Action for Dental Health bill introduced in 113th Congress

BY CRAIG PALMER
Washington—The ADA Action for Dental Health movement gained the attention of the U.S. Congress with the introduction April 3 of legislation “to improve essential oral health care for lower-income individuals by breaking down barriers to care.”

Offered by first-term Rep. Robin Kelly, D-Ill., H.R. 4395 was referred to the House Energy and Commerce Committee. The Action for Dental Health Act of 2014 would create two federal grant programs and authorize $10 million annually for each. Funding would be available through separate appropriations.

• Grants to support volunteer dental projects offering free dental services for underserved populations—The Secretary of Health and Human Services shall award grants to or enter into contracts with eligible entities to obtain portable or mobile dental equipment and to pay for appropriate operational costs, including direct health care or service delivery costs, for the provision of free dental services to underserved populations that are delivered in a manner consistent with state licensing laws. Eligible entities could include state or local dental associations, state oral health programs or state dental boards.

ADA CE series to track patient from diagnosis to recovery

Editor’s note: This is the first in a unique series of ADA News articles following a patient’s full-mouth reconstruction from A to Z. Installments will appear as treatment milestones are reached.

BY KIMBER SOLANA

Robert “Bob” Hartman recalls waiting to board a plane at San Francisco International Airport when a piece of his front tooth simply broke off.

“I wasn’t eating, chewing or talking,” Bob said. “It just fell apart.”

Due to decay and bone loss from lack of proper care over the years, combined with a deteriorating tooth structure, the 62-year-old is in need of a full-mouth restoration. His jaw has also moved forward affecting his bite and the way he eats.

“It’s either treatment now or more years with a lot of problems,” he said. “I’m choosing treatment.”

Led by Dr. Joseph Massad, of Tulsa, Okla., and co-treated by Dr. David Little, of San Antonio, Bob will have an immediate maxillary and mandibular dentures placed, with extractions of all of his teeth, appropriate bone reduction and placement of prosthesis. It will not only ultimately correct his dental problems but also educate ADA members on the assessment and treatment of patients who need such an extensive treatment plan.

See CE SERIES, Page 27

ADA Center for Professional Success

Employment agreements eyed in guide

Learn about employment agreements and how to decipher them in a new ADA publication.

“Dentist Employment Agreements: A Guide to Key Legal Provisions” is available for download on the ADA Center for Professional Success website at Success.ADA.org by clicking on the Practice tab, then Professional Pathways, then Employee under the Topics tab.

It provides information on how to understand the ramifications of language used in many dentist employment agreements. Some highlights include:

• Helping dentists know what questions to ask and discuss with a legal advisor;
• The differences between ownership by gender.

Ownership by gender

Among dentists in private practice, nine in 10 male dentists are owners compared to three-quarters of female dentists.

Source: ADA Health Policy Resources Center, survey@ada.org, ext. 2568

ADA 2014

America’s Dental Meeting

October 9-14 • San Antonio
Exhibition: October 9-13, House of Delegates: October 12-14

ADA News

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American Dental Association
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Dentists report tax identity theft

BY CRAIG PALMER

Some member dentists are among the many taxpayers reporting that they are victims of tax return identity theft. The Internal Revenue Service said it has started more than 200 new investigations this filing season into identity theft and refund fraud schemes. The total number of IRS ID theft investigations in 2014 exceeds 1,800, said the notice posted April 10 at IRS.gov.

The IRS announcement stated that the agency has stepped up its coast-to-coast criminal investigation to combat identity theft and refund fraud by pursuing identity thieves, preventing fraudulent refunds from being issued and helping victims of this crime. Additional information can be found at IRS.gov.

Several state dental societies say some member dentists submitting federal income tax returns were told that their returns had already been filed, most likely by an identity thief. An April 14 ADA email alert and an earlier Michigan Dental Association alert said some member dentists suspect tax return identity theft.

Other states where dentist members reported that they have been affected include Arizona, Colorado, Connecticut, Indiana, Kentucky, Maine, North Carolina, Ohio, Oklahoma, Tennessee, Texas and Wisconsin.

There are a number of steps dentists can take if they learn their identity has been used to file a tax return, the ADA and MDA member alerts said.

• Alert your own accountant and attorney as soon as possible. They can be helpful in the process.
• Notify the IRS Identity Protection Specialized Unit at 1-800-908-4490. More information on reporting tax fraud to the IRS and additional steps to take is available online at FTC.gov. You will need to complete Form 14039 and mail it with other documentation to the IRS.
• Notify the Federal Trade Commission online or by calling 1-877-438-4338.
• Contact the three credit reporting agencies to place a fraud alert on your credit report: Equifax (1-800-525-6285), Experian (1-888-397-3742), and TransUnion (1-800-680-7289).
• Notify local law enforcement and file a police report using the FTC Identity Theft Report.

An ADA member resource, Protecting Yourself from Identity Theft, is available at ADA.org. The Association will update members in ADA media and with other appropriate communications as this story develops.

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Who’s next?: Dr. Christina Tseng (green scrubs) and Dr. Sooyung Flakes walk by schoolchildren waiting to see dental volunteers at New York Methodist Hospital Feb. 6 when Second District Dental Society volunteers treated children in a trio of nearby locations. A total of 684 children received screenings and treatment at New York Methodist Hospital, the New York City College of Technology Dental Program and P.S. 3.

Helping hands: Providing oral health care to children in need gave volunteers from the New York City College of Technology Dental Program their own smiles Feb. 6 on Give Kids A Smile Day. The volunteers treated children as part of the Second District Dental Society GKAS Day event. From left, back row, are Dr. Gwen Cohen-Brown; hygienists Shu-Ping Cheng, Boshra Said, Li Dan Wu and Beata Golibiewska; and Dr. Sari Rosenwein. Front row, hygienists Wafa Ali and Danielle Foley; Madina Makisheva, student dental hygienist; and hygienist Anty Lam, event coordinator.
JADA Live in Arizona

Scottsdale, Ariz.—See the latest in office design at JADA Live in June.

To help dentists make informed decisions and make the most of their practice investment, the publishers of The Journal of the American Dental Association are bringing JADA Live—Advancing Your Practice Through Office Design to the Fairmont Scottsdale Princess on June 13 from 9 a.m. to 5:30 p.m.

“This full-day event is a great resource for dentists who may be considering building or remodeling their existing space—and for new dentists considering starting their own practice,” said Michael Springer, senior vice president of business and publishing at the American Dental Association.

At JADA Live in Scottsdale, Dr. Mark Tholen, former chief executive officer at T.H.E. Design, a dental office design firm that has created more than 3,000 offices in the U.S., Europe and Australia, will break down the office design process and teach techniques to increase office efficiency. Dentists will participate in interactive sessions and use financial calculators to understand the impact of the improvements to their dental offices.

Participants will be able to interact with exhibitors and have hands-on sessions with the latest in dental technology.

JADA Live participants will receive six units of continuing education credit upon successful completion of the course. To register, visit http://jadalive.org or call 1-888-692-2631. Registration for each seminar is $315 for ADA members and $375 for nonmember dentists. The first 100 attendees to register will receive a copy of the ADA’s bestselling new book, The ADA Practical Guide to Dental Office Design, which retails at $154.95. •

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Out of the ER

Twenty-eight days. New patients have to wait almost a month to get an appointment for an exam in many of California’s community clinics. According to the California HealthCare Foundation, the group of Federally Qualified Health Center clinics in our state is an unorganized, loose association of clinics that is hardly a safety net. A surprisingly large number of patients are falling through the net and landing in our local hospitals.

In fact, diabetes is not necessarily the most common chronic disease seen in patients in California emergency rooms. Twenty-six out of 58 counties’ emergency departments report higher rates of patients with preventable dental conditions than for both asthma and diabetes. In fact, dental pain is the cause for more than 2 million visits to emergency rooms throughout the country every year. And the number of emergency room visits for preventable dental conditions in California is growing at a faster rate than the state’s population.

When are these patients with dental pain visiting hospital ERs? On the weekend? At night? When our offices are closed? No. A recent Journal of Oral and Maxillofacial Surgery article unexpectedly found otherwise, stating, “The majority of the patients presented between 7 a.m. and 6 p.m. on Monday through Thursday, with the highest percentage on Monday.” In fact, women ages 21 to 34 are the highest users of ERs for dental problems.

The ADA reports that almost 20 percent of lower-income adults admitted that they or a household member, during some point in their lifetime, had turned to the emergency room because of dental pain. Unfortunately, the majority of these adults (94 percent) left without a final resolution for their pain.

Because very few hospitals have dental clinics or dentists on staff, patients with dental complaints are routinely sent home with analgesics and antibiotics. The pain may subside for a short time, but the cause of the problem remains.

The cavity. The abscess. The tooth. The disease remains. And the statistics agree. Ninety-six percent of lower-income adults who visit the ER with dental complaints are routinely sent home with analgesics and antibiotics. The majority of these adults (94 percent) left without a final resolution for their pain.

Urgent dental care services, which are often crowded emergency rooms. Patients were redirected from the ER into an urgent dental care clinic inside the hospital staffed by dentists. The number of patients treated in the ER decreased by half. And only a third of those patients returned for a successive dental issue.

Maine also has a proven method to help reduce return visits. Eleven of Maine’s emergency departments employ a simple protocol. Patients who present with dental pain receive two directives: a prescription for antibiotics and analgesics and a referral slip for a local clinic or oral surgeon. This resulted in a 70 percent reduction overall in ER visits for dental pain.

Revolutionizing resolutions exist in other parts of the country as well. Local dentists and community leaders in Calhoun County, Mich., came up with a novel solution. Low-income inhabitants were diverted out of the crowded emergency rooms.

Revolutionizing resolutions exist in other parts of the country as well. Local dentists and community leaders in Calhoun County, Mich., came up with a novel solution. Low-income inhabitants were diverted out of the crowded emergency rooms.

When asked how they feel about their net income today, more dentists responded with “positive” compared to one year ago.

Letters

Insurance and utilization

Barro, Dr. Kolinski (Letters, March 3, ADA News). His opinions on insurance and utilization are spot on.

Like Dr. Kolinski, I, too, have practiced dentistry for many decades. I remember when fee-for-service with a flexible fee schedule was the model for dental care. The system, while not flawless, worked. Fees were affordable. Patients were not turned away. Those who couldn’t afford to pay paid what they could. The number of dental graduates largely reflected the demand for care.

