

45
YEARS

SPRING 2024

THE BEACON

Official Publication of the American Association of Dental Consultants



AADC Officers/Board of Directors 2

Notice of Disclaimer 3

President's Message
Jonathan W. Rich, DMD, AHFI, CDC 4

Welcome to Southwest Florida!
Clayton O. Pesillo, DMD, Editor
Karen Pesillo, RDH 6

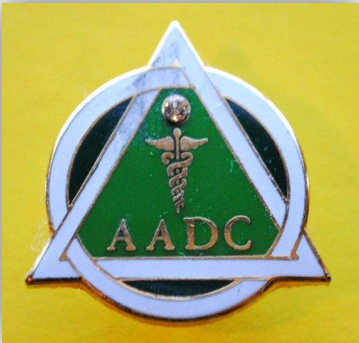
In Memorium
Charles Blair, DDS 8

Root Resection
Jaime A. Parrish, DDS, MS 9

Spotlight
Randi Tillman, DMD, MBA, CDC 14

2024 AADC Spring Workshop
Randi Tillman, DMD, MBA, CDC 17

Meet The Candidates
Madeline J. Anderson Thomas, DDS, CDC,
FACD, FICD, FPFA 19
Lawrence "Larry" M. Hoffman, DMD, CDC 20
Michael P. Goldberg, DMD 20
Ana Adler Niehoff, DDS 21
Kassandra "Kassie" Kulb, DMD 22
Michelle Flesch 23



AMERICAN ASSOCIATION OF DENTAL CONSULTANTS

Terms expire annually in May

Officers / Board of Directors

Term Expires

Jonathan Rich, DMD, **President**

2024

Randi S. Tillman, DMD, **President-Elect**

2024

Lawrence M. Hoffman, DMD, **Secretary/Treasurer**

17th Term 2024

Robert Rosenthal, DDS, **Immediate Past President**

2024

Mary Essling, **Affiliate Liaison**

1st Term 2024

Scott Navarro, DMD

1st Term 2025

Terrence Poole, DDS

2nd Term 2024

Wayne Silverman, DDS

2nd Term 2025

Madeline J. Anderson Thomas, DDS

2nd Term 2026

Randi S. Tillman, DMD

1st Term 2022/2023

Linda S. Vidone, DMD

2nd Term 2024

Marc Zweig, DMD

1st Term 2026

H. Fred Howard, DMD, **Parliamentarian**

2019-2020/2021

Clayton O. Pesillo, DMD, **Editor**

11th Term 2024

Ellen Kessler, **Executive Director**

NOTICE

Articles published in *The Beacon* represent the research, opinions, and or views of the authors and not the opinion or position of the AADC, its members, companies represented by its members, Officers, Directors, or Executive Director unless specifically stated. Articles are accepted for publication simply on the basis that they may be of interest to AADC members.

Published articles in *The Beacon* are for educational purposes only and are not intended to direct or influence dental claims payments or to be considered legal advice.



President's Message

Jonathan W. Rich, DMD, AHFI, CDC

**President
American Association of Dental Consultants**

We have come so far yet there are still miles to go! At the precipice of my presidency, I came before you, the AADC, with a directive. That directive was that while change is imminent, we must not lead with change but instead focus on improving what is before us knowing that this would lead to the change needed. Change of purpose, growth and a positive future.



While still a work in progress as an organization we can be proud of what has been accomplished. We were able to continue to offer CE webinars as a valuable benefit for our members. New membership continues to grow each week in all membership categories. Our association is presently financially sound, and our expert leadership



continues to serve the best interests of our members and our association. Our strategic plan has been re-evaluated to bring it more in line with the present needs of the association and our mission statement will reflect the same. Committees have been reevaluated to help streamline and offer the best outcomes for the association. Improving on each of these has and will continue to be a work in progress, however, the improvements made have been positive.

Another area of the association we continue to improve upon is our annual meeting. Learning from best practices year after year the association continues to deliver a member focused event. This year under the direction of Dr. Randi Tillman and her committee we will explore Learning More in

2024! With dynamic networking, professional development, over 15 hours of continuing education, receptions, breakfast and lunch, and Lunch and Learn opportunities you won't want to miss it! If you have not already registered visit [AADC.org](https://www.aadc.org). I would be thrilled to see you at the Hyatt Coconut Point Resort and Spa in Bonita Springs, Florida May 15th -18th!

In closing I would like to thank each of you for entrusting me with the opportunity to serve as your president. While I appreciate the opportunity to lead the AADC this year, the credit for our success goes to our officers, board of directors, committee members, executive director and members. Without all of these parts working together our success would not be possible. Thank you!



Welcome to Southwest



Our 2024 and 2025 AADC Spring Workshops are being held at beautiful Bonita Springs, Florida. Southwest Florida, which includes Naples, Fort Myers, Marco Island, and Bonita Springs.

The weather in May is typically ideal—guaranteed warmth, but not yet the steamy summer heat, humidity, and afternoon storms. However, this year's weather has not been typical, at least through the winter months. Thank you, El Nino! So, no promises!



Clayton O Pesillo, DMD, Editor
Karen Pesillo, RDH

lan's destructive scars remain, even after one and one-half years. A drive around the area will reveal the tremendous restoration achieved to date.

My wife Karen and I have been coming to Southwest Florida for nearly 50 years. It has become a booming metropolis.

