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ADA News - 04/17/2000

American Dental Association, Publishing Division

Careers through cyberspace, page 24 ◆ Research agenda, page 26

AMERICAN DENTAL ASSOCIATION
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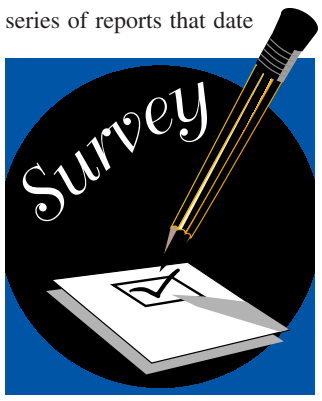
APRIL 17, 2000 www.ada.org VOLUME 31, NO. 8

BRIEFS

Survey on private practice available

The 1998 Survey of Dental Practice, Characteristics of Dentists in Private Practice and their Patients, is now available from the Survey Center.

The 1998 Survey of Dental Practice is the 29th in a series of reports that date



back to the 1950s.

The survey was sent to a randomly selected sample of active private practitioners. The sample included general practitioners and specialists as well as members and nonmembers of the ADA. ■

Pain group to hold clinical meeting

Las Vegas—The American Academy of Pain Management will hold its 11th annual clinical meeting from Sept. 21-24, hosting 90 exhibitors and 1,200 clinicians.

Over 100 faculty will be on hand to train those attending on diagnostic, treatment and reimbursement issues.

For more information, contact Janice Tobler at 1-209-533-9744 or visit "http://www.aapainmanage.org" on the Internet. ■

INSIDE

Curing lights

Experts talk about their proper use. **Story, page 29.**

Targeting small business

House panel blasts IRS 'test casing'

By Craig Palmer

Washington—Bipartisan House Small Business Committee members at an April 5 hearing on tax accounting rules assailed IRS "test casing" of dentists and other small business owners as having a potential chilling effect on the economy.

"Nothing requires doing this to these people," Rep. James Talent (R-Mo.), committee chair, told a Treasury Department official representing the Internal Revenue Service. "What's the reason for putting people through all this?"

■ **ADA calls for relief on accounting rule, page 20**

"I don't see how this isn't a chilling factor for small business, which is driving the economy," said Rep. Sue Kelly (R-N.Y.), committee vice chair. Rep. Ruben Hinojosa (D-Tex.) added, "As Mrs. Kelly pointed out, the economy is thriving because of small business contributions. I hope the IRS is cut down to size (on this)."

His voice rising, an angry Rep. Donald Manzullo (R-Ill.) admonished the administration witness, Joseph Mikrut, Treasury's tax legislative

See IRS, page 21

Rep. Manzullo: 'Thousands of small businesses are being terrorized by the IRS.'

Photo by Paulo R. De Andrea

The Windy City: The lakefront panorama invites tourists and city dwellers alike to its vast recreational resources. A few blocks away, visitors can find a world-acclaimed collection on view behind the regal lions of the Art Institute (right). Find out more about Chicago and the upcoming annual session on page six. Also, keep on the lookout for the May 15 ADA News, which will feature a special section on annual session.

Photo courtesy of Chicago Convention and Tourism Bureau

Sweet Home Chicago

Chicago to welcome ADA 'home' to its 141st annual session

By Clayton Luz

When Chicago last hosted annual session in 1975, a man named Daley ran things around here.

Now, a generation later, a Daley still occupies the Mayor's Office.

Sure, 25 years have passed and Chicago's mayors have changed (sort of) but the wondrous charms of one of the world's great cities remains.

Chicago, Sweet Home Chicago, extends a warm hand to association members attending the ADA 141st Annual Session here Oct. 14-18, with Pre-Sessions Oct. 13.

"You can't ask for a nicer town," says Association President Richard F. Mascola, who knows a little about big cities. He hails from the Big Apple. Dr. Mascola notes two of Chicago's many strengths as being "user-friendly" and "easily accessible" for visitors, especially for those who like to shop.

■ **Pre-session tour of fall splendor in Canada, page 14**

"Michigan Avenue is an absolute delight," he declares. "The streets are clean and the shops are easy to get to. I can think of one hundred reasons to live in Chicago."