Insidiously, the influence of government, third-party payers and increasing numbers of dental school graduates have changed the model for dental care and disrupted a delicate supply/demand balance. And as Dr. Kolinski implies, the voices of the practicing clinical dentists have largely gone unheard. The result has been a re-crafted dental health care system more flawed than ever.

Practicing dentists are burdened with enormous debt in an era of declining patient visits and declining revenues. Dentist incomes are falling. And still new dental schools pop up and existing dental schools increase their graduating class sizes. Am I crazy, or does this just not make any sense?

G o v e r n m e n t, third-party payers and dental schools have agendas that do not necessarily coincide with the best interests of the practicing dentist. Our profession or even our patients. They have fostered a change whereby the dentist must be a businesswoman in order to prosper and survive. While some may say this is a change for the better, I say the change has weakened care, fostered bad actors and could culminate in a sad end to a noble profession.

Anthony R. Silvestri, Jr., D.M.D.
Buton, SD

ADA News April 21, 2014

4

UPS discounts available to ADA members

ADA members are eligible to exclusive savings of up to 36 percent off regular shipping costs through UPS, the shipping company endorsed by ADA Business Resources. Practices that enroll by the UPS savings program by April 30 will be entered to win one of five $100 Visa gift cards.

Letters Policy

ADA News reserves the right to edit all communications and requires that all letters be signed. The views expressed are those of the letter writer and do not necessarily reflect the opinions or official policies of the Association or its subsidiaries. ADA readers are invited to contribute their views on topics of interest in dentistry. Briefly is appreciated. For those wishing to fax their letters, the number is 1-312-440-3538; email to ADANews@ada.org.
Member-Get-A-Member program recruits 119 in 2013

BY KIMBER SOLANA

Thanks to the recruitment efforts of current members, the ADA welcomed 119 new members in 2013, recruited through the Member-Get-A-Member program.

The Member-Get-A-Member program rewards members with a $100 gift card for each new, active member they recruit (up to five members), or recruiters may decline the incentive and the ADA will make a donation to the ADA Foundation. Along with the incentives, members are provided with a set of tools such as printable promotional materials and recruitment tips to help the ADA grow.

“Organizations don’t connect with people the same way people connect with each other,” said Dr. Tom Kelly, chair of ADA Council on Membership. “When I speak one-on-one, I can ask about what my fellow dentist is looking for and then share how membership is valuable and how being a member can help address his or her needs as dentists.”

The Member-Get-A-Member program was the outgrowth of conversations in the ADA Council on Membership where members realized how many of them had a one-on-one experience with a dentist who had encouraged them to join, Dr. Kelly said.

As for 2014, the program hopes to recruit even more members by targeting graduate students. Many graduate students don’t realize that the ADA has a membership option for them while they are completing their advanced dental education or residency programs, Dr. Kelly said.

“It’s a great bargain at just $30 a year, and graduate student memberships are eligible for the Member-Get-A-Member incentive,” he said.

For more information on the Member-Get-A-Member program, including downloadable promotional materials and tips, visit ADA.org/MGAM.

MyView

Continued from Page 4

ER and into local dental offices. The dentists provided care. In exchange, the patients provided community service to local nonprofits. The ADA reports that ER visits for dental pain decreased by 72 percent over five years and repeat visits are very rare. Calhoun County reaped the benefits two ways: the hospital saved $6 million and the community received more than 43,000 hours of volunteer service.

Such out-of-the-box thinking is crucial. We need more providers in underserved areas. We need opportunities and people to provide care in school settings, nursing homes and rural areas. Additional inclusion of oral health information in medical, nursing and other health provider curricula may strengthen the connections between dentists and other members of the medical community.

In the last few years, we have seen organized dentistry unite with policymakers to ease the access to care issue in our state. Henry Ford said, “Coming together is a beginning; keeping together is progress; working together is success.” Success may come in increments. Be it increased fluoridation. Be it increased reimbursements for Medi-Cal patients. Or be it simple protocols that divert patients out of our emergency departments. We will have to do what Michigan did. Dentists and community leaders will have to come together and think out of the box to help get dental patients out of our ERs.

REFERENCES


For more information on the Member-Get-A-Member incentive, “It’s a great bargain at just $30 a year, and graduate student memberships are eligible for the Member-Get-A-Member incentive,” he said. For more information on the Member-Get-A-Member program, including downloadable promotional materials and tips, visit ADA.org/MGAM.

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Dr. Sahota serves as associate editor of the Journal of the California Dental Association and is a consumer advisor for the ADA. She is also a clinical instructor at the University of the Pacific, Arthur A. Dugoni School of Dentistry and lectures regularly for The Dentists Insurance Company, TDIC. Her remarks, reprinted with permission, were originally published in the March issue of the Journal of the California Dental Association.
Action for Dental Health movement

What’s your story?
Dentists throughout the country are taking action to improve the nation’s dental health by delivering care now to those already suffering with disease, strengthening the dental safety net and bringing dental health education and disease prevention into communities.

The American Dental Association on May 15, 2013, launched Action for Dental Health: Dentists Making a Difference, a nationwide campaign addressing America’s dental health crisis. The ADA.org Action for Dental Health website is a repository for stories showcasing local and state activity to increase access to dental care.

Seattle medical center finds solution to people seeking dental care in the ER
The number of people seeking treatment in one Seattle emergency department has dropped significantly since the inception of a program that refers patients with nonemergency dental problems to local community health centers. The Seattle model for underserved patients owes its success to a partnership among Swedish Medical Center’s Community Specialty Clinic, Swedish General Practice Residency, which is a hospital-based postgraduate training program in general dentistry, area community health centers and a patient navigation organization, according to Dr. Noah Letwin, SCSC dental director.

Alaska dentists host first Mission of Mercy event
Dentists throughout the country gathered in Alaska April 11-12 to provide care to an estimated 1,589 underserved Alaskans during the state’s first Mission of Mercy event, where volunteer dentists offer services free of charge. Some 240 dentists, many from in the state but others from Florida, Nevada, Oregon and Texas, joined approximately 1,300 community volunteers at the Dena’ina Center in Anchorage, according to Dr. David Nielson, executive director of the Alaska Dental Society. “I would say what makes this one unique compared to other Mission of Mercy events is just the size of our state dental society,” Dr. Nielson said. “We’re by far probably the smallest state in terms of members who have tried to pull this off. It shows how much you can do from a community standpoint, and you don’t necessarily need a gigantic dental society staff.”

Seattle clinic: (From left) Drs. Bart Johnson, Amy Winston and Noah Letwin of Seattle Special Care Dentistry and Swedish Hospital general practice residency.

Your turn to share

The Association invites you to share your Action for Dental Health story by contacting Rhys Saunders in the ADA Public Affairs Department at saundersr@ADA.org. The ADA News will provide periodic coverage of these initiatives, including the ones recently reported at the ADH website.

To read the full versions of the stories shared on this page, visit Action for Dental Health at ADA.org.

Seating in dental offices is the largest state in terms of members who have tried to pull this off. It shows how much you can do from a community standpoint, and you don’t necessarily need a gigantic dental society staff.”

Providing dental care for patients with dementia
Among a population of nearly 1.3 million nursing home residents struggling to receive dental care, patients with dementia are particularly at risk for untreated dental disease and the severe health consequences that can result. Nursing home facilities are required by law to provide residents with routine emergency dental care, but delivering that care can be problematic. Now, dentists across the country are adopting nursing homes in their communities using the existing public health safety net in an effort to reach out to one of America’s most vulnerable populations.

Texas dentist demonstrates successful model for treating the elderly in nursing homes
Dr. Sarah Dirks started Geriatric Dental Group of South Texas in 2006 after 18 years teaching at the University of Texas Health Science Center at San Antonio. Some 75 percent of Dr. Dirks’ patients live in long-term care facilities, and 25 percent live in their homes with the help of family or professional caregivers. Dr. Dirks was quoted in The New York Times as saying, “Every nursing home needs an oral care champion.” Some dentists may be hesitant to treat patients who have complex medical issues and unaware of a little-known provision in Medicaid law that allows some nursing home residents to use their social security payments to cover medically necessary dental expenses not covered by their state’s Medicaid.

Chairside: Dr. Amanda Givens offers care at Seattle’s Swedish Hospital clinic.
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If they already haven’t, patients with dental benefits under the Affordable Care Act will soon begin visiting dental offices. This is a continuation of a Q&A series on how the ACA affects dentists in their practices. The questions are based on ones the ADA Practice Institute has received in its call center.

What do I need to know about pediatric dental benefits now that they are considered an essential health benefit under the law?

In general, the dental benefits children will have when visiting your practice will be very similar to commercial dental benefits you have seen in the past. The difference is that the ACA marketplace must make sure that pediatric dental benefits are offered to consumers, and nonmarketplace health plans must either cover pediatric dental benefits or be reasonably assured that children enrolled in their health plan have dental benefits from a different source. Two other important features of the pediatric dental essential health benefit relate to cost-sharing and out-of-pocket maximums. Unlike many medical preventive services, preventive pediatric dental services may be subject to cost sharing. This means that the patient may need to meet a deductible, provide a copayment or pay a coinsurance percentage for preventive dental services. Additionally, the out-of-pocket limit for children enrolled in stand-alone dental plans is $700 for one child and $1,400 for multiple children. State exchanges, however, may set their own out-of-pocket limits for stand-alone dental plans. These out-of-pocket maximums are not applicable to dental benefits purchased for adults through the marketplaces.

A patient came in with dental benefits purchased through the ACA Marketplace, and I noticed that the insurer looked like a medical plan. Am I automatically a nonparticipating dentist?

It is very likely that a medical plan offering the dental benefit is doing so through a subcontract with a typical dental benefit company. In these cases, you may already have a contract with the dental benefit company and would be considered an in-network dentist. If you do not have a contract you are considered an out-of-network dentist, as usual.

How are dental offices supposed to bill medical insurance plans for dental procedures?

Typically, dental offices will still submit the ADA dental claim form with CDT procedure codes. Billing using the electronic claim form through the patient management software also remains the same. However, this is all very new and everything is not yet known. The ADA is monitoring how medical plans with embedded dental benefits are processing claims and will provide additional information as it becomes available.

I came to know that although the medical carrier is listed on the card, the benefit is being provided by a dental company and I already have a contract with them. My current contract with the dental company hasn’t been modified to indicate that it also applies to the patients enrolled with the medical carrier; can I charge my usual fee?