I'm sure many of our members have visited southwest Florida and some members attend the workshop with little additional time set aside to explore. However, if you are planning to extend your time before the workshop, or after the workshop, or both, Karen and I would like to offer some suggestions for consideration to explore southwest Florida. A Google search would give you the details far greater than what we can offer here. Also, this is not an exhaustive list—just the small sample for which we have personal experience.

Edison/Ford Winter Estates in Fort Myers

Learn about the innovations of two American icons. Another close friend, Harvey Firestone, is also featured at the museum.

Coconut Point Mall

This 140-store outdoor mall with over 20 restaurants ranging from coffee at Starbucks to steaks at Ruth Chris is virtually across the street from the hotel, although probably not within walking distance. A unique experience for any shopper.

Miramar Outlets

Another venue for shopping enthusiasts. This is also a

short ride from the hotel. Here you'll find more than 140 top designer and brand name outlets with significant savings off retail prices.

Naples Zoo at Caribbean Gardens

This zoo is in a tropical setting of exotic plants. See many of your favorite animals such as lions, giraffes, monkeys, pythons, and bears.

Naples Botanical Garden

If you prefer the plant kingdom over the animal kingdom, then Naples Botanical Garden is a must.

Golf

I can't tell you how many golf courses there are in southwest Florida, but I can tell you there are a LOT! While many are private, there are still plenty of public courses. One such course is Spanish Wells where we are planning our association golf outing. Our outing will be a 4-person scramble. This is a "fun" event with a few small prizes. You can sign up to play in this fun event when registering for the workshop.

Boat Tours

There are too many boat tours to list in the Fort Myers/Naples area. Dinner tours, sunset tours, fishing tours, and for the sailors visiting, boat rentals.

Naples 5th Avenue

Beautiful downtown Naples is a must! Park in the free parking garage and take the short walk up and down 5th Avenue. Unique boutique shops and fine dining. Very cosmopolitan!

Port Royal, Naples

To experience the height of decadence, visit Port Royal in Naples. You can drive through Port Royal neighborhoods by car or see these palatial homes from some boat tours. A 6 bedroom, 20.5 baths, 22,800 square foot home can be yours for a mere \$295,000,000!

Key West Express

If a quick trip to Key West is on your bucket list, consider a quick boat ride (3.5-4 hours depending



on weather) on a jet powered multi-level catamaran. You can make a day trip (although you'd have only a few hours in Key West) or book an overnight stay and return the next day. Key West is easily navigable by foot, although thrill seekers can rent bikes—both the pedal-type and motor-type.

Everglades National Park

This unique National Park is an hour's drive away. Here you can experience airboat rides, holding baby alligators, and wildlife excursions.

We would list favorite restaurants in the area, but that would take up way too much space. We have many "favorites". Don't hesitate to track either Karen (I assure you; she'd be the preferred contact!) or myself (far less knowledgeable especially as regards shopping and restaurants) at the workshop and we'd be more than happy to point you in the right direction.

These are NOT sponsored promos (you can Google them for that). Just recommendations from our own personal experiences.

**HOPE TO SEE YOU IN
BONITA SPRINGS!**

IN MEMORIUM



Charles Blair, DDS

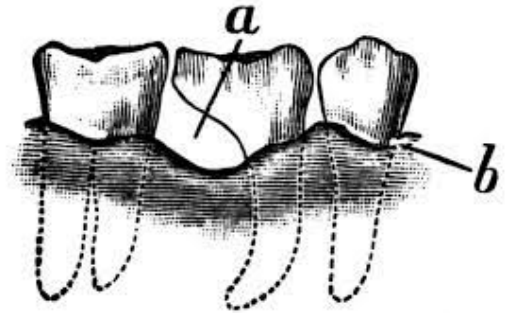
We are sad to report the passing of Dr. Charles Blair, a long-time AADC member, respected dental speaker, author and founder of Practice Booster. Dr. Blair passed away on November 6, 2023, following a courageous battle with health issues. His legacy of innovation, mentorship, and dedication to dental practice management will forever be remembered. Dr. Blair often shared his wisdom as a presenter at AADC's annual Spring Workshops and Practice Booster has been a continuous sponsor/exhibitor at AADC meetings. His expertise in dental insurance coding strategies and unwavering commitment to fair reimbursement practices revolutionized the business aspects of dentistry.

Dr. James DiMarino, MEd, CDC, and CEO of Practice Booster, extends his heartfelt condolences on behalf of the Practice Booster company, stating, "The loss of Dr. Blair deeply saddens us. He was not only a visionary but also a mentor, a friend, a father figure, and a source of inspiration to all of us. His passion and dedication to Practice Booster's mission will forever remain at the core of our company's culture and values as we continue to uphold and foster the strength of his legacy. It is an honor to carry out his lifelong vision in this company." Dr. Blair will be missed.



Root Resection: A Conservative Approach to Maintaining Maxillary Molars

Jaime A. Parrish, DDS, MS



Treatment planning in dentistry is not an exact science and determining how to treat a compromised maxillary molar is especially complex.⁹ Many aspects, such as tooth morphology and anatomical limitations, as well as systemic and patient factors, in addition to financial considerations and long-term success of treatment, are critical components in developing a final treatment plan which must also balance the patient's desires.⁸ In certain cases, root amputation provides a conservative means of maintaining the form and function of the natural dentition while offering a lower cost alternative to traditional replacement options which may prolong treatment time and significantly increase the cost of treatment.