The Magnificent Mile—North Michigan Avenue—features a "Who's Who" of distinguished shops and upscale boutiques that will have you relearning your ABCs, beginning with Abercrombie & Fitch to Bloomingdale's to Chanel.

"The Magnificent Mile is magnificent for a reason," says Dr. Nona Breeland, chair, Council on ADA Sessions and International Programs. The Mag Mile shopping is just one of the city's magnificent outstanding qualities, she notes: "Because Chicago is centrally located, it's con-

See CHICAGO, page 11

ADA takes new role in electronic transactions

By Craig Palmer

Washington—The American Dental Association assumed new management responsibilities March 31 for the dental content of electronic health transaction standards, agreeing to convene a public-private forum for revisions and

See ELECTRONIC, page 17

Choosing CE made easier

The ADA Seminar Series list goes on the Web at ADA.org

By Arlene Furlong

ADA Reports

ADA.org moved even closer to a one-stop-shopping site when the Council on Dental Practice's 1999-2000 Seminar Series went live to ADA members earlier this month.

ADA members can now review topics and speakers, identify programs offered in their state and obtain specific program information at 2 p.m. or 2 a.m., whichever they find more convenient.

"It's all about easy access," said Dr. Jeffrey Smith, chair of the Council on Dental Practice. "It helps dentists meet their CE requirements and helps states provide a quality seminar."

Dental societies can print the current catalog to select seminars and members can search the new database format for clinical practice management educational activities relevant to their individual interest and needs.

ADA members can obtain contact information about seminars scheduled as far in the future as 2003.

Regular updates to the site will give members the latest booking information. Future enhancements and links will further improve this membership service.

The Seminar Series programs are sponsored by the American Dental Association through the ADA Health Foundation with the support of Sullivan-Schein Dental, a Henry Schein company, and 3M Dental.

For more information or to arrange a seminar, call the ADA toll-free number, Ext. 2908, or complete the Seminar Services online request form at "http://www.ada.org/prac/seminars/tc-form.html". ■

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ONLINE EXTRA

When the icon at left appears with an ADA News article, turn to our counterpart on the World Wide Web—the ADA News Daily—for related news and information via ADA ONLINE.

AtPressTime

Dental X-rays may predict fatal heart attacks, strokes

A standard panoramic dental X-ray may be useful in identifying patients at risk of fatal heart attacks and strokes, a new study shows.

Researchers at the University of Buffalo School of Dental Medicine found that calcifications in the carotid arteries, which show up on standard panoramic dental radiographs, can serve as early warnings of a potentially fatal cardiovascular event.

The researchers presented their findings April 4 at a meeting of the International Association of Dental Research in Washington, D.C. Their research subjects were drawn from Arizona's Pima Indians, a population known for having an usually high incidence of Type 2 (adult onset) diabetes and a low incidence of cigarette smoking.

Researchers said the relative homogeneity of the Primas makes them ideal subjects for studying cardiovascular ailments.

"Results of this study move us closer to the use of panoramic dental radiographs as a screening tool for all cardiovascular disease," Dr. Laurie Carter, senior author on the study, said in a news release from the National Institutes of Health.

Dr. Carter, an associate professor at the UB dental school, called the study "a very significant step" toward using dental X-rays to screen for heart disease and stroke. "However," she added, "we need more of this type of research in the general population."

Dr. Carter and her research team evaluated panoramic dental X-rays in 818 participants, finding calcified plaque in the carotid arteries in 7.5 percent of the study group, more than twice the level (3 percent) expected to be found in the general population.

Comparing calcification with cause of death, researchers said people with plaque in the carotid arteries were twice as likely to die from heart attack or stroke than those with no plaque. ■

Federal grant to boost services for low-income AIDS patients

All 50 states, the District of Columbia and U.S. territories will be awarded portions of a $794 million federal grant aimed at boosting access to care and services for low-income HIV/AIDS patients and their families.