Normally, you are bound by the terms and conditions of the signed participating provider agreement including the agreed upon fee schedule with the company providing the dental benefit. As we noted, it is very likely that a medical plan offering the dental benefit is doing so through a subcontract with a typical dental benefit company and you might have an agreement with this company.

Some children are presenting with two dental plans now or, in some cases, even more. How can I determine which plan is primary or secondary?

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Q&A

Continued from Page 8

Since the implementation of the ACA, nothing has changed when it comes to coordination of benefits. The plan in which the patient is enrolled as an employee or as the main policyholder is primary. The plan in which the patient is enrolled as a dependent is secondary. The typical rules for dependents with parents who have overlapping coverage rely on the birthday rule, that is, the parent with the earliest birthday in a calendar year is primary. In the case of divorced/separated parents, the court’s decree would take precedence. If both policies were issued to the same parent on the same day (as they might have been through an exchange), the model act on coordination of benefits requires the carriers to work out the issue or share equally in the claim. Discussions on this topic are beginning in the insurance industry and there may be new guidance soon. We will keep you informed of changes.

My patient’s dental benefits are embedded in a medical plan. What does this mean in terms of deductibles and out-of-pocket costs for dental services?

Each medical plan is different. Some medical plans will use the medical deductible and out-of-pocket maximum for dental benefits, while others will have a separate dental deductible and out-of-pocket maximum. To ensure that you and your patient understand what will be paid by the medical plan, call the insurance company to find out: a.) how much deductible does the patient need to meet before receiving exams, prevention or restorative treatment and b.) what the out-of-pocket maximum is for dental services.

Do I need to buy dental benefits for my own children?

Medical plans offering individual or small group coverage outside an ACA health marketplace will be required to be “reasonably assured” that the enrollee has also purchased an ACA Marketplace certified pediatric dental benefit package. The “reasonably assured” standard is determined by state law or regulation. This final regulation issued on the essential health benefits by the Department of Health and Human Services requires all individual and small group plans offered outside the health insurance marketplaces to provide all 10 essential health benefits, but allows limited flexibility for consumers looking to maintain or purchase separate dental policies to do so. If you purchase through an exchange, you are less likely to have to purchase pediatric dental coverage. Except in four states (Washington, Nevada, Colorado and Kentucky) where the purchase of the pediatric dental essential health benefit is mandatory, the health marketplaces are only required to offer the pediatric dental benefit, either embedded in a medical plan or through a standalone dental plan. Additionally, Connecticut, the District of Columbia, Vermont and West Virginia have medical plans which all embedded pediatric dental benefits, so your child will automatically be enrolled in a pediatric dental benefit plan in these states.

If I choose to treat my children, will I be reimbursed for the services I provide to my own children?

The ADA believes that coverage should not be denied due to the familial relationship. The ADA has been active in contacting insurance companies and advocating on behalf of our member dentists to eliminate these exclusions as we are made aware of them. Most recently, the ADA has contacted the National Association of Dental Plans for further assistance in addressing companies that still have this exclusion and these efforts will continue.

I have less than 50 employees and currently purchase medical insurance for my staff and am thinking about giving them cash to purchase medical insurance on their own instead of buying it for them. How will this impact me?

If you decide to give your employees cash to purchase medical insurance on their own, it will be treated as taxable income to them by the IRS and will also increase your payroll taxes. If you continue to purchase medical benefits for your staff, you may want to consider the tax advantages of a Section 125 plan, which will allow you to pay for the benefits on a pre-tax basis.

For further assistance, please contact the ADA at 1-800-621-8099 or healthreform@ada.org.

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Quick tips

Always contact the plan on the patient’s ID card—both medical plans and standalone dental plans—prior to the scheduled visit.

Questions to ask the carrier:
• Does the patient have coverage?
• Any changes to billing/claim submission procedures?
• Summary of benefits for the plan that the patient has purchased. Remember these are individual plans and can be very different from patients to patients.
• Whether you are an in-network dentist in that plan?
• Will the dentist be paid directly?
• Which plan is primary/secondary if there are multiple plans?
• How will explanation of benefits be sent?
• How will checks be sent?

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ADA describes dental partnerships in Indian Country

BY CRAIG PALMER

Washington—The Association described an emerging public-private partnership to improve the oral health of Native Americans in congressional testimony April 8 and invited Congress to participate.

“The ADA is committed to working with you, the Indian Health Service and the tribes to aggressively reduce the disparity of oral disease and to increase the level of dental care that currently exists in Indian Country,” the Association told Congress. “We know oral disease is preventable, especially if an adequate dental workforce, individual and community-based prevention programs are in place, and an oral health literacy program supports the whole undertaking.”

Dr. Charles Norman, ADA president, testified on oral health issues that affect American Indians and Alaska Natives and the dentists who serve in the Indian Health Service and tribal programs.

“ Tooth decay in Indian Country has reached epidemic proportions,” he told the House Appropriations subcommittee on interior, environment and related agencies, which convened two days of hearings on fiscal year 2015 IHS appropriations and included the American Dental Association among 37 scheduled American Indian and Alaska Native witnesses, each limited to five minutes of oral testimony.

“According to data from the Navajo tribe, tooth decay is present in 48 percent of 1-year-olds and up to 94 percent of 4-year-olds,” Dr. Norman testified. “The decay rate of pre-school Navajo children is the highest in the nation.”

Several years ago, the ADA organized the Native American Oral Health Care Project to work with tribes in Arizona, New Mexico, North Dakota and South Dakota, Dr. Nor- man told the House panel. The dental associations in those states have held many meet- ings with tribal leaders to hear their concerns regarding needed dental care, he said. These collaborations have resulted in several specific dental activities.

The Association’s written testimony of- fered information on several dental activities in Indian Country.

• The North Dakota Dental Association conducted “Pediatric Dental Days” in October 2013 for the Standing Rock Sioux Tribe. During the two-day event, 367 children were seen and about $150,080 of donated dental services were provided.

• In 2013, the New Mexico Dental Asso- ciation held a Mission of Mercy project in Farmington, which borders the Navajo reserva- tion. More than $586,000 in free care was provided to almost 1,000 patients, one quar- ter of whom identified themselves as American Indian.

• The Arizona Dental Association and New Mexico Dental Association have offered a 10 Year Oral Health Plan for incorporation with- in the Navajo Nation’s 10 Year Health and Wellness Plan.

• The New Mexico Dental Association is expanding dental care through the use of Community Dental Health Coordinators who bridge the gap between the existing care re- sources and unmet need. The NMADA is in discussions with a New Mexico community college to incorporate the CDHC curriculum into its educational program to educate Ameri- can Indian students as CDHCs. Their goal is to have a new class ready to begin in 2014.

• The South Dakota Dental Association, in concert with the Delta Dental Foundation of South Dakota, was awarded a Centers for Medicare & Medicaid Services Healthcare In- novation Award to improve Native American oral health in 2012. The grant supported de- velopment of a modular CDHC training pro- gram to add oral health skills and understand- ing to existing Community Health Workers across reservations.

• The Arizona Dental Association has con- ducted regional roundtables with tribal repre- sentatives from 18 of the 22 Native American tribes in the state. The meetings have focused on oral health literacy, preventive programs, CDHCs, the educational pipeline and coaliti- on building. Additionally, AzDA received a DentaQuest Development grant to support the work of the Native Oral Health Alliance, which was founded as an outgrowth of this collaboration. One of the most tangible pipe- line project possibilities is in discussion with the San Carlos Apache Tribe.

• The ADA will be offering technical as- sistance and curriculum support as requested by the Navajo Nation for establishment of the Association’s Community Dental Health Co- ordinator program. Discussion is underway for a CDHC sabbatical to take place this summer. The Association also called for a stream- lined credential process for the Indian Health Service. “We know that if the IHS would streamline its credentialing process to make it easier for local dentists to volunteer we could ensure even more patients, especially chil- dren, receive needed care,” the Association testified.

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Dr. Charles Norman, ADA president, testi- dian and Alaska Native witnesses, each limited to five minutes of oral testimony.

The Association described dental partnerships in Indian Country
Introduction of latest electronic diagnostic codes in the U.S. delayed

BY KELLY SODERLUND

Dentists will have more time to implement the latest version of the International Classification of Diseases, thanks to an extension the U.S. Senate passed March 31.


The additional time gives the health care industry an opportunity assess the challenges of implementing ICD-10 and to develop consensus in the industry on how to overcome those challenges, according to a news release from the Workgroup for Electronic Data Interchange, which was formed by the Secretary of Health and Human Services in 1991 to be a leading authority on the use of health information technology to improve health care information exchange.

“WEDI believes that the delay in the ICD-10 CM compliance date will help avoid potential disruptions in the health care system by allowing all affected entities more time to complete the necessary work and conduct extensive testing. It is not a reason to pause,” said Devin Jopp, WEDI president and CEO.

ICD-10 CM will be the latest version of the disease classification used in the United States to record many types of health and vital records, including death certificates. Europe is already using ICD-10 and is working to implement ICD-11.

“The parts of the dental community most affected by diagnostic codes remains the oral surgeons; those treating temporomandibular disorders, facial pain and sleep apnea,” said Dr. Mark Jurkovich, who chairs the International Health Terminology Standards Development Organization’s Dental Specialty Interest Group and is also a member of the ADA Council on Dental Benefit Programs.

“It also affects our smaller specialty groups like oral pathologists and oral radiologists, pediatric dentists and others who may treat patients in a hospital or outpatient surgical center and those who do more specialized services such as periodontal surgeries. Some of these services are paid for by medical plans in certain areas of the country. Still, this is just a small percentage of all claims filed by dentists in any year.”

Some of the state Medicaid programs may require ICD-9 CM or ICD-10 CM diagnosis codes for dental claims in the future. But those diagnosis codes may only be necessary to report to all other payers when the diagnosis may have an impact on the adjudication of the claim in cases where specific dental procedures may minimize the risks associated with the connection between the patient’s oral and systemic health conditions.

Educational materials regarding ICD codes are being developed to include in the ADA’s CDT Companion guide, which will be available this fall.

ICD-10 was endorsed by the World Health Assembly in 1990 and WHO Member States began using it in 1994. The WHO worked with the ADA to use its Systematized Nomenclature of Dentistry, also known as SNO-DENT, to determine if the oral health codes within ICD-11 were complete, comparable and compatible.

SNO-DENT will be an important component within certified Electronic Health Records Systems for the federal and state governments’ Medicaid and Medicare EHR Incentive Programs—known as the meaningful use of certified EHR technology. SNO-DENT has been mapped to both ICD-9 CM and ICD-10 CM. In addition, a subset of SNO-DENT has been developed with mappings to ICD-9 CM, ICD-10 CM and the CDT. SNO-DENT is distributed by the ADA as a set of downloadable files, which are available to the oral health community under license.

