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► Representing periodontics in public health

Advocacy and awareness are among the core values that shape the strategic direction of the American Academy of Periodontology (AAP). Central to its work in advocating for members is ensuring that the AAP represents all periodontists, regardless of location, practice type, or clinical focus. Learn more beginning on page 6.

Mission

To champion member success and professional partnerships for optimal patient health and quality of life.

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BY RICHARD T. KAO, DDS, PhD

PRESIDENT'S MESSAGE

In periodontics and in life, choose your own adventure

In a 2015 article for *Success* magazine, researcher Shawn Achor presents a novel perspective to the age-old question of optimism: *Is the proverbial glass half-empty or half-full?* Achor, whose positive psychology course was one of Harvard's most popular, writes

We can argue forever about the merits of being an optimist or a pessimist. Ultimately, however, the contents of the glass don't matter; what's more important is to realize there's a pitcher of water nearby. In other words, we have the capacity to refill the glass, or to change our outlook.

Reading this reminds me of what Dr. Ivan Ancell, my late mentor, told me early in my career: "Your practice is going to be your ball-and-chain, or it's going to be your castle. You decide what it becomes." My experience, shaped by his wisdom, has proven this viewpoint to be true. I've navigated my periodontics career knowing that I have the ability to refill my glass, shift my outlook, and create a life and practice that reflects what matters to me at various stages of my life. And we're all capable of doing this!

In 1991, after eight years in general dentistry and two years in post-graduate training, I was eager and looked forward to opening a brand-new "castle" in Cupertino, Calif., in the heart of Silicon Valley. Its high profile was not the reason I chose to locate there. Believe it or not, I chose my office location because it's near a fantastic Asian market. With cooking as one of my favorite off-hours activities, easy access to the ingredients is important. Struggling with all the challenges of starting a practice from scratch, the practice quickly grew. I recognized that the people in my chair had made their lives in the community I also called home. Not only were they patients, they were neighbors and friends. I cultivated my referral relationships. I used a toolbox of literature and AAP resources that guided my treatment decisions. I've learned that as long as the focus remains on meeting the patient's specific needs, there is not only one correct way to practice periodontics. Knowing this helped me rise into work I loved and not to be stifled by the ball-and-chain mindset.

The "castle" that I built helped me support my personal life. What fulfills me personally are the non-tangible rewards resulting from volunteer teaching, participating in clinical research projects, learning to be a leader in organized dentistry, and doing dental missionary work abroad. My "castle" also allowed me to take care of my aging parents, to spend more time with them, travel with them, and understand our culture. More importantly, part of my sense of fulfillment comes from the fact that I do not feel the need to keep up with the Joneses next door.

More than any other vocation, our specialty is one that enables us to choose our own adventures both in and out of practice. Private practice? Academics? Research? Volunteer work? Personal adventures or fulfillment? Take your pick or do 'em all. Nobody else will do it for you. Do not let the Joneses of the world rule your life. Just have enough of a "castle" so you can support the things in your life that are fun. Greater than the thrills of money and affluence is the opportunity to invest in myself, my patients, my colleagues, and the Academy, which has given me so much.

This issue of *Periospectives* highlights just how the Academy and its members pour into periodontics through advocacy (on page 6, read about the Academy's contribution to the upcoming U.S. Surgeon General's Report on Oral Health) and service (meet AAP officer candidates on page 14-21, and learn how you can volunteer for a committee or task force on page 25). See how your colleagues are creating their own adventures—Dr. Mark Ryder co-authored a new study linking Alzheimer's to periodontal bacteria. Read his insights on page 38. Dr. Hector Sarmiento shares how he juggles full-time practice, monthly international volunteering, weekly lectures, and a growing family on page 43.

Optimism is not only about recognizing your possibilities; it's about taking the steps to create them. Do what works for you. Grab the pitcher and fill your life to the brim. ■

Richard T. Kao, DDS, PhD
President, American Academy of Periodontology

Representing *periodontics* in public health

AAP contributes to upcoming Surgeon General report



Advocacy and awareness are among the core values that shape the strategic direction of the American Academy of Periodontology (AAP). Central to its work in advocating for members is ensuring that the AAP represents all periodontists, regardless of location, practice type, or clinical focus. To that end, the AAP has been diligent in representing the periodontics specialty within organized dentistry, dental education, and legislative bodies outside of the profession.

Last summer, when the U.S. Public Health Service's Oral Health Coordinating Committee announced a commission for the 2020 U.S. Surgeon General's Report on Oral Health, the Academy saw an opportunity to apprise the federal government on the nation's periodontal health status. With information gleaned from the last two decades of scientific and programmatic activities,

the Academy is using its influence to guide the federal assessment of a key public health issue.

Since 1964, the U.S. Department of Health and Human Services—via the U.S. Surgeon General—regularly has issued comprehensive reports on topics determined to be of great interest to public health such as HIV/AIDS, physical activity, nutrition, and (most frequently) tobacco use. As these subjects took centerstage throughout the twentieth century, dentistry also experienced a groundbreaking period of discovery. The fluoridation of community water supplies in the 1940s—considered one of the greatest public health achievements of the era—led to a decline in dental caries in children in the 1950s. Public prevention messages came to prominence

throughout the 1960s and 1970s, and practitioners were increasingly better equipped to diagnose and treat the many oral conditions that affected the quality of patients' lives.

However, by the late 1990s, despite the major advancements made in oral health research and practice, the Surgeon General had not yet released an in-depth narrative on the factors that support oral health and the elements that may hinder it.

That changed in July 2000, when Surgeon General David Satcher, MD, PhD, issued "Oral Health in America: A Report of the Surgeon General." The 308-page dispatch on the state of the nation's oral health featured contributions from researchers, practitioners, and health officials. Scientific content from the Journal of Periodontology, AAP, and other groups were instrumental in developing the report's conclusion: "[T]hat oral health is essential to the general health and well-being of all Americans and can be achieved by all Americans. However, not all Americans are achieving the same degree of oral health."

The 2000 report hinged on four central findings: Most dental conditions (such as periodontal disease) are preventable and treatable; oral diseases demonstrate an association with systemic ailments; the mouth is a window to a patient's overall health status; and, perhaps most saliently, there are major disparities that place underserved and vulnerable populations needlessly at risk.

With the report's delivery, dentistry's stakeholders had a framework for next steps as they entered the twenty-first century. The AAP got to work in the periodontics arena, building a scientific agenda sought to fill in the knowledge gaps—who has periodontal disease? Where do they reside? Who is most affected? The Academy entered a

surveillance partnership with the Centers for Disease Control and Prevention (CDC) in 2003 to answer these questions. With the rise of dental implant placement in the early- to mid-aughts, the Academy accelerated its work in understanding peri-implant disease and released position statements on that topic. Consumer messaging highlighted the growing canon of research on the perio-systemic connection, telling the public that a hygiene routine and care from a periodontist were not only good for their gums but also good for their bodies. In 2012, the AAP and the European Federation of Periodontology convened a workshop to establish a consensus on the science of the perio-systemic link with work groups that focused on cardiovascular disease and diabetes among other systemic conditions.

In July 2018, the U.S. Department of Health and Human Services, the Office of the Surgeon General (now Jerome Adams, MD, MPH), the National Institutes of Health, and the U.S. Public Health Service's Oral Health Coordinating Committee came calling once again and pitched a simple question: What progress have we made in the nation's oral health?

In November, after participating in an invitation-only listening session designed to inform the content of what will be the 2020 Surgeon General's Report on Oral Health, the Academy submitted official comments on the strides made in periodontics in nearly 20 years. Its efforts have yielded insights that pointedly confirm the conclusions of the 2000 Surgeon General's report and offer insight on potentially game-changing innovation.

Untreated periodontitis has been established as a prominent public health concern, with CDC data revealing that approximately 45% of the American adult population over the age of 30—about

70 million people—is affected. And just as the 2000 Surgeon General's report indicated, periodontitis disproportionately affects ethnic minorities, who exhibit prevalence rates up to 63.5%. Barriers to the prevention and treatment of periodontal disease (including lack of access to care, particularly in lower-socioeconomic areas; lack of financial support and/or affordable care; and lack of public education on the value of good oral health) contribute to these data. Having a full picture of the disease burden is as important as ever, given that in addition to diabetes and cardiovascular disease, untreated moderate to severe periodontitis is a risk factor now also associated with stroke, adverse pregnancy complications, and possibly dementia.

With these challenges come areas of opportunity, such as the potential delivery of precision dental care via models that predict a patient's susceptibility to periodontitis. Findings also support the value of government programs that educate the public about periodontal disease and its risks. There is a demonstrated need for partnerships or coalitions that have shown improvement of periodontal health status. Although there is yet to be a periodontics program that has had the same public impact as water fluoridation, there are program models in some U.S. states and in countries like Canada and Japan that indicate promise.

The 2020 Surgeon General's Report will underscore the critical nature of poor oral health as a public health concern, and the Academy's commentary will guide the development of periodontal content. There's no telling what will happen in the next 20 years, but the AAP will continue to align its priorities and resources to reflect and address key issues in the specialty, dentistry, and public health at large. ■

The American Academy of Periodontology Annual Meeting heads home to Chicago

With its vibrant city-life, unique culture, and deep-rooted history—not to mention it's delicious deep-dish pizza—Chicago offers the perfect setting for the AAP's 105th Annual Meeting to be held Nov. 2-5. Join your colleagues for four days of captivating presentations by internationally recognized speakers, peruse more than 350 booths in the bustling Exhibit Hall, and network with colleagues at featured social events. The 2019 program* will include more than 40 courses with the opportunity to earn up to 25.25 continuing education credits. Check out a daily snapshot of the Annual Meeting below. To register and book housing in the AAP's hotel block, visit am2019.perio.org. Hurry! The early-bird Chicago rate ends March 29.

Saturday, Nov. 2

2019 Osteology Foundation/AAP Foundation/AAP Regeneration Symposium:
Implant Complications: Etiology, Prevention, and Management

Hands-On Workshops

Insurance Workshops

Full-day Dental Hygiene Symposium

Corporate Forums

Balint Orban Memorial Program

AAP and AAP Foundation Awards Ceremony

Sunday, Nov. 3

Opening General Session featuring
keynote speaker Dr. Jack Cochran and the
presidential address from Richard Kao

Focused Continuing Education
(FCE) Sessions 1-5

Continuing Education (CE) Sessions 1-7

Innovations in Periodontics
(IP) Sessions 1 and 2

Insurance Workshops

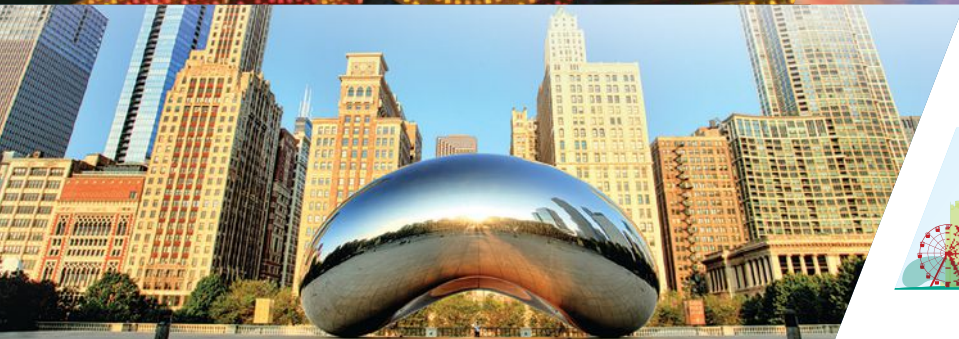
Student and New Periodontist Session
Exhibition

District Forums

Networking Reception in the
Exhibit Hall

Student and New Periodontist
Member Reception





105TH ANNUAL MEETING

November 2-5, 2019 | Chicago

American Academy
of Periodontology

Monday, Nov. 4

General Sessions (GS) 2 and 3

FCE Sessions 6-11

IP Session 3

Exhibition

General Assembly Business Session

Tuesday, Nov. 5

GS 4 and 5

IP Session 4

FCE Sessions 12-17

Exhibition

For complete course details and speakers, visit **am2019.perio.org/program-information/schedule-of-events**. The Academy looks forward to welcoming you home to Chicago this fall.