The grants, announced April 7 by Health and Human Services Secretary Donna E. Shalala, will provide more than 78,000 low-income, HIV-positive people with monthly access to life-saving medications.

The grants are funded under Title II of the Ryan White Comprehensive AIDS Resources Emergency Act, which provides care to low-income, uninsured and underinsured HIV/AIDS patients. Some two-thirds of the $794 million is earmarked for state AIDS Drug Assistance Programs, which help patients buy HIV medications.

The amount of each grant is based on a calculation of the estimated number of HIV/AIDS victims living in a state or territory. New York and California will receive the largest shares of the total grant. New York's share will be $95.8 million; California's, about $74 million. ■

—Compiled by James Berry

Photo by Louis Foster

High profile: Former Secretary of State and Nobel Peace Prize winner Henry Kissinger served as keynote speaker at the 2000 Thomas P. Hinman Dental Meeting. Some 5,800 dentists were among the 22,700 attendees at the Atlanta meeting last month. The Hinman Dental Society was created to support the dental profession and further the education of dental professionals.

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

Remember to make the most of it

Tom Harmon, D.D.S.

Three different times during the last few months I've stopped to consider what makes us remember certain people and times, while others fade into oblivion. As I approach the age where it's easy to make excuses for getting lost on the way home from work, this has become important to me.

I recently re-visited one of my very favorite films, "Amadeus." The dying composer, Solieri, reflects on how he deceptively hindered and mentally tortured the young genius, Mozart. He feels he was responsible for his death by recognizing Mozart's greatness and then jealously suppressing his career. The facts of the movie are for experts to debate. What amazes me is that this guy, Solieri, remembers everything. This is astounding to someone like myself who cannot remember whether a cotton roll has been removed from the mouth of a patient who has left. How can people remember all this detail so accurately?

Second, I've noticed that my brother often wears a T-shirt to our Wednesday basketball games that says, "The older I get the better I was." (My kids would say this is more than just a witty remark, it's the way I live my life.) Why is it that we like these old memories much more than what is happening in our lives now, even if as the T-shirt implies, our memory does not always function accurately?

Lastly, my wife and I have run into social acquaintances of ours who are forever grateful for long-ago favors from my wife. They relate a very funny story involving my wife and their children and delight in giving all the details to any listener near the conversation. There is only one problem. My wife swears it's not true. She wasn't there when it happened. At least she used to swear it's not true. She's heard the story so many times now, she's beginning to believe the story. It's one thing to question the accuracy of the past, quite another to wonder if the whole thing is make-believe.

To say I am jealous of people with wonderful recall is an understatement. Every day of my life people begin a sentence "do you remember . . .?" as they relate a past encounter that left a much greater impression on them than me. I try to nod and show the appropriate emotion at the right time. Who's kidding whom?

On the other hand I can recall lots of trivial incidents in my life that seem like I should have forgotten long ago to make room for more memorable experiences. Why do I still remember these, but can't remember that my secretary told me that the office will be closed the next day?

