5-1-2000

ADA News - 05/01/2000

American Dental Association, Publishing Division

UCC keeps Tricare contract, page two ◆ Michigan outreach, page 18

AMERICAN DENTAL ASSOCIATION
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www.ada.org
MAY 1, 2000 VOLUME 31, NO. 8

BRIEFS

Session registration coming next issue

Register by Sept. 14 for the 2000 ADA annual session in Chicago, Oct. 14-18, and pre-session programs Oct. 13 to save money, reserve key event tickets and to be eligible for weekly prizes.

Registration forms and related information concerning the annual session scientific programs, hotels, tours, special events and Kid Camp will be available in:

- the May 15 ADA News;
- the ADA's official Annual Session Preview booklet—available in early May on request by calling 1-800-232-2168;
- ADA.org on the Web at "www.ada.org/session". ■

FTC offers help in avoiding scams

"Avoiding Office Supply Scams" is a new publication from the Federal Trade Commis-sion intended to help organizations recognize and avoid scams from bogus office supply firms.

Copies are free. Write to the Federal Trade Commission, Consumer Response Center, 600 Pennsylvania Ave., N.W., Washington, D.C. 20580 or call 1-877-FTC-HELP. For more information visit the FTC Web site at "www.FTC.gov" or call Colleen Tressler at 1-202-326-2368. ■

INSIDE

New dentists

Annual conference set for Orlando in July. **Story, page 26.**

VA shortage

House hearing tracks reduction in dental care

By Craig Palmer

Washington—A growing shortage of VA dentists and service delays nine months or longer threaten the quality of dental care already "rationed" to ill and aging veterans, a parade of public and private practice dentists told Congress April 12.

"The American Dental Association believes the primary reason for the reduction in dental care for eligible veterans is the shortage of VA dentists," ADA President-elect Robert M. Anderton testified at a hearing on compensation for the VA health care

■ ADA testifies for more support for IHS, page nine

workforce. "Unfortunately, the retention and recruitment numbers are projected to get even worse." A transcript of the hearing is available at the House Committee on Veterans' Affairs Web site.

A VA dentist, Dr. John F. Burton Jr., told the House Veterans' Affairs health subcommittee he "just yesterday"

See VA, page 14

Photo by Anna Ng Delort

Why? 'It seems to me the VA is unwilling to address the problem,' said Rep. Mike Simpson, a dentist.

Judiciary panel OKs HR 1304

Bargaining rights for dentists, physicians

By Craig Palmer

Washington—Dentists and physicians would gain new rights to bargain with managed care plans contracting for their services, but not the right to strike, under legislation approved by the House Judiciary Committee and endorsed by major health profession organizations.

"This market-friendly approach will allow practitioners to target specific problems and develop solutions consistent with better patient

See JUDICIARY, page 11

Photo by William K. Geiger

Flight check: Dr. Shannon Mills leads a discussion April 17 at a National Academy of Sciences conference on the oral health of astronauts during space flight. Story is on page 16.

Informatics committee debuts

To set standards for clinical software

By Arlene Furlong

"We're looking for good advice on what to buy and we want assurance that what we buy will meet our needs."

That's the summation Dr. Julian "Hal" Fair of the ADA Council on Dental Practice made during discussions at the first meeting of the ADA Standards Committee on Dental Informatics and its working groups,

■ 'AADS' becomes 'ADEA' with name change, page 23

held April 12 and 13.

The new committee, established in 1999 and approved by the ADA Board of Trustees, was created to help dentists use new technology.

Dentists, computer systems vendors, representatives from dental trade associations, dental research institutions and dental schools, insurance carriers and other parties interested in the dental profession defined areas of technology where the development of standardization tools would benefit dentists most.

Dr. Robert Ahlstrom, committee chair, said the level of participation

See INFORMATICS, page 23

ADA testifies at OSHA ergonomics hearings

By Mark Berthold

The Occupational Safety and Health Administration has grossly underestimated the types and amount of financial expenditure—beyond the usual compensation to injured employees and lost revenues—its proposed ergonomics standard will impose on a typical private dental practice, an Association spokesperson told an agency panel.

Dr. Verhagen

Dr. Connie M. Verhagen, a member of the ADA Council on Scientific Affairs, testified April 12 in Chicago for the ADA on the standard proposed by OSHA in the Nov. 23, 1999, Federal Register. (The proposal is also posted on the agency's Web site: "www.osha.gov").

At the informal hearing, Dr. Verhagen repeated the Association's written position of Feb. 1 that the

See OSHA, page 21

UCC retains military dental care

By Craig Palmer

Washington—The current contractor for the world's largest dental benefit plan will manage the new five-year $2 billion Tricare Dental Program for more than 1.6 million military families and reservists, the Department of Defense announced April 14.

The new TDP "provides expanded dental benefit(s) at an affordable premium," the DOD said.

The contract "emphasizes diagnostic and preventive care, advancement of pediatric and adolescent oral health and increased utilization by beneficiaries (and) an informed and robust dental network and traditional provider reimbursement floors," the announcement said.

The American Dental Association urged the Department of Defense to seek the "best value" for military patients and participating dentists in evaluating bids for the new contract.

Contract No. MDA906-00-D-0002 was awarded to United Concordia Companies Inc. of Camp Hill, Pa., one of six bidders on a contract to manage dental benefits for a potential 3.1 million eligible military and reserve forces beneficiaries, the DOD said.

The $1,805,283,269 contract calls for the integration and enhancement of dental benefits for military families and reservists starting Feb. 1, 2001, under the Tricare Dental Program.

Among benefit enhancements cited in the DOD announcement are an increase in the annual general dentistry and lifetime orthodontic benefit maximums to $1,200 and $1,500 respectively, provision for general anesthesia, additional sealant coverage and extension of the age for orthodontic care.

TDP premiums during the first two option years of the new contract will be lower than premiums for the current family dental program, which are $19.70 a month for a single member and $49.25 for families. The government pays 60 percent of the premium, the beneficiary 40 percent.

Section 711 of the National Defense Authorization Act for Fiscal Year 2000 authorized the addition of selected reserve and individual ready reserve members and their family members as part of the Tricare Family Member Dental Plan population base. ■

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AtPressTime

Acute HBV cases down 70 percent

The incidence of acute hepatitis B virus dropped more than 70 percent over the past decade, the federal Centers for Disease Control and Prevention reported in April.

CDC researchers, who presented their findings at the 10th Symposium on Viral Hepatitis and Liver Disease, said the decline may result from increased vaccinations and as a response to the AIDS epidemic. They said new cases of acute HBV fell 71.7 percent to 3.9 cases per 100,000 between 1987 and 1997.

The researchers collected demographic information from 3,842 patients with confirmed HBV and attempted to determine risk factors, such as intravenous drug use and high-risk sex practices.

Among injection drug users, HBV cases fell 91.7 percent within the period. The number of cases among gay men declined 85.7 percent and dropped 44.1 percent among those engaging in high-risk heterosexual sex. ■

HCV beats immune system by disguising itself, study shows

The hepatitis C virus is able in many patients to evade attacks from the immune system by changing its surface proteins to disguise itself, a report published last month in Science magazine showed.

Researchers from the National Institutes of Health and other institutions said HCV's evasive properties begin to explain why so many patients fail to recover fully from the virus.

"We know that the body responds to infection early in the disease process, but in most patients the virus is smarter than the immune system," said Patrizia Farci, M.D., of NIH's National Institute of Allergy and Infectious Diseases. Dr. Farci was part of a team of scientists who worked on the study.

"In many cases," she noted, "HCV changes its surface proteins as soon as the patient's antibodies begin to attack. In essence, the virus slips into a disguise and continues on without detection."

The outcome of an HCV infection is determined during the early, acute phase of disease, the new study showed. In some patients, the virus remains relatively unchanged after the immune system's early assault and is usually eliminated within a few weeks.