*Program subject to change



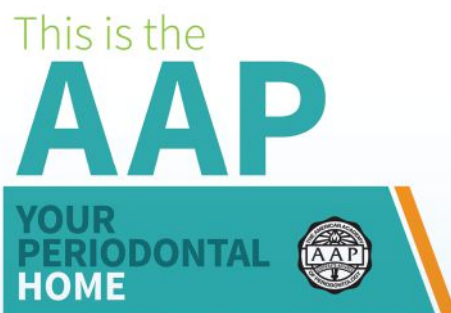


Last chance to **renew** membership for 2019!

2019 AAP membership dues payments must be submitted by March 31. Members can renew by visiting perio.org/renew using American Express, VISA, MasterCard, and Discover. New for 2019: Members have the option to enroll in the 12-month online payment plan.

Renewing your membership ensures:

- **A discounted registration rate** (for a savings of more than \$600) for the upcoming Annual Meeting in Chicago, Ill., Nov. 2-5, 2019
- **Uninterrupted delivery** of the *Journal of Periodontology** (JOP), *Clinical Advances in Periodontics** (CAP), and *Periospectives*



- **Continued access** to exclusive member resources on perio.org
- **Inclusion** in the *2019 Membership Directory* (if renewal is received by March 31)
- **List** your practice online in the free **Find a Periodontist** service* ■

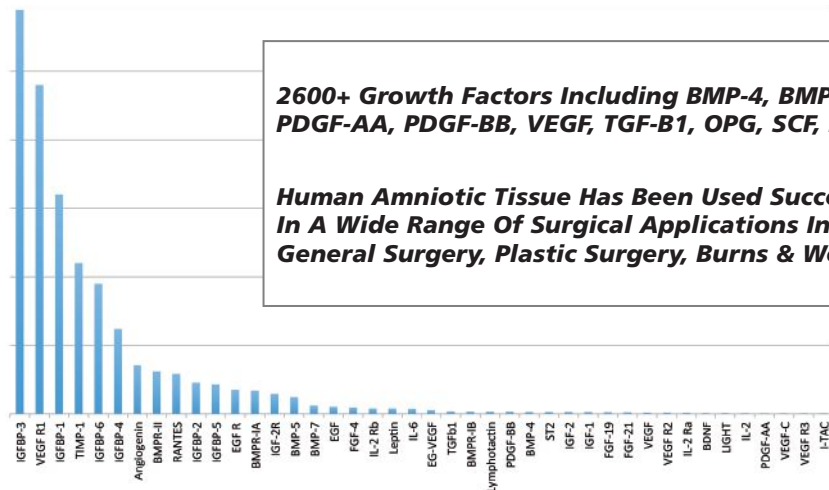
*eligible membership categories only

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Perio programs participating in the **2019 Match**



The American Academy of Periodontology (AAP) is pleased to participate in the Match Program to connect prospective postdoctoral periodontal students with mutually interested residency programs. The AAP previously participated in the Match from 1992 to 1997 and is currently in its third year participating since 2017. Of 54 eligible programs, the National Matching Service has reported the following figures (shown to the right) comparing 2019 to 2018, with an 83% participation rate.

Periodontal Programs	2019	2018
Residencies/Programs	45	43
Programs/Tracks	49	47
Positions	152	147

The following institutions participating in the Match Program for the 2019 cycle include:

Augusta University
Case Western Reserve University
Columbia University
Harvard University
Indiana University
Louisiana State University
Marquette University
Medical University of South Carolina
New York University
Nova Southeastern University
Ohio State University
Oregon Health & Science University
Saint Louis University
Stony Brook University
Temple University
Texas A&M University
Tufts University School of Dental Medicine
University of Alabama at Birmingham
University of California, Los Angeles
University of California, San Francisco
University of Connecticut
University of Detroit Mercy
University of Florida

University of Iowa
University of Kentucky
University of Louisville
University of Maryland
University of Michigan
University of Minnesota
University of Missouri, Kansas City
University of Nebraska
University of North Carolina
University of Oklahoma
University of Pennsylvania
University of Pittsburgh
University of Southern California
University of Tennessee
University of Texas at Houston
University of Texas at San Antonio
University of Washington
VA Greater Los Angeles Healthcare System
VA Medical Center, Indianapolis
VA Medical Center, New York
Virginia Commonwealth University
West Virginia University

The Academy's investment in its future is rooted in its efforts to support postgraduate academia. The continued participation and support of the Match Program is another milestone in supporting students and the educational programs that serve them. It is the AAP's hope that students and institutions will be able to enjoy the full benefit of the Match Program by aiding in its fair and ethical process. ■

Questions about the Match Program?

Contact Jodi Sassana, manager of governance and education, at **jodi@perio.org**. Additional information can also be found on the Match website at **natmatch.com/dentres**.

Don't just sit back and let GP's do what you should be doing.

Take action and remind your dental community in a subtle but definitive way why you should be providing dental implant and periodontal treatments.

Let **PerioPromotions** help you take back what is yours.

These weekly and monthly case reports are an excellent way to educate the dental community about what periodontists do so well.

Edward P. Allen, D.D.S., P.H.D.
Dallas, TX

Perio Promotions case reports provide vivid details on periodontal and dental implant procedures that work!

Michael A. Pikos, D.D.S.
Trinity, FL

PerioPromotions.com



The following candidate statements found on pages 14-21 were written and submitted by each candidate and have been published in their entirety.



Stephen Meraw, DDS, MS

Candidate for secretary/treasurer

My name is Steve Meraw and I am honored to be a candidate for Secretary-Treasurer. I am a wet-glove periodontist, and I deal with the issues that the typical periodontist faces each day. As a full-time private practitioner, I appreciate and deal with the current every day challenges that most of our members likewise deal with. Working in a practice with other periodontists, I also appreciate the range of perspectives that our members have from my own 20 year perspective, to Barry's 44 year perspective, to Alexandra's 2.5 year perspective. This has been my point of view during my two terms as an AAP Trustee. I'm looking to serve our members, patients, dental communities, and profession as a whole.

Why vote for me?

Strong leaders live the vision they are trying to create.

- I am a strong advocate for the private practice periodontist.
- I am a Board-Certified specialist and encourage newer periodontists to become Board Certified because there is no specialty without a specialty board.
- I have spent 20 years as a part-time educator at the University of Michigan Dental School because I think it's important to get our message out to new dentists and periodontists.
- I continue to be involved in dental organizations outside of the AAP because I think we have a stronger position for advocacy when we have a place at the table.
- I served as a Veterans Administration (VAMC) Periodontist for years because I come from a family of veterans and believe they deserve great care.

I believe that "going the extra mile" makes me a better clinician, and will make me an effective officer of the Academy to further serve our members and profession. My vision is to help ensure the success of our members, my actions are to get things done and address any disconnect between members and leadership.

Leadership is about creating opportunity out of challenge, and translating vision into reality

Like many members of the AAP, my daily work in delivering patient care is met by a barrage of challenges. Change is constant and inevitable! Demonstrating and communicating the value of **specialty care** is a continual necessity to attract more patients who can benefit from our expertise. **I believe one of the purposes of having a professional organization is to help define our place in the marketplace, benefiting the periodontal community as a whole and providing opportunity for the individual to work toward greater success.** Ongoing challenges include encroachment upon our position in the marketplace by forces such as the "I'm the same as the specialist from my weekend training" crowd, diminished influence of our role in dental education, interference from corporate groups such as DSO's and insurance companies, and turf battles from other specialties. Additionally, member retention remains a great organizational challenge that threatens our overall influence.

Working for the rank and file members

Service to our profession has been a continuous part of my career from before the time I graduated. Past leadership service includes being President of the Midwest Society of Periodontology and the Michigan Periodontal Association. Much of my service has been devoted to the AAP. I have played a key role in the following committees: Executive, Strategic Planning, Finance, Audit, AAP-ADA

"I think part of being a good leader of the organization includes smart, responsible & strategic use of resources for focused problem solving to maximize member value."

Liaison, Practice Management & Marketing, Leadership, Development & Qualifications, Election Oversight, Task Force on Patents, Membership Advisory, and Mission, Vision & Branding.

Some specific accomplishments from this work include helping to write the bylaws change that the membership approved to allow new graduates to become Active members immediately upon graduation with full membership privileges while on the Membership Advisory Committee, as well as helping to initiate the automated dues payments program that is now being implemented which helps lessen the burden of one large payment for newer members. While on the Executive Committee I helped to successfully work through a substantial shortfall in the budget in 2015, and on the Mission, Vision & Branding Committee helped to save the Academy \$50,000 by not moving forward with a new logo that we weren't satisfied with. I think part of being a good leader of the organization includes smart, responsible & strategic use of resources for focused problem solving to maximize member value.

Vision: What do we stand for?

As periodontists, our model of specialty-delivered care involves being a part of teams, optimally in a lead role. Why do the best dental teams need a periodontist?

- WE SAVE TEETH!
- We correct mucogingival and bony defects to optimize oral health
- We are the experts in replacing teeth with dental implants when necessary

Obviously we do much more, but many of my best restorative and other colleagues know that **THEIR** best patient treatment outcomes occur when they count on me to play my position on the team. **EDUCATION** and **COMMUNICATION** are imperative to developing, improving, and broadening our dental teams and referral sources. A natural referral source ally is the Dental Hygienist. As an organization, we need to increase our collaborative efforts with the dental hygienist community including the establishment of a membership category.

Referral patterns continue to evolve. We must likewise adapt and evolve. This has meant to me that a greater percentage of incoming patients to my practice are self-referred, or referred by someone other than their dentist. While this may be alarming to some, like many of you I welcome the opportunity to help these patients regardless

of how they arrived. While the model is changing, our message is what stays constant, and we should continue to own and promote "our wheelhouse".

Translating Vision into Reality: Roadmap for the Academy

There is no Academy without members. Member retention is an ongoing challenge across organized dentistry, and those organizations who will remain relevant and viable are those who clearly demonstrate their value to the member. A focus on member value including attracting and addressing the diverse needs of our newest members so that they continue to be a member remains one of my priorities.

Other priorities include the areas of Science and Advocacy, which are central to the Academy's core. The scientific rigor of Periodontology as a specialty is second to none. A dedication to discovery and evidence-based treatment is part of the value of having us as leaders of the dental team. The recent proceedings of the World Workshop demonstrate such a commitment. This accomplishment also has much potential for our community including refocusing attention to our members as the disseminators of this information to individual dental communities, as well as future publication defining the standards of care and recommendations on appropriate treatment referral. I am committed to supporting these efforts to maximize the realized value from these efforts.

Tenacious advocacy is imperative to protecting our position in the marketplace. While I believe it is a great time to be a periodontist, and encourage others to pursue our field, we must remain vigilant and aware to make it even better. Whether advocating for increasing the specialist role in dental education, addressing threats to specialist level care, ways to help our newer and heavily indebted members successfully navigate a successful career, to advocating for our positions with the ADA or other specialty groups, we must remain vocal and connected to protect our interests. My experience in working with our other dental colleagues as an ADA delegate has reinforced to me the importance of networking and advocacy for our organization. I am committed to the success of our organization and members!

I respectfully ask for your vote.

Sincerely,

Stephen J. Meraw, DDS, MS

Board Certified-American Board of Periodontology ■



David K. Okano, DDS, MS

“We have an opportunity for a more successful release and acceptance of future “New Guidelines” that will become a very valuable member benefit.”

Candidate for secretary/treasurer

It is an honor to be nominated for Secretary/Treasurer of the AAP. I am passionate about the specialty of periodontics and this fuels my desire to serve you, our members.

My service to the AAP over the past 20 years includes appointments to 24 committees and task forces. For the past six years, I was a Trustee from District 6. During my final year on the Board, my fellow Trustees elected me to be one of their two Board representatives on the Executive Committee. These experiences will form the basis to promote periodontics and help our AAP members succeed in all facets of their periodontal career.

I was a full-time clinician practicing periodontics and dental implant surgery for 30 years. During the past four years, I transitioned to a full-time academic career, teaching undergraduate dental students at the University of Utah School of Dentistry. I continue to practice periodontics in the faculty practice of my new academic setting.

Over the years, I have observed many challenges for periodontics, yet opportunities exist for us. I would like to share my thoughts and vision for the future with you, the electorate.

Our members want and deserve more from their AAP

The AAP has been very active with programs to meet member needs. However, we must continue to listen and learn from our members.

1. Our members want to participate with their Academy.

Previous by-laws required attendance at the Annual Meeting to vote on by-laws matters. As a member of the Task Force on General Assembly Voting (which received a 2017 AAP Special Citation Award), a recommendation was proposed to allow electronic voting for all AAP members.

The new normal: All members can now vote on by-laws proposals electronically and do not need to be present at the General Assembly of the Annual Meeting. Recently, members from across the country voted via electronic means to change ADA membership from a requirement to a suggestion.