I would guess that if emotion is strong enough at the time, regardless of an

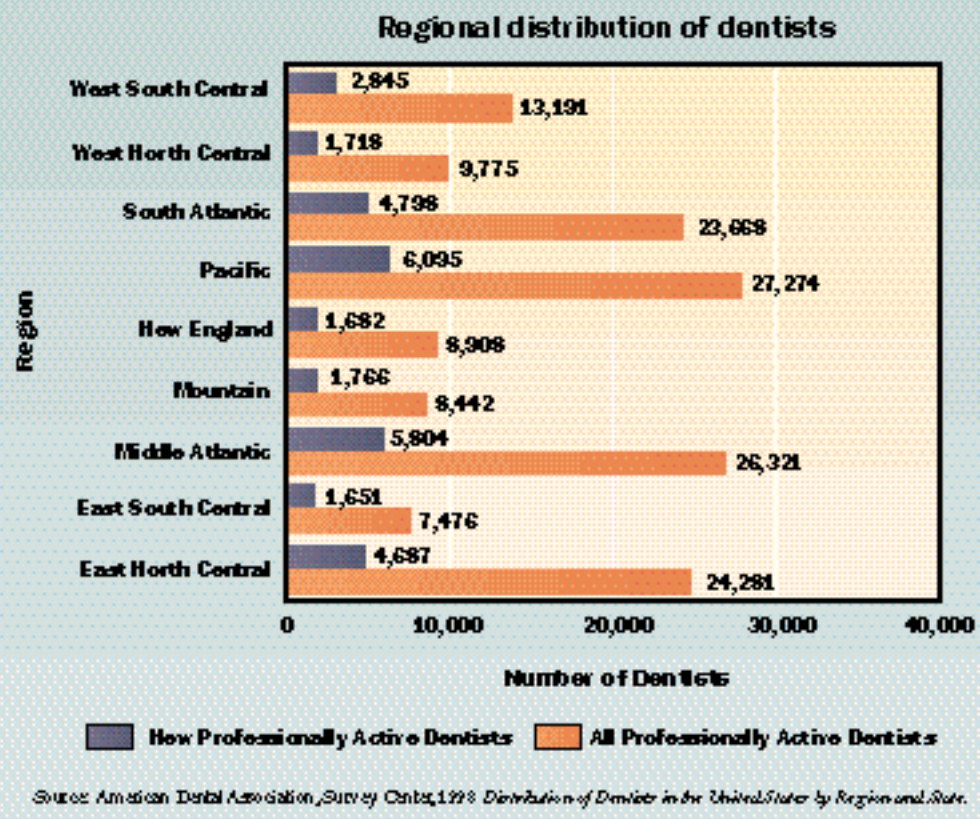
See MY VIEW, page five

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".

Where are the dentists?

The largest number of dentists reside in the Pacific region.



Source: American Dental Association, Survey Center, 1998 *Distribution of Dentists in the United States by Region and State.*

Letters

Privacy

I support the ADA's effort to ensure confidentiality of patient records. Therefore I think the ADA needs to find a group life insurance company that has a greater regard for the privacy of ADA members. I desperately need life insurance, and the ADA-sponsored term life insurance raters are great.

But if I apply for it, I must grant Great-West Life Insurance Company the right to supply any current or future information in my files to any insurance company in the Medical Information Bureau and to any other insurance company I apply to for life insurance.

I understand Great-West needs my medical and personal information to determine my insurability. I see no need for them to share this data with other companies, all of whom have different degrees of information security.

I also see no need for them to obtain an investigative consumer report on me. Either I pay my premiums or I don't; and as life insurance is prepaid, they have no need for the information.

In our quest to ensure patient confidentiality, let's not forget our own.

Dorothy E. Knuppel, D.M.D.
Charleston, S.C.

Editor's note: The Council on Insurance reports that the information held by the MIB, as well as all other information obtained by Great-West Life during the underwriting process, can never be disclosed to any other insurer without Dr. Knuppel's written consent. The council also notes there are few insurance companies that do not participate in the MIB or retain the right to conduct an investigative report. The purpose of these underwriting practices is to make it more difficult for an individual to omit significant information affecting his or her insurability.

Although investigative reports are rarely used, MIB inquiries are routine. If an applicant for insurance has a medical condition significant to health or longevity, then authorized personnel at the MIB member insurance companies are required to send a brief report to the MIB describing the condition using one of 230 codes. Members interested in learning about their MIB record, if any, can contact the MIB at "http://www.mib.com" or by writing to MIB Inc., P.O. Box 105, Essex Station, Boston, MA 02112.

Examinations

The recent fate of the Interagency Committee to Develop a Guidelines Document on Best Scoring Practices and Post-Examination Analysis for Clinical Licensure Examinations (what a mouthful) is an example of how territorial people can be.

Those members who caused the cancellation of further study should be ashamed. They were apparently afraid of losing control. They also wasted the ADA's (our) money and a lot of peoples' time.

If the committee's aim is to develop uniform testing, a very welcome prospect, what difference does it make as to who or what is represented? The point is to license capable dentists. They need to know the

See LETTERS, page five

MyView

Continued from page four

event's importance, it will lodge itself into our memories. If it is barely different from our everyday experiences, it will be gone when our head hits the pillow.