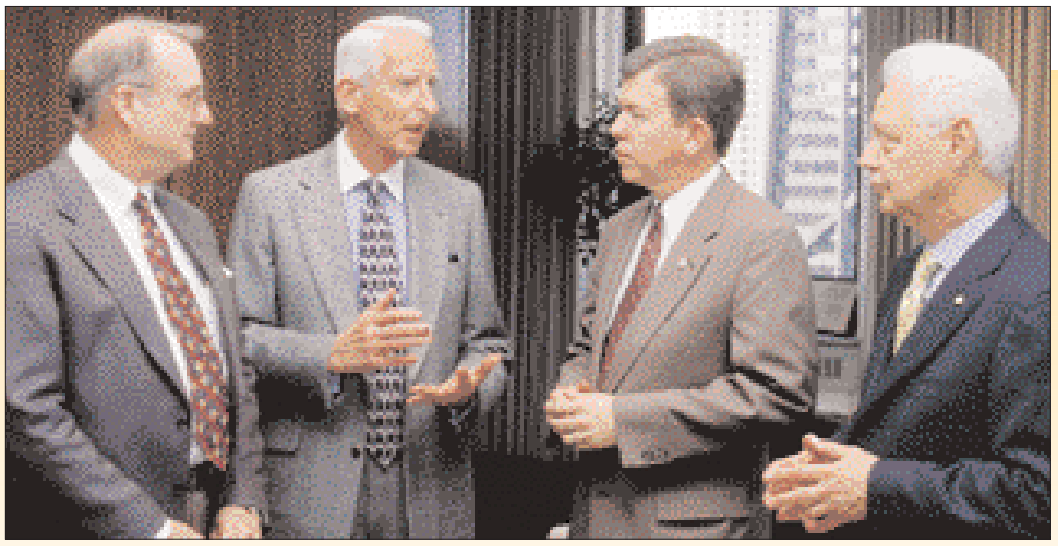
But in most patients, genetic variants begin to appear in response to attacks from antibodies, triggering a rapid evolution that leads to chronic infection.

Nearly 4 million Americans are HCV positive. About 85 percent of those who contract the disease remain chronically infected, living with a virus that continues to replicate itself throughout their lifetime.

HCV is a major cause of chronic liver disease and is responsible for a third of all cases of cirrhosis and liver cancer, half of all liver transplants and between 8,000 and 10,000 deaths in the United States each year.

Scientists hope that their new understanding of the disease process will lead to better tools for treating and preventing HCV. ■

—Compiled by James Berry



Legislative update: Rep. Roy Blunt (R-Mo.) visited the ADA last month to discuss legislative matters of interest to dentistry. From left are ADA President-elect Robert M. Anderton, Executive Director John S. Zapp, Rep. Blunt and President Richard F. Mascola.

ViewPoint

Snapshots of American Dentistry

Laura A. Kosden, *Publisher* Dr. Lawrence H. Meskin, *Editor*

James H. Berry, *Associate Publisher, Editorial* Judy Jakush, *ADA News Editor*

MyView

Another piece of the puzzle

In my 15 years as a dentist in New Hampshire, dentistry has had to face many difficult issues. It seems that there is always some crisis that has the potential to affect how we practice. The present is no exception. Editorials in the Granite State Dentist and many of our local newspapers have centered on what is currently the biggest issue facing dentistry in New Hampshire. That issue is "Access to Care."

"Access to Care": at times these seem like fighting words. Why is that? I think it is because we all have our notions as to what these words mean to us, what we think they mean to various constituencies and what we think they SHOULD mean to others.

David Bogacz, D.M.D.

The emotions involved signify to me one common belief: that dentistry is an important element of health care in our society. We have been successful at elevating the importance of dental health. Now we must face the difficult issue of how society provides this care to the poor.

There are many opinions as to what is the ideal solution. The system for providing dental care to the poor in New Hampshire has been broken for so long, that deciding how to fix it is difficult.

Should I force the issue by withdrawing all participation, or should I be a part of a compromise on the way to a fix? Will there ever be a system that provides complete care that doesn't expect some measure of charity on my part? Will I be forced to be charitable or will I retain my right to decide how I choose to be charitable like every other citizen in New Hampshire? Is it possible to have multiple solutions to the problem?

Many feel that the "state" should cover the full cost of providing this care. Often this is positioned as the only acceptable solution. I look forward to the day when the "state" does accept its responsibility, yet I fear this solution, too. I think of an old line: "Be careful what you pray for, it might come true!" I admit that poor reimbursement is a part of the access problem. I know that I can not afford to provide care in my office at the current fees, yet I do. I am free to choose to. Do we really believe that access issues will disappear if we are paid our full fee? What then? How long will it be before reimbursement is back to 70 percent, 50 percent, 30 percent? Do we want to create more entitlements?

I think of all these things.

One solution that I would like us to consider is the establishment of clinics to serve the poor. With a clinic the burden of providing dental care could be shared. A nonprofit entity could be responsible for the financial management

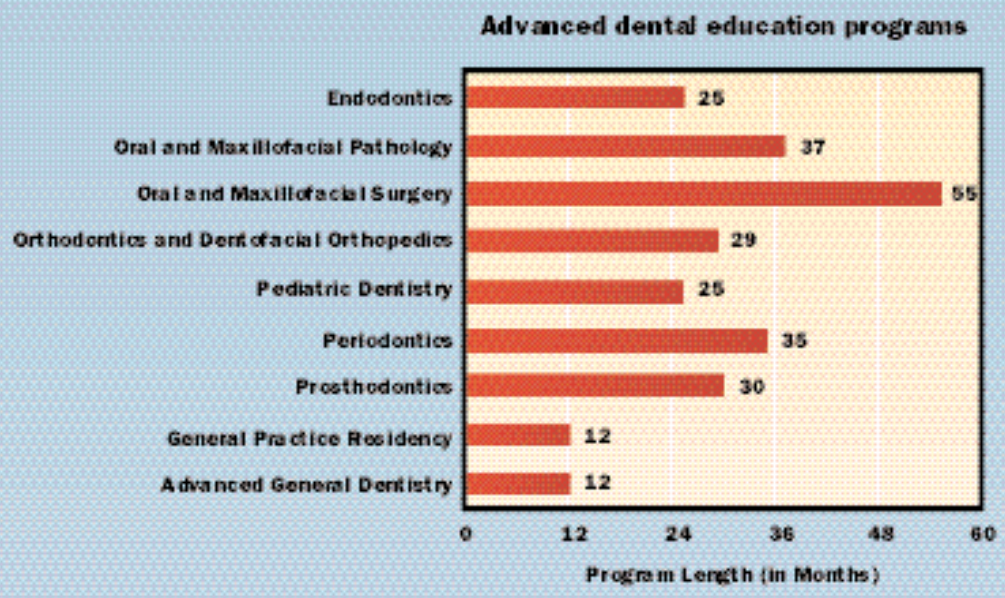
See MY VIEW, page five

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. Brevity is appreciated. For those wishing to fax their letters, the number is 1-312-440-3538; email to "ADANews@ada.org".

Advanced dental education

Students in specialty programs are in school at least twice as long as those in nonspecialty programs.



Source: American Dental Association, Survey Center, 1998/99 Survey of Dental Education.

Letters

OMS scope of practice

I agree with several of Dr. John M. Sachs' statements ("Letters," March 20 ADA News): "These insurers are not particularly interested in what oral surgeons and their associations say is included in their scope of practice" and "Oral and maxillofacial surgery is a specialty of dentistry."

However, I must take issue with other statements either because they are wrong or do not offer a true representation.

"A frequent inquiry [of him as an insurance consultant] concerns whether coverage should be provided by the dental or medical provisions of the patient's plan"; "The resolution of this problem rests on the licensing bodies, the state boards of dentistry and medicine, who must define on a national basis what shall be included in the practice of oral and maxillofacial surgery"; "A procedure performed under the blessing of the California board must be equally blessed by every other jurisdiction"; and "Facial plastic surgery is not dentistry."

My opinions are based on my experience serving on the Texas State Board of Dental Examiners (1987-1993), examining on the American Board of Oral and Maxillofacial Surgery (1994-2000) and in my private practice in OMS and facial plastic surgery.

Dr. Sachs, as an OMS, must know that the insurance industry has always been inappropriate in its use of a degree-based determination (D.D.S. vs. M.D.) of payment rather than one based solely on a covered dental or medical procedure. I will be willing to bet that Dr. Sachs treated and desired appropriate payment for jaw fractures or other facial trauma in his former practice. Is facial trauma dental or medical?

Therefore, the insurance industry, for whom Dr. Sachs now represents, clearly is not in a position to credential the scope of practice for any provider based on his or her degree and must rely on the legal scope of practice of an individual as determined by his state practice act and dental board.

The state medical board does not determine the scope of practice for a single-degree OMS in any state. There is existing federal statute supporting the payment to any provider, regardless of degree, for a covered service so long as such service is provided under legal state licensure.

The scope of practice for an OMS is based on state dental practice statute and state board rules and/or policy.

As an example, in Texas the definition of OMS is incorporated into the dental practice act and the state board of dentistry has adopted, as policy, the scope of practice for OMS as being that which is noted in the "living document" titled the "Parameters of Care for Oral and Maxillofacial Surgery," published by the American Association of Oral and Maxillofacial Surgeons.