2. Demographics are evolving and we must be responsive. Women periodontists represent 44% of our membership. In addition, we must recognize the needs of the New Periodontist.

The new normal: Survey results from The Task Force on Women in Periodontics must be acknowledged and addressed. For example, the requirement to attend the Annual Meeting every three years is a hardship for those with young children (and for many AAP members in general). We must investigate options moving forward. Furthermore, the AAP is working to increase the profile of women periodontists in all leadership positions.

The new normal: The AAP actively considers the needs of the new periodontist with strategic planning. As a consultant to the Membership Advisory Committee, I recommended the return of the New Periodontist Subcommittee. Members from this subcommittee have greatly contributed to the actions of our Board and committees to meet the needs of the new periodontist.

3. The Annual Meeting is currently under revision.

The new normal: As a member of task forces to evaluate the Annual Meeting and board liaison for the CEOC, I have been involved with refreshing and introducing innovations to our Annual Meeting. Our members will have an improved meeting experience that will enhance their periodontal knowledge and their practices.

Our members want more support for their practices

Most everyone has reported challenges with “busyness” in their offices.

1. Increasing public awareness of periodontal disease and periodontists has been the focus of Love the Gums You’re With.

The new normal: As we complete this campaign, advertising experts have been very pleased with their perceived success of this program. However, LTGYW has become very unpopular with our members as many have not seen any patients in their offices as a result of this effort. A new direction to reach out to the public may be in order.

2. Many clinicians have experienced fewer referrals. Several reasons have been postulated for this disturbing trend.

The new normal: We need to be less reliant on traditional referrals to periodontal practices in the future. Other options for patients to seek our services are necessary. Since dental hygienists refer to us often, the AAP has worked formally with the American Dental Hygienists Association. Additional outreach is suggested since so many dental hygienists are not members of organized hygiene. We would also benefit by helping our members develop marketing strategies that reach out directly to patients. . .in effect, we become “gatekeepers” for the delivery of dental services.

3. Our newly released Classification of Periodontal and Peri-Implant Diseases and Conditions can positively impact member success.

The new normal: We have an opportunity to use the new classification system as a basis to develop “New Guidelines”. As a member of the task force that developed the 2006 guidelines, I can contribute thoughts on the differences in the environment that now exists. We have an opportunity for a more successful release and acceptance of future “New Guidelines” that will become a very valuable member benefit.

Our members need more global outreach with the dental community, dental schools and dental profession

The evolving environment in which periodontics must co-exist with others has become increasingly challenging to our specialty.

1. Dental specialties are becoming less understood with the public.

The new normal: Legislative actions and development of new organizations have increased the number of “specialties” that can be announced beyond the traditional ADA recognized

dental specialties. Our AAP must continue to work with other ADA recognized specialties and the newly formed ADA National Commission on Recognition of Dental Specialties and Certifying Boards to assure that dental specialists are truly “special” due to accredited educational programs and certifying boards. We can be thankful our American Board of Periodontology has taken the bold step to include “and dental implant surgery” in our certificates.

2. AAP members are concerned about the periodontal education of recent dental school graduates

The new normal: Periodontists are often not involved with the generalist-based model of dental education. As a full-time dental educator, I am quite bothered that periodontics has become so minimized for dental students in many schools. I emphasize to my students that perio is the true “foundation” of dentistry. I particularly emphasize the importance of referring to, and working with periodontists to achieve optimal patient outcomes. We can work with the Education Committee and the newly formed Task Force on Predoctoral Periodontal Education (which I will Chair). The AAP Foundation can also be very beneficial to our efforts with undergraduate dental education.

3. It is vitally important to work with organizations to promote periodontics.

The new normal: Our Academy has worked well with other organizations. We must continue to do so in order to promote our specialty and meet our members’ needs. As a long-time volunteer for organized dentistry (ADA Delegate, member of two ADA Councils and Past-President of the Wyoming Dental Association), I understand the landscape of other organizations and how to communicate our message to others. Working through challenges to our organization via personal relationships can be especially important to us.

As I seek the office of Secretary/Treasurer of the AAP, I will always advocate for what is best for our specialty and the members we serve. As we approach the year 2020, it is essential that we have a clear vision for the Academy. My vision will be to work together, identify challenges and develop strategies to create opportunities that will provide a positive outlook for all of us.

Thank you for your considerations. I would be honored to receive your vote for AAP Secretary/Treasurer.

David K. Okano, DDS, MS

Diplomate, American Board of Periodontology ■



Louis F. Rubino, Jr., DMD

Effective leaders think strategically, provide a clear vision and foster an environment where goals are accomplished collaboratively.

Candidate for secretary/treasurer

My name is Lou Rubino and I am honored to be nominated by the AAP Officer Nominating committee as a candidate for Secretary-Treasurer of **YOUR** academy. It is a privilege to have this opportunity. Like many of you, I am a full-time practicing clinician, having completed my training in 1991. In addition, I have held teaching roles in the hospital and academic settings for both dentists and hygienists. It has been rewarding to contribute as a member of the AAP Board of Trustees for two terms. **ADVOCATING for members and our profession remains at the core of my passion for service.**

Qualified, Effective, Committed to Understand and Serve You

The Academy has two important responsibilities: advancing the science and practice of periodontics and implant therapy and advocating for the success of its members. I believe these are complementary. **Members have every right to expect** that the strategic plan and initiatives of their Academy are appropriately resourced to achieve these goals.

Last August, I was elected by my fellow trustees to serve a second term on the Executive committee. Having completed service on the Finance committee, I was also appointed to second terms on the Strategic Planning and Audit committees. Collaborating with the officers and the professional staff of the Academy on these committees provides me the opportunity to be influential in ensuring the strategic direction of the Academy is focused on fostering your success. Service on these Academy committees is critical to be an impactful officer. **With your support, my goal is to continue focusing Academy initiatives on promoting the delivery of periodontal and implant surgical treatment by periodontists.**

Throughout my career, service to our profession has been a central value. This has meant contributing in organized dentistry, community service and through professional development. I have held leadership positions on the local, state and national levels. Along with volunteer experiences, completing the ADA Executive Management Program for dentists at Northwestern University's Kellogg School of Business has provided me a sound skillset for being an effective Academy officer. The curriculum of this intensive MBA level program included: organizational leadership, business strategy, operations, finance, accounting, marketing and entrepreneurship.

I share the same concerns that I hear from you as I travel around the country. I continue delivering these messages to Academy leadership. I value transparency and good communication. The professional landscape we face has changed. The lines differentiating our advanced skills and the predictable outcomes we offer patients have been blurred. **Understanding the complex environment facing periodontics today, I am committed to provide the thoughtful and effective leadership required to advance our profession.**

Awareness Strategy: Lessons-learned, Refocus

Your feedback has been heard and is informing lessons learned from the *Love the Gums Your With* campaign. Moving forward, I recognize you want to be more effectively engaged in the next initiative. The message must be clear and direct:

- Periodontists are the experts in the diagnosis and treatment of periodontal disease – **Periodontists Save Teeth.**
- Periodontists provide services to enhance smiles and improve overall and oral health- **Periodontists Help You Look and Feel Better.**

- Periodontists place dental implants-**Periodontists Improve the Quality of Your Life.**

The Academy must effectively refocus this important strategic initiative. In today's digitally driven environment, the tactics of the initiative must engage you, the members.

Impact of the World Workshop on the future of Periodontics

Now that the Academy successfully co-led the 2017 World Workshop on the Classification of Periodontal and Peri-Implant Diseases, the important work of the steering and Strategic Planning committees has begun. The work product provides a basis for the development of strategic initiatives for the Academy. Thoughtful messages for all stakeholders: clinicians (including our general dental and hygiene colleagues), educators, researchers, and benefit providers are critical.

Now is the time to revisit our ***GUIDELINES (PARAMETERS)*** for periodontal care. Along with the new classification of staging and grading periodontal diseases, risk assessment now plays a critical role to highlight the value of specialty level care. The Academy's guidelines for the management of patients with periodontal diseases, last published in *JPerio* in 2006, require revision. **The new classification system coupled with updated guidelines will serve as powerful tools for periodontists to EDUCATE the dental community both in the educational and practice settings.**

Periodontics and Dental Education

Now is the time to implement an effective strategy in the schools. The dental education model has changed, diminishing the role of the periodontist. Since periodontal educational standards are defined by the dental school, we can no longer allow the disenfranchisement of the periodontist in pre-doctoral dental education. Critically, our strategy must engage our periodontal educators because there remains an indispensable role for periodontists. The Academy must continually survey our educators to confirm it is providing resources for educators to be effective. Understanding the new classification scheme to a level of competency ensures dental students graduate with an appreciation of the value of specialty level periodontal care. In addition, imparting the value of having a meaningful, collaborative relationship with a periodontist early on in a dental student's clinical experience is crucial. **In order to be impactful, the Academy must be committed to these strategies for the long term.**

The Academy's Science Strategy

As a member of the Board and Strategic Planning committee I am committed to empowering the Scientific Oversight

Committee to develop a robust strategy that is focused on **expanding the scope of care that we can provide. I recognize that members benefit when the Academy's scientific strategy effectively translates into clinical practice.** The list of members who have served on the committee is formidable. We must identify and engage the next generation of talented scientists so they can benefit from the wise counsel and experience of our seasoned scientists. The Academy must continue to promote academic and practice based research that is translational to clinical practice. Our partnership with the AAP Foundation remains critical to this end.

A Hygiene membership category

For many years, the Academy has deployed a hygiene strategy. This included articles of periodontal interest in the Dimensions of Dental Hygiene, a hygiene symposium at the annual meeting and partnering with Colgate to implement a hygiene study club for members. The reality is the general dentist practice model includes a robust hygiene department. Collaborative care means educating not only our general dentist partners but also our hygiene colleagues. In my experience, hygienists are often the most enthusiastic members of the dental team. Hygienists are patient advocates who want up-to-date information on current principles of disease recognition and patient management. The best hygienists have a sincere desire for optimal treatment outcomes. **Developing a responsible hygiene membership category serves to validate the importance of a strong relationship with a periodontist.**

Leading a Vital and Relevant Academy

Effective leaders think strategically, provide a clear vision and foster an environment where goals are accomplished collaboratively. My commitment is to align Academy initiatives and resources with providing member value. Diversity in leadership and leadership development is critical to the future success of the Academy. As liaison to the Leadership Development Task Force, I recognize that the longevity of the Academy depends on understanding and addressing our newest member's concerns and promoting their active involvement in the Academy.

Respectfully, I ask for your positive consideration of my candidacy. While being an outspoken advocate for members, **I am proud of my positive working relationships with colleagues and our professional staff.** I am committed to the hard work the position I seek demands.

In June, I ask for your vote.

Respectfully,

Louis F. Rubino, Jr., DMD ■



**Christopher R. Richardson,
DMD, MS**

Candidate for vice president

My name is Chris Richardson and it has been my sincere privilege to serve as the Secretary-Treasurer of your Academy since being installed as an officer at the General Assembly meeting in Vancouver last October. I am currently seeking the position of Vice-President and would be honored to ascend to the next officer position. **I will continue to make every effort to improve the Academy by listening to our membership and working with our leaders to transition this strong organization into the next decade.**

During the past three months, I have assumed the Chair position of the Finance Committee. This committee is charged with ensuring the responsible use of member dues so that we appropriately and effectively align the Academy's financial resources with ongoing short-term interests and initiatives, as well as long-term goals. An essential component to these objectives is working closely with our Chief Financial Officer and Executive staff to make sure that member dues and income from our corporate partnerships balance with the expense side of meeting our strategic plan. I have found that due diligence in financial planning is of utmost importance in order to deliver effective guidance in leading this vital committee. **The finance committee makes every effort to be responsible in its fiduciary decisions and in my opinion the Academy is in a healthy financial position.**

One of my primary campaign objectives last year was to begin evaluating and exploring the influence the Academy could have on the delivery of the periodontal aspect of dental education to pre-doctoral students across the country. I have had the opportunity to meet with department chairs, program directors, junior faculty and perio residents of several different schools and each has provided insight into the challenges they face from their respective administrations, as well as their style of instruction and interaction with pre-doc students. I am tremendously pleased to report we have successfully formed a **Task Force on Pre-Doctoral Education made up of Full-time Educators, Private Practitioners, Part-time Clinical Faculty, young periodontists and seasoned veterans.** This Task Force will have the objective of gathering data to determine how the Academy can aid in the development and implementation of a "periodontist-advised-pathway" education agenda. This will help students understand the role periodontics will play in patient care, and therefore enhance appropriate referral decisions after graduation. I would encourage every AAP member in close proximity to a dental school to find a way to get involved in the education process. You will be shocked at the difference you will make!

