeman dentist, Dr. Jason Tanguay. Jason not only worked hard and sacrificed to become a dentist, but he has a remarkable outside interest in mountain climbing. He had his brush with fame when he sacrificed a rare opportunity to summit Mt. Everest to in order to help others. The rescue was one of the highest ever recorded. He and his climbing partners were a few hundred feet from the top of Everest in 2001 when they sacrificed their chance to summit in order to aid in the rescue of three Russian climbers and then went on to save the lives of two others, Andy Laplass and Jaime Vinal who were found unconscious and near death. You can read more about this fascinating story at this link to the Salt Lake City Tribune, http://www.mountainguides.com/pop_news_saltlake_01_10.shtml

In the article Janet Rae Brooks gives us some insight into Jason’s character. (Jason Tanguay, who invested more than two months on Everest without reaching the summit, can’t see drawing the line anywhere, if he can influence the outcome. “Even if they’d been grossly negligent, I still would have felt the need to help out,” he said. “I couldn’t imagine walking past anyone dying. It’s no different than walking past someone dying in the street.”) The call of the summit is intense – climbers spend years getting to this point and many did walk past these fallen climbers which speaks highly of the heart and character exhibited by Jason and his friends. It is apparently very hard to

(Continued on Page 13)
MDA advocates for fair Medicaid audit standards, Dental Board regulations

MDA pursues Medicaid audit reform

While the Governor vetoed HB 237, MDA’s bill to reform Medicaid provider overpayment audits, he did direct DPHHS to “implement new rules providing greater clarity and certainty in the overpayment auditing process”.

That opened the door for the Medicaid provider coalition created by MDA to ensure its concerns are addressed during DPHHS rule-making. MDA’s goal is audit rules that include provisions proposed in HB 237. In July, providers took the first step by securing DPHHS’s agreement to work in a collaborative process to craft rules. MDA and Montana Medical Association representatives met with DPHHS director Richard Opper and DPHHS staff. A follow-up session to work on specific rules is set for November 6. Rep Al Olszewski, HB 237’s sponsor, has asked to be included throughout the rule process.

Provisions in HB 237 included these policies:

- Audits are reviewed by peers or experts in the same profession that is the same as the individual being audited (a dentist reviewing a dentist, for example).
- An audit determination is not based on extrapolated calculation of overpayments and has documentation to support every specific overpayment claim.
- Audits are conducted within a few months and not allowed to stretch out.
- Auditor requests for provider records are limited to a reasonable number and specific for each overpayment claim.

The Legislature passed HB 237 nearly unanimously. Motions in both houses failed to obtain the two-thirds majority need to override the Governor’s veto.

MDA seeks solid Medicaid Expansion dental benefits

The Legislature’ passage of the Health and Economic Livelihood Partnership (HELP) Act expanded eligibility for Medicaid to adults whose incomes are 138% or less of the federal poverty level. As a result of MDA’s lobbying, adults will have coverage for dental care.

Dr. Jane Gillette, MDA president-elect, has driven MDA’s efforts over the summer to propose a dental benefits plan. One goal is to ensure that DPHHS adopts a reasonable annual maximum benefit, since the program will not be an entitlement with an unlimited benefit. Another goal is approval of additional preventive services for adults (fluoride varnishes and sealants) not currently covered for adults by Medicaid.

In October, DPHHS released its proposed dental benefits for the HELP Act expansion plan. The plan must be approved by the federal Centers for Medicare and Medicaid Services.

Key points of the DPHHS proposed adult Medicaid plan include:

1. An $1125 annual maximum dental benefit. This maximum will also apply to adults covered under the existing Medicaid dental program (which currently has no annual maximum). The annual maximum will not apply to preventive care, emergent procedures and dentures, as currently covered by Medicaid. The procedures currently included in the adult dental Medicaid schedule will be included in the HELP expansion. (There is no change to the children’s Medicaid program, which will continue without an annual maximum benefit.)