This document currently includes general anesthesia, craniofacial implant surgery, cleft and craniofacial surgery, trauma surgery, reconstructive surgery, including the harvesting of grafts, and cosmetic maxillofacial

See LETTERS, page five

Letters

Continued from page four

surgery ("facial plastic surgery").

While the evolving specialty of oral and maxillofacial surgery is one requiring a dental degree, its recognized scope of practice includes, as it has from its earliest period, many procedures which traditionally are considered to be medical in nature.

However, since credentials are based on education, training and experience, not every OMS may desire or be qualified to practice the full scope of his/her specialty.

I sincerely hope that Dr. Sachs does not speak for the insurance industry and I wish he better understood the difference between legal scope of practice provided by state dental licensure (not medical), the national scope of practice for the specialty as defined by the American Association of Oral and Maxillofacial Surgeons and the American Board of Oral and Maxillofacial Surgery, and one's individual credentials.

I hope Dr. Sachs may appreciate that the specialty of OMS is constantly evolving in its scope and has never been isolated to only conventional dental procedures.

Roger P. Byrne, D.D.S., M.S.

Houston

OMS knowledge

I think few people would dispute the fact that a well-trained oral and maxillofacial surgeon knows a lot about the head and neck and associated structures.

Our problem especially has been that the public and our general dental colleagues know very little about what we know and what we can do. It goes without saying that our medical colleagues are in the dark ages with regard to their understanding of dentistry as a whole.

I would venture to say that any dentist who knows as little about medicine as most physicians know about dentistry would be in a lot of trouble.

Since managed care has really hit the medical field in a big way, many physicians now are branching out into cosmetic surgery. The face and for that matter the whole body has become a virtual turf war between plastic surgeons, cosmetic facial surgeons, dermatologists, ophthalmologists and any other licensed professional who wants to take a piece of the action with regard to cosmetic surgery.

Yet it is dentistry again that takes a hit when the physicians want to limit the scope of an oral and maxillofacial surgeon's practice. The Draconian antiques that we call our state dental practice acts hardly take into account the advances that have been made in the past 50 years in the field of oral and maxillofacial surgery, let alone dentistry.

This is typified by the fact that most states will still require a board-certified oral and maxillofacial surgeon to take a general dental practical examination to become licensed in that state.

It is these very same states with the most restrictive practice and licensing requirements that are the ones that want to limit the scope of practice. Do we really want the state medical boards dictating to us what we can do as oral and maxillofacial surgeons, or, for that matter, other dental specialties such as endodontics? It could be considered a branch of microneurosurgery or periodontics, which could be considered a branch of oral plastic and reconstructive surgery.

I think in the end what we really want is to be evaluated by our peers and be allowed to practice what we were trained to do.

David L. Sykes, D.M.D.

MyView

Continued from page four

of the clinic. The clinic could solicit charitable contributions from the community. Vocal advocates for access to dental care could examine how much they personally contribute to the cost of providing indigent care and could step up the problem with their own money. Dentists, dental hygienists and dental assistants could contribute their services.

The clinic and its advocates could lobby the government for financial support. Dentists would be removed from the position of underwriters of access to care and become supporters of access to care.

As an individual, I would contribute through my taxes if there were government support, or I could contribute to the clinic through a private donation.

As a dentist I would have a place to offer my services to those truly in need without the worry about the cost of that care. Patients would benefit by having a place that would truly welcome them and where they would be comfortable going.

With issues of cost removed, issues of respecting appointment times could be honestly addressed. Missed appointments would be viewed by the clinic as a lost opportunity to help someone who would have valued the time and not necessarily as a production loss. I think we need to give this idea more consideration.

Finally, I would like to ask each and every one of us to examine the ways in which we spend our charitable resources. My experience in my community has left me proud of my colleagues' generosity. I know that how we choose to be charitable is a very personal and private decision. I would like to leave you with this thought. We are the only people who can provide dental care; maybe we should give less in other areas and give a little bit more of what no one else can give: our professional skill, training and expertise.

Dr. Bogacz's comments, reprinted here with permission, originally appeared in the Granite State Dentist, the publication of the New Hampshire Dental Society. Dr. Bogacz is past president of his component society in Concord, where he is in private practice and active in promoting access to dental care for low-income and Medicaid patients.

Law

Dental student arrested

E-mails, bomb scare reportedly target Iowa school

By Karen Fox

Iowa City, Iowa—The University of Iowa's Public Safety Department arrested a second-year dental student April 20 in connection with allegedly racist e-mail messages and a bomb threat directed at students and faculty in the UI College of Dentistry.

Tarsha Michelle Claiborne, Baton Rouge, La., was being held in the Johnson County Jail until a May 1 preliminary hearing.

She is charged with:

- one Class "C" felony charge of making threats in violation of individual rights in connection with the bomb threat;
- one count of criminal trespass as a hate crime in connection with an incident at a student's apartment;
- three counts of harassment in the third-degree in connection with three e-mail messages.

Federal authorities are also considering charges against her.

University authorities said they are unsure why Ms. Claiborne, an African-American, launched threats against minority students and the UI dental school.

The e-mail messages she allegedly sent threatened harm if the college did not get rid of its minority students, according to a report in the the Cedar Rapids (Iowa) Gazette Online.

After the first two e-mail messages were received, authorities located the computer from which they were sent. That area was kept under surveillance and officials identified Ms. Claiborne as the user.

According to the complaint, Ms. Claiborne admitted to sending the e-mail messages that targeted minority students and faculty.

"This is a shock to all of us," said Dr. David Johnsen, UI dental school dean, in an April 20 news release. "We need to begin a healing process and use this opportunity to achieve a better and stronger community."

The Iowa City Press-Citizen reports that the terrorism began with a March 28 e-mail message demanding the removal of minority students and faculty from the UI College of Dentistry, which currently has 304 students—49 of them minorities.

A chronology of the next three weeks follows:

- March 30—a second e-mail directly threatens the lives of students.
- April 4—a note reading "dead black man's brains" is found outside the off-campus apartment of an African-American dental student. The note is accompanied by red noodles.
- April 6—a lab coat is found burning in a room in the Dentistry Building and an e-mail later followed asking its recipients if they took the author seriously now.
- April 11—more than 800 people, including Dr. Johnsen and the university's president, take part in a city-wide rally in support of the school's minority students.
- April 18—another e-mail is sent to some students in the College of Dentistry and a local television station stating that a bomb would explode in the Dentistry Building between Wednesday and Friday.
- April 19—local law enforcement authorities respond to the previous day's threat by closing the dental school and canceling the day's classes and clinic appointments. Ms. Claiborne is arrested the next day.

University officials say the investigation is continuing and additional security measures will remain in effect at the Dentistry Building.

Threats in violation of individual rights carry a penalty of up to 10 years in prison and a fine up to $10,000. The criminal trespass misdemeanor carries a penalty of up to one year in prison and a fine up to $1,500. The three counts of harassment carry a penalty of up to 30 days in jail and a fine up to $500.

In an April 20 news release, University of Iowa officials said that they may impose additional sanctions. ■

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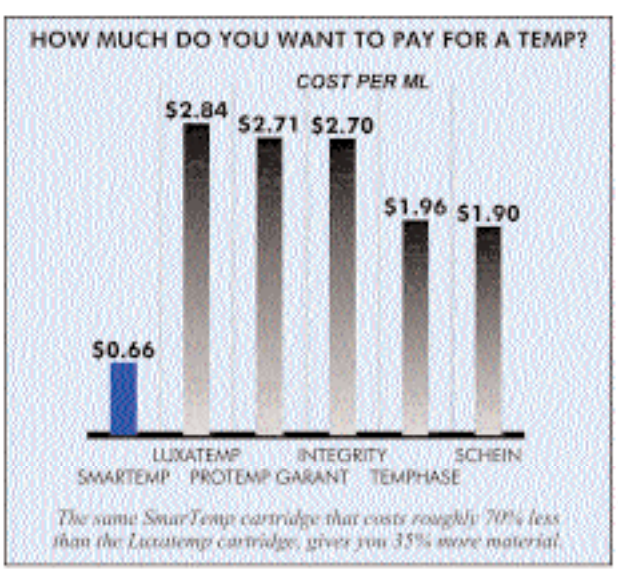