The AAP Executive Director and I represented the Academy at the recent Surgeon General's meeting on development of the 2020 Surgeon General's Report on Oral Health. The last report was in 2000, and is long overdue for the creation of a new perspective and vision of oral health for all Americans across the country. This meeting was comprised of key stakeholders in the medical and oral healthcare arenas, and it was important for us to have a seat at the table. Since that meeting, **the Surgeon General has requested our input regarding the creation of the new report and it will be exciting to play a role in production of the final manuscript.**

As every member of the AAP is aware, the World Workshop on Disease Classification (WWDC) has produced new parameters in the diagnosis of periodontal diseases. This

“the Surgeon General has requested our input regarding the creation of the new report and it will be exciting to play a role in production of the final manuscript.”

staging and grading concept has initiated a tremendous amount of conversation in both academic and private practice workspaces. I currently serve as one of the Board Liaisons to a highly intellectual group of people on the WWDC Steering Committee and it is the objective of this group to determine the best avenue to bring this new disease classification construct to all aspects of the dental community. A recent example of this effort was with the Hygiene Symposium at the Annual Meeting in Vancouver. With 300 attendees, the hygienists confirmed our expectations in that they have an absolute thirst for knowledge regarding the new classification system. The officers had an excellent meeting with the ADHA in Vancouver and we will continue to build that relationship, as I remain optimistic that we can effectively introduce a hygiene membership category within the AAP. In addition, the nation's dental schools are incorporating the new diagnosis platform into their curriculums slowly but surely. **The WWDC Steering committee sees this as a clear opportunity for periodontists to engage their referring colleagues, including general dentists, hygienists, and other specialists, to begin to make it a component of everyday patient management and potentially establishing standards of care.**

My full-time private practice (part-time Clinical Faculty at VCU School of Dentistry in the Graduate Periodontics Clinic) is in Richmond, Virginia. I have been in private practice since 1998 and taught part-time since '99. Along with my volunteer duties at the AAP, I have maintained involvement on the home front as well. **The Commonwealth of Virginia has recently been challenged with the Specialty Recognition issue that virtually every other state is struggling against.** Specialists have come together to alert the Virginia Board of Dentistry to the potential confusion this change in regulations creates for our patients. Our battle continues, but hopefully **with the establishment of the National Commission on Dental Specialties and Certifying Boards, legal advice from ADA/AAP legal counsel, and an AAP white paper advocating for the periodontal specialty, we can find a way to withstand this challenge.**

Your Academy has initiated two robust initiatives in the past 2 years. The LEAD program (Leadership Engagement and Development) has been an enormous success as it brings young periodontists (three years or less in practice) to Chicago for a two-day workshop. It has garnered reviews by attendees that have been

overwhelmingly positive. My youngest partner attended last year and he was astounded at the quality of this enterprise. The other program is the WIP (Women in Periodontics) initiative. The AAP has a very active female component to its base membership (44% of our members are women) and the WIP committee is working hard to engage this segment of the periodontal population. **The LEAD and WIP programs have been engineered by the Board of Trustees to navigate and address the needs of these members and we are now seeing the results of those labors.**

I have genuinely enjoyed the opportunity to establish and maintain international relationships with periodontal organizations and corporate entities around the world. **The American Academy of Periodontology is a vibrant, diverse, and immensely powerful organization.** Our colleagues in the Pan-Pacific, Pan-American, and European countries are hungry for a symbiotic relationship that benefits all involved. The corporate relationships we have are constantly evolving and being able to stay ahead of the curve is essential in forecasting how these relationships will change over time.

Finally, it is important that you understand that all your volunteer leaders commit a significant amount of time and energy to the Academy. It is a group effort by committees, the Board of Trustees, and the AAP headquarter staff to deliver the symbol of excellence that the AAP represents. I am honored to be a part of this team. I realize I am running unopposed in this election and wanted to convey not only some of my involvement, but also what THIS TEAM is doing in crafting the future. **I am most appreciative of your vote and look forward with sincere excitement to the next four years of servant leadership.**

Sincerely,
Chris R. Richardson, DMD, MS

Diplomate, American Board of Periodontology
Secretary-Treasurer, AAP ■



2019 AAP Election

The 2019 AAP election campaign period is well underway, running from Jan. 1 to June 30. The AAP is fortunate to have a number of highly-qualified candidates seeking election for national and district level positions this year.

Beginning in April, Active and Life Active members will receive up to three electronic statements from each candidate running for office in a member's district and in the national elections.

Eligible voting members will be able to vote in the upcoming 2019 election beginning June 1. Ballots will

be distributed to all eligible voting members by June 1 and voting may be done electronically or by mail.

In order to make an informed decision based on candidate qualifications and their personal statements, please visit **perio.org/members/elections** and review the candidate information provided. In addition to candidate information, the election webpage also contains updated Frequently Asked Questions summarizing AAP campaign and election policies.

If you have any questions, contact Jodi Sassana, manager of governance and education, at **jodi@perio.org**. ■

I am a relatively new member of the American Academy of Periodontology, and it occurred to me that maintaining a representative Board might be challenging. How does our Board represent all the different avenues of practice for periodontists?

— Active member, Hot Springs, AR

Thank you for your question, Doctor, and welcome to the AAP! As you likely know, the AAP Board of Trustees consists of 21 Trustees and five Officers. District representation on the Board is proportional to the number of AAP members per district. There are seven geographic districts and one district for military personnel. Trustees and Officers are elected to their positions. The Academy encourages diversity: racial, ethnic, and gender diversity as well as diversity in practice setting, years in practice, and type of practice. The most important component, though, to building a more diverse Board is engaging more members to run for an elected position. In addition to encouraging members from a variety of practice types and settings to run for office, the Board tries to bring a variety of concepts and challenging issues into the Board room through mega-session discussions. At each Board meeting, we set aside a few hours to dive into an issue in-depth. So, while we may not have all voices represented around the table at any given point, we try to bring those missing voices in through discussion and presentations. Last year, the Board added a non-voting new periodontist position to the Board. The Board recognizes how crucial it is to have our newer members represented in our decision-making processes. The new periodontist representatives who have attended Board meetings have made significant contributions and our work is better for their voice around the table. And, finally, in addition to trying to bring diverse perspectives into the Board room, Trustees also try to go out into the community to hear from members. We attend state and regional society meetings and are always available via email and phone. Your Trustees are your representatives. Please get to know them, share your thoughts, provide your perspective, and consider getting involved yourself. A Board that represents all the varied ways our members practice periodontics makes the Academy stronger and more relevant. Check out perio.org to find contact information for all the Trustees and Officers.

—Robert Churney, DDS



Robert Churney, DDS
AAP District 3 Trustee

Practice location: Clearwater, FL

Residency: University of Florida

Hometown: Louisville, KY

What are you hoping to achieve during your time on the AAP Board?

I hope to effectively represent the members of District 3 and make sure private practitioners' voices are heard.

What is the AAP's greatest benefit to members (in your opinion)?

The AAP's greatest benefit to members is that it serves as the voice of periodontics in all aspects of organized dentistry. It is more important than ever, in my opinion, that there is one unified voice to both the public and organized dentistry as a whole about what periodontics is and what periodontists represent. ■

Interested in submitting a question to the Board?

Email asktheboard@perio.org and your question could be included in a future issue of *Periospectives*.



Legislative UPDATE

Editor's Note: The AAP extends its thanks to Megan Mortimer, Congressional Lobbyist, American Dental Association, for her contributions to this article.

The American Academy of Periodontology (AAP) relies extensively on the American Dental Association (ADA) for its lobbying efforts on behalf of the dental profession. The ADA Government and Public Affairs Division operates in both Washington, D.C. and Chicago. The division's staff is responsible for gathering and analyzing information on state and federal government initiatives that affect dentistry, advocating the ADA's positions on legislative and regulatory matters, and coordinating the ADA Grassroots Action Teams and American Dental Political Action Committee (ADPAC). Please visit ada.org for more information on all these activities.

The AAP looks forward to working closely with the ADA throughout 2019 to continue to advocate for important issues related to dentistry.

Medicare Regulations

Culminating several years of legislative and regulatory activity by the ADA, the Centers for Medicare and Medicaid Services (CMS) in April 2018 published a Final Rule that changed the requirement to enroll or opt-out of Medicare for the

purpose of prescribing medications to Medicare beneficiaries covered under Medicare Part D. This rule was effective as of Jan. 1, 2019. At the same time, CMS also eliminated a requirement that had not yet been implemented that would have required dentists who participate in Medicare Advantage (Medicare Part C plans) to enroll in Medicare.

Appropriations for Federal Dental Programs

In September 2018, Congress passed the Labor-Health and Human Services and Defense minibus for Fiscal Year 2019. The spending package includes \$461 million (\$14 million increase) for the National Institute of Dental and Craniofacial Research (NIDCR); \$24 million (\$4 million increase) for Title VII Oral Health Training; \$39 million (\$1 million increase) for Area Health Education Centers (AHEC) that support programs to help patients find treatment outside emergency rooms; and \$10 million for military dental research. Report language accompanying the AHEC funding encourages the Health Resources and Services Administration (HRSA) to work with state dental associations

to address patient referral programs, supporting a key initiative in the ADA's Action for Dental Health Program. Additional report language recommends the use of \$250,000 for the development of an oral health awareness and education campaign across all relevant HRSA divisions.

Action for Dental Health Bill

In December 2018, the Action for Dental Health Act became law. The act aims to improve access to oral health care in rural, underserved, and Native American communities. The new law will allow organizations to qualify for oral health grants to support activities that improve oral health education and prevent dental disease. It will also enable groups to develop and expand outreach programs that facilitate establishing dental homes for children and adults, including the elderly, blind, and disabled.

Non-Covered Services

The Dental and Optometric Care Access Act or the "DOC Access Act (H.R. 1606)" was introduced in the 115th Congress by Rep. Earl "Buddy" Carter of Georgia. This

non-covered services bill prohibits all health plans offering a dental or vision benefit from dictating what a doctor may charge a plan enrollee for items or services not covered by the plan. By the end of 2018, the number of bipartisan co-sponsors in the House surpassed 100, the most co-sponsor support ever garnered for this legislation.

Legislative and Regulatory Activities for 2019

McCarran-Ferguson Reform

The U.S. House of Representatives passed the Competitive Health Insurance Reform Act of 2017, H.R. 372, by a vote of 416-7 in March 2017. This bill would amend the McCarran-Ferguson Act to authorize the Federal Trade Commission and the Justice Department to enforce federal antitrust laws against health insurance companies. In December 2018, Senator Steve Daines of Montana introduced the first-ever Senate version of this bill, S. 3782. This remains a top priority of the ADA and Congressional Affairs is working

with Senate and House members to get both chambers' versions of McCarran-Ferguson reform introduced in the next few months.

Higher Education

The ADA will continue to advocate for higher education policies that benefit dental students, new dentists, and dental faculty.

Healthy People 2030

On Jan. 17, 2019, the ADA submitted comments on the role of oral health for the Department of Health and Human Services' (HHS) "Healthy People 2030" campaign. Healthy People is a decennial campaign to identify the most significant preventable threats to health and to establish national goals to reduce those threats. It is used to prioritize the investment of public, private, and non-profit health resources over the coming decade. The ADA was asked to submit comments on the proposed objectives of the campaign as they relate to oral health. ■

Volunteer to serve on an AAP committee or task force today!



Each year, the Academy conducts its work through the dedicated efforts of volunteer members who serve on AAP committees and task forces. Most positions are open to Active or Life Active members. The deadline for volunteer applications is April 30, 2019.

There are limited openings for members who have the qualifications, experience, and time that match committees' needs. If you are interested in serving on a committee or task force, please complete an application at perio.org/volunteer/index.html.

The Academy appreciates all you do to support its work. For more information, contact Jodi Sassana, manager of governance and education, at jodi@perio.org.



More than 30 volunteer groups are appointed to manage various AAP programs, make informed recommendations on future initiatives, and advise the Board of Trustees on issues relevant to the specialty of periodontics. These committees and task forces are responsible for conducting the strategic and administrative business of the AAP.