For more information on SNO-DENT, visit ADA.org/snodent.aspx.
California soon may have a dental director

BY KELLY SODERLUND
Sacramento, Calif.—California may soon have a state dental director, a position long sought after by the state dental association. Gov. Jerry Brown’s 2014-15 budget includes funding for a state dental director, who must be a licensed dentist and an epidemiologist in the department of public health, to establish a state oral health program. The program will receive $474,000 the first year and include assessing oral health needs in the state, developing and managing a state oral health plan and applying for and managing federal and private grants to support oral health.

“There is money from the federal government for oral health programs that the state of California has consistently left on the table,” said Dr. James Stephens, president of the California Dental Association. “A state dental director will be instrumental in actively applying for and securing those funds.” Establishing a dental director was the top priority of the CDA in its 2011 access to care report. “I think from everything we learned when we studied the access to care issue is that states that make this commitment to oral health and hire a state dental director have much improved outcomes over states that do not,” Dr. Stephens said.

In the governor’s outline for the position, the dental director will be charged with developing a burden of disease report, leading the collaborative process to create a state oral health plan and managing the implementation of the plan. The role will also include establishing prevention and oral health literacy projects and working to secure funding for prevention-focused oral health and essential disease prevention services, particularly for children.

The California legislature must approve the 2014-15 budget package by June 15 before it goes into effect July 1. CDA promises to keep its members informed about the hiring and progress of the state dental director through its regular communications and its website cda.org.

“There are nearly 40 million people in California and 8-9 million experience some kind of barrier to oral health care,” Dr. Stephens said. “It’s got to be better. I believe this will make a significant difference.”

—soderlundk@ada.org

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ADH bill

Continued from Page 1

a dental education, dental hygiene education or postdoctoral dental education program accredited by the Commission on Dental Accreditation or a community-based organization that partners with an academic institution.

• Grants for public-private partnerships to improve oral health education and dental disease prevention and Medicaid and CHIP dental programs—The secretary shall award grants to or enter into contracts with eligible entities to collaborate with state, county or local public officials and other stakeholders in order to develop and implement initiatives to accomplish any of the following goals:

1. To improve oral health education and dental disease prevention, including community-wide prevention programs, use of dental sealants and fluoride varnish and increasing oral health literacy.

2. To reduce barriers (including low reimbursement and administrative impediments) in a manner that increases dental provider participation in Medicaid and the Children’s Health Insurance Program.

3. To make the health care delivery system providing dental services under Medicaid or CHIP more accessible and efficient by taking actions necessary to facilitate the establishment of dental homes for children, adults and the aged, blind and disabled population.

4. To address geographic, language, cultural and similar barriers in the provision of dental services.

5. To reduce the use of emergency departments to seek dental services more appropriately delivered in a dental primary care setting.

A state or local dental association or a state dental association foundation that partners with public and private stakeholders to facilitate the provision of dental services for underserved populations would be eligible for this grant.
Appointee: Dr. Linda Niessen, dean of the Nova Southeastern University College of Dental Medicine, Fort Lauderdale-Davie, Fla., was appointed to serve through Aug. 31, 2016, on a 17-member federal advisory committee on training in primary care medicine and dentistry. “The advisory committee through its policy recommendations has the ability to improve the health of our Florida residents and the U.S. population through innovative health professional training programs,” Dr. Niessen said. The ADA has long supported dental representation on the panel, which offers advice and recommendations on policy and program development to the Department of Health and Human Services and is responsible for annual reports to Congress concerning certain activities under the Public Health Service Act.

Between now and July 1, water suppliers nationwide are required to send their customers annual Water Quality Reports or Consumer Confidence Reports, giving dental professionals the opportunity to check on the status of their community’s water—and in particular—its fluoride levels.

The reports, which detail quality and content of water may be mailed to consumers’ homes, often with the water bill, published in local newspapers or posted online. “There is a tremendous amount of energy being put forth across the country by antifluoridationists, so dentists should take this opportunity to demonstrate our support for community water fluoridation and our appreciation of the efforts of the water plant personnel,” said Dr. Valerie Peckosh, a pediatric dentist in Dubuque, Iowa.

Dr. Peckosh is chair of the chair of the National Fluoridation Advisory Committee and a member of the ADA Council on Access, Prevention and Interprofessional Relations. “Read the reports, tour your water plant, visit with the plant staff and let them know how important water fluoridation is to you.”

Water systems are required by the U.S. Environmental Protection Agency to issue these annual reports. For more information on CCRs, log on to the EPA website, water.epa.gov/drink/local/index.cfm, or visit the “My Water’s Fluoride” page on the Centers for Disease Control and Prevention website (apps.nccd.cdc.gov/MWF/index.asp) to check on local water system fluoridation status.

For more information on fluoride and fluoridation, visit ADA.org/fluoride.aspx.

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Term “Plus” Universal Life Plan helps dentists insure themselves and save money

BY KELLY SODERLUND — Phoenix—Dr. Sameet Koppikar did the smart thing with his life insurance purchase. In his quest to save wherever he could, he turned to the ADA and quickly realized the value of membership.

Dr. Koppikar, 39, was familiar with the ADA Term Life Plan, which has been a flagship of the ADA Members Insurance Plans since 1934. But what really interested him was the ADA Term “Plus” Universal Life Plan, which combines term life coverage with a tax-deferred savings benefit. Dr. Koppikar was attracted to the competitive interest rate paid on Term Plus premium deposits, which currently yields a more lucrative return than traditional bank savings or certificate of deposit. Under the ADA Term Plus Plan, members under age 65 can apply for up to $3 million in term life insurance and earn 2.7 percent interest on their premium deposits through year-end 2014. Because it’s tax-deferred, that’s equivalent to approximately 4.2 percent, assuming a 35 percent tax bracket. The ADA Term Plus Plan interest rate is guaranteed never to fall below 2.5 percent and is reviewed annually by the insurance company Great-West Life & Annuity Insurance Company to ensure the plan remains competitive in the market.

Dr. Koppikar also liked the fact that the life insurance is renewable up to age 90, and his savings can continue to build. The ADA Term Plus Plan also affords flexibility by permitting any needed saving withdrawals without penalty any time after the first year of coverage. For Dr. Koppikar, who practices in Phoenix, it’s a plan that pays for itself.

“It was pretty cost-effective compared to other plans, and it was really easy to apply for,” Dr. Koppikar said. “If you have a decent amount of money in the savings account, the interest you get back pays for some of the premium. Instead of keeping a savings account in a bank, you can keep some savings in this plan and it keeps the out-of-pocket cost of the premiums down.”

“The ADA Term Plus Universal Life Plan is a tangible member benefit which provides insurance cost value and savings,” said Dr. Robert A. Coleman, chair of the ADA Council on Members Insurance and Retirement Programs. “We encourage members to request a personal plan illustration to see how it compares to what’s in their portfolio and consider taking advantage of this particular ADA member benefit.”

The ADA-sponsored Term Plus Universal Life Plan is just one of the five group ADA Members Insurance Plans designed exclusively for ADA members. For more information about the ADA-sponsored Term Plus Universal Life Insurance Plan costs, coverage terms, conditions and limitations, call an insurance plan specialist at 1-888-463-4545 or visit ADAlifeplus.com.

—soderlundk@ada.org

Guide

Continued from Page 1

employees and independent contractors;• Explanations of salary, commission, bonuses and benefits;• What a noncompete clause is and how it differs from nonrecruitment;• How mediation and/or arbitration can resolve disputes;• Points to consider when hiring a lawyer to review the employment agreement.

The guide was created in response to Resolution 111H-2012 that directed an appropriate ADA agency to establish an educational program to provide assistance and resources to members contemplating employment contracts or associations. The resources were to specifically target senior dental students, postgraduate students and resident members who have joined the ADA.

The Center for Professional Success is a one-stop shop for dentists who are seeking resources that will help them succeed as dental practitioners and small business owners. This ADA member benefit helps dentists find solutions to professional and personal challenges. The website includes everything from tips for choosing a career path to balancing personal and professional lives to planning for retirement.
ADA Catalog products simplify dental practice processes

Whether in the back office or at chairside, products from the ADA Catalog can bring clarity and simplicity to what otherwise could be overly complex processes. The Chairside Instructor: A Visual Guide to Case Presentations and CDT 2014: Dental Procedure Codes are two exemplary such products. The Chairside Instructor (W013) eases patient education tasks, enabling dentists to illustrate explanations of oral conditions and treatment plans and put them in terms patients can readily understand.

A best-seller, the Chairside Instructor laminated book is available in English (W013) and Spanish (W014). The book is $59.95 for members and $89.95 retail. The Chairside Instructor Digital Edition (W012D) is $59.95 for members and $89.95 retail. The digital edition is also available in English and Spanish. An app of the Chairside Instructor may be purchased—$99 for members; $149 retail—from ADACatalog.org and downloaded at the Apple Store for Apple devices.

CDT 2014: Dental Procedure Codes lends itself to accuracy in documenting dental procedures, which can hasten reimbursements. The book is recognized as the official source for the most up-to-date dental procedure codes. CDT 2014: Dental Procedure Codes (J014) is $39.95 for members; $59.95 retail. It is available as an e-book (J014D) and a print and e-book bundle (J014B). Also available is the 2014 CDT Code Check App for iOS (iPhone, iPad) and Android-powered mobile devices (phones and tablets) for $19.99 in the Apple iTunes Store and the Android Market.

A 15-percent savings is available on all ADA Catalog products using promo code 14109 through May 31. To purchase, visit ADACatalog.org or call 1-800-947-4746.

AADOM names Office Manager of the Year for 2013

The American Association of Dental Office Managers named Cindy Sooter, of Fitterling Dentistry in Joplin, Mo., its Office Manager of the Year for 2013.

Ms. Sooter was nominated for the award by Dr. Michael Fitterling, who in his nomination letter described how she and the rest of the dental team developed a plan to treat patients after a devastating tornado hit Joplin in May 2011.

“I never thought at 62 years I’d be doing dentistry in trailers for a year. There were many challenges and struggles but Cindy saw a vision of what the future could be,” Dr. Fitterling wrote in his letter.