The cost of a dental procedure is virtually always a major consideration in the determination of treatment.⁸ In their long-term study of trends in utilization of dental services, Wall, et al. showed that in the non-elderly population, the cost for treatment was a significant factor associated with a patient's decision to seek dental care.¹³ Their study demonstrated that patients who did not have dental insurance were more likely to avoid dental visits.¹³ Avoidance of timely dental treatment can necessitate more advanced and costly dental procedures, which may result in the patient opting for extractions, instead of restorative options, due to lack of financial resources. This ultimately results in a higher rate of edentulism, especially in the elderly population.¹

Even for patients who have dental insurance, financial considerations significantly impact the decision to seek or avoid dental treatment.¹⁰ As dental insurance plans vary widely in coverage of dental services, patients will more

frequently seek treatment for preventative services which are more likely to be covered benefits versus major restorative treatment which may or may not be a covered benefit and would result in a financial obligation.¹⁰

In long term retention studies, Hirschfeld and Wasserman found that the maxillary first and second molars were the most frequently lost teeth in the mouth.⁷ This is due, in part, to the fact that these are multi-rooted teeth with anatomical concavities and furcations which are difficult to instrument.² Farrar first introduced root amputation more than a century ago as a conservative means to preserve the natural dentition.⁴ As financial considerations play a significant factor in patients seeking dental treatment, root amputation as a treatment option may lead to higher election of treatment and tooth retention as it is typically a more affordable restorative alternative to the more costly implant or fixed dental prosthesis replacement options.

When considering root amputation for treatment of a compromised maxillary molar, multiple dental factors must be evaluated. Factors such as pre-operative mobility, location in the arch, and remaining osseous support play a role in determining the long-term success of a root amputation.⁶ Ultimately, the periodontal stability of the molar must be carefully considered. Clinical studies have found that a conservative approach to the treatment of molars with furcation involvement has a high long-term success rate with almost 90% of resected molars remaining in function eight to ten years later.^{3,12} In his long-term study on the survival rates of molar implants and root-resected teeth, Fugazzotto showed that teeth with root resections were not at a

higher risk to be lost over the long term. In fact, the survival rates between implants at 97% and resected teeth at 96.8% were quite comparable, indicating that this conservative approach to treatment is highly predictable.⁵

As with any treatment option, case selection for root amputation is critical. Indications for this therapeutic intervention may be periodontal, endodontic, or restorative in nature, and include isolated bone loss, or a deep Grade II or Grade III furcation involvement that cannot predictably be regenerated.⁶ Other indications include a calcified canal or root fracture. Contraindications for root resection include poor oral hygiene, fused roots, when regeneration is possible, close root proximity, and non-restorable teeth.⁶

When considering a resective procedure, careful evaluation of the root morphology is required. Oschenbien has classified root trunks as being short, average, or long with dimensions in maxillary molars as being 3, 4, and 5mm respectfully.¹¹ For root amputation procedures, short root trunks are more favorable, as less of the supporting tooth structure will need to be removed. Additionally, the degree of root divergence and the overall length of the roots must be evaluated. Roots that are in close proximity will have minimal interradicular bone which may be more prone to resorb following the procedure. Ideally, long roots that are widely divergent offer the most predictable outcome.

As you can see in the following clinical situation, bone loss is almost entirely isolated to the distobuccal root of the maxillary 2nd molar. The bone on the mesial aspect of the tooth is within the normal range of health and no

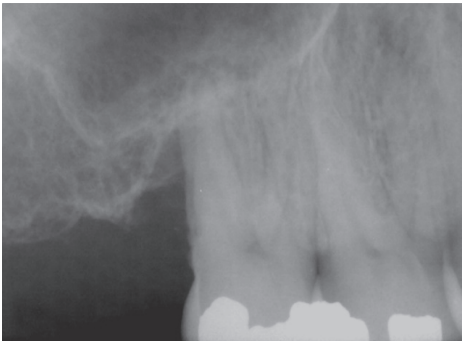


Figure 1: Maxillary 2nd molar presenting with an isolated distal periodontal defect. The mesial aspect of the tooth demonstrates good osseous support and roots are divergent with interradicular bone noted.

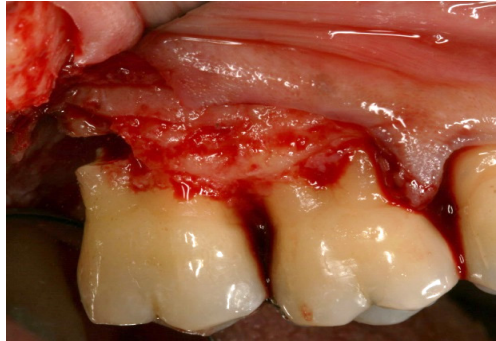


Figure 2: Upon flap reflection, isolated bone loss was noted and distal root was resected.



Figure 3: Two-week post-operative visit shows excellent initial healing with tissues well adapted and easy access for home OH and long-term maintainability.

mobility or fremitus is present. From the radiograph, you can appreciate a short root trunk as well as divergent roots with no loss of interradicular bone. The maxillary sinus is in close proximity to the root apices which would require additional advanced periodontal treatment if an implant was considered for replacement after extraction (Figure 1). In this situation, a distobuccal root amputation would eliminate the probing depths associated with the absence of bone on the distal half of the tooth (Figure 2). With no bony walls in this area, a regenerative procedure would be grossly unpredictable. Conservative resective treatment allows for a predictable option to maintain this tooth without advanced, costly treatment (Figure 3).