Maybe it's even more important to recognize the emotions that our patients are feeling. Recently at a recall visit, a patient thanked me for all the "hard work" I had done on her front teeth. I stared blankly. I couldn't remember. Has dentistry become so routine that what once would have thrilled me to no end (a very successful, difficult procedure) now leaves me with nothing more than some writing on a chart?

I probably am no different from any other dentist in that I can remember in pretty exquisite detail the first patient I ever treated as a dental student. I remember what she looked like, I remember it was an occlusal amalgam on an upper bicuspid, I remember it actually worked like my instructors told me it would. I'm not sure the patient of that long-ago day could pick me out of a lineup, but I do suspect she would have one memory—how long it took!

So why can I remember this? Obviously because it stirred up some feeling in me. Joy, pride, vanity—call it what you want, but the moment stuck with me.

Now nobody would suggest that as dentists we would be better off on an uneven emotional keel, reveling in each successful treatment and despairing with each frustration. (This would, however, make for an interesting dental office. I could imagine the staff poking their head through the door each day to see if Dr. Jekyll or Mr. Hyde was on duty. They would then decide whether to run for their lives or ask for a raise.) But listening to our patients with our ears and hearts would make for more memorable moments.

After years of practicing dentistry we are now self-confident, self-assured and most certainly self-reliant. Maybe even unflappable. Through the course of a career, we all experience every kind of difficulty and learn how to get out of it.

These are all positives, to be sure. But wouldn't it be good to have that dry throat and quickened pulse of the dental student doing a new procedure for the first time? We would have the added benefit of actually knowing what we were doing.

Going through each day with little to distinguish it from the one before is not what we wanted to do when we were kids. However, in dentistry, where predictability is not only desirable but necessary, we must make sure we are delighting in the routine. Otherwise, as Thoreau says, "We are living a life of quiet desperation."

Every one of our patients is memorable in one way or another. Every day of our lives is a chance for us to learn from one another, so let's make the most of it.

Maybe in the end, it doesn't matter whether our memories are entirely correct, just that we are collecting them for ourselves, and making them for others. If in the end the patient's reality is the doctor's fantasy, what does it matter? Somebody made an impact!

As for me, I know for sure "the older I get the better I was." I still like Amadeus even though Solieri was probably a revisionist historian. And the next time we run into our friends, I'm going to tell my wife to bring up the story first and make herself look even better. I may even try this defensive tactic in my office. Let them get the blank look on their faces.

Dr. Harmon is editor of the West Michigan District Dental Society Bulletin. His comments, reprinted here with permission, originally appeared in the January 2000 issue of that publication.

Letters

Continued from page four

basics and show they can perform their duties. When all is done, every state will be following the same parameters and they won't be drastically different from present requirements as I see it.

Did any of the naysayers take more than one state board? I did! Each was different, each was demanding and all were stressful. I am not suggesting easier boards. I am suggesting one board that tests an examinee fairly, uniformly, and eliminates the need to take boards several times in order to practice in different states. If an individual is good enough to practice in one state why shouldn't he/she be good enough to practice in all states?

I imagine many of the members of the committee were not educators or educators with test-writing skills. What makes them, if this was the case, suited to deal with the issue? They are dentists. No one can do dentistry as well as they can. It's their expertise. Well, the expertise in planning testing seems to lie with the psychometricians.

If you want something done well, have an expert do it.

Marshall H. Cossman, D.D.S

Last call for Ross award nominations

Nomination packets for the Norton M. Ross Award for Excellence in Clinical Research must be received at ADA headquarters by May 1.

A plaque and $5,000 will be presented at a dinner for the ADA Board of Trustees in October in Chicago. The award is given in memory of dentist/pharmacologist Dr. Norton M. Ross and sponsored by the ADA Health Foundation and Warner Lambert Co.

For more information contact Marcia Greenberg, staff coordinator at the ADA, or call the toll-free number, Ext. 2535. ■

Annual Session

Chicago School

Skyscrapers, Prairie design: just a taste of the mix of architecture

By Julie A. Jacob

The Great Chicago Fire of 1871 devastated four square miles of Chicago and destroyed more than 17,000 buildings. In the aftermath of the disaster, most people considered Chicago a city in ruins—but architects viewed Chicago as a city waiting to be reborn.