Ms. Sooter has been with Dr. Fitterling’s practice for 14 years. As the 2013 award winner, she will receive a special package provided by CareCredit, AADOM’s founding sponsor, including complimentary registration to the 2014 AADOM conference in San Diego, complimentary registration to AADOM’s magazine, “The Observer,” and $1,000.

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BY KELLY SODERLUND

Consumers have their pick of dental benefit choices through the new health insurance marketplaces but finding information on covered services is difficult, according to the ADA Health Policy Resources Center.

In their brief, “Health Insurance Marketplaces Offer a Variety of Dental Benefit Options, but Information Availability is an Issue,” HPRC authors Cassandra Yarbrough, health policy researcher; Marko Vujice, Ph.D., ADA managing vice president; and Kamary Nasseh, Ph.D., economist, analyzed the level of information that is available to consumers when shopping for dental benefits within the marketplace.

“As these marketplaces continue to evolve, however, effort should be given to improving the information base and presenting dental benefit plan comparisons in a user-friendly, easy-to-understand way.”

The Affordable Care Act requires small group and individual marketplaces to offer pediatric dental benefits to consumers. Dental benefits for adults are not an essential health benefit but some health or dental insurance plans may offer them.

“Our findings provide early insights into how the establishment of health insurance marketplaces under the ACA could affect dental benefits coverage for children, and, ultimately, access to dental care,” the authors wrote in the brief. “The fact that there is often limited information available for consumers when shopping for dental benefits is not

ers to make more meaningful comparisons across plans has important implications. With less-than-full information it is challenging for consumers to make optimal choices.”

The ACA gives states the authority to customize many key aspects of their health insurance marketplaces, including how pediatric dental benefits are offered which varies by state. It is important to understand the plans, even after more in-depth research.

The researchers acknowledged that some transparency issues are understandable at this point because the marketplaces are so new. “As these marketplaces continue to evolve, however, effort should be given to improving the information base and presenting dental benefit plan comparisons in a user-friendly, easy-to-understand way,” the authors wrote.

Understanding how dental benefits are offered in each state is important because it provides insight into how expanded coverage may increase access to dental care in the future, according to HPRC. HPRC plans to examine how dental provider networks and how different marketplace setups impact consumer purchase decisions and access to dental care.

“As the ACA continues to reshape the U.S. health care system, it is important to generate evidence on these and other issues in the dental care sector to help guide policy.”

The ADA continues to analyze the Affordable Care Act and has lobbied for the government to provide more information to consumers about what it offers.

“The ADA made dental plan transparency a centerpiece of our lobbying efforts with regard to ACA implementation, with the goal of ensuring that consumers truly understand what they are buying,” said Dr. Carmine LoMonaco, chair of the ADA Council on Government Affairs. “Obviously, many dental products currently offered on the market fail to meet that test. Greater transparency will continue to be a high priority going forward as ACA ‘fixes’ are discussed at the national and state levels.”

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Leadership—Dr. Dustin S. Burleson of the Illinois State Dental Society New Dentist Committee was honored this year by the ADA New Dentist Committee. These are the recipients to be honored by the ADA New Dentist Committee:

The award recipients were chosen for their excellence in programming and leadership in support of dentists who have graduated from dental school less than 10 years ago. They will be honored at the 2014 New Dentist Committee Conference, set for July 17-19 in Kansas City. He is now the director of the Leo H. Rheam Foundation for Cleft and Craniofacial Orthodontics. In 2008, he accepted a part-time teaching position in the Graduate Department of Orthodontics and Dentofacial Orthopedics at the University of Missouri Kansas City. Dr. Burleson became involved in organized dentistry less than 10 years out of dental school. He is now the director of the Leo H. Rheam Foundation for Cleft and Craniofacial Orthodontics.

Fantasy football: Participants of the San Antonio District Dental Society’s Committee on the New Dentist inaugural Fantasy Football league pose for a group photo on draft day. The program, which garnered interest from new dentists and residents, is the recipient of this year’s New Dentist Committee Outstanding Program Award of Excellence.

The committee announced the following awards earlier this month:

- Golden Apple Award for New Dentist Leadership—Dr. Dustin S. Burleson of the Missouri Dental Association. Upon completing his residency in 2006, Dr. Burleson started private practice and also became the attending orthodontist at The Children’s Mercy Hospital in Kansas City. He is now the director of the Leo H. Rheam Foundation for Cleft and Craniofacial Orthodontics.

- Golden Apple for New Dentist Legislative Leadership—Dr. Christopher Herzog of the Washington State Dental Association. As a new dentist, Dr. Herzog has already amassed an extensive list of accomplishments, including induction in the Pierre Fauchard Academy in 2011, serving as president of the Washington State Association of Pediatric Dentists in 2012, and continued service in the boards or executive councils of the WSDA, the Spokane District Dental Society and the Washington Dentists’ Insurance Agency. “When we need help with a fundraiser, getting the word out, or really anything that’s going to advance organized dentistry, Dr. Herzog always has his hand up. He really is a one-man juggernaut in the legislative arena,” wrote Steve Hardymon, WSDA executive director, in nomination papers.

- New Dentist Committee Outstanding Program Award of Excellence—San Antonio District Dental Society’s Committee on the New Dentist. The committee earned the award for excellence with its Fantasy Football league involving new dentists and residency students who teamed up with a “corporate sponsor,” such as Henry Schein and Northstar Financial. There was no monetary award, only glory and a custom trophy that the winner gets to display in his or her office for an entire year. The program provided a unique and innovative way for members and sponsors to interact and form connections through an activity that is not directly related to dentistry. The program generated interest in 221 SADDS new dentists and they expect more participants in 2014.

- Outstanding New Dentist Committee—Illinois State Dental Society New Dentist Committee. The committee established a New Dentist Network by working with each component and branch presidents to identify a current new dentist leader. They then developed a training session, and created a New Dentist Leader Toolkit that provides new leaders the tools and resources to be successful within their local area. Since the first training program in March 2013, several local areas have hosted a new dentist event while more new dentists are attending their local meetings.

—solana@ada.org
**2014 student ethics video contest entries sought**

The submission period is open for the 2014 Student Ethics Video Contest, which the ADA Council on Ethics, Bylaws and Judicial Affairs sponsors annually. The entry deadline is July 31.

The contest is open to degree-seeking students at, or new graduates of, any ADA-accredited dental school who are 18 or older, U.S. citizens and members in good standing of the American Student Dental Association.

To qualify, videos should be no more than four and a half minutes long and must portray the application of one or more principle, code or advisory opinion contained in the ADA Principles of Ethics and Code of Professional Conduct.

The contest brings a focus on ethics and the Code as a differentiator for our profession,” said Dr. Richard Rosato, CEBJA chair.

“The council feels that the Code is what creates and maintains the public view of dentistry as a profession versus a trade and begins the process of building trust with the public. "The contest creates an environment of exposure and learning of the Code to our soon to be dentists and allows a vision of how the Code might help in the day-to-day practice dilemmas that we all encounter.”

The 2014 first place winner will receive $2,000. An honorable mention video will be awarded $1,000. CEBJA will announce the winners at the ADA 2014—America’s Dental Meeting in San Antonio, where the winning videos also will be on display.

For more information, contest rules and entry forms, contact Earl Sewell at sewelle@ada.org.

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**Dental group reaches 11,000 with NCDHM education**

Wauwatosa, Wis.—Dental Associates dentists and staff members throughout Wisconsin hosted oral health education events at daycare centers, YMCAs, preschools and elementary schools in their communities, reaching more than 11,000 children in February for National Children’s Dental Health Month.

Dentists and dental assistants from Dental Associates clinics in Milwaukee, Wauwatosa, Franklin, Sun Prairie, Kenosha, Fond du Lac, Green Bay, Appleton, north Appleton and Greenville hosted interactive classroom visits in their communities, emphasizing brushing, flossing, regular checkups and healthy diet for good oral health.

“Twas exciting to tally the numbers because our 10 clinics reached 11,000 children,” said Dr. Thomas Manos, president of Dental Associates. “We’re committed to helping our communities in every way we can and enjoy teaching little ones how to care for their teeth.”

Presenters discussed brushing twice a day for at least two minutes, flossing, seeing a dentist for regular checkups and the importance of a healthy diet.

Each child received a dental kit with a toothbrush, toothpaste, floss and dental care information.

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**Dental group reaches 11,000 with NCDHM education**

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MEMBERSHIP

R&R Conference highlights building member value through Power of 3

BY KIMBER SOLANA

In an effort to build and enhance member value, 150 state and local dental society volunteers and staff members dedicated to growing membership gained innovative perspectives from colleagues and speakers at the 2014 ADA Annual Conference on Membership Recruitment and Retention.

With the theme of Power of 3: Building Member Value, the key focus was the newly launched initiative aimed at positioning the national, state and local levels of the ADA for ongoing growth.

Even the “Three Musketeers” made a special appearance in support of their goal during the April 4-5 event at the ADA Headquarters.

“I hope the idea of ‘All for one, and one for all’ resonated with the great group of membership leaders in attendance,” said Dr. Tom Kelly, chair of ADA Council on Membership and Membership Outreach, dressed up as the Three Musketeers.

“In working together with a common goal and acting in concert with each other, the national, state and local associations should be seen as acting as “One (association) for all (members),”” said Dr. Kelly.

The Power of 3 initiative underscores the mission of the ADA to “help all members succeed” by delivering programs, services and advocacy for members by working together to maximize value and service regardless of where the experience occurs for members.

“We have to understand that if we’re effective in the Power of 3, we can certainly be effective in delivering best in class service to our members,” said Dr. Charles Norman, ADA president, in welcoming the attendees.

Keynote and other speakers covered a wide range of topics that included addressing key goals of the Power of 3: Enhancing member value, increasing member participation and ensuring a consistent member experience.

“The Power of 3 is an amazingly simple idea to focus on the strengths of each level of the ADA to maximize membership value,” said Jerrell Welch, Oklahoma Dental Association. “No matter how much we embrace technology advancements, there is nothing that can replace a personal connection between two people.”

Other sessions included sharing of emerging, promising and best practices; targeted approaches for reaching new dentist members and prospective members; strategies for maximizing member value; how to deliver excellent member service by interacting effectively with members and navigating challenges at different stages of the membership lifecycle.

Attendees also exchanged ideas, toured the ADA and were honored during an annual awards ceremony recognizing dental societies who saw the most growth or improvement in various categories.

“For me, the ADA Research and Insights session outlining key factors impacting lifelong membership was the most important thing I took back from the conference,” said...
Thing I took back from the conference,” said Jason Mauterer, Metro Denver Dental Society director of marketing and communications. “Knowing I need to focus on the students, and specifically working with the faculty of our local dental school really helps guide my upcoming membership events and efforts.”