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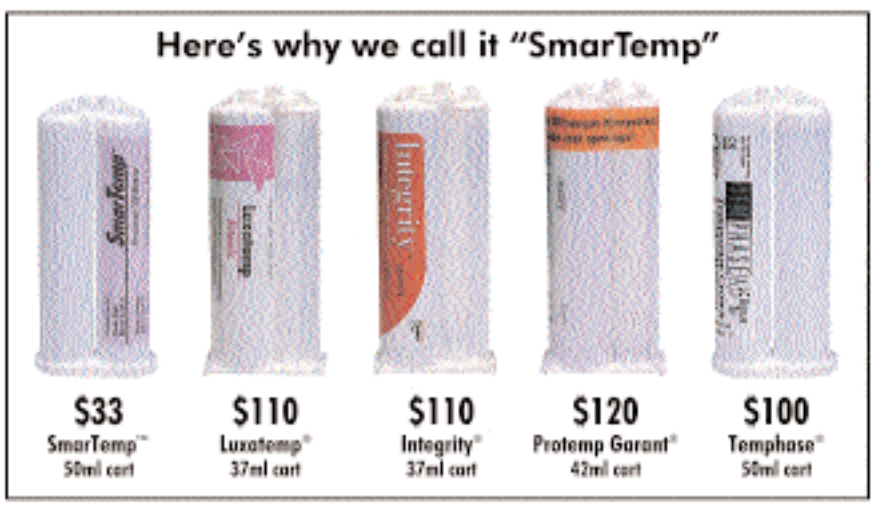

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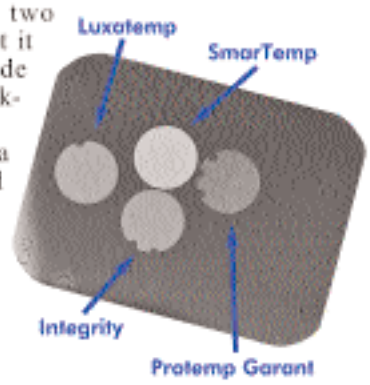

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Government

Greater support for IHS

ADA backs increase to aid American Indians

Photo by Anna Ng Delort

Dr. Eddy: Said the IHS dental program "is still underfunded."

By Craig Palmer

Washington—American Indians are being shortchanged on clinical and preventive oral health services including one of public health's most effective preventive tools, community water fluoridation, the American Dental Association told Congress April 11.

"The reasons for these declines in dental services, clinical and fluoridation, to American Indians and Alaska Natives are complex and multifactorial," the ADA said in testimony on a fiscal year 2001 Indian Health Service budget.

Continued erosion "would represent an inexcusable broken promise to the 'First Americans,'" the Association testified in asking Congress to shore up the IHS dental program.

Dr. Arthur F. Eddy, chair of the ADA Council on Government Affairs and a practicing dentist in Shirley, Mass., presented the Association testimony.

He commended congressional and administration support but said the IHS dental program "is still underfunded."

The ADA generally supported the Clinton administration's proposed IHS budget for the year that begins Oct. 1, recommending a $6 million increase for initiatives aimed at recruiting and retaining dentists with loan repayment opportunities, expanding contract care and improving physical facilities.

"The reasons for these declines in dental services, clinical and fluoridation, to American Indians and Alaska Natives are complex and multifactorial."

But the Association pointed to "disturbing trends" in American Indian oral disease rates, already among the highest in the world, and in the availability and use of dental services. "The IHS dental program is losing its capacity to serve," the ADA said.

The erosion of IHS dental services is a consequence of budget constraints and reorganization and has contributed to the largest vacancy rate ever for IHS clinical dentists, the Association told a House Interior appropriations subcommittee. One in four dental positions is vacant.

"Equally disturbing are the findings of the most recent IHS fluoridation monitoring program that documents a dramatic reduction in the number of water systems monitoring fluoride levels and the number of these reporting systems with samples in compliance with standards," the ADA said.

Some 700 water systems serving American Indian populations were submitting samples for evaluation in the early 1990s. In fiscal year 1999, only 192 water systems were delivering fluoride and only 26 of them were within compliance levels, the ADA testified.

"Such a drop in coverage of one of public health's most cost-effective preventive tools is unequivocally resulting in higher rates of decay in the AI/AN population."

The Association works in partnership with the Indian Health Service to improve the oral health of American Indians and Alaska Natives and testifies annually on IHS appropriations. The ADA this summer will conduct a triennial evaluation of selected IHS dental clinics and will report the findings to Congress next year. ■

Government

Judiciary

Continued from page one

care ... without the use of strikes or boycotts," American Dental Association officials said in letters to members of Congress.

The Judiciary-approved Quality Health-Care Coalition Act of 2000, HR 1304, would allow covered health professionals, including private practice dentists, to negotiate collectively "the terms of any contract" with private sector insurers and health plans but "no new right for collective cessation of service."

The bill makes clear that only self-employed doctors are covered.

The legislation would allow doctors to negotiate fees, working conditions and other contract terms with individual health plans and to challenge such practices as gag rules, which limit doctors on how much they can tell patients about alternative treatment options.

The committee approved the bill as amended by a 26-2 margin last month. A key committee-approved amendment transferred responsibilities for evaluating the effectiveness of the legislation after its three-year life from the Federal Trade Commission, which opposes the legislation, to the General Accounting Office, Congress' auditing agency. The bill includes a three-year sunset provision.

The legislation is seen by advocates including the American Dental Association and American Medical Association as giving physicians and dentists new clout in negotiating contracts with health plans.

"With the opportunities afforded by this act, dentists will, for example, be able to directly negotiate contractual terms with insurance companies, as well as (private sector) plans, to enhance the doctor-patient relationship," ADA President Richard F. Mascola and Executive Director John S. Zapp said in a letter to Judiciary Committee members.

"HR 1304 offers a means of effectively addressing the power imbalance that has developed between many health care professionals and health benefit plans," the ADA officials said.

Managed care and insurance opponents, joined by the government's antitrust enforcement agencies, have attacked the legislation as a potential "cartel for doctors" and an insurance inflator.

A recent AMA study suggesting the legislation would have only minimal economic impact was sharply criticized by the Health Insurance Association of America, a leading opposition group, as having "no valid conclusions."

The bill's legislative fate is uncertain with no votes scheduled on the floor of the House of Representatives and nothing similar pending in the Senate.

Several hundred House members support the legislation authored by Reps. Tom Campbell (R-Calif.) and John Conyers (D-Mich.).

Similar legislation introduced in the District of Columbia and under consideration in several states would exempt self-employed doctors from the antitrust laws that prohibit them from collective bargaining with insurers. ■

How would bargaining rights work for dentists?

By Craig Palmer

Washington—To negotiate or not?

If that is the question, "you don't have to negotiate," the American Dental Association told dentists attending the March 19-21 Washington Leadership Conference 2000.

An ADA question-and-answer description of the legislation was distributed to grassroots dentists attending the annual meeting. The legislation, pending at the time and later passed by the House Judiciary Committee on March 30, would give dentists and physicians new bargaining rights in negotiations with managed care plans.

Why would I want to negotiate with insurance companies?

"You don't have to negotiate. HR 1304 merely offers a tool—another option for those who need it."

Can you give a practical example of how this might work in dentistry?

"At the present time, when you receive a contract offer you have to make a decision on how to respond to that offer in isolation—take it or leave it. With passage of the (Rep. Tom) Campbell (R-Calif.) bill, you will be able to gather together other dentists who desire to engage in negotiations and develop a unified position. This gives you more leverage in defining the terms of the contract."

Will I have to join a union to negotiate?

"HR 1304 does not change labor laws, which address unionization. The bill simply provides an antitrust exemption that allows independent health care professionals to collectively approach a health plan and negotiate contract terms."

If the bill passes, will unions actively seek to provide negotiations services to dentists?

"You can count on it—but you don't have to purchase the services from labor unions."

If the legislation passes, will doctors go on strike?

"HR 1304 does not grant the right to strike. In fact, striking would be inconsistent with the terms of the bill, which bars a collective cessation of patient care."

Does HR 1304 affect the ethical obligations dentists have with regard to their patients?

"No. The right to negotiate does not confer any right to engage in any activity that would violate the dentists' ethical duties—such as striking." ■

ADA: Dental care for veterans vital

Recruitment, retention issues need resolution

By Craig Palmer

Washington—As VA patient loads increase, the number of veterans receiving dental care is declining, the American Dental Association told Congress April 12. Outpatient dental benefits are provided by law to eligible veterans.

But difficulties in retaining and attracting dentists to VA service "have made keeping this commitment to oral health care tenuous," the Association testified.

"Fewer veterans are receiving needed dental care each year," said Dr. Robert M. Anderton, ADA president-elect and a practicing dentist in Carrollton, Tex. "This is a dangerous trend and must be addressed by senior VA health officials."

The ADA testified at a hearing of the House Veterans' Affairs health subcommittee on recruitment, retention and compensation for the VA health care workforce. A transcript of the hearing is available at the House Committee on Veterans' Affairs Web site: "veterans.house.gov".