Rebuild it they did, with a creativity and daring that has made Chicago one of the most beautiful and architecturally important cities in the United States.

The mix of architectural designs and movements that flourished in the city can be seen in the dozens of buildings that are now Chicago landmarks. They include Dankmar Adler and Louis Sullivan's majestic Auditorium Theater; Frank Lloyd Wright's Robie House; Henry Hobson Richardson's Romanesque-revival style Glessner House; Holabird and Root's art deco beauty, the Chicago Board of Trade and Ludwig Mies van der Rohe's simple yet stunning 860 and 880 Lake Shore Drive highrises.

Welcome to McCormick Place, page 10.

"Chicago is a living museum of modern architecture," said Ellen Christensen, curator of the Chicago Architecture Foundation.

Unlike other cities, which had to build around existing streets and buildings, Chicago started fresh after the fire, she said.

"The Great Chicago Fire had a profound effect on Chicago architecture," said Ms. Christensen. "Architects did indeed see the fire as an opportunity to construct new buildings in the downtown area. Here, Adler and Sullivan, Burnham and Root, and William Le Baron Jenney, among others, helped develop the structural and aesthetic conventions for some of the first skyscrapers."

Those architects rejected the tradition of masonry construction and instead, created steel-frame buildings that were the forerunners of today's steel-and-glass skyscrapers.

In addition to steel-frame construction, the "Chicago School of Architecture," as it became known, commonly featured terra-cotta cladding, which emphasized the steel frame underneath, three-part windows consisting of a large central window bordered by small double- sash windows and a minimal use of ornamentation. Among the "Chicago School" landmarks still standing in Chicago today are:

- The Rookery Building, 209 S. State St., Burnham and Root, 1885. Frank Lloyd Wright renovated the lobby in 1905. The building is named for the pigeons that roosted in the temporary City Hall and water tower that was hastily constructed on that site after the Great Fire.
- The Carson Pirie Scott & Co. building, 1 S. State St., Sullivan, 1898. The building is noted for Sullivan's cast-iron ornamentation on the first two stories.
- Reliance Building, 32 N. State St., Burnham and Root, 1890. Renovated in 1996 and now a hotel, the airy 14-story Reliance Building is noted for its exterior of flat and bay "Chicago windows" and cream-colored terra cotta.

In 1887, a young Frank Lloyd Wright, who was to become America's most renowned architect, moved to Chicago. After working as a draftsman for Joseph Lyman Silsbee and then the Adler & Sullivan firm, Wright moved to his own home and studio in Oak Park (which is now open for tours) in 1893.

While his peers focused on creating buildings that stretched toward the sky, Wright looked to the broad Illinois prairie for his inspiration. Wright believed that a building should be in harmony with its natural surrounding. He emphasized horizontal lines, brick or stucco walls, windows decorated with geometric designs and gable roofs with overhanging eaves—a style that came to be known as the Prairie School of design.

Of the 300 or so Wright designs that were actually built, about 100 are located in the greater Chicago area.

Kevin O. Mooney photography

Old and new: The John Hancock Center with its famous rabbit ears stands a block away from the old Water Tower, a rare remnant of the city before the great fire of 1871.

Photo by Paulo R. De Andrea

Downtown: Sears Tower dominates the city center, as seen from the view of a dinosaur outside the Field Museum of Natural History on the Lakefront museum campus.

Of these, the most famous is the Robie House, which Wright designed in 1909 as a home for a bicycle company owner, Frederick C. Robie. The Robie House, located at 5757 S. Woodlawn Ave., is a splendid example of Wright's Prairie School design. It is open daily for tours and features 174 of Wright's art glass windows and doors.

Other Wright buildings in the area include several homes and the Unity Church in Oak Park, the Coonley House in Riverside and the S.C. Johnson research building in Racine, Wis., 70 miles north of Chicago.