In December 2018, the AAP Executive Committee convened to plan the 2019 Board initiatives. Executive Committee members include: Richard T. Kao (AAP president), Bryan Frantz (AAP president elect), James Wilson (AAP vice president), Christopher Richardson (AAP secretary/treasurer), Steven R. Daniel, (immediate past president), Michael Breault, and Louis Rubino, Jr.



The In-Service Examination Committee met in January to construct the 2019 In-Service Exam. Pictured from left to right: Daniel Shin, Hsun-Liang Chan, Chun-The Lee, Mabel Martinez, Jessica Owens, Kerri Font, Irina Dragan, Scott Gruwell (chair), Cristiano Susin, and Sangeetha Chandrasekaran.



The Continuing Education Oversight Committee (CEOC) assembled in February to plan the AAP's 2020 Annual Meeting program, which will be held in Honolulu, Hawaii. Members of the CEOC include: E. Todd Scheyer (co-chair), Barry Wagenberg (co-chair), Bryan Frantz (AAP president elect), Caitlin Darcey, John Herrin, Yung-Ting Hsu, David Kim, Purnima Kumar, Gregory Toback, Hom-Lay Wang, Maria Geisinger (Board liaison), Paul Rosen (consultant), Michael Sonick (consultant), and Diego Velasquez (consultant). Leaders from the Japanese Academy of Clinical Periodontology (JACP) and Japanese Society of Periodontology (JSP) were also present for the meeting. The AAP will be collaborating with JACP and JSP for the 2020 Annual Meeting in Hawaii. ■

2019 **Signature Diamond** Sponsors

The AAP thanks its Signature Diamond Sponsors for their generous support in 2019.



Ask the Coding Coach

Dear Coding Coach: What is the difference between codes D4230 (anatomical crown exposure) and D4210 (gingivectomy or gingivoplasty)?

First, let's look at the specific nomenclature and descriptors for each of these, adding D4249 (clinical crown lengthening – hard tissue) and D4212 (gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth) to the discussion, as it is helpful to address all these codes together.

D4230 anatomical crown exposure – four or more contiguous teeth or bounded tooth spaces per quadrant

This procedure is utilized in an otherwise periodontally healthy area to remove large gingival tissue and supporting bone (ostectomy) to provide an anatomically correct gingival relationship. Note that D4231 has the same descriptor but is used for one to three teeth.

D4210 gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant

It is performed to eliminate suprabony pockets or to restore normal architecture when gingival enlargements or asymmetrical or unaesthetic topography is evident with normal bony configuration. Note that D4211 has the same descriptor but is used for one to three teeth.

D4212 gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth

There is no descriptor for this code.

D4249 clinical crown lengthening – hard tissue

This procedure is employed to allow a restorative procedure on a tooth with little or no tooth structure exposed to the oral cavity. Crown lengthening requires reflection of a full thickness flap and removal of bone, altering the crown to root ratio. It is performed in a healthy periodontal environment, as opposed to osseous surgery, which is performed in the presence of periodontal disease.

There is still some confusion between these four procedures. It makes the most sense to divide them into two categories: those (1) that are done to provide better tissue contour and appropriate tooth-to-gingiva relationship; and (2) those that are performed in order to provide access for restorative procedures.

Anatomical crown exposure (D4230, D4231) is performed when periodontal tissues are healthy, but since no restoration is to be completed, this falls into the first



category. The procedure results in improved gingival contour and tooth anatomy, basically resulting in the gingival height being at the cemento-enamel junction (CEJ). Many times, the teeth appear short and the gingival tissue appears bulky. It is necessary to remove bone to lengthen the crown of the tooth and provide adequate distance from the CEJ to the bone height or the tissue will grow back. A full thickness flap is necessary to accomplish the osteotomy and/or ostectomy. A good example of this procedure would be the fibrotic tissue that occurs during orthodontic treatment. Once the appliances have been removed, anatomical crown exposure can be done to improve the contour of the tissue and increase the length of the tooth. Some carriers may consider this esthetic and exclude reimbursement in plans.

Gingivectomy (D4210, D4211), also in the first category, is performed when gingival tissues exhibit supragingival pocketing with or without inflammation. The bony architecture, however, is normal and no osteotomy or ostectomy is needed, whereas in the case of D4230 and D4231 (anatomical crown exposure), supporting bone is removed. A gingivectomy can be performed using a full thickness flap or a reverse bevel technique, so sutures may or may not be present.

The remaining two procedures are used when subsequent restoration is to be performed. D4212 is appropriate when only gingival tissue needs to be removed to expose an area to be treated. For example, many times a dentist will simply trim away a small amount of tissue in order to expose an area of decay that is slightly subgingival. This can be accomplished with a blade, a soft tissue laser, or even a curette. D4249, crown lengthening, is also used when a restorative procedure is to be done, but it is a more involved procedure since the decay or fracture extends far enough

subgingivally that bone must be removed not only to gain access to the area to be treated but also to preserve the biological width between the margin of the restoration and the bone. A full thickness flap is elevated, and sutures are required to close the area after osteoplasty or ostectomy. The submission for these procedures should be per tooth.

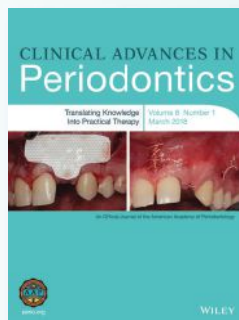
When submitting any of these codes for reimbursement, make sure you have adequate documentation. If decay or a fracture is present, it should be visible on the radiograph, if possible. Always make sure radiographs are of diagnostic quality. In some cases, a diagnostic photo may be the best way to demonstrate the presence of decay or a fracture or show why a crown lengthening is needed. Periodontal charting should be submitted and may also indicate a deeper pocket where the fracture or decay exists.

Remember, too, that plan limitations will dictate reimbursement. Some plans consider an anatomical crown exposure as cosmetic, so therefore will not have benefits for D4230 or D4231. Some gingivectomies may also be considered cosmetic and fall into the same category. Another thing to consider is if a crown lengthening is performed on

two adjacent teeth, only one may be reimbursed, or the second tooth may be benefitted at a reduced rate. It is always best for both the patient and the periodontist to get a pre-treatment estimate prior to performing treatment for these procedures, as reimbursement can be very limited depending on the plan. ■

ADA CDT 2019 Code Changes

Several new and updated CDT codes went into effect on Jan. 1, 2019. All of the additions and changes that may affect your periodontal practice can be found at AAP Connect > AAP Member Resource Library > Insurance Reimbursement and Third Party Issues > ADA CDT 2019 Changes.



Clinical Advances in Periodontics (CAP) is an official journal of the American Academy of Periodontology, dedicated to advancing clinical management of patients by translating knowledge into practical therapy. The journal is published quarterly online and in print by Wiley.

CAP is seeking authors with interesting case reports and clinical decision-making papers.

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Pay down **debt today,** or set money aside for the **future?**

Contributed by

Joshua C. Miller, AIF®

Wealth Advisor

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“The answer to the question “what do I do first?” is really “neither this, nor that – do both at the same time!”

It's not an “either-or” question.

In our work, we see many recent dental (and medical) graduates with huge debt loads: \$300,000, \$400,000, \$500,000 right out of school. They end up in our practice, often overwhelmed with how to pay their debt down. And while most of them know that their income is solid and poised to grow, they still grapple with whether it makes sense to pay off their debt, or to minimize their loan payments and instead to set some money aside for the future. Admittedly, it's a tough place to find yourself.

No matter what your goal, our philosophy is that you're better off with a plan. Even for grads who “just want to be done with their debt,” we take a step back and start talking about the bigger vision, their plan for the future.

The fact of the matter is that you have a finite amount of time in which to accomplish the totality of your goals. No doubt, you made an agreement with a lender to borrow money, and you are obligated to repay your loans. Therefore, one of your goals will need to be debt reduction. Another goal will be to stop working at some point (even people who say they plan to work forever end up having to stop working at some point.) As crazy as it may seem to think about retirement before you even get your career going, in some ways that's exactly what you need to do.

The answer to the question “what do I do first?” is really “neither this, nor that – do both at the same time!” By going through a sound and measured financial planning process with an experienced advisor you will discover what the right balance is for you. You will find out how much of your disposable income you can set aside toward retirement and other future goals, and how much you will be able to contribute to paying down your student loans.

We do indeed frequently hear “first, I want to get a handle on this debt, then I’ll get to saving.” Say you delay saving for retirement for a five- or 10-year period. This can be very detrimental to your long-term financial success. Through the “magic” of compounding interest, even small, regular contributions to retirement savings accounts can add up over time. Perhaps you can only set aside a modest amount of money. Start utilizing your 401(k), IRA, or whatever other savings vehicles are available to you. Preferably, you’ll want to use tax-advantaged saving accounts like 401(k)s and IRAs where your contributions will be tax-deductible in the year they are made.

Saving is a muscle that needs to be developed. We tell our clients to save at least 20 percent of their gross income out of the gate. As your income increases, you may actually nudge this up. It’s a

baseline goal. Sometimes it’s achievable, sometimes it’s not. And even if it’s not achievable, maybe you can afford to start saving 10 percent of your income, and grow it from there. Let time be your ally. Don’t hesitate today, just because you feel like what you can do is not enough. Every little bit counts.

One last word on interest rates, because this often comes up in conversation. If your loans are locked at a favorable rate, then there’s no need to accelerate them or to refinance. Just make your loan payments and save as much as you can toward retirement. If your loans are not at a competitive rate, you will want to look at refinancing them to free up cash flow that you can put toward retirement goals.

I can’t say this often enough... work with an advisor who understands the unique financial situations of medical and dental professionals. Student debt should

not hold you back from fulfilling your retirement dream. With proper planning and time on your side, you should be able to achieve your vision.

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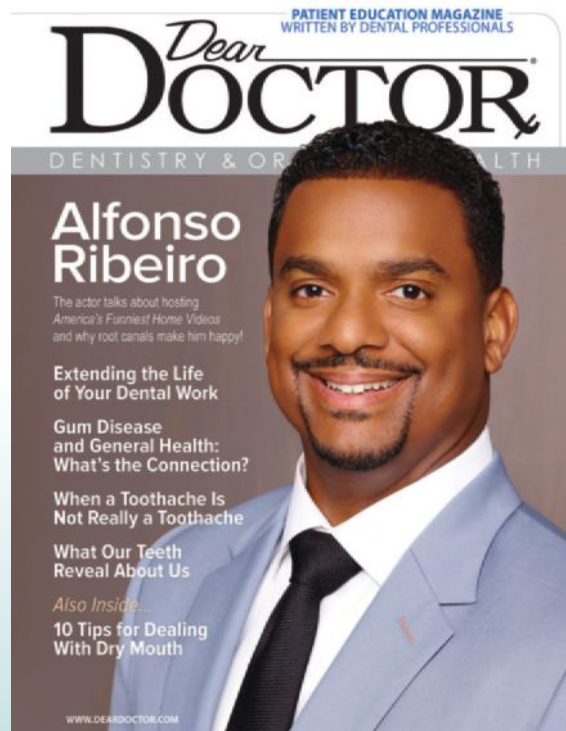
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Register online at perio.org/members/insurance

AAP partners with ***Dear Doctor*** to bring periodontal content to waiting rooms

The AAP recently launched a content partnership with *Dear Doctor*, a multimedia company that provides dental education via a quarterly magazine and digital content. This collaboration allows the AAP to place consumer-friendly messaging about periodontal health and the expertise of the periodontist in front of a relevant audience.

The magazine, which features celebrity cover stories and contemporary topics of patient interest, is available in waiting rooms around the country. Dental offices can subscribe to *Dear Doctor* to receive personalized copies of the magazine (featuring the respective office's branding) to place in waiting rooms or obtain digital content and video for use on practice websites and reception area televisions.



The first article of the partnership, published last fall, highlighted smoking and gum disease. The latest issue focuses on gum disease and systemic health, and future article topics include periodontal treatment of loose teeth and how the periodontium serves as the foundation of good oral health. All partnered content is written by a member periodontist and is reviewed by the AAP. ■

Calling all young periodontists!

Are you a student or new periodontist who loves to write, especially about periodontics? Are you passionate about the profession and want to share your experiences with fellow colleagues? This year, the American Academy of Periodontology is hosting a student and new periodontist takeover on their members-only blog, *Perio Pulse*. Students and new periodontists (who have been practicing five years or less) are invited to submit a post composed of no more than 450-700 words on a topic related to periodontics or AAP membership. Such as:



- The most challenging part of periodontal residency
- A favorite experience at an AAP Annual Meeting
- Favorite procedure to perform and why.