Government

"While oral health care is urgently needed in its own right, the failure to adequately treat oral disease can also complicate the patient's medical condition," Dr. Anderton testified. "That is why it is important to eliminate infections in the mouth prior to surgery, chemotherapy or radiation treatment."

As the VA patient base grows older and sicker, more patients are medically or physically compromised, witnesses told the House VA subcommittee.

"Regular dental care is also important because dental exams can provide advance warnings of the onset and progression of numerous systemic diseases such as coronary heart disease, diabetes and strokes," Dr. Anderton testified.

"So you see, Mr. Chairman, there may be a direct link between veterans' oral health and their overall general medical health," he said. "To ignore the patient's oral health status is to invite more serious medical illness in an already aging and sicker patient population."

House members pressed for answers to reported problems. VA officials said there are scattered, local problems but testified, "We are not currently experiencing any widespread or critical staffing shortage for our health care occupations." ■

Photos by Anna Ng Delort

Dr. Anderton: 'Fewer veterans are receiving needed dental care each year.'

VA

Continued from page one

advised an aging patient he would have to wait nine months for dentures.

"Eighteen facilities that previously had an oral surgeon on staff now have none," said Dr. Burton, dental service chief at the William Jennings Bryan Dorn VA Medical Center in Columbia, S.C. "Consequently care is being rationed."

The situation has reached "a critical point" of just 24 full-time oral surgeons serving 172 VA facilities, Dr. J. Thomas Soliday testified for the American Association of Oral and Maxillofacial Surgeons. "With an insufficient number of oral surgeons in place to treat them, veterans are experiencing more pain, longer times to make appointments and longer waits for appointments once they are secured."

Members of Congress from both sides of the political aisle said they were "frustrated ... insulted" by the Department of Veterans Affairs response to the problems, one House member twice suggesting the VA might have to answer contempt of Congress charges "and I am not being facetious."

Rep. Filner: 'If you are not in legal contempt you certainly do not show very high respect for this committee,' he tells VA officials at the April 12 congressional hearing.

"If you are not in legal contempt you certainly do not show very high respect for this committee," an angry Rep. Bob Filner (D-Calif.) told a phalanx of VA officials who reported scattered, local problems but no "widespread or critical staffing" concerns and no official position on the congressman's legislation to increase dentist pay.

Rep. Filner's bill, HR 2660, calls for increases in tenure pay, full-time specialty pay and responsibility pay for VA dentists, whose numbers are dwindling rapidly according to the testimony. "We have seen turnover which threatens the quality of health care," the California congressman said.

"Our official position is that we are not yet in a position to take an official position with regard to that particular piece of legislation," Kenneth Clark, Department of Veterans Affairs chief network officer, told the VA health subcommittee. He was accompanied by VA legal and management support staff who said they were gathering data and might have answers by 2003.

Dr. Soliday: Situation is 'critical.'

"Long-serving physicians and dentists are leaving the VA in what seems to their colleagues to be record numbers, and they are not being replaced," Dr. Burton said in testimony on behalf of the National Association of VA Physicians and Dentists, an organization representing VA-employed professionals.

"How are you even going to formulate a plan?" Rep. Cliff Stearns (R-Fla.), the subcommittee chair, asked the VA witnesses. "In the private sector, they'd have solved this by now." Congress requested answers in 1998 and still hasn't received a response, the congressman said.

The assembled VA representatives replied, "It is an exceedingly complex problem, we're exploring options, we're not prepared at this time, we're not able to give you a specific time frame," responses characterized by subcommittee members as "disturbing, incredible, frustrating."

"It seems to me the VA is unwilling to address the problem," said dentist/Rep. Mike Simpson (R-Idaho), who temporarily chaired the hearing during Rep. Stearns' absence.

Dr. Simpson asked VA officials to explain why there are 200 fewer VA dentists today than a decade ago. With an aging dental workforce and looming retirements of VA dentists, "you are going to have real problems and you better get on the stick now" to address the problems, he said.

Mr. Clark, chief network officer for the VA, cited "historical budget problems" and the need "to avoid serious problems down the road" but added, "there is not now a recruitment and retention problem."

The number of VA dentists has declined by several hundred over the last 10 years to around 650, according to the dental testimony, and the VA dental staff has undergone an 11 percent turnover in the last two years. Within the next three years, nearly 70 percent of currently employed VA dentists will be eligible to retire, the ADA testified. ■

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Health & Science

Deep space

Panel investigates ways to prepare astronauts to cope with oral care

By Craig Palmer

Washington—The National Academy of Sciences took initial steps April 17 toward shaping a strategy for maintaining the oral health of astronauts during interplanetary travel and return to earth.

An NAS Institute of Medicine Committee on Space Medicine, under contract with NASA to explore "innovative terrestrial medical care" and recommend a strategy for preventing and treating health conditions during long-term space flight, expanded the inquiry to embrace the oral health of tomorrow's space travelers.

Astronauts entering a projected three-year mission to Mars and back or headed for another lunar walk for mankind, circa 2020 depending on international will and financial commitment, will be physically fit, perhaps even cariesfree entering the prolonged microgravity of deep-space flight.

But how will they stay that way? What impact will prolonged weightlessness have on dental plaque for example? How will oral bacteria behave in space? What is the impact on bone structure and function? How will dental care be provided, emergencies handled? What emergencies might be anticipated, what dental equipment necessary, useful and deployable in deep space?

NASA vet: Bernard Harris, M.D., brings his experience as a former astronaut to the NAS committee.

The NAS/IOM panel convened a workshop on "Space Dentistry: Maintaining Astronauts' Oral Health on Long Missions" to raise such questions toward meeting terms of the NASA-commissioned study and the committee's projected May-June 2001 timetable for reporting to the public. NASA officials said they welcome the inquiry and whatever advice may ensue on the oral health of astronauts.

The committee invited discussion on the available evidence and experience for an oral health strategy and heard more questions than answers. The latter were based primarily on military (combat and submarine) experience and research presented as potentially analogous to space travel but viewed as an unlikely analogue by at least one NASA health official.

Citing prisoner-of-war experience, Col. Shannon E. Mills, U.S. Air Force Dental Corps, told the panel to expect the unexpected with prolonged space flight. "Even if we can send people into space with a low probability of dental caries, dental trauma is possible, teeth can fracture, even adequate restorations can deteriorate," he said, offering a litany of periodontal and other disease opportunity to consider.

"We are not adequately preparing our astronauts for space flight from a dental standpoint," he said. Dr. Mills represented the American Dental Association at the workshop.

Invited military and private sector researchers spoke to the available research and offered recommendations for the panel's consideration, including a recommendation that a dental health panel be formed to advise future space missions.

"We need to ensure that astronauts have outstanding oral/dental health prior to the mission," Comdr. James C. Ragain Jr., Naval Dental Research Institute, Great Lakes, Ill., told the NAS/IOM committee. He recommended organization of a dental advisory team to include representatives of the military services, the ADA, National Institute of Dental and Craniofacial Research, dental specialists and NASA to address such issues and problems as:

- microgravity;
- treatment protocols;
- training of flight surgeons and crew;
- suitable materials;
- compact delivery systems for use in space.

Other speakers included:

- Adele L. Boskey, Ph.D., director of research, Hospital for Special Surgery, New York City, on the effects of hypogravity on calcified tissue;
- Dr. Irwin Mandel, professor emeritus, Columbia University School of Dental and Oral Surgery, New York, on dental caries initiation, progression and prevention;
- Dr. Saskia Estupinan-Day, regional oral health adviser, Pan American Health Organization, on atraumatic restorative treatment (ART), a potentially useful approach to managing dental lesions in space.

Photos by William K. Geiger

Panel member: N. Lynn Gerber heads the Department of Rehabilitation Medicine at the National Institutes of Health.

Dr. Mandel

The National Aeronautics and Space Administration asked the Space Medicine Committee to "take a fresh outside look" at the health care needs of astronauts on flights beyond low Earth orbit, including a possible manned mission to Mars or the moon, said Richard Williams, M.D., director of health affairs in NASA's office of life microgravity sciences and applications.

The committee's charge, "Creating a Vision for Space Medicine During Travel Beyond Earth Orbit," is available at "www.iom.edu/IOM/IOMHome.nsf/Pages/Space+Medicine+Home".

Ultimately, the panel is looking for two types of dental information, according to committee staff: evidence-based recommendations regarding oral diseases and conditions that might reasonably be anticipated during a three-year mission and suggestions regarding the necessary clinical research to prevent or address them. ■

Prevention: Dr. Ragain (left) emphasized that astronauts should have 'outstanding' oral health before leaving on a mission. Dr. Estupinan-Day is at right.