In the 1920 and 1930s, the art deco and moderne design styles became popular. Architects who designed buildings in these styles liked to incorporate geometric ornamentation, corner windows, smooth surface materials and glass block walls in their designs. Although not many art deco and moderne buildings still exist in Chicago, the Chicago Board of Trade, 141 W. Jackson is a striking example of art deco design. It is open weekdays to visitors.

After World War II, architects emphasized modern, minimalistic designs. The most famous of the post-World War II architects was German-born architect Ludwig Mies van der Rohe. Mies van der Rohe fled Nazi Germany in the 1930s.

He moved to Chicago in 1938 to direct the architectural program at the Armour Institute of Technology, which merged with another school in 1940 and became the Illinois Institute of Technology. Mies van der Rohe designed 20 buildings for the ITT campus, 3300 S. Federal St., which architectural historians consider to be the most important collection of Mies van der Rohe's buildings in the world.

Mies van der Rohe's other notable designs in the Chicago area include the Farnsworth House in Plano, Ill., and, of course, the gleaming black glass highrises at 860 and 880 N. Lake Shore Drive, which the Commission on Chicago Landmarks describes on its Web site as "perfection in form, proportions and detailing."

Another post-War architect, Helmut Jahn, created the Mies van der Rohe-inspired McCormick Place Lakeside building and designed the curved, atrium-style James R. Thompson State of Illinois Center, 100 W. Randolph St.

Today, Chicago's proud architectural tradition continues.

"Chicago is caught up in a building boom," said Ms. Christensen. "Portions of the urban core and surrounding neighborhoods are experiencing gentrification and a rapid development of housing stock, particularly luxury condominiums, lofts and detached single family dwellings."

A commercial building boom is also going on. In the River North district, a few blocks west of North Michigan Avenue, new hotels, stores and office buildings are springing up.

Downtown, the architectural firm Skidmore, Owings and Merrill is designing a massive condominium/retail/office skyscraper for 7 S. Dearborn St. that will surpass both the Sears Tower and the Petrunas Towers in Kuala Lumpur in height and claim the title of the

See SCHOOL, page eight

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School

Continued from page six

world's tallest building.

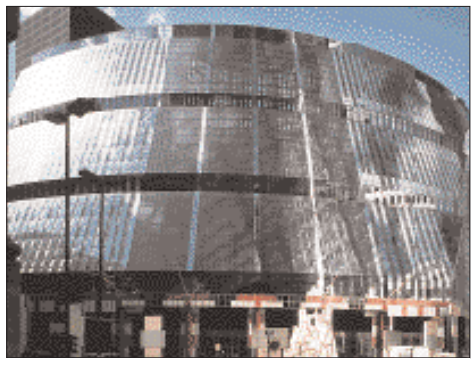
Chicago takes its architecture seriously and in usual Chicago tradition, the explosion of new construction is generating comment, praise and criticism.

Many building preservationists objected to the city council's decision a few years ago to allow a developer to tear down an art deco building on North Michigan Avenue, build a Nordstrom's department store on the site and then reconstruct the original building's exterior, piece by piece, over the new building. Others, however, viewed it as a practical compromise between economic development and historic preservation.

Meanwhile, artists who live and work in the landmark Tree Studios, 603-621 N. State St., are fighting to keep their home from being converted into offices. Preservationists are also trying to obtain landmark status for the nearby Masonic Temple, which sits on a piece of prime real estate.

Visitors who want to see the Windy City's architectural treasures on their own can pick up maps highlighting the locations of landmark buildings at the Chicago Cultural Center's visitor information center at the corner of Michigan Ave. and Washington St. (the Cultural Center, formerly the public library, is also a landmark building with gorgeous interior ornamentation.) They can also check out the Commission on Chicago Landmarks Web site, "http://www.ci.chi.il.us/landmarks".

For those who want more detailed information, the 541-page American Institute of Architects Guide to Chicago can be purchased on the AIA Chicago chapter's Web site, "http://www.aiachicago.org". ■



Building as art: The State of Illinois Center in downtown Chicago.

Photo by Paulo R. De Andrea

Room with a view: Lake Point Tower is featured on a river cruise and walking tour.