2. DPHHS target date to implement HELP Act coverage is January 1, 2016. The $1125 annual maximum benefit will apply to the last six months of the state’s current fiscal year (from January 1 to June 20, 2016). After that, the
MDA impacts Dental Board action on CE rules
MDA successfully lobbied the Board of Dentistry in October to adopt a more flexible rule regarding proof of attendance at continuing education required for licensed dentists. Proof must be provided to the Board, if a dentist is audited for CE to meet the 60-hours, three year period required by law. (Hygienists and denturists have a similar 36-hour requirement.)

Current rules require a CE certificate to be submitted during an audit. At MDA’s request, the Board rule adopted language allowing “other documented evidence of attendance” as an alternative to a certificate.

A certificate or other documentation must include the dentists name; course title; course date; presenter or sponsor; number of credit hours earned. Dentists are advised to keep careful records of all CE in the event they are audited by the Board.

The Board did not adopt MDA’s recommendation in opposition to a rule change regarding certification of dental assistants to take x-rays.

Current Board rules require that a dentist “must assure that the radiation source under the dentist’s jurisdiction is used only by individuals competent to use it”. Qualification is required prior to an assistant exposing radiographs. Currently, an assistant can qualify if a graduate of a CODA accredited program of assisting, dental hygiene, or dentistry; or if certified by the U.S. military; or by completing the DANB written exam; or if certified in dental radiology in another state.

The Board has eliminated certificates from other states as meeting the requirement, effective January 1, 2016. Assistants who were employed in Montana prior to that date and have relied on an out-of-state credential will not be affected by the rule change.

Denturists lose lawsuit on implants
On September 17 Helena state District Court Judge Kathy Seely upheld the Board of Dentistry’s rule prohibiting denturists from placing dentures over implants. The Denturists Association of Montana (DAM) sued the Board in 2013 to invalidate the rule. DAM has appealed the ruling to the Montana Supreme Court.

Please address questions and comments to Executive Director David Hemion. dave@MontanaDental.org; (800) 257-4988.
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Dr. Hylton honored ‘Outstanding Dentist’

The Montana Dental Hygienists’ Association has named Dr. Joseph Hylton of Missoula the 2015 Outstanding Dentist of the Year. The award recognizes a dentist who has shown exemplary respect and support for the profession of dental hygiene. Hylton, owner of Children’s Dentistry of the Rockies, received his Bachelor degree from Brigham Young University and his Doctorate from the University of Maryland. He completed a two year pediatric specialty at the University of Illinois, Chicago College of Dentistry. Hylton volunteers with the Cleft Palate Clinic, Give Kids a Smile Day, and also supports local projects, children’s activities, and organizations such as Watson’s Children’s Center. His employees receive many benefits, including health insurance, 401K, vacation time, uniforms, CPR training and continuing education.

Nominated by registered dental hygienist Jen Hawthorne, she stated about her employer, “He gives me the appropriate time I need for each child along with providing the tools I need to perform my work. He promotes prevention with our patients and their parents. He encourages furthering of my career with educational opportunities that inform and re-ignite my love for dental hygiene and working with children. He is active in his dental society and has supported me being active in my association. Being a new graduate I have learned so much from Dr. Hylton. He is willing to share his knowledge with me and help me grow as a dental hygienist.” Hylton was honored at the Montana Dental Hygienists’ Association Annual Session in Missoula in September.
RETIRING MEMBERS