Submissions must be sent to publicrelations@perio.org by April 5. All submissions will be reviewed at that time, and the top three selections will be featured over the course of April, May, and June. ■



Verify your *Membership Directory* listing by March 31

Ensuring your listing in the *2019 Membership Directory* is accurate in an easy three-step process:

1. Visit the online Member Service Center at **<https://home.perio.org/msc/home.aspx>** and select "*Membership Directory Verification*" in the left column.
2. Review your listing.
3. Submit any changes by March 31.

The Member Service Center shows exactly how your information will appear in the print and the online versions of the directory. You can list additional practice locations for just \$95 each. Pay your dues by March 31 and receive a complimentary print directory. The *2019 Membership Directory* will mail in June 2019.

Please remember that the Academy does not release member email addresses, telephone numbers, or fax numbers for external marketing purposes. Contact the Member Services Department with questions by emailing **member.services@perio.org**. ■

Please note that your Find a Periodontist profile is NOT automatically updated if you make changes to your directory listing. The ONLY way to add or edit your Find a Periodontist profile is for you to complete the listing form online. To find out more information on Find a Periodontist, visit **perio.org/FindaPeriodontist/faqs**.

Welcome new members

Congratulations to the new members of the Academy who joined between Jan. 1 and 31, 2019.

New Member	Location	Category	New Member	Location	Category
District 1			Mohamed M. Meghil	Augusta, GA	Student
Rayan Al Edreesi	Boston, MA	Student	Peter Nasseh	Birmingham, AL	Student
Anas Al-Sabbagh	Stamford, CT	Student	Muhammad H. Saleh	Louisville, KY	Student
Kevin Chen	Boston, MA	Student	Georgios Strongylos	Birmingham, AL	Student
Yousra El-Kei	Boston, MA	Student	Maria C. Torres	Tampa, FL	Active
Esra Faden	Boston, MA	Student	Troy Bancha Tran	Louisville, KY	Student
Ahmed Farid	Halifax, Canada	Student	Jason Wong	Boca Raton, FL	Student
Khaled MAA Saleh	Boston, MA	Student	Luanna Zambrana	Fort Lauderdale, FL	Student
District 2			District 4		
Abdulaziz Alhossan	Philadelphia, PA	Student	Ibrahim Alameri	Cleveland, OH	Student
Eslam Ashour	Ellicott City, MD	Student	Nathalia P. Andrade	Ann Arbor, MI	Student
Sonia Barbosa-Ruiz	Drexel Hill, PA	Associate	Karim Basta	Lyndhurst, OH	Student
Chrysi Boutari	Philadelphia, PA	Student	Charlotte Best	University City, MO	Student
Ya-Wei Chen	Baltimore, MD	Student	Riccardo DiGianfilippo	Ann Arbor, MI	Student
Amanda Clemente	Pittsburg, PA	Student	Austin Dodge	White Lake, WI	Student
Alyssa Michelle Dierkes	Baltimore, MD	Student	Jeffrey Garcia	Pewaukee, WI	Student
Curtis Dugas	Pittsburg, PA	Student	Alexandra Hunter	Toronto, Canada	Student
Joseph Formosa	Philadelphia, PA	Student	Haleh Javidnia	Richmond Hill, Canada	Student
Wael Isleem	Philadelphia, PA	Student	Sridivya Kasinadhuni	Fenton, MO	Student
Alaa Mouminah	Philadelphia, PA	Student	Suzette Laing	Ann Arbor, MI	Student
Katherine Ni	Baltimore, MD	Student	Marc Manos	Chicago, IL	Student
John Powe	Pittsburg, PA	Student	Charles McCann	Minneapolis, MN	Active
Thomas Yoo	Philadelphia, PA	Student	Aniruddh Nitin Narvekar	Chicago, IL	Active
Mai Zamakhchari	Vienna, VA	Active	Andrea Ravida	Ann Arbor, MI	Student
			Rafael Siqueira	Ann Arbor, MI	Student
			Lahari Vattikunta	Ann Arbor, MI	Student
			Wiley Yao	Marshfield, WI	Student
			Amy Yeung	North York, Canada	Student
			Afnan Yousef	Saint Louis, MO	Student
District 3			District 5		
Pooja Ajitsankardas	Memphis, TN	Student	Niaf Al Gana	Oklahoma City, OK	Student
Megan Bunting	Evans, GA	Student	Hassan Asghar	Irving, TX	Active
Sean Ference	Memphis, GA	Student	Nasim Lasemi	Oklahoma City, OK	Student
Amanda Finger Stadler	Chapel Hill, NC	Student	Ursula M. Price	Colorado Springs, CO	Active
Geisy Galviz	Birmingham, AL	Student			
Eric Jimenez	Davie, FL	Student			
Zacharia Kashlan	Memphis, TN	Student			



New Member	Location	Category
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District 6

Pilseong Kim	Los Angeles, CA	Active
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District 7

Panagiota Agrafioti	New York, NY	Student
Bana Al Haydar	New York, NY	Student
Sergei Glazebnik	Brooklyn, NY	Active
Sung Min Lee	Fort Lee, NJ	Student
Olla Rejjal	Buffalo, NY	Student
Zena Sakka	Buffalo, NY	Student
Atul Kant Sharma	New York, NY	Student
Teresa Yang	New York, NY	Student
Shi Yin	New York, NY	Student

District 8

Joshua Alton Akers	Grovetown, GA	Student
Gary Blyleven	Clarksville, TN	Student
Justin William Bordlemay	Richmond Hill, GA	Active
Daniel Dipirro	Fort Gordon, GA	Student

INTERNATIONAL MEMBERS

New Member	Location
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Lamia S. A. Al Huwaity	Riyadh, Saudi Arabia
Wesam Alsaman	Buraidah, Saudi Arabia
Almutazbellah Altayeh	Amman, Jordan
Rusha Alyafi	Jeddah, Saudi Arabia
Ayumi Ando	Iwate, Japan
Dareen Essam Badr	Jeddah, Saudi Arabia
Arwa Ahmed Banjar	Jeddah, Saudi Arabia
Marisa Bosch	Palma De Mallorca, Spain
Cosmin Cioban	Cluj-Napoca, Romania
Joyce Eid	Laval, Canada

INTERNATIONAL MEMBERS (continued)

New Member	Location
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Umar Farooq	Islamabad Gpo, Pakistan
Hiroshi Fujita	Ichikawa-Shi, Japan
Jorge Gonzalez	San Pedro, Costa Rica
Adrian Guerro	Marbella, Spain
Kimito Hoashi	Tokyo, Japan
Masaru Ito	Miyako-Shi, Japan
Shunsuke Kasai	Tokyo, Japan
Balandina Margarita	Moscow, Russia
Takashi Monden	Tokyo, Japan
Hikaru Nagahara	Itami-Hyogo, Japan
Toshiya Nakano	Fukuoka, Japan
Masahiko Nezu	Soka, Japan
Kar Mun Phoon	Hamilton, Australia
Mathieu Pitz	Talence, France
Nerea Robles	Mexico City, Mexico
Jing Uei Lin	Taichung City, Taiwan
Xia Yan	Beijing, China
Elena Zurita	Lima, Peru

INTERNATIONAL STUDENT MEMBERS

New Member	Location
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Humairah Nikhat Basar	Sri Ganganagar, India
Manish Rath	Rewari, India



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Study links **periodontal bacteria, enzyme** to Alzheimer's disease. What next?

**Researcher and periodontist Mark Ryder, DMD,
offers insight to new peer-reviewed report**

Periodontal literature has long suggested a link between periodontal disease and other systemic conditions. Now it appears that researchers have gained momentum in uncovering periodontitis' association with Alzheimer's disease, the neurodegenerative condition that gradually destroys a person's memory, thinking, and behavior. Alzheimer's, which accounts for 60 to 80 percent of dementia cases, is the sixth leading cause of death in the U.S. and currently affects 5.7 million Americans.

In a study published in the January 2019 issue of *Science Advances*, researchers discovered evidence of *Porphyromonas gingivalis* (*P. gingivalis*)—a bacterium common to periodontal disease—in the brain tissue, saliva, and spinal fluid of Alzheimer's patients both living and deceased. Animal testing determined *P. gingivalis* can travel from the mouth to the brain, uncovering a potential biological connection between Alzheimer's and periodontal bacteria.



Mark Ryder, DMD

Furthermore, the study reveals that gingipains—the toxic enzyme secreted by *P. gingivalis*—were not only destructive to brain neurons but were also found in 96 percent of the 53 brain tissue samples examined, with higher levels detected in those with the pathology and symptoms of Alzheimer's disease.

As the investigation continues (an upcoming FDA Phase II clinical trial will test a gingipains inhibitor), study co-author and AAP member Mark Ryder, DMD, talked to *Periospectives* about the report's findings and the role periodontal care could play in slowing Alzheimer's progression.

What were the origins of this study?

The first author of the study, Stephen Dominy, MD, and I started working together about 12 years ago. We were studying people with HIV, and one question that came up was why HIV patients with periodontal disease were getting dementia [more frequently than those without periodontal disease]. Dr. Dominy proposed that we look at the enzyme from the periodontal disease bacteria. From there, it gradually expanded into this multi-center study.

What should all dentists know and understand about this study?

Many people think there's a direct connection between periodontal disease and other diseases of the body, and Alzheimer's is certainly one of the diseases that have come under the microscope. When dentists and patients ask these questions, they always say, "Well, is periodontal disease causing Alzheimer's, or do Alzheimer's patients get more periodontal disease because they don't have the mental capacity to take care of their teeth?" It's the old chicken-and-egg argument.

Other studies have shown that people with periodontal disease seem to have higher degrees of loss of mental function. This study shows that there's direct biological effect of *P. gingivalis* on the brain. This effect was shown both in humans and in a model using mice, where we found a harmful enzyme (gingipain) from this bacterium localized in the brain, particularly in those areas of the brain that you always hear are breaking down due to Alzheimer's.

How should periodontists talk to their patients about this study?

For patients, the message could be, "You have chronic bacteria colonization around your teeth and in your

gum pockets. Those bacteria get into the bloodstream. They can spread to different parts of the body, including the brain. Having periodontal disease puts you at risk for several different diseases, but we haven't proven a direct connection. However, periodontal disease treatment won't hurt anything, and there may be some benefits to it throughout your body."

What do these findings mean for people who have Alzheimer's disease and their caregivers? Is there enough information to indicate whether periodontal care could be part of an Alzheimer's treatment plan?

Well, let's say that we have [periodontal disease] patients who are starting to show the first signs of Alzheimer's or are maybe moderately impaired. How much we can reverse that, we don't know. But the fact that there are bacteria coming out into the bloodstream and getting into the brain is probably going to contribute to the continual progression of the Alzheimer's. So, anything we can do to treat that bacteria biofilm and get rid of that inflammation as best as possible would be a benefit.

What is the next step for research in this area?

The [next] part of the picture is harder to do but is probably the most exciting: The research group I've been working with for the last 10 years has found a compound that will actually bind or inhibit gingipains from *P. gingivalis*. The next step is to see whether this hinders the development of Alzheimer's. The question is if we treat the bacteria or if we treat the periodontal disease, will we get good results for the patient in other parts of the body, like preventing Alzheimer's?

What's interesting is that we have a very specific molecule directed against a very specific harmful enzyme of a bacterium. And we can say that if this enzyme inhibits Alzheimer's development, then we know that the bacteria in the mouth are contributing to the Alzheimer's.

I think the next step for investigation in Alzheimer's research is to find a way to identify those who are at risk of developing it earlier in the disease process. Until we reach that point, treating periodontal disease is beneficial because there's biological evidence of a connection between the two. The same way we try to address the various factors that may put a person at risk of a heart attack—such as high blood pressure, high cholesterol, smoking, and inflammation—we can address periodontal disease as a risk factor for Alzheimer's. Our role as dentists, hygienists, and periodontists becomes much more important. ■

Meet the 2018 Balint Orban winners

Winners of the Balint Orban Competition share their research, interests, and plans for the future.



Katherine Roll – Balint Orban Clinical Science Winner, University of Washington, Seattle, WA

Bone Marrow Adiposity and Microvascular Density in The Alveolar Bone Changes in Diabetes (ABCD) Study

Explain the results of your winning research.