In situations of partial edentulism, retention of a lone standing maxillary molar may be critical in preventing a long-span edentulous area. In the following clinical situation, the patient presented with a freestanding #2 with an isolated 9mm probing depth on the distal (Figures 4,5). Upon flap reflection, an isolated infrabony defect associated with a distobuccal root fracture was noted while the mesial aspect of #2 demonstrates excellent periodontal support (Figure 6). After resection of the distobuccal root, the infrabony defect is essentially eliminated, and the overall prognosis of #2 is significantly improved (Figure 7). After resection of the affected root, the patient was able to have a conservative, predictable, and cost-effective treatment option. This avoided

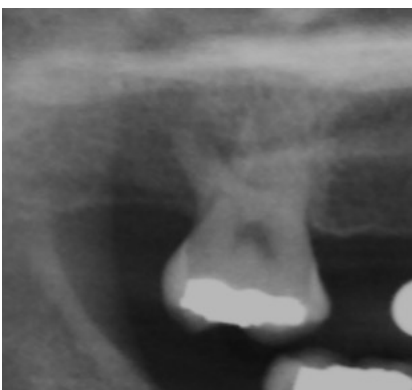


Figure 4: Lone standing maxillary molar with fractured distobuccal root; notice short root trunk and divergent roots.



Figure 5: Pre-op probing depths of 9mm and significant loss of clinical attachment on distal as compared to the mesial.

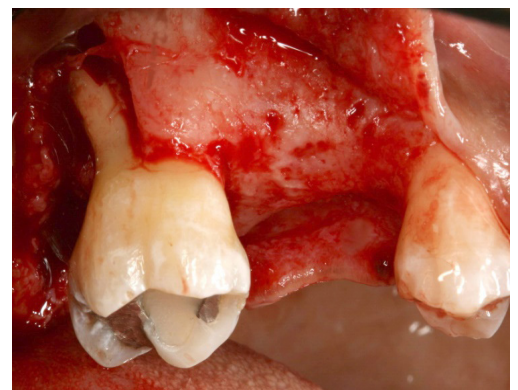


Figure 6: Upon flap reflection, notice isolated bony defect on the distal with minimal bone loss noted mid-buccal and on the mesial.

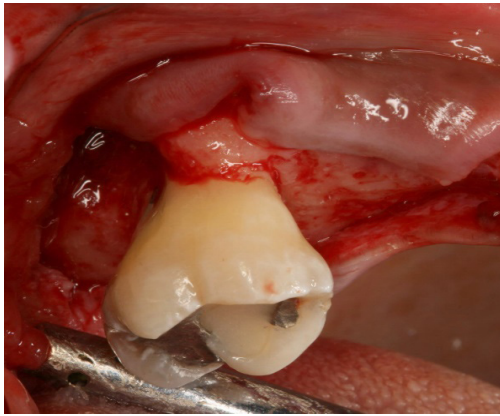


Figure 7: After amputation of the distobuccal root. Notice no buccal furcation involvement and adequate remaining osseous support.



Figure 8: Four-week post-operative visit shows excellent initial healing with minimal residual probing depths. Tooth appears periodontally stable.

prolonged, potentially costly implant treatment options or having to wear a tissue-borne removable prosthesis if implant replacement options were not a covered benefit (Figure 8).

Although root amputation is no longer a routine treatment modality, it remains another surgical technique that offers a lower cost alternative to advanced replacement treatment options. Resective therapy allows for preservation of the natural dentition, which is clinically relevant, especially when the tooth has a high strategic value or when the patient desires to maintain an intact dentition. Offering an effective lower cost alternative treatment may lower the patient's financial burden. A more affordable option of tooth retention may increase the ability of more patients accepting treatment to retain teeth and prevent tooth loss and edentulism.

Works Cited:

1. Bloom B, Gift HC, Jack SS. Dental services and oral health: United States, 1989. No. 183. US Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Health Statistics, 1992.
2. Bower RC. Root morphology relative to periodontal treatment. Furcation root surface anatomy. *J Periodontol.* 1979;50:366.
3. Carnevale G, Pontoriero R, di Febo G. Long-term effects of root-resective therapy in furcation-involved molars: A 10-year longitudinal study. *J Clin Periodontol.* 1998;25:209–14.
4. Farrar JN. Radical and heroic treatment of alveolar abscess by amputation of roots of teeth. *Dental Cosmos.* 1884;26:79.
5. Fugazzotto PA. A comparison of the success of root resected molars and molar position implants in function in a private practice: Results of up to 15-Plus Years. *J Periodontol.* 2001;72:1113-1123.
6. Hamp SE, Nyman S, Lindhe J. Periodontal treatment of multirooted teeth. Results after 5 years. *J Clin Periodontol.* 1975;2:126–35.
7. Hirschfeld L, Wasserman B. A long-term survey of tooth loss in 600 treated periodontal patients. *J Periodontol.* 1978;49:225.
8. Jørgen S. Low-cost periodontal therapy. *Periodontol 2000.* 2012;60(1):110-137.
9. McGuire MK, Nunn ME. Prognosis versus actual outcome. II. The effectiveness of clinical parameters in developing an accurate prognosis. *J Periodontol.* 1996;67:658-665.
10. Manski RJ, Cooper PF. Dental care use: Does dental insurance truly make a difference in the US? *Community Dental Health.* 2007;24:205-212.
11. Ochsenbein C. A primer for osseous surgery. *IJPRD.* 1986;6(1):8-47.
12. Svardstrom G, Wennstrom JL. Periodontal treatment decisions for molars: An analysis of influencing factors and long-term outcome *J Periodontol.* 2000;71:579–85.
13. Wall TP, Vujicic M, Nasseh K. Recent Trends in the Utilization of Dental Care in the United States. *J Dent Edu.* 2012;76:1020-1027.