Dr. Jerald Yoneji
of Great Falls
University of Minnesota
1979

NEW MDA MEMBERS

Dr. Jill Balgaard
of Miles City
University of Minnesota

Dr. Alyssa Harris
of Havre
OHSU School of Dentistry

Dr. Ryan Budde
of Glasgow
University of Michigan

Dr. Joshua Sweeten
of Havre
Creighton University

Dr. Michael Welch
of Helena
Idaho State University

Dr. Joseph Crepps
of Helena
University of Colorado

Dr. Scott Pickett
of Helena
Virginia Commonwealth

Dr. Joel Booth
of Whitefish
University of Michigan

Dr. Jonathan Beard
of Polson
University of Washington

Dr. Wendy Nickisch
of Kalispell
UC San Francisco

Dr. Verne Reed
of Kalispell
Temple University

Dr. Zachary Taylor
of Billings
Creighton University

Dr. Cody Winterholler
of Laurel
Creighton University

Dr. Benjamin Lyons
of Bozeman
Medical College / Georgia

Dr. Tanner Bennion
of Billings
University of Nebraska

Dr. Sarin McKenna
of Missoula
OHSU

Dr. Mari Kiesling
of Helena
University of Louisville-Kentucky

Dr. Douglas Messick
of Great Falls
University at Buffalo

Dr. Jeffrey Rector
of Bozeman
University of the Pacific

Dr. Christopher Loomis
of Helena
OHSU

Have you recently graduated from dental school and opened a practice in Montana? Retired? Inform your colleagues. Send a short bio and photo to info@MontanaDental.org.
A new study published as the cover story in the August 2015 issue of JADA by Hagai and colleagues reaffirms the safety of dental treatment during pregnancy, including the use of dental local anesthetics and radiographs. The study finding is significant, as other studies have revealed that some dentists may limit or refuse to provide care to women during pregnancy due to the perception that dental treatment will cause harm to the developing fetus.

Contrary to that perception, researchers found that women who received dental treatment, including those receiving care during the first trimester of pregnancy, were no more likely to experience an adverse pregnancy outcome compared to the control.

In this prospective cohort study, the pregnancies of 210 women who received dental treatment along with local anesthetic, and sometimes dental radiographs, were compared with the pregnancies of 794 non-exposed women. The rate of major anomalies in children born to women receiving dental treatment was similar to that of the general population and there was no statically significant difference between the exposed group and the control (4.8% versus 3.3%, P = .300). Additionally, there was no difference in the rate of miscarriages, birth weight, or gestational age at delivery. Lastly, having dental radiographs, even during the first trimester of pregnancy, did not put a woman more at risk for having a poor birth outcome.

This study, along with others, adds to the growing body of evidence that dental treatment is safe during pregnancy and that there is insufficient evidence to support the routine practice of delaying, limiting, or withholding dental care from pregnant women.


If you haven’t heard the news, you have most likely been out of the country for the past several months. There has been an avalanche of press in the US this year about new technologies in the credit card processing industry, and most of the press relates to the new “EMV” chip on credit cards. Since most practices accept credit card payments, you need to understand what’s taking place.

**What is “EMV”?**

EMV stands for Europay, Mastercard and Visa, and is the global standard for credit card security that uses encrypted chips on credit cards, rather than magnetic stripes, to process transactions. In the wake of numerous large-scale data breaches and increasing rates of counterfeit card fraud, U.S. card issuers are migrating to this new technology to protect consumers and reduce the high cost of fraud that they incur. EMV-chip cards are designed to decrease credit card counterfeiting by making them more difficult to copy. Unlike magnetic-stripe cards, which store unchanging data in their stripes, EMV-chip cards generate a new code for every transaction. Cardholders also have to verify their EMV card purchases with either a signature or by entering a PIN. However, the new EMV cards will still have the magnetic stripes on them for quite some time. It is important to note the technology involved is expensive – to both the manufacturers of equipment and the card-issuing banks. As a result, the transition is moving slowly, as you will see below.

**EMV by the Numbers:**

- 13%: Percent of Americans who have a card with an EMV chip embedded on the front of it (7/2015).
- 35%: Percent of those who have actually used them as intended.
- 575 million: Number of EMV cards to be issued by the end of 2015.
- 59%: Percentage of retail locations that will
be EMV compliant by the end of 2015.
- 78,800: Current number of EMV chip activated merchant locations nationwide.
- 40%: Percentage of U.S. debit cards that will be issued as EMV cards by the end of 2015.
- 70%: Percentage of U.S. credit cards that will be issued as EMV cards by the end of 2015.
- $500: Average cost of an EMV compliant point-of-sale terminal.

**Liability shift – what does it mean?**

While EMV is not a mandate, you may want to have this technology by October 2015 to avoid a liability shift to you should a fraudulent card be presented at your office. If a patient presents a card which contains an EMV chip and you swipe the magnetic stripe instead of using a chip reader – and the card is stolen or counterfeit – you will have no recourse and will lose any related chargeback.

Currently, if a fraudulent card is swiped at your office, the dispute would follow standard chargeback protocols. This means that you would have a chance to prove that your staff performed due diligence. You would have approximately 30 days to respond to the dispute with proof that your signed receipt has the same NAME and SIGNATURE as that on the presented card. This will continue to be the case for cards which do NOT have EMV chips in them after October 1st, as well as for any keyed transactions.