Helping hands work together

University of Michigan students make extracurricular work count

By Clayton Luz

Ann Arbor, Mich.—The University of Michigan School of Dentistry announced March 14 that it will partner with five community-based organizations to provide oral health care services to underserved Michigan residents.

Beginning Sept. 6, coinciding with the start of the school's fall term, about 100 senior and postgraduate dental and dental hygiene students will begin delivering oral care services at community health clinics in Grand Rapids, Battle Creek, Muskegon and Saginaw. A fifth program is scheduled to begin July in Marquette.

The students will receive academic credit for their participation.

Dr. Jed Jacobson, the dental school's assistant dean for community and outreach programs, says the programs offer a "win-win" opportunity for everyone.

"Our new [community] partners win because they can now treat more underserved patients and deliver more services in their clinics," states Dr. Jacobson. "Patients win because the partners will help them achieve maximum oral health care. Our students win because they will experience, first-hand, the interrelationship and complexity of oral health care issues in a patient-centered primary health care facility."

The communities win too, he adds, because residents will receive treatment for dental problems that otherwise might worsen if left untreated.

The programs receive funding from a number of sources that includes the Michigan Department of Community Health, which will provide funds both for direct oral health services and related costs for the community-based educational partnerships; Delta Dental Fund, the dental philanthropic arm of Delta Dental Plan of Michigan, which will provide funds for the next two years to help expand the program to outreach sites that include children, geriatric nursing homes and adult Medicaid recipients; and the Michigan Dental Association, through its member district dental societies, whose member dentists will volunteer to supervise students at selected sites.

■ "The program offers adults and children a pretty full scope of dental care, whereas before they tended to slip through the cracks," said Dr. Zoutendam, MDA president.

Dr. Gary L. Zoutendam, MDA president, says the programs "greatly help handle our Medicaid population."

He cites the program in his home town of Battle Creek, where the Family Health Center of Battle Creek offers full medical and dental care services. The dental portion of the program was established as a pilot program two years ago. Beginning in September, dental care services will be provided year-round instead of only during school terms.

"It's been very successful," Dr. Zoutendam says of the dental program, which has four volunteer dental students and one full-time staff dentist. "The program offers adults and children a pretty full scope of dental care, whereas before they tended to slip through the cracks. It was very difficult for this population to find dental care."

Dr. Zoutendam says the local component dental society (Southwestern District Dental Society—Battle Creek) participated with many other community agencies to help make the program a success.

The UM School of Dentistry outreach programs were also supported by the Michigan Primary Care Association; The Michigan Campus Compact; the Josiah Macy Jr. Foundation and the W.K. Kellogg Foundation's Civic Engagement Program. ■

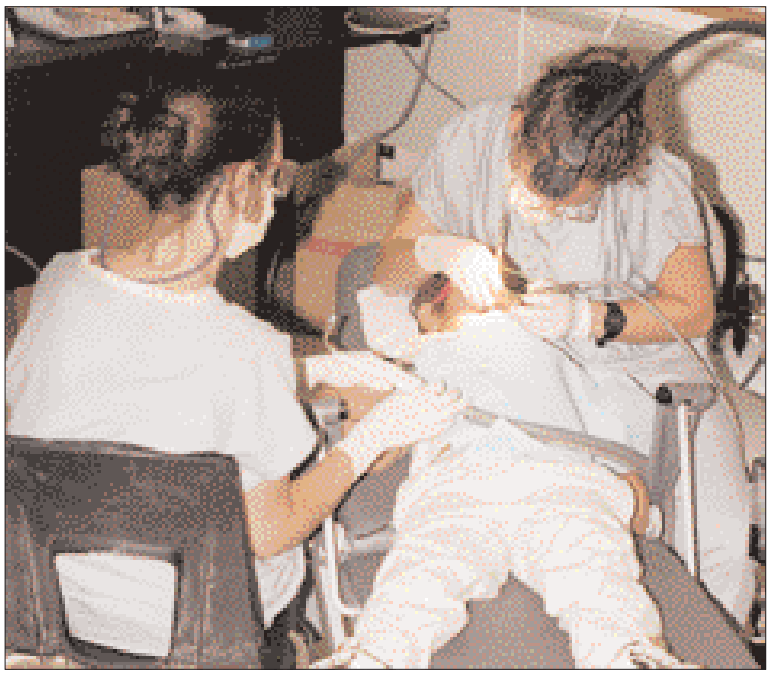

Photo by Jerry Mastey

Partnering: Tammy Finder (right) and Carrie Atwood treat a four-year-old in Suttons Bay.

Photo by Per Kjeldsen

Leading: Dr. Jed Jacobson, assistant dean for community and outreach programs.

Photo by Jerry Mastey

Treating: DeAvlin Olguin writes post-treatment notes about a patient in Battle Creek.

Internet conference cultivates better communication

East Lansing, Mich.–"Exploring New Frontiers in Patient Education and Patient/Practitioner Communication," will examine the emerging role of the Internet in health communications June 1-2 at the Kellogg Center of Michigan State University.

Sponsored by the Michigan State University Libraries and the Michigan Osteopathic Association, the seminar will focus on a variety of areas interesting to both physicians and dentists including:

- creating the electronic record;
- privacy issues surrounding the utilization and development of the electronic record;
- e-mail communication with patients and practitioners.

For more information about conference content or to register online, visit the meeting's Web site at "www.lib.msu.edu/healthcomm" or call Leslie Behm, University of Michigan health sciences coordinator, at 1-517-353-5099. ■

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OSHA hearing: Panel members in Chicago April 12 listen to testimony from the ADA on the proposed ergonomic standard.

OSHA

Continued from page one

proposed OSHA standard is inappropriate for dental offices and clinics.

For dentists as small employers, "the burden on dental offices—which on average employ two dental hygienists, two dental assistants and one secretary—is very significant," she said in opening remarks.

Cost factors not taken into account by OSHA's estimate include specialized staff hired at premium temporary wages, advertising for and training of that staff, extra record keeping, consultants needed to implement the "Quick Fix" option and significant time spent by the dentist to read, understand and implement the standard in the office.

The ADA estimates a total cost exceeding $5,300 per dental office for implementing the standard, which is far above OSHA's estimate of $75.

"The Association is particularly concerned about how the additional costs will affect new dentists just graduating from school who are trying to set up practices with crushing debt loads," Dr. Verhagen testified.

"The costs could also disproportionately affect those who serve large populations of Medicaid patients or children covered by the state Children's Health Insurance Program."

Due to a lack of hard science, OSHA has neither established a need to regulate the dental workplace nor given assurance that the standard will improve dental worker safety, Dr. Verhagen continued.

OSHA statistics indicate only a 0.5 percent incidence rate of musculoskeletal disorders per worker in dental offices and clinics.

Furthermore, a 1997 report of the National Institute of Occupational and Safety Issues—which OSHA called the "most comprehensive to date"—mentioned only one study of dental workers, and this study failed to meet even one of the four NIOSH research criteria.

Without quantitative data on "how many repetitions are too many," the ADA agrees with the National Coalition on Ergonomics that a causal connection cannot be established between specific repetitive tasks and injury.

Meanwhile, the ADA has established an Ergonomics and Disability Support Advisory Committee, disseminated pertinent information to members and sponsored Dental Ergonomics Summit 2000. It will continue its ongoing efforts to address issues to improve the health and comfort of patients and dental workers.

"For all these reasons, the Association requests that OSHA delay implementing the ergonomics standard, as it applies to dental offices and clinics, until sufficient dental-specific, scientifically valid and objective information is available," Dr. Verhagen concluded.

A nurse practitioner from Swedish Covenant Hospital in Chicago and a public works administrator from Montgomery County, Ohio, also gave testimony and then joined Dr. Verhagen in a question-and-answer session.

One attorney from the audience questioned the nature of repetitive motions done by dental hygienists, and the assertion by OSHA that a causal relationship exists between such sporadic and varied motions and carpal tunnel syndrome.

Another concern was the substantial cost vs. benefits of dental office compliance with the bloodborne pathogens standard adopted in December 1991. Dr. Verhagen agreed with an audience member's contention that OSHA "severely low-balled" the estimated cost to dental offices of that standard. Moreover, OSHA estimates that dental compliance with the ergonomics standard will be the costliest ever, said Dr. Verhagen.

OSHA panelists asked Dr. Verhagen about actual known incidences of MSD in the dental office, as well as steps her office and staff have taken to make procedures, tools and other aspects of dental care more ergonomically comfortable.