SPOTLIGHT RANDI TILLMAN



Randi Tillman,
DMD, MBA, CDC

I am honored to be the subject of this edition's Spotlight. I believe that we can learn from one another's experiences, and so, with that in mind, I am happy to share my story. Mine has been a non-linear and non-traditional career path; in retrospect, I wouldn't have had it any other way.

I graduated from the University of Pennsylvania School of Dental Medicine at a time when there were very few women in dental school; our class had 158 students and 15 were women. We were very much in the "spotlight" and not always for the right reasons. It seemed whatever we did well, or not so well, served as fodder for discussing whether women really belonged in dental school. Any successes were attributed to our minority status. I remember when two of us were accepted into a desirable general practice residency at Long Island Jewish Hospital, the reaction from my classmates was that "the skirts got it."

I completed my one-year general practice residency and stayed on to do a second year, because I liked the broad perspective that practicing in a hospital dental

clinic offered. I knew at the time that I was not interested in full time private practice, and that my interests were more closely aligned with a career in population or public health. At that time, the trajectory was not clear, and there were few role models available. My first "lucky break" occurred when Dr. Alan Formicola, the Dean of the Columbia University School of Dentistry asked me to join the faculty as a full-time faculty member and as the principal investigator for a grant from the NIH which focused on the teaching of geriatric dentistry. Dr. Formicola also suggested that I join a private practice so that I would have "clinical credibility" with the students. As a result, I joined a private practice and stayed in that practice on a part-time basis for the next ten years.

My foray into the dental insurance industry came in 1989 when I was hired as the Dental Director for Empire Blue Cross and Blue Shield in New York City. That was indeed a very lucky break! I knew nothing about insurance, and nothing about what was expected of me in this role. I started hearing terms that I had never heard before; actuary, underwriting, claims processing, etc. I had a lot to learn. I was the head of a department of 25 people, many of whom knew a lot more about dental benefits than I did! It was fortunate for me that my colleagues (actually employees) were kind and patient with me. I try to remember that emotion when I onboard new hires into the industry and "pay it forward."

It was in 1989 that I attended my first AADC meeting. I knew immediately that this organization was unique. What a fantastic opportunity to learn from colleagues who were dealing with the same challenges as I. I loved the claims review sessions, and the lectures and always looked forward to our spring meeting at the Mountain Shadows Resort in Scottsdale. The real draw for me was seeing old friends year after year and keeping up with their professional accomplishments as well as their families.

For the next decade I worked at a few different carriers taking on new challenges and new responsibilities. I was a regional Dental Director for Prudential during this time overseeing the Prudential DMO, a capitated plan, for the northeast region. Following that, I became a National Dental Director for Cigna, and then the Dental Director for Oxford Health plans, a small regional managed care plan, which has since gone out of business. I learned about capitation, indemnity plans, building and maintaining provider networks, pricing, fee schedules, etc. During this timeframe I also went back to school and earned my MBA through the Executive Program at Columbia University Business School.

My business school experience was interesting; the class consisted primarily of Wall Street wannabes, who were more interested in finance, accounting and statistics than issues of healthcare management. The curriculum was geared toward people with those interests. In retrospect, it's rather amazing that I graduated! However, what I did learn is that many skills are transferable. I learned that analyzing a problem and getting to the core of an issue is a skill that is valuable in many different settings,

irrespective of the core issue. I first realized this when as part of a team assignment at school, we had to analyze an operational problem in the manufacturing of Ocean Spray Cranberry Sauce. What does that have to do with dentistry or dental insurance, you may ask! In recent years, however, I have been faced with issues related to claims processing and claims flow not so unlike the jars of cranberry sauce from all those years ago. A bottleneck is a bottleneck; doesn't matter if it's a jar of cranberry sauce or a dental claim. My business school skills have served me well to this day.

Soon after business school, I thought that I should try out my newfound skill set in a different business environment. I began to look for opportunities in the pharmaceutical industry, and soon found myself hired as a Manager of Pharmacoeconomics at Berlex Industries which was subsequently absorbed by Bayer. The hiring manager asked me if I knew about coding, payment and reimbursement; of course, I said yes. And his reaction was that it didn't matter if it was a dental product or procedure, the process for obtaining reimbursement was the same. My business school and dental training were transferable skills, as I had always suspected. I spent ten years in the pharmaceutical industry working in Health Economics, Reimbursement and Outcomes Research. I led teams of people who were responsible for convincing our pharmaceutical customers, sometimes hospitals and sometimes physicians, that our product had value. They were not salespeople; they spoke strictly to the economic models that proved cost savings, and/or cost benefits over time. The pharmaceutical industry is very sophisticated, in my opinion, about proving the

“value” of their product. They have multiple quantitative measures that prove value. I sometimes wonder why we in dentistry are not able to use similar metrics to support the value of our products and services.

But I missed dentistry and the dental benefits industry. I rejoined my first career in 2012, returning to dental insurance with Northeast Delta Dental. Shortly thereafter, I enjoyed five years as Chief Dental Officer for Guardian. Now I am happy to report that I have recently assumed a challenging new position as Executive Dental Director for HCSC (Blue Cross of Illinois, Texas, Oklahoma, New Mexico and Montana.)