What does your staff need to know?

To minimize liability to the practice there are some important things staff need to be trained in.

First, with any face-to-face transaction, it is important that they match the name on the card with the person presenting it. Also be sure the signature matches the name on the card.

When keying in a credit card, it’s important they input the 3-digit CVV code (4-digit for Amex), as well as the address and zip code of the cardholder’s account. If all three of these key identifiers match, you will most likely win the chargeback.

**Should you purchase new equipment NOW?**

Even though there is a low incidence of fraudulent cards (i.e. STOLEN or COUNTERFEIT) at dental practices, we advise YES. The cost of the equipment could be offset by NOT LOSING one large-ticket chargeback. EMV will eventually be the standard world-wide and we feel it will be a more secure system. Best Card merchants get a one-time $100 discount on EMV equipment. Never lease equipment. We often see merchants paying $30-$75 monthly on non-cancellable 48 month-leases and then having a buyout at the end of the lease.

**Questions about any of this?**

Contact Best Card at: (877) 739-3952 or visit bestcardteam.com - FAQ’s to learn answers to many other common questions on credit card processing including insurance payments via credit card, partial payment regulations (when card is maxed out-especially at year end with Flex Cards/HSA’s), when to void a transaction vs. return, how to best avoid a chargeback, etc.

Jennifer Nieto is President of RJ Card Processing Inc. (d/b/a Best Card), CDA’s endorsed credit card processor. She is a former CPA and Director of Finance for the Colorado Dental Association, as well as a former FDIC Bank Examiner.

Best Card is currently endorsed by more than 20 dental and medical associations or their affiliates due to their excellent rates (the average dental practice saves 22% or $1,480 annually in processing fees) and personalized customer service. They have extensive knowledge about the credit card processing industry and welcome your questions.

### 'High altitude tale' (Continued from Page 5)

climb down Everest and it took all of their energy to get down with the injured climbers.

Dr. Tanguay started climbing in high school and climbed to the summit of Mount Rainier at the age of 16. His interest continued to grow and he gained his dream job working for Rainier Mountaineering after his sophomore year in college. His enthusiasm and hard work provided him the opportunity to earn his way on many trips. He has climbed to the summit of Mt. Rainier over 125 times, Mt. Mckinley- 5 times, Mt. Vinson, Antartica, Cho Oyu in Tibet, Kilimanjaro in Tanzania and two trips to Mt. Everest.

Jason did his undergraduate work at Whitman College in Walla Walla, Washington and went on to receive his masters in teaching at the University of Puget Sound in Tacoma, Washington. After teaching High School Science for five years on Vashon Island, Washington, he entered a period of reflection on whether or not he wanted to teach for 30 more years. His good friend who was a dentist encouraged him to shadow his practice and Jason fell in love with dentistry so he decided to change careers. He went on to receive his Dental Degree at the University of Washington and came to Bozeman after school to pursue dentistry and Montana’s amazing outdoor activities. He currently serves as the MDA Board member from Bozeman and is selfless in his service to dentistry and the MDA. Welcome to Montana – Jason!
It’s never too early to hone leadership skills

Dr. William Simon

Today’s dentistry places a lot of attention on the value and importance of leadership skills. In fact, your Montana Dental Association has chosen leadership as one of the three goals for its strategic plan.

As a new dentist, you may be asking yourself, “Why should I care about leadership? I don’t yet own my own practice. I have more important things to worry about like finding a good job, increasing my clinical speed, expanding my procedure mix, elevating my confidence level, servicing my debt and working towards a lifestyle that I envisioned when I made the decision to become a dental professional.” These are all valid points. However it is important to at least understand the value of leadership now, and start the process of building those leadership skills.

Early on in your career as an associate dentist or even as new partner, you may not be in a position to utilize leadership skills as much as you will in the future. However, the earlier that you understand these skills and the sooner you begin working on them, the more equipped you will be to “hit the ground running” when you are in a position to use them.