In the end, attendees left reenergized with a sharpened focus on recruitment and retention and access to tools and resources that support member service and member value. “The ideas shared and the new ones thought up get everyone thinking and focused on our members and the best way to engage them,” said Dr. Kelly. “Being in a conference setting with like-minded staff and volunteers breaks down barriers and really builds enthusiasm to go back and reach our members.”

—rolanah@ada.org

May is National High Blood Pressure Education Month, and it’s a good time to put the spotlight on Million Hearts, an initiative of the U.S. Department of Health and Human Services to prevent 1 million heart attacks and strokes by 2017.

Million Hearts launched in 2012 with the ADA as one of dozens of organization-al supporters.

The Centers for Disease Control and Prevention estimates that 1 in 3 U.S. adults—about 67 million people—have high blood pressure, but only about half have the condition under control.

The Million Hearts initiative emphasizes high blood pressure control as one of the basic defenses against heart attack and stroke.

More information on the Million Hearts initiative is at millionhearts.hhs.gov. Information about high blood pressure is available on the CDC’s website, cdc.gov.

The ADA Practical Guide to Patients with Medical Conditions (P031) features a chapter on cardiovascular disease. The guide is $99.95 for members and $89.95 retail price. Save $15 on the guide with promo code 14120 through May 31.

More information on the guide is available at ADAcatalog.org, or by calling the ADA Member Service Center at 1-800-947-4746.

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Re-Date
ADA Foundation dental student scholarships help dreams come true

BY JEAN WILLIAMS

Some kids love the dentist so much that they want to be one. Eric Brown, recipient of a 2013-14 ADA Foundation Underrepresented Minority Dental Student Scholarship, was one of those kids.

“When I was younger, I had a lot of cavities,” said Mr. Brown, 25. “So I would have to go see the dentist a lot. From there, I was able to build a relationship with my dentist, which is actually really cool because I never really had a stable father-figure in my life. So seeing him on a consistent basis, we naturally bonded. We had a good relationship.”

Now a second-year dental student at the University of California San Francisco School of Dentistry, Mr. Brown is one of 56 dental students awarded 2013-14 ADAF predoctoral scholarships.

“I was always interested in the sciences,” Mr. Brown said. “So once I got to undergrad at U.C. Riverside, I sat back and thought across dentistry just because of that relation-
ship that I had growing up with my dentist. I
across dentistry just because of that relation-
ship that I had growing up with my dentist. I
figured if I could do any of the health profes-
sions, it would be dentistry.”

The ADA Foundation awards approximately 54 scholarships annually to second-
year, predoctoral dental students, including up to 25 to underrepresented minority dental students of African American, Hispanic or Native American descent. From the pool of applicants, up to four winners are granted scholarships named and funded in honor of Dr. Robert B. Dewhirst and Robert J. Sul-
livan. All scholarships are merit-based and are valued at $2,500.

Early experiences in dentistry also influ-
enced the course of scholarship recipient Johnny Nobles’ life. Mr. Nobles, 25, is a sec-
ond-year dental student at the UCSF.

“I noticed a lot of disparities in oral health when I was younger,” said Mr. Nobles, refer-
ing to access to care issues for low-income minorities. “I want to try to lessen some of the disparities, so my main view of dentistry is toward the public health sector.”

Both Mr. Brown and Mr. Nobles, who are African American, received underrepresented minority dental student scholarships. So did Cuauthemoc “Temoc” Gonzalez, 34, who is of Native American and Mexican descent. He is a second-year dental student at University of the Pacific, Arthur A. Dugoni School of Dentistry.

For Mr. Gonzalez, the ADAF scholar-
ship has double benefits. “It’s reducing some debt that I’m accruing,” Mr. Gon-
zalez said. “I think that’s a big part of it. But I kind of think of myself as a role model to younger students or other underrepresent-
ed minorities that are thinking about dental school.”

Mr. Gonzalez is part of Northern Califor-
nia’s Miwok Tribe of El Dorado Rancheria. He has served in the ranks of tribe leadership, including a role as chairman of the tribe for a year and a half, he said. Mr. Gonzalez didn’t have role models as a child, he said, so he thinks it’s important to be one, to be a “good motivator for a lot of young students.”

Lydia Lancaster, 25, a second-year student at Ohio State University College of Dentistry, also received an ADAF dental student scholar-
ship.

“As everyone knows, student debt is a huge issue right now, especially in dental educa-
tion,” Ms. Lancaster said. “Student debt just continues to increase. Any financial support is very helpful. It’s going to help me. There are so many things that dental students are responsible for paying for while in school, but we don’t have the time or the ability to offset those costs, so any type of support I personally appreciate.”

Ms. Lancaster is involved in organized dentistry at the local and student levels. She serves as an ASDA consultant for the Ohio Dental Association Council on Access to Care in Public Service. She also is the ASDA liaison to the Columbus Dental Society.

“I couldn’t be more honored to be chosen by the ADA Foundation,” she said. “I don’t know what exactly I want to do with my ca-
reer. But regardless of what I do, I do know, without a doubt, I’m going to be involved with the ADA because I really believe strongly in organized dentistry.”
—williams@ada.org

ADA Foundation offers new semi-annual grant program

A new ADA Foundation grant program is designed to support nonprofit dental organi-
izations whose projects fall outside the realm of established ADAF grant opportunities.

The ADAF Semi-Annual Grant Program will broaden the scope of the types of pro-
grams that the Foundation can support. Proposals from nonprofit organizations for the semi-annual grant still must fall under one of the ADAF’s four pillar areas: Char-
table Assistance, Access to Care, Research and Education.

“The ADA Foundation Board of Direc-
tors developed this new program in response to requests for more flexible grant oppor-
tunities,” said Dr. David Whiston, ADA Foun-
dation president. “By being more responsive to approaches we don’t normally consider, we hope to better fulfill our mission to improve oral health.”

The ADAF Semi-Annual Grant Program guidelines and appli-
cation are available at adafoundation.org. Inter-
ested organizations should submit appli-
cations by July 31.

The amount of each grant will depend on the number of applicants, budget needs pre-
sented in the grant requests and funds avail-
able for any particular category at any given

In considering grant applications, ADAF will evaluate the following criteria:
• how well the project or program aligns with one of the four pillars of the ADAF mis-
sion: Charitable Assistance, Access to Care, Research or Education;
• clarity of the application, including de-
scription of the project or program to be funded, the need or problem, population served and similar;
• comprehensiveness of the work plan and outcomes;
• assurances that the project or program will produce clear results and measurable outcomes;
• originality and creativity of the proposal or project;
• presentation of a realistic budget that is comprehensive in scope, planning and ex-
pense;
• any other criteria the evaluating com-
mittee deems relevant in light of the ADAF mission pillar with which the grant request aligns.

Future grant application periods will be posted on the ADAF website and in ADA News.

Visit adafoundation.org for more infor-
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协调发展
Spotlight on practice-based research networks at ADA 2014

BY JEAN WILLIAMS

San Antonio—An Oct. 9 course at ADA 2014—America’s Dental Meeting will explore dental practice-based research networks.

The National Practice-Based Research Network is the sponsor for Practice-Based Research: How Can It Help My Practice? The 2.5-hour course is planned for 11:30 a.m. - 2 p.m.

PBRNs are an investigative union of practicing dentists and academic scientists conducting studies in dental offices with consenting patients. The National Institute of Dental and Craniofacial Research first funded dental practice-based research networks in 2005 to provide practitioners with an opportunity to propose and participate in research studies addressing oral health care.

Representatives from the National Dental Practice-Based Research Network, headquartered at the University of Alabama at Birmingham School of Dentistry, will cover the fundamentals of dental PBRNs at ADA 2014 to help dentists understand the relevance to chairside dentistry. The course is designed to engage the dental audience in the network experience and will examine dental PBRN study findings for isolation techniques and the cracked tooth registry. Planned speakers include dental PBRN practitioners Drs. Paul Benjamin, of Miami, and Walter Manning, of Portland, Ore., and Dena Fischer of NIDCR. Dr. Gregg Gilbert, National Dental PBRN director and chair of the Department of Clinical and Community Sciences at University of Alabama at Birmingham, is also on the panel.

The no-fee course is worth 2.5 hours of continuing education credits; course code is 5385. To register for the course, visit ADA.org/meeting.

For more information on the network, visit NationalDentalPBRN.org.

UNMC College of Dentistry names new dean

Lincoln, Neb.—The College of Dentistry at the University of Nebraska Medical Center named Dr. Janet Guthmiller as its new dean, effective Sept. 1, pending formal approval by the University of Nebraska Board of Regents on May 16.

Dr. Guthmiller is currently the associate dean of academic affairs and professor in the department of periodontology at the University of North Carolina at Chapel Hill School of Dentistry. She will succeed Dr. John Reinhart who is stepping down after 14 years as UNMC’s dentistry dean, according to the April 14 announcement.

“Dr. Guthmiller brings a wealth of experience as a dental educator and researcher,” said UNMC Chancellor Jeffrey P. Gold, M.D. “She possesses the leadership qualities we need to build on the reputation and accomplishments of the College of Dentistry.”

Prior to her current position, Dr. Guthmiller served on the faculty of the Baltimore College of Dental Surgery (now the University of Maryland School of Dentistry) and the University of Iowa College of Dentistry. She has been the associate dean at the University of North Carolina at Chapel Hill since 2007.

Dr. Guthmiller is also an accomplished researcher, author and teacher with special interests in genetic studies of periodontal bacteria and the expression and activity of innate antimicrobial peptides. During her time in academia, she spent 14 years as a practicing periodontist.

Dr. Guthmiller said she plans to partner with dental students, faculty, staff and alumni and friends of the dental school, as well as UNMC’s other colleges, on initiatives that will benefit Nebraskans.

“As a statewide campus, UNMC has a mission not only in education, research and clinical care, but also in service,” she said. “I look forward to seeing how the college can work and collaborate to help identify and address oral health needs throughout Nebraska and beyond.”

UNMC Chancel- lor Jeffrey P. Gold, M.D. “She possesses the leadership qualities we need to build on the reputation and accomplishments of the College of Dentistry.”

Dr. Guthmiller
UMKC Dental Explorer inspires future dentists

BY KIMBER SOLANA
Kansas City, Mo.—In an effort to expose high school students in dentistry and spark interest in pursuing the profession, the University of Missouri-Kansas City School of Dentistry hosted a Dental Explorer Post in February.