In retrospect, my career path is not the one I could have anticipated. My father was a dentist, and had a general practice in Springfield, MA, where I grew up. Many that knew me as a child speculated that I went into dentistry to be like my father. He was a great man, and certainly

worthy of emulation. Perhaps that is so, but my career trajectory was certainly nothing he could have ever imagined.

I should mention that in addition to my career, my family has always been of paramount importance to me. My two children, Allyson and Jacob, and now my four grandchildren, Jordan, Aaron, Asher and Leila are and have always been the fuel which kept this fire going.

I hope that sharing my story has provided some insight for those of you who are new to this profession. I am always delighted to have the opportunity to mentor new dentists in this organization and in this unique profession of dental insurance. Please don't hesitate to reach out if I can be of support to any of you.

Thank you for reading my story in this edition of *The Beacon's* Spotlight.





2024 AADC Spring Workshop

**Randi Tillman, DMD, MBA,
CDC
Executive Dental Director,
DNoA**



I look forward to seeing all of you in Bonita Springs, Florida this May!

Your program committee, consisting of myself, Andy Firtel and John Stohl, have been hard at work putting together a program for 2024 that we think will stimulate your thinking and enhance your professional development.

In preparing the agenda for the 2024 meeting, I have drawn on a very important lesson that I learned in business school: To understand the business world in which you function, you need to understand the environment. And that environment has two parts: The big “E” and the small “e.” For our purposes, I would consider the big “E” to be changes and developments in the world of medicine, politics, economics and social welfare. The small “e” is the sphere of our immediate influence and concern. The small “e” for us would be what’s happening in the world of oral healthcare and dental benefits. I truly believe that we need to understand both to make a meaningful contribution to our profession and to our employers.

In an effort to stimulate learning about both our immediate environment and the larger dimension in which we find ourselves working, we have developed an agenda that is focused on issues relevant to the larger picture of healthcare delivery as well as issues that are specific primarily to oral health and dental practice. Our keynote speaker, Virginia Buckingham, will talk to us about leadership in a time of challenge, drawing upon her experiences as CEO of the Massachusetts Port Authority, owner and operator of Logan Airport on September 11.

We'll hear from Dr. Ron Inge who will talk about AI in Dentistry, a topic that has become a significant issue for most of us these days. Stu Shaw will be telling us why we, as dental consultants, should care about dental loss ratios. (I am looking forward to finally understanding what all the fuss is about!) Michelle Hart will address why dentists in practice feel the way they do about insurance carriers, and how things may have changed since "the good ol' days."

Of course, we will have our claims review sessions, always a popular interactive exercise at our spring workshops. The claims review sessions provide an opportunity to reflect on each of our company's clinical policies and review protocols. The goal is to ensure that we are doing what is best for subscribers while fulfilling benefit contractual obligations and protecting client premiums.

We will hear from the ever unpredictable and always entertaining Dr. Brian Novy; and Dr. Barbara Steinberg

will remind us that the mouth is connected to the body, as she shares insights into the relationship between oral health and eating disorders. Building on this theme, Dr. Roosevelt Allen will discuss some concrete examples of medical-dental integration. In addition, we will learn about salivary markers for disease diagnoses and the value of claims data in determining dental practice trends.

The Program Committee is hopeful that this meeting will offer something for everyone; and that by the time Saturday comes, you will feel that you have truly learned more about the environment in which you work, both the big "E" and the little "e."

Be sure to register for the meeting and make your hotel reservations before the deadline of Monday, April 22!

See you in Bonita Springs!



MEET THE CANDIDATES

Candidate for President-Elect



Madeline J. Anderson Thomas, DDS, CDC, FACD, FICD, FPFA

As a longstanding member of the American Association of Dental Consultants and a Certified Dental Consultant, I am sincerely humbled and appreciative of the nomination

for the office of President-Elect for the American Association of Dental Consultants. Special thanks to the Nominating Committee for your diligence and service.

I am presently in my second term on the Board of Directors, and it has been a pleasure to serve multiple terms as chair of the Strategic Planning Committee and chair of the Mission Statement Ad hoc Committee. Additionally, I have served with great enthusiasm on the Bylaws Committee, the Membership Committee and on the Ad hoc Committee which developed the AADC diversity, equity, inclusion, and belonging statement. Serving on the AADC Board of Directors is an outstanding opportunity to collaborate to innovatively advance the mission of the association.

Following my graduation from the University of Texas Dental School in San Antonio, Texas, I enjoyed a thriving career in private practice for over a decade in Austin, Texas. Sixteen years ago, my career journey took me to Metropolitan Life Insurance Company where I serve as Dental Director.

My dedication to our profession and my devotion to serving the community are evident in my longstanding

history of leadership and service. It has been my privilege and good fortune to have held key leadership roles in national, state and local organizations including American Dental Association (former alternate delegate); National Dental Association (past Chairman of the Board of Directors); Texas Dental Association (former delegate); Texas Association of Women Dentists (past president); Gulf State Dental Association of Texas, Inc. (past president); Capitol Area Dental Society (former board member) and E. H. Givens Dental Society (former PAC chair).

I am a 25-year member of one of the nation's oldest and largest volunteer service organizations, Links, Incorporated. In the Dallas Chapter of the Links, Incorporated, I serve as Chaplain, and I was recently elected to the office of vice president. I have served as parliamentarian as well as numerous other elected and appointed offices. It was my distinct privilege to be instrumental in the establishment of the Dallas chapter of Links, S.T.E.A.M (Science Technology Engineering Arts Mathematics) Academy as well as to assist with efforts to provide oral health education and dental screenings on a national, state and local levels.