The OSHA hearing will continue in Portland, Ore. through May 3 and finish in Washington, D.C. May 8-12. Although OSHA officials speak of issuing a final revised standard later this year, most observers believe a 2001 date is more realistic.

In an interview afterward, Dr. Verhagen believed the hearing "educated OSHA on how a dental office works—that it's not production-line work, and what the standard will cost a very small business. [Dental offices] are smaller than 'small' employers with 50 employees, I would almost call us 'microemployers.'

"OSHA was also impressed with the Dental Ergonomics Summit 2000," she continued. "We don't want to just put an ergonomics label on a comfortable chair. We want to know the science behind it, to make sure we can educate dentists and their staff." ■

Last call for Gold Medal nominations

The June 1 deadline to submit nominations for the ADA Gold Medal Award for Excellence in Dental Research is just a month away.

Sponsored by the ADA Health Foundation and Chesebrough-Pond's, Unilever Home and Personal Care-USA, the ADA Gold Medal Award will be presented in October at this year's 141st annual session in Chicago.

Bestowed every three years, the ADA Gold Medal Award honors an individual who has advanced the dental profession or contributed to major improvement in the oral health of the community. The honoree will receive the medal plus $25,000, free travel and lodging in Chicago for the annual session and will serve a three-year term as a member of the Council on Scientific Affairs.

To nominate a candidate, please submit a formal letter stating the candidate's qualifications, accompanied by his or her curriculum vitae and list of publications by June 1.

Please direct nominations to Marcia Greenberg, Staff Coordinator, Gold Medal Award for Excellence in Dental Research, 211 E. Chicago Ave., Chicago 60611-2678. Please direct questions to the toll-free number, Ext. 2535. ■

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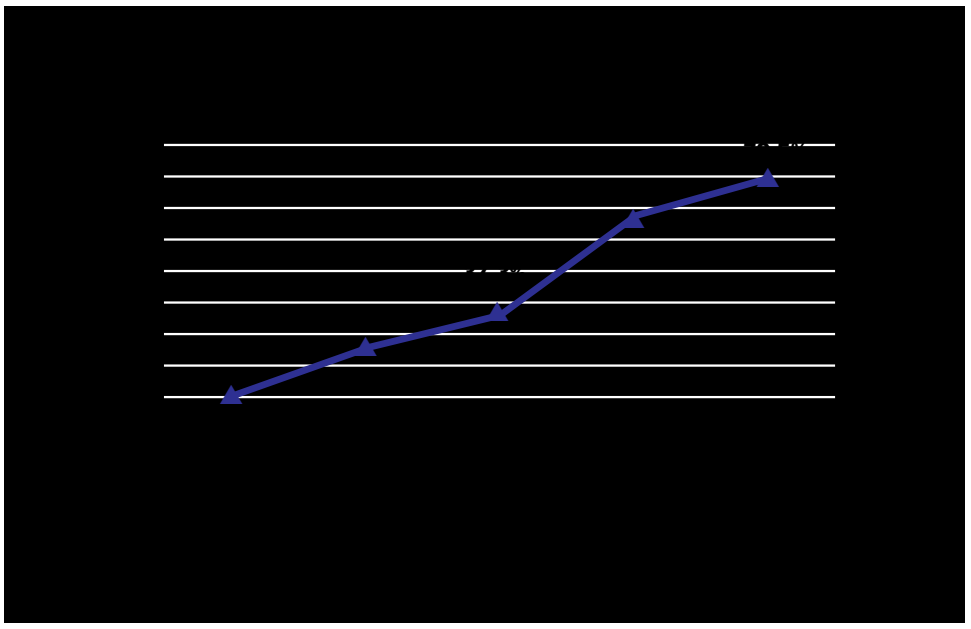

Informatics

Continued from page one

among the members was extraordinary. "They all had very good input and we came up with numerous projects for new standards development in dental informatics," he said.

Dr. Ahlstrom said he was pleased that the meeting achieved a balance among producers (vendors), consumers (dentists) and general interest groups.

Participants quickly identified areas where dentists would benefit from standardization tools, defining more than a dozen projects at this first gathering.

Practice management system projects under review include:

- clinical charting;
- accounting and financial reporting;
- scheduling specifications;
- hardware requirements;
- infection control for dental information systems;
- data interchange format for patient demographic information.

Among other priority areas targeted by the committee for standards is the development of the electronic health record. The utilization of technology to foster relationships between health providers and transmit patient information is emerging as a crucial step to patient care.

"We must draw on information from other health professionals and share our information for the patient's benefit," said Dr. Mark Diehl, chair of the working group on the electronic dental record.

Most working group meetings will be conducted electronically. Anyone with web access may participate.

For more information, contact the ADA Department of Dental Informatics at "informatics@ada.org" or call 1-312-440-4608. ■

Expanding scope of AADS spurs official name change

Washington—In a move it says better reflects the scope of contemporary dental education, the American Association of Dental Schools in early April officially changed its name to the American Dental Education Association.

Membership in the former AADS includes faculty and students in the 55 U.S. and 10 Canadian dental schools, hospital-based dental and advanced dental education programs, allied dental schools and programs and dental research institutions.

The name change is a result of the organization's three-year restructuring process that responded to members' needs.

The newly christened ADEA ("www.adea.org") also changed the name of its Council of Hospitals to the Council of Hospitals and Advanced Education Programs.

"We want to do everything we can to better serve the membership, and changing the name helps accomplish this goal," said Dr. Richard W. Valachovic, ADEA executive director. "Our membership is broad and we want to be as inclusive as possible." ■

ISP line ready for ADA members

Dentists can now enjoy a new and unique online service designed exclusively for ADA members—discounted unlimited Internet access.

The new service provides Internet access that leads directly to the ADA home page using a local telephone number for only $13.95 per month.

"This discounted service enables easy, affordable access from anywhere in the United States and immediate access to 'ADA.org' for news and events interesting to users," said Ronni Schorr, director of e-mail and Internet Service Provider services for Business and Trade Networks, the same company that brought ADA members the Marketplace.

ISP services were secured from BATNET1 for ADA members through the Electronic Commerce division of ADA Business Enterprises, Inc.

For more information about BATNET1, log on at "www.batnet1.com". For ISP technical support, call toll-free 1-877-373-3239. For more information about the ADABEI's Electronic Commerce initiatives, log on at "www.ada.org/ecco". ■

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Recent additions to ADA Online: ADA-member Discussion Forum, member professional liability information, Annual Session, Y2K, more library services.

Here's how you access ADA ONLINE:

- Equip your computer with a modem (the faster the better) and acquire Internet browser software such as Netscape *Navigator* or Internet Explorer
- Contact an Internet Service Provider (ISP) or Online Service (*America Online, Microsoft Network, Compuserve*, etc.) to open an account and gain access to the Internet from your computer
- Open your browser software while connected to the Internet, type in ADA ONLINE's web address--www.ada.org--and you're there! You can navigate from one web page to another by simply clicking your mouse, trackball or touchpad.

Contact ADA ONLINE for more information at ONLINE@ada.org

ADA Seal Products

These products were awarded the ADA Seal of Acceptance between December 1999 and March 2000:

Accutron Inc.
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Colgate-Palmolive Co.
Colgate Tartar Control Plus Whitening Gel

Eckerd Drug Corp.
Eckerd Blue Mint Antiseptic Mouthrinse
Eckerd Spring Mint Antiseptic Mouthrinse

Foremost Dental Mfg. Co.
Zenith Premium Dispersed Phase Amalgam Alloy Capsules, Fast Set

Goldsmith & Revere Inc.
Ultra Dispersed Phase Dental Amalgam Alloy, Fast Set

KaVo America Corp.
Mira Lux 3 635B High-Speed Handpiece
Opti-Torque Lux 3 Model 649B High-Speed Handpiece
Super-Torque Lux 3 Model 647B High-Speed Handpiece

Lincoln Dental Supply Inc.
Lincoln Super-C Cross-Linked Acrylic Teeth, Type II
Lincoln New Shade Cross-Linked Acrylic Teeth, Type II

Matech Inc.
Hi-Bond Non-Precious Ceramic Alloy

Pathmark Stores
Pathmark Blue Mint Antiseptic Mouthrinse
Pathmark Fresh Mint Antiseptic Mouthrinse
Pathmark Original Antiseptic Mouthrinse