I like to look at acquiring leadership skills as an investment, similar to the way I look at funding a retirement plan. The earlier you get involved, the more time you have to build on the power of compounding interest and ultimately, the more choices you will be able to make as you move through your career.

Over time, you will find that the responsibilities of maintaining and advancing your clinical skills, and even more so your administrative skills, will increase. This is more true today in dentistry as our industry has evolved in to more of a business than it has ever been. Delegation will become more critical to your success. This is where the impact of leadership will be most apparent.

I have been told that leadership is not just getting things done. Rather, it is the art of getting things done by others.

If you are anything like me, you became a dentist to help people as well as achieve a higher quality of life for yourself. Becoming an effective leader can help you to further these interests to levels that far exceed what you can accomplish by yourself. By helping others, you will help yourself. These same leadership skills will also be of value to you outside your practice, not only in your involvement with other professional endeavors like organized dentistry, but your personal life as well.

Of course, just like anything worth having, becoming a good leader takes effort. It takes establishing a clear vision along with a well established set of core values. It takes not only willingness to do anything that you expect of others, but an occasional demonstration of doing it. It takes giving credit where credit is due. It takes dedication, clear communication, integrity, courage, professionalism and an upbeat demeanor, even when you are not at your best. The effort is well worth it.

One of the best activities I have found to build leadership skills is involvement in organized dentistry. There is opportunity to network with other dentists and learn from leaders that have come before you. Of all of the things that I have done over the course of my career, my efforts toward becoming a leader have been the ones that have paid off the most. My leadership skills have helped me to be a better dentist, a better employer and a better contributor to our profession. I encourage you to begin the process. Start today by taking the step of becoming an active part of the Montana Dental Association.

Association specifically. Each self-guided module offers comprehensive information and objectives, from identifying your leadership style and conducting effective meetings to setting goals and understanding dentistry’s role in the political process. Participants who successfully complete the series of nine modules will earn three Continuing Education Units.

Module topics include: Associations 101; Effective Leadership; Strategic Planning; Association Committees, Formation and Procedure; Recruitment and Retention; Finances and Budgeting; Communications; Diversity; and Political Action.

Dentists currently active in their associations, and those looking to get involved, are encouraged to go online now and register for this outstanding course. This unique opportunity lays a foundation for leadership that can be useful for years to come.

The MDA Board of Directors has identified leadership development as a key goal of the MDA Strategic Plan. The MDA News will feature articles on this topic in each issue. Your comments and interest are invited. Contact David Hemion, executive director, dave@MontanaDental.org

www.montanadental.org
All had a fantastic time at Uptown Butte’s annual Treat Street. Despite the cold temperature, Dr. Sam Stroehler, Dr. Curtis Andrews, Drs. Lindsey and Ryan Todorovich along with their dental teams, handed out toothbrushes and toothpaste purchased by the district in cooperation with Burkhart Dental Supply and the Montana Oral Health Foundation.

To find out how your district can benefit through this cooperative program, please contact the MDA office at (800) 257-4988.

Right: Minion Kylie Close, Butte Pediatric Dentistry, and local area Transformer enjoy the event.

Dr. Curtis Andrews’s dental team, from left to right is Calie Stucky, Morgan O’Brien, Kacie Garwood and Catie Humphreys
IN REMEMBRANCE

Dr. Michael F. Alvord of Bozeman

Dr. Michael F. Alvord passed away on Friday, July 31, 2015. Mike died from complications of colon cancer and left us far too early and unexpectedly. Mike was born on October 4, 1946, in Helena, MT. He lived a very full and rich life and will be deeply missed by the hundreds of lives that he touched.

Mike graduated from Helena High School (1965), Montana State University (1969), and Creighton Dental School in Omaha, Nebraska (1973). Mike married Pamela Boughn in Helena in 1969 and they moved to Omaha shortly thereafter for dental school. Mike and Pam lived in Stuttgart, Germany for three years after dental school where Mike served in the Army as an officer and dentist. They returned to Bozeman in 1976 where Mike started a thriving dental practice. Mike continued to practice dentistry until 2011 when he retired.