It is an honor to serve on the regional and local Chaplains Council of Delta Sigma Theta Sorority, Inc., a sisterhood committed to impactful community service through established programs in local communities and throughout the world.

I have been deeply humbled by recognitions received for leadership and service some of which include:

Capitol Area Dental Society Young Dentist of the Year;
National Dental Association Phenomenal Leadership

& Achievement Award; T.S.U. Alumni Excellence in Achievement Award; AABSE-Community Leader of the Year Award; Top Ladies of Distinction-Outstanding Community Leadership Award; Phenomenal Women of Excellence Award; N. D. A. Presidential Citation Award; and Induction into the National Women of Achievement Connie Yerwood Conner African American Women's Hall of Fame.

It was truly humbling and gratifying to receive the prestigious Audrey Kaplan Inspiring Woman of the Southwest Award which honors those role models who have impacted communities and who have significantly contributed to the advancement of society, culture, and lives.

In recognition of exemplifying excellence through outstanding leadership and exceptional contributions to dentistry and society, I was inducted as a fellow into the American College of Dentists. In recognition of outstanding professional achievement, meritorious service, and dedication to the continued progress of dentistry for the benefit of mankind I was awarded the prestigious honor of Fellow in the International College of Dentists. Additionally, I am a Fellow in the Pierre Fauchard Academy.

If I am elected as President-Elect, I will continue to wholeheartedly utilize my talent and skills to collaborate, innovate, amplify, and elevate the mission of the American Association of Dental Consultants.

I am immensely grateful to the esteemed Officers, Board of Directors, Executive Director, and the members of the American Association of Dental Consultants for the opportunity to serve this prestigious association.

Candidate for Secretary/Treasurer

Lawrence "Larry" M. Hoffman, DMD, CDC

I have been a Dental Consultant since 1983, having served several dental benefit plans in a wide range of positions, including Blue Cross and Blue Shield of Missouri--later Wellpoint and Anthem, and MetLife HealthCare Management Corporation.

I developed dental provider networks for local HMOs and PPOs in the 1980s and 1990s, and currently consult for Delta Dental of Missouri. I joined AADC in 1989 and received my CDC in 1991. I was elected to AADC's Board of Directors, then known as the Executive Committee, in 1999, and served as President in 2001-2002, rejoining the Board after my term. In 2006, I was elected to serve AADC as Secretary-Treasurer and was re-elected to this position in all subsequent years. I also assembled and presented AADC's Spring Workshop claims review sessions for several years during the 1990s, and along with former president, Dick Portune, served as a delegate to the American College of Dentists Ethics Summits I & II. Following these symposia, I, and Dr. Portune wrote and presented AADC's Code of Ethics.

I was honored with the Israel "Sonnie" Shulman Award for Meritorious Service to AADC in 2015.

I have maintained a private general dental practice in St. Louis, Missouri since 1978, and retain an academic position in the Department of Otolaryngology at Washington University School of Medicine.



I am pleased to report that AADC remains on sound financial footing. Thanks to growing membership and sponsor participation, we can look forward to a successful Spring Workshop this year.

Candidates for Board of Directors

Active Member

Michael P. Goldberg, DMD

I would welcome the opportunity to serve in a leadership capacity as a member of the Board of Directors for the American Association of Dental Consultants. Having served for four years as the Associate Member Liaison, and most recently on the Membership Committee, I would be honored to continue to advance my involvement with this industry leading organization. It has become clear to me that the AADC is the benchmark in the dental insurance consulting industry.



Membership in the AADC gives an individual the opportunity to network, and most importantly, expand their knowledge and bring this information directly to their companies. The end result is to facilitate the proper utilization of a patient's insurance benefits, with the ultimate goal of improving one's dental health, and in turn, their systemic medical health. This impact will be beneficial not only for patients, but also the dental benefits industry.

I am a graduate of Tufts University School of Dental Medicine, where I received my Doctor of Medicine in Dentistry, and my Certificate of Periodontology. I practiced for 31 years, limiting my practice to

Periodontics and Implants; served as a Board of Director for Northeast Delta Dental for 15 years; served on the Common Subsidiary Board for csOne Benefit Solutions, New England Dental Administrators, Delta Vision,

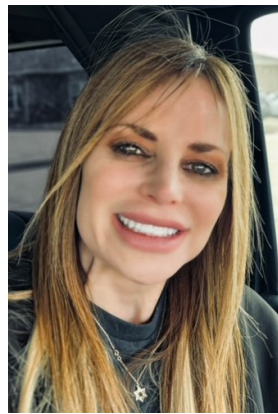
Red Tree Insurance Company, and PreVisor Corporation, offering a multitude of insurance products, along with data analytics, for over 10 years; served on the Clinical Policy Committee for Guardian Life Insurance Company for 2 years; taught a general practice residency program for 7 years; currently serving as a Dental Consultant for Fluent Dental; and have been involved with the AADC for the past 5 years. I have also completed the Harvard Business School Executive Education Program for "Making Corporate Boards More Effective". I feel that this has helped to complete my circle of knowledge and experience, and with that said, I now hope to contribute greatly to the American Association of Dental Consultants.

Over the past several years, I have seen the membership in the AADC grow substantially to new levels. It is obvious that those seeking involvement in the dental insurance industry realize that not only is the AADC the authority, but being involved in this organization is a necessity.