Procter & Gamble Co.
Crest Multicare Whitening Toothpaste

Spectrum Dental Inc.
Contrast P.M. 10% Whitening Gel

St. George Technology Inc.
Excel Formula Heat Cure Denture Base Material

Sulcabrush Inc.
Sulcabrush Travel

Supervalu Inc.
Homebest Spring Mint Antiseptic Mouthrinse

U.S. Global Enterprising Corp.
Ultra+Seal Latex Exam Gloves

Vident Inc.
Vitapan 3D Master Shade System

The following products were reaccepted between December 1999 and March 2000:

3M Dental Products Division
3M Concise Orthodontic Composite
3M Concise White Sealant
3M Express STD Vinyl Polysiloxane Impression Material, Putty
3M Express Vinyl Polysiloxane Impression Material, Light Body Fast Set
3M Express Vinyl Polysiloxane Impression Material, Light Body Regular Set
3M Express Vinyl Polysiloxane Impression Material, Regular Body
3M Imprint 1:4 Vinyl Polysiloxane Impression Material, Single Phase System
3M Imprint 2:5 Vinyl Polysiloxane Impression Material, Single Phase System
3M Silux Plus Anterior Restorative
3M Concise Light Cure White Sealant

Austenal Inc.
Kenson Resin Anterior Teeth
Kenson Resin Block Teeth
Kenson Resin F-10 Posterior Teeth
Meyerson Resin 0 Sears Posteriors
Meyerson Standard Anterior Resin Teeth
Neoloy N Partial Alloy-Regular
Vitallium 2 Alloy
Vitallium Alloy
Meyerson Resin 30 Duratomic Posteriors

Cumberlan-Swan
Swan Antiseptic Mouthrinse
Swan Blue Mint Antiseptic Mouthrinse
Swan Spring Mint Antiseptic Mouthrinse

Foremost Dental Mfg. Co.
Zenith Premium Dispersed Phase Alloy Capsules, Regular Set, Capsules
Zenith Royale Dispersed Phase High Copper Alloy, Capsules
Zenith Type-T Spherical Alloy, Capsules

Goldsmith & Revere Inc.
Ultra Dispersed Phase Alloy, Capsules, Regular Set
Ultra Dispersed Phase High Copper Alloy, Capsules
Ultra High Copper Spherical Alloy, Capsules

Playtex Products Inc.
Tek Excel Toothbrush
Tek Professional Angles Toothbrush
Tek Professional Straight Toothbrush
Dentax Plus Toothbrush
Dentax Toothbrush

Pro-Dentec
Periocheck Oral Med 0.4% Stannous Fluoride Brush-On Gel

Southern Dental Industries Inc.
Lojic, Fast Set, Amalgam Capsules
Lojic, Regular Set, Amalgam Capsules
Lojic, Slow Set, Amalgam Capsules

Starting Out

Orlando, Disney await new dentists

By Karen Fox

Orlando—This year's 14th National Conference on the New Dentist promises peer networking and top-notch continuing education combined with a waterfront wonderland of entertainment for children and adults in the city that Walt Disney made famous.

With the Wyndham Palace Resort and Spa as its host hotel from July 20-22, the National Conference on the New Dentist provides three days of programming designed for dentists in practice 10 years or less.

"This year's conference is an excellent opportunity for world-class education and accommodations," said Dr. R. Mark Hinrichs, chair of the ADA Committee on the New Dentist, the conference sponsor. "The committee chose Orlando and Disney specifically for all the family activities they have to offer."

Consistently ranked No. 1 for U.S. leisure travel, Orlando boasts famous attractions like Universal Studios Florida, Magic Kingdom Park, Epcot Center, Disney-MGM Studios, SeaWorld Orlando and Downtown Disney.

With the conference theme, "The Magic of Today ... The Promise of Tomorrow," the National Conference on the New Dentist continues its tradition as a primary source of educational programming for new dentists.

Dr. Hinrichs says conference speakers "will cover a wide spectrum of topics of interest to new dentists, recent graduates and dental students, such as technology, clinical issues, practice management and professional issues."

Keynote speaker James A. Ray, a well-known speaker on success, kicks off the continuing education July 21 with his presentation on the importance of the entrepreneurial mindset for lasting success.

Rounding out the agenda are the following speakers:

- Dr. Charles Blair—"Vital Signs for a Healthy Practice: What the New Dentist Needs to Know";
- Dr. Isaac Comfortes—"The ABCs of Smile Design";
- Dr. Paul Feuerstein—"Introduction to Computers, Hardware, Software and the Internet";
- Dr. David Hornbrook—"Mastering Adhesive and Esthetic Dentistry: The Pursuit of Excellence";
- Cathy Jameson—"Dental Practice Success: 10 Ways to Build the Practice of Your Dreams";
- Dr. Don Lewis Jr.—"Office Embezzlement";
- Joy Millis—"How to Work in Dentistry Without Conflict!"

One of the more unique traditions associated with the conference—the New Dentist Committee Network Idea Exchange and Open Forum—takes place July 21. The forum is an open discussion for new dentist leaders to share ideas, activities and new dentist issues in their states or local communities.

With ADA President Richard F. Mascola, Executive Director John S. Zapp and many members of the ADA Board of Trustees scheduled to attend, the forum allows new dentists to share experiences and opinions with ADA leadership as well.

ADA President-elect Robert M. Anderton will host a closing session at the conference's conclusion July 22.

Chesebrough-Pond's, a division of Unilever Home and Personal Care-USA Co., is the sole corporate sponsor for the 14th consecutive year. Support from the ADA 5th district dental societies to date includes donations from the Georgia Dental Association and the Florida Dental Association.

"We're happy to participate in the National Conference on the New Dentist because we are committed to the recruitment of new dentists," said Dr. Edmund I. Parnes, FDA president.

"Anything we can do to advance this effort is a very positive experience and one that our members will appreciate."

With the combination of speakers and its location, Dr. Hinrichs believes the conference will appeal to all practicing dentists.

Located inside Disney World, the Wyndham Palace Resort and Spa has free shuttle buses to all Disney attractions, and is just steps away from Downtown Disney and Pleasure Island, a popular attraction for dining and nightlife.

The ADA-sponsored Rock 'n' Roll Family Beach Party takes place at Pleasure Island on Friday evening, July 21. Tickets to the party include free admission to Pleasure Island for the evening and dinner buffet.

The ADA Committee on the New Dentist has arranged for child care services to be offered during the conference, too, whether you need someone to watch your children while you attend the conference sessions or if you want them to participate in fun activities with other children.

Disney wonderland: Magic Kingdom (above) and the Hollywood Tower Hotel (below) are just steps from the Wyndham Palace Resort and Spa, site of the 14th National Conference on the New Dentist.

Rooms at the Wyndham Palace Resort and Spa are $135 a night with no extra charges for children under age 18. For an additional $60, you can get an Island Suite with a living area complete with hide-a-bed, dining table and kitchenette with refrigerator. Private patios or balconies and one- and two-room suites are also available.

The hotel boasts four swimming pools, three tennis courts and marina, and guests have privileges on five Walt Disney World golf courses. Guests will also enjoy 35 services in the spa, including a private lap pool and men's and women's whirlpools, saunas and steam rooms.

This year, you can register for all conference sessions, buy tickets to the Rock 'n' Roll Family Beach Party and purchase Disney Park Hopper passes online through the ADA.org secure server. Confirmation of your registration will be sent via e-mail and U.S. mail.

Special advance registration fees are available for those who register before June 7.

Early registrants become eligible for a drawing to win: one complimentary three-night hotel stay at the Wyndham Palace Resort and Spa during the 2000 conference; one complimentary registration for the 2000 conference; or two roundtrip airfare tickets to Chicago for the 141st ADA annual session, Oct. 14-18.

To register online, go to "www.ada.org".

For more information, call the CND at ADA headquarters, Ext. 2779. ■

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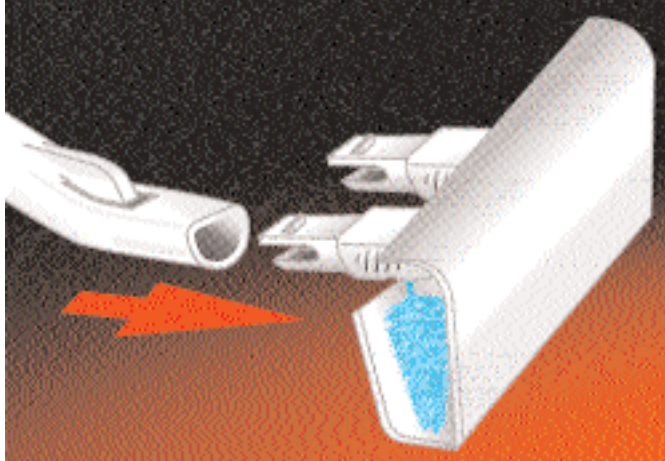

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