About 85 high school students got up-close and personal with the profession as they participated in hands-on activities, including practicing intravenous insertion on mannequins and suturing on pieces of chicken breasts with the mentorship of 20 U.S. Naval Reserves members.

In addition, using plastic models, UMKC dental students helped participants with drilling and restoring teeth and making dental impressions.

“Not only does the Dental Explorer program help students in prepping early for applying for dental school, it also helps them by getting their feet wet, so to speak,” said UMKC dental student Erich Chen, who knows a thing or two about the benefits of the program.

While serving in the Navy, Mr. Chen had developed an interest in dentistry and started attending Explorer posts when he was 24 years old to learn more about the profession. After he got off active duty, he ultimately pursued a career in dentistry while serving in the U.S. Naval Reserves. He was one of the reservists mentoring the high school students during the Feb. 8 event.

“For me, the dental students that taught me how to drill and gave me insight on what to focus on academically really gave me a positive perspective on UMKC and ultimately led me to continue with my career choice,” he said.

The UMKC Dental Explorer Post hosts participants from the Kansas City, Mo., area five or six Saturdays during the academic year and explores all aspects of the dental profession. The two-hour sessions feature a presentation by a dental faculty member or a graduate student, followed by hands-on experience in the pre-clinical laboratory.

Dental Explorer is one of several career education programs by Learning for Life, a subsidiary of the Boy Scouts of America that provides ways for students to shadow professionals and learn about careers in various fields.

For recruitment, UMKC Explorer organizers attend high school career days in search of students, especially those in under-represented populations in the healthcare field, who may have an interest in a healthcare-related profession.

“The goal is to give students exposure to dentistry through meeting our specialists, staff, admissions committee and our dental students,” said organizer John Cottrell, director of Minority and Special Programs at the UMKC School of Dentistry. “This is an opportunity for them to become familiar with us if and when they decide they want to become dentists.”

For more information on the UMKC Dental Explorer Post, contact Mr. Cottrell at 1-816-235-2085 or visit dentistry.umkc.edu. For additional information on Learning for Life and Exploring programs, including creating a local Explorer Post, visit exploring.learningforlife.org.

ASDA elects new leaders

The American Student Dental Association House of Delegates on March 1 elected its 2014-15 ASDA national president, vice presidents and speaker of the House of Delegates during their annual session.

The delegates elected Christopher Mendoza, a University of California Los Angeles School of Dentistry, as ASDA president. Mr. Mendoza has served as ASDA’s 2013-14 District 11 trustee, was an ASDA delegate to the 2013 ADA House of Delegates and serves on the ADA Joint Commission on National Dental Examinations as a student observer.

Elected as ASDA’s vice presidents were Daryn Lu, University of Oklahoma College of Dentistry, and Jason Watts, Nova Southeastern University College of Dental Medicine. Niveditha Rajagopalan, Midwestern University College of Dental Medicine-Illinois, was elected speaker.
Perio bacteria found to spur cancer growth in mouth, say researchers

Cleveland—Two bacteria prevalent in periodontal disease form small fatty acids that incite growth of deadly Kaposi’s sarcoma-related lesions and tumors in the mouth, said Case Western Reserve University researchers who discovered the potential connection.

Their discovery could be key to the development of testing and preventive treatments. Saliva testing for the bacteria may lead to early treatment and monitoring for signs of KS before malignancy develops. KS of the mouth starts as lesions on the mucosal surfaces. Early detection and treatment of these lesions increase survival rates. If not removed, the lesions can evolve into malignant tumors.

An article describing the discovery, “Short Chain Fatty Acids from Periodontal Pathogens Suppress HDACs, EZH2, and SUV39H1 to Promote Kaposi’s Sarcoma-Associated Herpesvirus Replication,” ran online Feb. 5 in The Journal of Virology.

People with compromised immune systems—particularly those with human immunodeficiency virus—are at significant risk for developing KS. Others at risk include people on medications to suppress rejection of transplants, cancer patients on chemotherapy and the elderly population, whose immune systems naturally weaken with age, according to researchers.

Porphyromonas gingivalis and Fusobacterium nucleatum, the bacteria associated with periodontal disease, were suspected to contribute to the replication of Kaposi’s sarcoma-associated herpesvirus and the development of KS in the mouth.

The researchers recruited 21 subjects for this study. The first group of 11 participants had an average age of 50 and had severe chronic periodontal disease. The second group of 10 participants, whose average age was about 26, had healthy gums, practiced good oral health and showed no signs of bleeding or tooth loss from periodontal disease.

The researchers studied a saliva sample from each. Part of the saliva sample was separated into its components. The remaining saliva was used for DNA testing to track and identify bacteria present, and at what levels. The researchers tested by-products of the components of the saliva samples. They introduced the fatty acid by products to cells with quiescent KSHV virus in a petri dish. They observed that, while the fatty acids allowed the virus to multiply, the process also set in motion a cascade of actions that also inhibited molecules in the body’s immune system from stopping the growth of KSHV.

“The most important thing to come out of this study is that we believe periodontal disease is a risk factor for Kaposi sarcoma tumor in HIV patients,” said Fengchun Ye, Ph.D., the study’s lead investigator from Case Western Reserve University’s Department of Biological Sciences.

“His practice lasted well over 60 years, he retired only three years ago. He genuinely loved his work. His goal was to relieve pain whenever possible,” Dr. Sampeck was married nearly 70 years to his wife, Kathryne Sampeck. He is survived by his wife and his children, Carole Sampeck, Vicki Sampeck, Paul Sampeck, Patrick Sampeck, Timothy Sampeck, Daniel Sampeck and Dr. Kathryn E. Sampeck; 14 grandchildren and four great-grandchildren. He was preceded in death by his son, Dr. Philip Sampeck, who followed him into the family business as an endodontist in Beaumont, Texas.

—soderlundk@ada.org
Program brings dental care to Syrians

By Stacie Crozier

Buffalo, N.Y.—More than 5,600 miles separate Buffalo, N.Y., and Syrian refugee camps in border towns in Turkey and Jordan, but a Buffalo dentist has enlisted the help of the city’s dental community to help millions affected by a devastating civil war.

Moved by the conflict and its effects on some 2.5 million refugees, Dr. Orthman Shibly, associate director of the University at Buffalo School of Dental Medicine’s Center for Dental Studies, wanted to help. The son of a Syrian father and Lebanese mother, he grew up in Lebanon and attended dental school in Syria before coming to the U.S. in the 1990s.

Dr. Shibly got involved in dental relief for Syrians after Dr. Mohammed Al-Nahhas, a dentist in Panama City, Fla., started providing dental care in collaboration with Syrian American Medical Society. With portable dental chairs and equipment, volunteers provided emergency treatment in several areas in Turkey.

“I visited Turkey in July 2012,” said Dr. Shibly. “Those refugees are people like us, but they happen to be in the wrong time and the wrong place and they deserve full dental services. Medical relief for Syrians is generally very good. But there is a separate Buffalo, N.Y., and Syrian refugee camps in areas of need.”

Dr. Shibly emphasized they need a protocol for dental care in areas of conflict at last month’s American Association for Dental Research meeting in Charlotte, N.C., in his presentation, The Impact of Force Immigration of Syrians on Dental Care.

His survey of the volunteer dentists at the Syrian border of Jordan and Turkey found that each dental clinic treats a minimum of 50 patients daily and more than 1,290 patients a month. About 75 percent of patients are women and children.

Dr. Shibly proposed establishing fully equipped clinics that could offer comprehensive dental services.

After raising about $11,000 in the Buffalo community and $5,000 from dental school colleagues, Dr. Shibly was able to secure $44,000 in grants from Human Concern International, a Canadian relief agency that works in the Middle East, to open clinics in two border cities in Turkey, Kilis and Reyhanle.

After learning that children in war-torn areas near Damascus were coming to school hungry because of food shortages and in danger of chemical attacks, the Buffalo community also reached out to sponsor 14 schools serving 4,000 Syrian children. Classrooms are located in basements to protect children from chemical attacks.

Challenges for dentists include refugees’ psychological stress, lack of dental awareness, increased percentage of smokers and overcrowded dental clinics. Refugees sometimes travel hundreds of miles for dental care.

“What we found is that new clinics and more staff are needed to treat these patients. And preventive care services—including oral hygiene instruction, toothbrushes, fluoride treatment and tobacco counseling—need to be expanded. Dentists at these clinics also need training to address the psychological stress of their patients,” said Dr. Shibly.

This spring, Dr. Shibly will lead a team of oral surgeons to the Zaatari refugee camp in Jordan. His is also planning a relief trip to Turkey and Lebanon in June.

“The need is great,” said Dr. Shibly. “There are more than 4.5 million refugees and more than 9 million in dire need for help. I hope to find groups of dentists or organizations that are interested in funding dental clinics in refugee camps and areas of need.”

He estimates that it costs $15,000-$20,000 to start a clinic and $3,000 per month to operate it. Other expenses include $1,000 to sponsor a volunteer dentist and $2,000 to purchase dental materials.

The Syrian American Dental Society seeks donations for the dental program. Visit samas.net for more information.

“Something good can happen when you have good intentions,” Dr. Shibly added. “There are many people doing all they can on a personal level to make things better. It is my hope that in the world there is pressure to end the conflict and misery.”

For more information on Dr. Shibly’s work, email shibly@buffalo.edu or call 1-716-480-9647. To learn more about international volunteer opportunities, visit the ADA International Volunteer Web page, internationalvolunteer.ada.org, or contact the ADA Division of Global Affairs, ext. 2726.
CE series

Continued from Page 1

In an effort to vitalize online continuing education and creating ADA member value, Bob’s case will be part of a CE online series where ADA members are able follow his treatment—from diagnosis to surgery—through courses to be posted on ADA CE Online.

Each step in the process will be filmed—from Bob’s initial examination and diagnosis through taking appropriate recordings of his mouth to surgery and placement of implants and prosthesis.

In all, the process is expected to take about 18 months, culminating in a three-hour Education in the Round course at the ADA 2015—America’s Dental Meeting in Washington, D.C., by Dr. Massad.

“This is going to be a conservative but rational approach,” said Dr. Massad. “What we don’t want to do is do everything in one day as Bob wouldn’t adapt as well to the changes.”

Dr. Massad and Bob first met briefly during last year’s annual meeting in New Orleans to see if Bob would be a good candidate for a future Education in the Round session. Bob, an accountant at the ADA, has staffed the annual event.