Mike and Pam have two amazing sons, Nathan and Joshua. Nathan lives in Portland with his wife, Kate, and children, Delaney and Max. Joshua lives in San Diego. All of the Alvord family spent much time together, sharing vacations and visits whenever possible. For the past 30 years Mike and his family vacationed in Hawaii for several weeks every spring, making incredible, adventuresome memories.

Mike was a beloved husband, father, brother-in-law, and Bozeman community member. He was a huge supporter of the MSU Bobcats, an avid hunter, fisherman, outdoorsman, Harley rider, skier, and most recently, a paddleboard enthusiast. Mike lived life to the fullest, always appreciating and cherishing his family, friends and nature. His enthusiasm for life was contagious to all those who surrounded him. We are certain there has never been a single person who didn’t like Mike. He was incredibly generous, loving, and supportive. Nothing made him happier than to be surrounded by immediate and extended family. He had a deep abiding friendship with the many others who loved him so.

Mike is survived by his 94 year-old father-in-law, Kent Boughn, and his loving extended family – sister-in-law, Debbe Tucker (Steve) and their children, Tyler and Seth; sister-in-law, Sandy Ameel (Tim) and their children, Britta and Kristen; brother-in-law, Jay Boughn (Jen) and their children, Cami (Dave) and Levi. In December 2014, Mike joyfully found his four half-brothers, Lonnie Kelly (Pam); Terry Kelly, deceased (Ginny); Tim Kelly (Sheree); and Rod Kelly (Deb); and his half-sister, Karen Kelly Pearson.

His parents, Bill and Gladys Alvord, and his mother-in-law, Joyce Boughn, preceded Mike in death.

Mike loved to build gigantic bonfires, symbolic of the manner in which he affected others and how he lived his life. And now, those bonfires will burn forever in the hearts of those who loved and adored him.

Memorials may be made in Mike’s name to Wounded Warrior Project, P.O. Box 758517, Topeka, KS 66675 or Heart of the Valley Animal Shelter, P.O. Box 11390, Bozeman, MT 59719.

Dr. Lorence R. Flynn of Kalispell

With loved ones by his side, Dr. Lorence Richard “Dick” Flynn passed peacefully at home on Aug. 15, 2015. He maintained his ever-optimistic outlook on his ability to recover from his ailments until the final moments of his life.

Dick was born to Thomas and Helen Flynn on May 11, 1941, in Kalispell. After graduating from Flathead County High School in 1959, Dick moved to Seattle to pursue a career in dentistry. He graduated with honors from the University of Washington in 1965 with a Doctor of Dental Surgery degree and was appointed assistant dental surgeon in the Reserve Corps of the Public Health Service. Dick opened his first dental practice in Wenatchee, Washington, where he practiced for 10 years. He then moved home to Kalispell and continued his practice of dentistry for another 35 years. Dick was elected to district and state dental associations in both Washington and Montana. In 1989, he worked with Montana Gov. Stan Stephens to write a proclamation that February is Dental Health Month in Montana.

Dick was passionate about his dental practice; it was rare for him to miss a day at the office, even at his weakest. But it wasn’t fixing teeth that drove this passion; most of all, he treasured the friendships he gained through caring for his patients.

Dick Flynn will be remembered as humble, kind, thoughtful, positive, hard-working and generous.
MDA’s New Dentist Committee welcomed 45 new dentists from across the state to Helena on October 30. The MDA event offered an opportunity for new dentists to meet their colleagues, discuss topics unique to them, and provided free CE designed especially for the new dentist.
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Smokey Sunset

Photo by Dave Hemion, Helena

2015 - 2016

- 11 · Montana Board of Dentistry, Helena
- 22 · MDA Board of Directors, Helena
- 29 · Montana Study Club, Missoula, contact Dr. Amy Fuller, (406) 543-5647
- 4-5 · Billings Mid-Winter, contact (406) 651-4867

MAR

- 18 · Montana Board of Dentistry, Helena

APR

- 8-9 · 4th District CE, Great Falls, contact Dr. Justin Hicks, (406) 216-5273
- 4 · MDA Board of Directors, Helena, Annual Meeting

MAY

- 5-6 · MDA Annual Meeting, Red Lion Colonial Hotel, Helena

2017

- May 2-3 · MDA Annual Meeting, Hilton Garden Inn, Missoula.