Our research study, which is a three-year study, and still ongoing, compares alveolar bone changes in conjunction with the safety and efficacy of implant placement, in well controlled (WC) vs. poorly controlled (PC) Type 2 Diabetics (T2DM). After an initial screening, the participants in both groups underwent implant placement. Bone cores were obtained intra-operatively from both the WC and the PC groups and several parameters of bone quality and integrity were analyzed. Clinical measures were also used to evaluate the survival and success of the implants. Our results show that chronic hyperglycemia in T2DM results in pathophysiologic changes of the alveolar bone. PC diabetics had increased alveolar bone density and decreased vascularity, but these changes did not compromise implant stability and success. The safety and efficacy of implant placement is supported by our study, even without ideal glycemic control.

How will winning this award affect your work going forward?

I feel very honored to have won the Balint Orban Memorial Competition for Clinical Research and fortunate to have had Dr. Georgios Kotsakis as my mentor. I was humbled to see people in the audience, whose work has laid the foundations of periodontology, listening to me talk about my research.

I am presently an associate in a periodontics private practice, but hope to work part time in an academic setting in the future. I found clinical research to be one of the most rewarding parts of my residency, and I recognize the contributions it has on the way that we practice periodontology on a day-to-day basis. I hope to be able to further our knowledge in the field by continuing to be involved in answering questions that truly impact the health and treatment options for our patients.

Looking back, what was it that first sparked your interest in this field?

My interest in periodontology is stemmed from the combination of having had a gingival graft prior to college, going to the AAP Annual Meeting my second year of dental school, and being interested in microbiology. I love that periodontics is a detail-oriented field that incorporates an evidence-based approach to save teeth and surgically treat patients.

What do you like to do when you're not working on your research?

I love spending time outdoors and staying active (hiking, running, skiing). I enjoy traveling and experiencing different cultures, exploring local food, cooking, going to concerts, reading, and spending time with my family and friends.



**Ning Yu – Balint Orban
Basic Science Winner,
University of Michigan,
Ann Arbor, MI**

*Dual PDGF and BMP7 gene
delivery on periodontal tissue
regeneration in vivo using
micropatterned scaffolds*

Explain the results of your winning research.

Using a tissue engineering approach offers potential to promote periodontal regeneration. By adopting a micropatterned scaffolding topography design, we regenerated periodontal ligaments in a rat fenestration defect model. The newly regenerated ligaments mimicked the native ligaments on both clinical presentations and mechanical properties. We also utilized a chemical vapor deposition method to immobilize dual growth factors (PDGF-BB and BMP-7) gene delivery vectors on the scaffolds. Gene delivery resulted in greater bone formation at three weeks. Overall, controlled scaffold microtopography combined with localized growth factor gene delivery improves periodontal regeneration on the bone-ligament interfaces.

How will winning this award affect your work going forward?

I am grateful to have been selected as the recipient for this prestigious award. Moving forward to my future research endeavors, I will always think outside of the box and search for novel research ideas and research approaches. Winning this prestigious award has been a truly humbling yet fulfilling experience. I have been encouraged to pursue an academic career that encompasses research, clinical care, and teaching.

What inspired the start of your research? What kept you motivated?

Our main research initiative is to apply the concept of tissue engineering to periodontal regeneration. In the past decade,

my research mentor Dr. William Giannobile has invested tremendous efforts in utilizing the gene delivery strategies to promote periodontal regeneration. Lately, a branch of the research focus has been gradually formed in personalizing scaffolding techniques, based on the advancements in 3D-printing and material topography. This particular research project was initiated to study whether a combination of the novel gene delivery approach and micropatterned scaffolds could enhance periodontal regeneration.

My personal research journey has been inspired by many great mentors along the way. My professor Dr. Yaping Pan from China initially planted a seed of love for research in my heart. Later on, the late Dr. Steven Offenbacher transformed this seed by teaching me how to positively think about the research data even when they seemed to be “negative.” During my residency training, Dr. Giannobile has been instrumental in providing me with rich research opportunities and always reminding me to focus on research when I was mired in millions of tasks as a resident. Their passions for research and educating young researchers have kept me motivated to step on an academic path, on which I can introduce impactful research findings to the periodontal community. This motivation is easily maintained in the Michigan periodontics program led by Dr. Hom-Lay Wang, who is a firm advocate for research. Being surrounded by colleagues who work relentlessly on research and publications is truly encouraging to me.

What do you like to do when you’re not working on your research?

Watching Broadway musical shows and stage plays are my favorite activities in my spare time. My husband and I also enjoy watching NBA and college basketball games. Every March Madness, supporting my favorite UNC Tar Heels team to win it all in the NCAA tournament is a must do! ■

Submit your abstract to present at the AAP’s 2019 research competitions

Are you interested in presenting your research at the 105th Annual Meeting in Chicago?

Submissions are now being accepted for the AAP’s Research Forum Poster Competition and Balint Orban Memorial Competition.

All submissions must be made through the Academy’s online abstract submission website found at http://bit.ly/AAP_2019 by May 31, 2019. Questions? Contact Maggie Matamoros at maggie@perio.org.

AAP periodontist receives **ADA** clinical research award



William Giannobile, DDS, DMSc

In March, the American Dental Association (ADA) presented periodontist **William Giannobile, DDS, DMSc**, with the 2018 Norton M. Ross Award for Excellence in Clinical Research. Dr. Giannobile, chair of the department of periodontics and oral medicine at the University of Michigan School of Dentistry, is recognized for his meaningful contributions to the periodontal research canon, namely in the areas of regenerative medicine, tissue engineering, and precision healthcare. In addition to authoring more than 200 peer-reviewed articles and 20 textbook chapters, he has served as the principal investigator for 46 research studies over the last 25 years.

Dr. Giannobile is currently a co-director of the Michigan-Pittsburgh-Wyss Regenerative Medicine Research Center, which was established in 2017 with a \$14 million grant from the National Institute of Dental and Craniofacial Research. This multidisciplinary partnership between the University of Michigan, the University of Pittsburgh's McGowan Institute, and Harvard University's Wyss Institute for Biologically Inspired Engineering is designed to bring tissue engineering and regenerative technologies, among others, to the clinical marketplace. In 2014, he co-chaired the organizing committee for the American Academy of Periodontology's Workshop on Regeneration, and he was a participant in the 2017 World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions. Dr. Giannobile is also a past president of the AAP Foundation and was the inaugural recipient of the Foundation's Bud & Linda Tarrson Fellowship in 1998.

First presented in 1991, the ADA's Norton M. Ross Award honors investigators whose research has had a significant influence on clinical dentistry. AAP members who have received this distinction in recent years include Niklaus Lang, DMD, PhD (2015); Jan T. Lindhe, DDS, PhD (2009); Jack G. Caton, DDS (2008); the late Steven Offenbacher, DDS, PhD, MMSc (2006); the late Robert J. Genco, DDS, PhD (2003); Thomas E. Van Dyke, DDS, PhD (2002); Lorne M. Golub, DMD (2001); Sigurd P. Ramfjord, DDS, PhD (1991).

Dr. Giannobile was presented with a commemorative plaque and a \$5,000 honorarium at an ADA Board of Trustees meeting. ■



What's up Doc?



How he does it



Periodontist juggles private practice in New York, teaching in Philadelphia, volunteering in Mexico, and lecturing all over the world.

Hector Sarmiento, DMD, MSc

With a thriving periodontics practice in one city and a professorship at a prestigious dental school in another, **Hector Sarmiento, DMD, MSc**, already has a packed schedule. But factor in regular volunteer missions in Mexico and his status as a burgeoning thought leader, and Dr. Sarmiento is a man constantly on the move.

Consider this weekend schedule: "I land in Guadalajara, Mexico, on Friday and go over cases in the evening. The residents and I may do one surgery on Friday night, but Saturday is the heavy day," Dr. Sarmiento says of his monthly visits to the trauma bay of Mexico's Institute for Social Security and Services for State Workers (ISSSTE) Hospital, where he also serves as a professor of maxillofacial and

reconstructive surgery. "Saturday, we operate all day in the hospital, from 6:30 a.m. to 11:30 p.m. I don't see any sunlight. On Sunday, I do post-ops and fly back home."

Home is New York City where he just bought a periodontics practice and is a favorite among celebrities and Manhattan elites. But his office is closed on Tuesdays, when he makes the two-hour trek to Philadelphia to fulfill his professorship duties at the University of Pennsylvania School of Dental Medicine (Penn Dental Medicine). Even with all of this, there's his growing research portfolio, which has earned him entrée to the periodontal lecture circuit. On various weekends in the last 18 months (when he wasn't in Mexico, that is), he was front-and-center at the Peri-Implantitis International Congress in Rome; the Turkish Bone Symposium in Bodrum, Turkey; and the National Congress of Military Dentistry in Lima, Peru.

Dr. Sarmiento, 34, has learned to manage it all because he's no stranger to the hustle.

A Los Angeles native, his tireless work ethic was evident in his teenage years when he attended Universidad

Cuauhtémoc in Mexico immediately after graduating from high school. (His brother Bernardo, now an endodontist in Houston, took a similar trajectory. Both followed the career footsteps of their dentist grandfather.) He entered private general dentistry practice upon earning his Doctor of Dental Medicine degree in 2006, while simultaneously completing postgraduate training in surgical and prosthetic implant dentistry at California's Loma Linda University in 2008 and in maxillofacial surgery at ISSSTE Hospital in 2010.

Dr. Sarmiento relocated to the States in 2011 to begin advanced general dentistry studies at the University of Rochester's Eastman Institute for Oral Health. He also launched his teaching career that year at Penn Dental Medicine, where he subsequently earned certificates in pain management and periodontics along with a master's degree in oral biology. However, his work at ISSSTE had made such an impression that the hospital asked him to consider monthly office hours. "I went to Rochester with the intent of leaving Mexico completely, but the team

Continued on page 44

What's up doc?

Continued from page 43

asked me to come in," he says. "I wanted to give back, so I started flying there one weekend every month. I don't charge for the procedures, and we try to help as many patients as we can."

Another thing that's remained has been his work as an educator. "When I graduated from residency at Penn, my program chair said, 'You're not going anywhere. You're staying here,'" Dr. Sarmiento notes. In four years, he ascended the ranks from a single-course instructor to a post-doctoral clinical assistant professor.

As if regular treks between Philadelphia and Guadalajara weren't enough, in 2014, he added New York City to the mix when he worked in AAP Past President Stuart J. Froum's, DDS, Midtown Manhattan clinic for one year. In addition to learning the ropes of private practice, Dr. Sarmiento perfected the art of juggling his professional commitments.

"I was teaching at Penn three days a week and working with Dr. Froum for two days. I started shifting my time to two days at Penn and three in practice to, ultimately, one day at Penn," he says.

The teaching has also extended to presentations made globally and stateside, most recently at the 2017 and 2018 AAP Annual Meetings and at the Academy of Osseointegration's 2018 Summit in Chicago.

Then there are the personal highlights in Dr. Sarmiento's life: Last March, he and his wife Ana welcomed son Luka. "We try to make as much time as we can," he says, adding that the family travels together whenever possible. "Every time I'm with my son, I turn off my cell phone. I give him my time and attention."

What motivates Dr. Sarmiento to keep up the pace of his life on the go? Passion.

"When you have passion for the work, it feels like playtime, he says. "It doesn't even really feel like work." ■



“When you have passion for the work, it feels like playtime. It doesn't even really feel like work.”

Perio people on the *move*

Thomas J. Connolly, DDS, a periodontist and long-standing AAP member from New York City, was installed as the president of the American College of Dentists (ACD) on Oct. 18, 2018 at the ACD Annual Meeting and 98th Convocation of the College in Honolulu, Hawaii. Previously, he served as president of the 1852 Society at Columbia College of Dental Medicine, chairman of the Columbia College of Dental Medicine Capital Campaign, president of the New York Academy of General Dentistry, and president of the New York Academy of Dentistry Endowment Fund. Dr. Connolly currently practices with his daughter and fellow AAP member, Julie Connolly, DDS.

The following individuals have been named postdoctoral program director:

William V. Stenberg, Jr., DDS, MPH
Texas A&M University Health Sciences Center

Joseph K. McCombs, DDS
United States Airforce Wilford Hall Ambulatory Surgical Center

Michele J. Dimaira, DMD
Temple University

Joseph P. Fiorellini, DMD
University of Pennsylvania

The following individual has been named predoctoral program director:

Janina Golob-Deeb, DDS, MS
Virginia Commonwealth University

The following individuals have been named dean:

John H. Wilson, DMD, MS
United States Army Advanced Education Program

Susan M. Chialastri, DMD
Temple University

Share your personal and professional accomplishments with the AAP! Email Project Coordinator Maggie Matamoros at maggie@perio.org. ■

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Charitable remainder and lead **trusts**

Very often, when one thinks of charitable giving they think only in terms of an outright gift of cash. However, planning for the future now entails many vehicles ranging from bequests, to deferred gifts that pay benefits today, to trusts that assist the AAP Foundation now while helping you and your heirs in the future.