Bob’s dentist in Chicago had already recommended that a full-mouth restoration was needed. Bob sought out “a second opinion” from Dr. Massad, who ultimately agreed. When he was younger, Bob said, he had bad habits when it came to dental care, sometimes going days without brushing.

“When I ate candy, I actually chewed hard candy,” he said. “I know these bad habits, and along with age, are the reasons my teeth has started to break down.”

After the initial meeting, Bob sent over dental computerized tomography scans. In January, Dr. Massad further inspected Bob’s mouth. Based on the findings, Dr. Massad said Bob was a moderate skeletal class III all his life. In addition, Bob has lost several teeth over the years. Bob had a more extensive visit in March.

These initial visits will be featured in the first CE online session at ADACEOnline.org, expected to launch in May.

“We’ve done a lot of five patient courses at the ADA Annual Meeting since 2007 and many online courses featuring live-patient video,” said Richard Schuch, ADA director of Continuing Education and Industry Relations. “But we’ve never taken a look at a patient from beginning to end and let our members follow that patient. We’re wanted to do this for a long time.

“We feel ADA members and dental students will benefit from the value of this type of educational series and will look forward to experiencing each step of the case from the patient’s perspective, as well as the practitioner’s.”

The second course in the series will feature Dr. Little, an oral surgeon, removing Bob’s teeth. In addition, the first set of titanium posts will be placed into the jawbone, which will hold the teeth later. The surgery is scheduled for this month. After about six months, another set of implants will be added.

“I know there will be times when I’ll think, ‘What did I do?’” Bob said, regarding the recovery process. “But I’ve gone 30 years without a full mouth of teeth, so I’m looking forward to having a normal look and a normal smile.”

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<td>Innovative Dental Arts</td>
<td>North Huntingdon</td>
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**AUTHORIZED BRUXZIR LABORATORY**

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<td>PA 866-294-7444</td>
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Time to plan for San Antonio

Registration opens May 1

San Antonio—The “Alamo City” will welcome thousands of dental professionals, families and friends this fall for ADA 2014—America’s Dental Meeting.

The annual meeting convenes Oct. 9-14 at the Henry B. Gonzales Convention Center and features more than 300 continuing education courses, pre-session CE options, more than 550 exhibitors in the ADA Exhibit Hall, the second ADA Mission of Mercy charitable dental event, a variety of special events, networking opportunities and the annual House of Delegates meeting.

Come early to learn

This year’s continuing education program kicks off with two daylong pre-session courses on Wednesday, Oct. 8, 8 a.m.-5 p.m.

Dr. David Kimmel and faculty members of the American Academy of Facial Esthetics will present Botox Therapeutic for Every Dental Practice. Instructors will conduct live-patient demonstrations on how to use botulinum toxin (Botox) for dentalesthetic and therapeutic purposes in oral and maxillofacial areas, how to bring botulinum toxin into a practice immediately and produce excellent therapeutic outcomes.

Participants will learn to evaluate, treatment plan and inject live patients for best therapeutic outcomes, understand the anatomy of the oral and maxillofacial areas; and learn the proper dosage, reconstitution and delivery techniques for precise treatment. Cost is $1,797 for dentists and $295 for team members (course 4101).

New dentists and dentists who aspire to become volunteers should register for Volunteer: The World Outside Your Office. Dr. Christopher Holmgren, Dr. Kevin Hardwick and Bella Monse will cover global oral health problems; creating sustainable development projects that are responsive to local needs and resources and help support the local health care infrastructure; and implementing primary health care programs using scientifically based public health and health promotion principles. Cost is $145 and includes breakfast and lunch (course 4102).

Stay late to help

For the second year, annual meeting attendees will be able to give back by volunteering for the ADA Mission of Mercy free dental clinic from 5:30 a.m.-5:30 p.m. in San Antonio. Dentists, dental assistants, dental hygienists and family and friends ages 18 and over are encouraged to volunteer. Last year, more than 1,100 dentists, dental team members and others from 40 states donated their time and talents to treat more than 800 patients in New Orleans.

Welcome women dentists

The American Association of Women Dentists will hold its 93rd Annual Meeting in conjunction with ADA 2014. The special daylong program Oct. 9 features four CE courses, an awards and installation ceremony for its 2015 board of directors and a networking reception. Registration is $85 for AAWD members and $115 for nonmembers, and includes all CE programs, lunch and a cocktail reception. Register using the ADA 2014 registration system at ADA.org/meeting.

Explore San Antonio

More than 26 million visitors each year enjoy San Antonio’s historic and diverse atmosphere, including the two most visited attractions in Texas—the Alamo and the River Walk. The Alamo City is the seventh-largest city in the U.S. and the third-fastest-growing city in America, yet it retains its friendly, low-key reputation as a safe, friendly, walkable city rich in the arts, dining, nightlife, historic architecture and shopping. Find detailed information on local attractions, dining, shopping and transportation at ADA.org/meeting and visit the About San Antonio website at visitsanantonio.com/ADA2014.

The ADA has contracted reduced rates with multiple hotels in San Antonio for annual meeting attendees. Making your hotel reservations through the ADA allows the Association to keep your registration costs low.
Plan to attend opening session, special CE courses at the Alamodome

San Antonio—President George W. Bush will be the featured speaker at the Opening General Session and Distinguished Speaker Series at ADA 2014—America’s Dental Meeting, Oct. 9, from 9-10:30 a.m. at the Alamodome. This event is free to registered attendees, but advance registration is required. Only 8,000 seats are available for this special event, so attendees must register to reserve a spot.

The 2014 Distinguished Speaker Series is presented by Church & Dwight, the makers of ARM & HAMMER, Spinbrush and ORAJEL oral care products.

The Opening Session will also commemorate the achievements of the ADA to improve oral health for all and showcase the work of Dr. Raymond S. Damazo, the 2014 ADA Humanitarian Award recipient.

Meeting-goers heading to the Alamodome to hear President Bush can also earn continuing education at one of four Presidential Whistle Stop courses at the Alamodome from 7-8 a.m. on Oct. 9. Those who register for one of these courses will receive a reserved seat for the Opening Session. Cost for each course is $50. Courses include:

- Let’s Talk About Infection Control, by John Molinari, Ph.D., will cover current Centers for Disease Control and Prevention Guidelines for Infection Control in Dentistry, OSHA updates and accumulated data for health care risks, vaccines and preventive measures. Learn about evidence-based information and the misuse of procedures that conflict with scientific and clinical knowledge (course 5155).
- Adhesive Materials Simplified, by Dr. Jeff Brucia, will provide an overview of the many adhesive materials available and how to choose the best one for a given situation. Dr. Brucia will also discuss why glass ionomers are a must-have material and how to master the clinical techniques to achieve predictable success (course 5130).
- The Wellness Advantage: Your Value-Added Practice, by Dr. Uche Odiatu, will show participants how to add value to their patient experience. Dr. Odiatu will discuss the link between a patient’s mouth and lack of sleep, demanding shift work, poorly managed stress, overeating and sedentary living and how to see the bigger picture and understand the body, mind and mouth relationship (course 5181).
- Snoring Kids, Sleepy Kids: Pediatric Apnea 2014, by Dr. Steve Carstensen, will demonstrate how to help parents identify children at risk for sleep apnea, understand the consequences of untreated disease and coordinate care with diagnosing physicians, surgeons and orthodontists (course 5156).

Visit ADA.org/meeting to register for a Presidential Whistle Stop CE course and reserve a seat for the Opening General Session and Distinguished Speaker Series.

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Visit ADA.org/meeting to register for a Presidential Whistle Stop CE course and reserve a seat for the Opening General Session and Distinguished Speaker Series.
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2014 student ethics video contest entries sought

The submission period is open for the 2014 Student Ethics Video Contest, which the ADA Council on Ethics, Bylaws and Judicial Affairs sponsors annually. The entry deadline is July 31.

CEBJA has sponsored the contest since 2010 to draw student attention to the ethical dilemmas that dental students and dentists may encounter and to provide an exercise focusing on appropriate responses based on the ADA Principles of Ethics and Code of Professional Conduct.

“The contest brings a focus on ethics and the Code as a differentiator for our profession,” said Dr. Richard Rosato, CEBJA chair.

“The council feels that the Code is what creates and maintains the public view of dentistry as a profession versus a trade and begins the process of building trust with the public,” Dr. Rosato continued. “The contest creates an environment of exposure and learning of the Code to our soon to be dentists and allows a vision of how the Code might help in the day-to-day practice dilemmas that we all encounter.”

The contest is open to degree-seeking students at, or new graduates of, any ADA-accredited dental school who are 18 or older, U.S. citizens and members in good standing of the American Student Dental Association.

To qualify, videos should be no more than four and a half minutes long and must portray the application of one or more principle, code or advisory opinion contained in the ADA Principles of Ethics and Code of Professional Conduct.

To submit a video, students and new graduates of any ADA-accredited dental school should visit ADA.org/4064.aspx for more information, contest rules and entry forms, contact Earl Sewell at sewelle@ada.org.

Waukesha, Wis.—Dental Associates dentists and staff members throughout Wisconsin hosted oral health education events at daycare centers, YMCAs, preschools and elementary schools in their communities, reaching more than 11,000 children in February for National Children’s Dental Health Month.

Dentists and dental assistants from Dental Associates clinics in Milwaukee, Wauwatosa, Franklin, Sturtevant, Kenosha, Fond du Lac, Green Bay, Appleton, north Appleton and Greenville hosted interactive classroom visits in their communities, emphasizing brushing, flossing, regular checkups and healthy diet for good oral health.

“It was exciting to tally the numbers because our 10 clinics reached 11,000 children in February for National Children’s Dental Health Month,” said Dr. Thomas Manos, president of Dental Associates. “We’re committed to helping our communities in every way we can and enjoy teaching little ones how to help our communities in every way we can and enjoy teaching little ones how to care for their teeth.”

Presenters discussed brushing twice a day for at least two minutes, flossing, seeing a dentist for regular checkups and the importance of a healthy diet.

Each child received a dental kit with a toothbrush, toothpaste, floss and dental care information.

Toothy fun: Children at Meadowbrook Elementary School dressed as teeth and get “brushed” by dental assistant Crystal Steinbrecher during a toothbrushing demonstration.

“Brushed” by dental assistant Crystal Steinbrecher during a toothbrushing demonstration.

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For information about coverage provisions and limitations, terms for keeping coverage in force, or insurance costs, contact ADA Members Insurance Plans.

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