My goal is to continue to offer leading speakers to our members at our annual meetings and through our webinars, and informative information through *The Beacon* publication, thus keeping our organization on the cutting edge, as well as to promote the benefits of becoming a Certified Dental Consultant. As the dental insurance industry is in a state of flux, our organization has the opportunity to help shape the dental insurance industry of the future, and I hope to be actively involved in doing this, along with my fellow Board members.

Ana Adler Niehoff, DDS

My name is Ana Adler Niehoff. I have been a dentist for over 20 years, but truth be told, my relationship with the dental world is much longer than that. My father was a dentist in Rio de Janeiro, Brazil, for 50 years. His passion for the profession and incredible desire to help others made it easy for me to follow in his footsteps. So, when the time came, I went off to dental school.



I attended school in a small Rio de Janeiro satellite town called Niteroi. UFF is a federal school fully funded by the government, and I worked hard to get in since only 40 applicants are accepted each year. During the four-and-a-half-year program, I experienced tremendous growth. I met people with diverse backgrounds and ideas which helped shape my future as a dentist and individual.

I moved to the United States in 1995 and married my wonderful husband, Dan, in 1996. We are proud parents of a young man named Ian, a junior at UCLA. In 1999, I opened my first practice in Mission Viejo, California. We moved again in 2005, and I worked in a couple practices before starting my own practice in Manhattan Beach, California in 2008. Both my practices focused on family and cosmetic dentistry. What a journey!

When we moved to Manhattan Beach, my son was five years old, and I started feeling the need to get involved in his school activities and our little community. I became president of the HOA for our eleven-unit townhome complex in 2008. While we were a small complex, many of us had different and conflicting ideas; however, we all had one goal: make sure our townhome complex and HOA functioned well and efficiently. We had to work together to achieve that goal despite our differences.

I had a successful eight-year term as board president before turning over the responsibility to another homeowner.

In 2021, after much thought, my husband and I decided to move out of California and move to Missouri, where he is from, so we could help care for his ill mother. The thought of selling my practice and moving was both happy and sad. On the one hand, I was delighted for a new chapter in our lives, but on the other hand, I was sad to leave my beloved patients for whom I had been caring for all those years. I saw kids grow up and go to college, couples get married, families grow, and many beautiful memories.

One of my father's outstanding qualities was wanting to help others. I am proud to say that I inherited that quality. So, in 2021, with my practice sale on the horizon, I began thinking about how else I could help my community. I came up with a few ideas. One idea was to get involved and work in the insurance world. I contacted Fluent (then P&R), and soon, Dr. Terry Lite started training me on one smaller client. Since then, I have been trained on four additional insurance carriers and have enjoyed consulting quite a bit. I cannot emphasize enough the "lessons" I have learned as a consultant. My world, as I know it, has become much broader; I better understand the gap between insurance carriers and dental providers and the essential role dental consultants play in ensuring quality, ethical dental care.

My other idea to help my community stemmed from a childhood memory of my father going to an elderly patient's home to help her with her provisory crown and denture. I went with him to help as he carried equipment to assist the lady. Fast forward all these years, and I discovered that some companies provide such services nowadays. So, once I moved to Missouri, I applied for a job with 360care Dental. I have been going to nursing

homes with my equipment, helping this significantly underserved community achieve better oral care for almost two years. As my journey continues, I find myself with another mission: I have served as adjunct clinical faculty at ATSU in St. Louis for nearly one year. I enjoy helping dental students achieve confidence in their clinical skills and life.

The world is changing and evolving, and dentistry is following the trend. My goal as a board member for our AADC is to help represent our members, promote our value as consultants, and, at the same time, advocate for diverse opinions and viewpoints so we all are heard and respected. My vast experience with incredibly diverse populations will be beneficial as we seek to provide better care and serve our communities.

I am honored to ask that you consider me a prospective board member for AADC. May we only have smiles and happiness to deliver.

Kassandra “Kassie” Kulb, DMD

I am excited about the opportunity to contribute to the positive influence AADC has on the dental industry. I hope to utilize my perspective to help continue the expansion and improvement of this organization and help members utilize the organization’s benefits to enhance their careers, as AADC has done for me.



I have been a member of AADC for 7 years and have served on the New Member Committee for 5 of those years. I am a graduate of the University of Kentucky College of Dentistry and practiced in Louisville, Kentucky.

I began my consulting career with Delta Dental of Kentucky in 2014 while in private practice and accepted a full-time role as Dental Director with Delta Dental of Kentucky in 2020. Through this role, as well as through the New Member Committee, I communicate often with dentists who are seeking advice and information on entering the consulting industry. I often hear about the changing environment in dentistry and feel equipped to help AADC with the ever-growing need of support for the professionals in the dental industry.

I thank you all for your consideration – and hopefully your support – in my participation on the Board of Directors.

Affiliate Member

Michelle Flesch

I am excited about the opportunity to serve as an Affiliate Board Member for the American Association of Dental Consultants (AADC). During my two years as an AADC member, I have had the privilege of networking with dental consultants, providing valuable input, and gaining insights into claims processing that I can share with members of the AAP.

Currently, I hold the position of Third-Party Specialist with the AAP. With over 20 years of experience in the dental industry, including working as a dental hygienist and serving as an office manager in a Periodontal office for 7 years, I bring a well-rounded perspective to the field. My clinical experience and current role as a third-party specialist have equipped me with a diverse skill set that I am eager to contribute to the AADC. I am committed to continuous learning and growth and am enthusiastic about sharing my knowledge and experience with the AADC members.

Thank you for considering my candidacy,

The American Association of Dental Consultants

1971 Chesterfield Ridge Circle

Chesterfield, MO 63017