When you make a planned gift, you achieve the sense of fulfillment that comes from helping others. Planned gifts offer many of the same benefits that an outright gift to a charity provides, such as:

- Leaving a lasting and meaningful legacy
- Charitable tax deduction
- Avoidance of capital gains tax on appreciated property, securities, and collectibles
- Removal of assets from potential estate taxation
- Control of where the estate's "social capital" is used

In some cases, the structure of a planned gift enables you to give more than you thought was possible.

A popular estate planning tool is the trust. There are several types of trusts, but two common ones are the charitable remainder trust and the charitable lead trust.

Charitable Remainder Trusts

You can reduce taxes and increase your retirement income by transferring cash, appreciated property, or other assets to a charitable remainder trust. This is also a great way to convert a low-yield investment.

A charitable remainder trust is a tax-exempt irrevocable trust designed to reduce the taxable income of individuals by first dispersing income to the beneficiaries of the trust for a specified period of time and then donating the remainder of the trust

to the Foundation. This is a "split interest" giving vehicle that allows a trustor to make contributions, be eligible for a partial tax deduction, and donate remaining assets.

Two main types of charitable remainder trusts include:

1. Charitable remainder annuity trusts (CRAT) that distribute a fixed annuity each year.
2. Charitable remainder unitrusts (CRUT) that distribute a fixed annual percentage based on the balance of the trust assets. (CRATs do not allow for additional contributions, while CRUTs do permit this).

So, this trust generates income for you or others, with the remainder staying with the AAP Foundation after the donor's lifetime or a specified time period.

Charitable Lead Trusts

This is essentially the reverse of a remainder trust. If you want to use assets to make a gift to the AAP Foundation and retain the asset to pass on to heirs, consider a charitable lead trust. The Foundation "leads" in receiving earnings from the trust and then passes the remainder to the donor's heirs. You provide immediate support for the Foundation and your heirs ultimately benefit at a later date.

Dr. Jeff Rossman, a member of the AAP Foundation's Visionary Society, says, "My decision to include the AAP Foundation in my charitable remainder trust comes from a life-long dedication to the education and training of future periodontists. It's comforting to know we can make a difference for the profession we have enjoyed over our lifetime and the rewards it has brought us." Members of the AAP Foundation Visionary Society have included the Foundation in their will or estate plan, and enjoy special recognition for their dedication to their specialty.

Please visit periofoundation.planmygift.org for more information on this and other estate planning opportunities, contact the AAP Foundation Executive Director Robert Vitas at bob@perio.org or 312-573-3256. ■

Don't miss these upcoming AAP Foundation award **deadlines!**

April 30	AAP Foundation Fellowship to the Institute for Teaching & Learning in the Health Professions
May 1	Bud and Linda Tarrson Fellowship
May 15	Dr. and Mrs. Gerald M. Kramer Scholar Award for Excellence
June 1	Dr. D. Walter Cohen Teaching Award
June 1	Nevins Teaching and Clinical Research Fellowship & Nevins BioHorizons Fellowship
June 1	AAP Teaching Fellowships
June 1	The Volpe Basic Science Research Fellowship
June 1	AAP Educator Scholarships
June 1	The Patty & Paul Levi Research Award
June 1	The AAP Foundation Schoor Research Award
June 1	Dr. James T. Mellonig Regeneration Research Award

For more information on each award and to apply, **visit periofoundation.org/awards**.

Planning to attend the 13th International Symposium on Periodontics and Restorative Dentistry in Boston this summer?

Come out a day early, June 5, to join your colleagues at the AAP Foundation Golf Outing! Held at the historic Kernwood Country Club in Salem, Mass., you will enjoy a continental breakfast, good-natured competition on the greens with Dr. Myron Nevins and speakers from the symposium, and a hearty lunch. Your \$200 ticket includes transportation to and from the Boston Marriott Copley Place, and all proceeds benefit the AAP Foundation. Contact dana@perio.org to register today!

American Board of Periodontology



Dr. Kent Palcanis retired as the Board's executive director effective Dec. 31, 2018. The Board extends an enormous thank you to Dr. Palcanis for his more than 20 years of service as an examiner, director, chairman, and finally as executive director. With Dr. Palcanis' retirement, the Board worked to restructure its staffing model. Casey Ward Goldberg, who has served as associate executive director since December 2017 has assumed the role of executive director of operations and Dr. Jeffrey Rossmann has been appointed to serve as executive director of examinations and professional affairs. Working together, their expertise in various areas of credentialing sciences, periodontology, and association management will lend to further growth and development of the Board's activities.

The Board office staff now includes:

- Casey Ward Goldberg, executive director of operations
- Barbara Robinette, credentialing program manager
- Briann Shepley, credentialing program coordinator
- Loyda Leitch, bookkeeper/executive assistant.

Dr. Rossmann works remotely from his home in Dallas, Texas to support the examination and professional affairs activities of the Board.

SPECIAL THANKS AND COMMENDATIONS

The Board extends a special thank you to the following individuals who have served as consultants to the Exam Construction Committees for the past four or more years: Drs. Robert Sabatini, Michael Mills, Georgia Johnson, and Brian Mealey. Their continued support and dedication to the Board have ensured continuity in the exam development and item writing process. The ABP looks forward to their continued involvement.

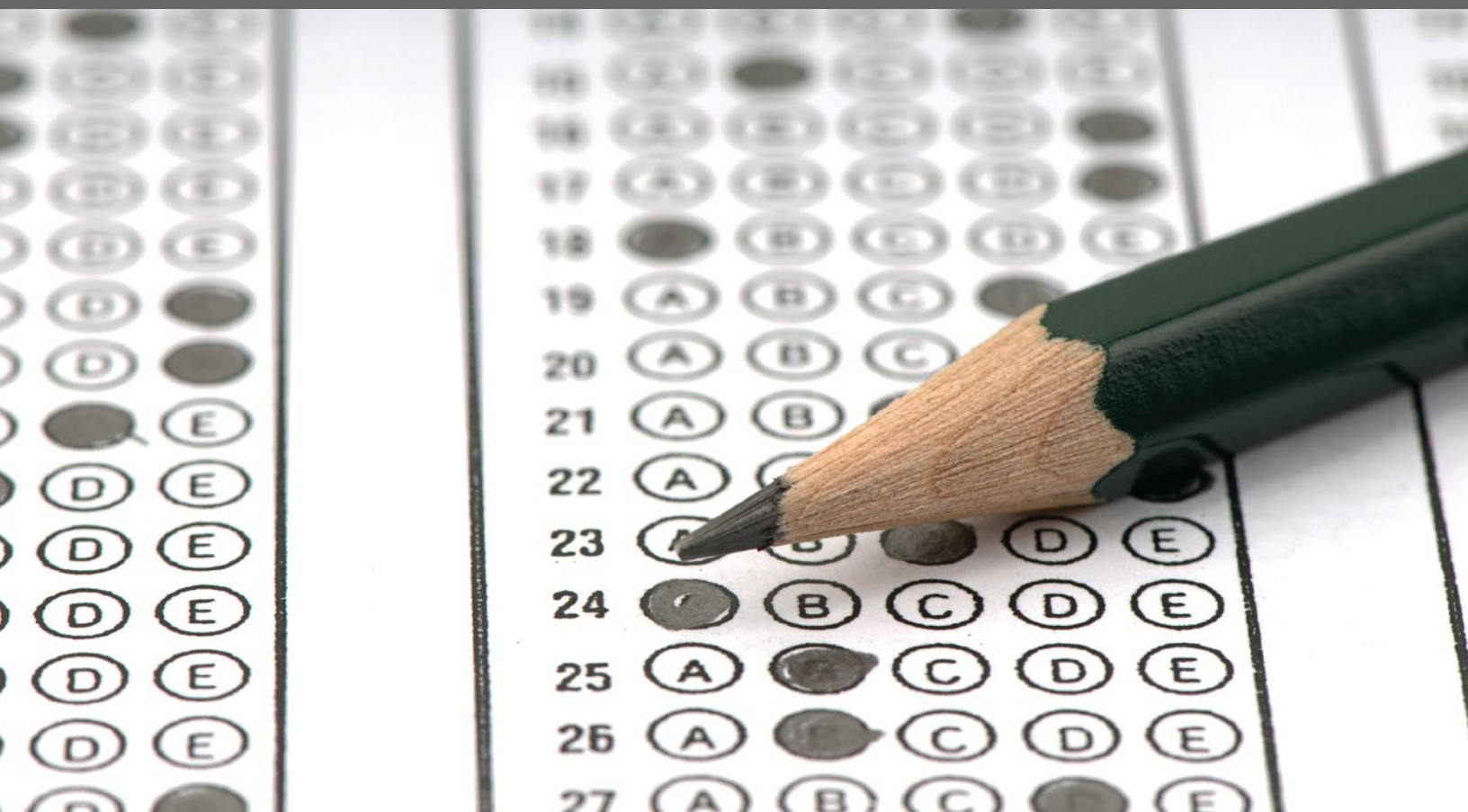
2019 SPECIAL ACTIVITIES

The Board held its first meeting of 2019 on Feb. 8 in Las Vegas, Nev. Following that meeting, the Board began working on a Job Task or Practice Analysis Study. Twenty-one subject matter experts (SMEs) have been invited to work with the Board and its psychometric consultants to develop the study. SMEs were selected to provide a diverse representation of the field, including, but not limited to geographic location, program of study, and area of practice. SMEs include Drs. Michael Arzouman, Jennifer Bain, Frederick Bisch, Steven Blanchard, Mitchell Bloom, Grishondra Branch-Mays, David Deas, Douglas Dixon, Robert Eber, Alon Frydman, Vincent Iacono, Paul Luepke, Pamela McLean, Rodrigo Neiva, Leena Palomo, Carlos Parra

Carrasquer, Charles Powell, Robert Sabatini, Harjit Sehgal, and Francis Serio.

MAY 2019 ORAL EXAMINATION SESSION

The 2019 Oral Examination Session will be administered April 29 – May 3 in Dallas, Texas. Exam schedule letters have been mailed to the approved candidates. Oral Examination Candidate Orientation will be held at the testing center on the same day as the candidate's exam prior to the examination session. Candidates are required to attend this session in order to take the exam. Oral Exam candidates must arrive at the testing center via ABP shuttle transportation provided by the Board. Candidates are picked up at The Warwick Melrose Hotel located at 3015 Oaklawn Avenue. Candidates will be asked to show legal photo identification at Orientation. Oral Exam candidates who lack official legal proof of a name change will be permitted to take the examination, but must provide proof prior to receipt of results. Candidates will be taken back to the Warwick Melrose Hotel by ABP shuttle transportation after their examination session is completed. Candidates are encouraged to view the oral examination introduction video and also download and review the Guidelines for Certification at abperio.org. This will be the Board's last year testing in Dallas.



The following individuals will serve as examiners at the 2019 Oral Examination:

ABP Directors: Drs. Mary Aichelmann-Reidy, Leslie Batnick, Joseph Califano, Donald Clem, III, David Deas, Robert Eber, Robert Faiella, James Katancik, Joe Krayner, Paul Levi, Jose Mellado, and Charles Powell.

ABP Examiners: Drs. Michael Arzouman, Clark Barco, Steven Blanchard, Mitchell Bloom, Grishondra Branch-Mays, Lewis Claman, Tricia Crosby, Douglas Dixon, John Dmytryk, Sylvan Feldman, Arnold Freedman, Alon Frydman, Thu Getka, Vincent Iacono, Thomas Kepic, Clara Kim, David Lasho, Paul Luepke, Scott Mackey, Angelo Mariotti, Michael McQuade, Brian Mealey, Michael Mills, John Mumford, Rodrigo Neiva, Tae-Ju Oh, Angela Palaiologou Gallis, Leena Palomo, David Paquette, Robert Sabatini, Harjit Sehgal, Marc Stein, Ricardo Vidal, Byron Wade, Roger Warren, and Craig Yonemura.

2019 ABP Qualifying Examination

Application deadline is June 15, 2019. One-day exam administered on Monday, Aug. 12 through Friday, Aug. 16 at regional testing centers.

Exam Applications and Guidelines for Certification can be downloaded from the Board's webpage at abperio.org.

Board Office

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