Architectural tours available

At annual session this year you can take a variety of tours that showcase Chicago's renowned architectural history:

100 Years of Chicago Architecture—this coach and walking tour examines 100 years of architectural genius, from William LeBaron Jenney and Louis Sullivan to Harry Weese and Helmut Jahn. See the Monadnock, Reliance and Manhattan buildings, Frank Lloyd Wright's spectacular Rookery lobby and the magnificent Federal Building. See the State of Illinois Building designed by Helmut Jahn as an abstract version of the Capitol Building.

Tour is offered Oct. 14 and Oct. 16, 1-4 p.m.

Cost is $26 per person.

Architectural River Cruise and Walking Tour—this tour aboard a Chicago River cruiser will highlight more than 50 works by world-famous architects. Lake Point Tower, the Wrigley Building, Marina City, Sears Tower and the Lyric Opera Building will be featured during this aquatic cruise. Afterward you will join your guide on a walking tour for an intimate (and dry!) view of some of these same landmarks.

Tour is offered Oct. 14-16, 1-4:30 p.m.

Cost is $39 per person.

Frank Lloyd Wright in Oak Park—this tour of the historic village of Oak Park, which will include vistas of 32 Frank Lloyd Wright designs, features a walk through Wright's home. Unity Temple, Wright's first public building, will also be viewed.

Tour is offered Oct. 13, 16 and 18, 1– 5 p.m. each day.

Cost is $36 per person.

You can also register for the "Rise of the Skyscraper," a slide lecture scheduled during scientific session that traces the evolution of the tall building over 13 decades, using a variety of professional contemporary and vintage slides that show the construction of some of Chicago's most famous architectural treasures.

Lecture is scheduled Oct. 15, 8:30-11 a.m.

Reservations for the tours are available through Chicago Is, the official tour company for the ADA annual session.

To register for tours, visit "ADA.org/session" and complete the ADA/Chicago Is tour reservation form.

Advance reservations are required.

Deadline for tour purchases is September 14. ■

PREPARATION GUIDELINES FOR ALL CERAMIC CROWNS

In providing your patients with crowns made of the exciting new, esthetically and functionally improved ceramics, consider an armamentarium designed for that purpose. Brasseler diamonds are engineered with the precise angles, desired taper, and proper grit to assure you of the most esthetic results. *Choose those burs that best suit your purpose in preparing metal-free ceramic crowns.*

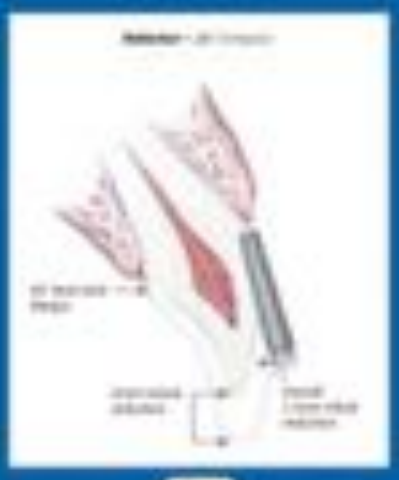


Fig. 1

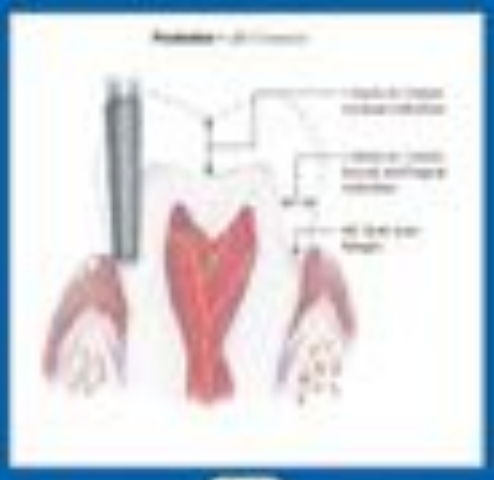


Fig. 2

Fig. 3

Fig. 4

DEPTH GUIDES:

Depth guides are appropriate to insure adequate and even tooth reduction. For anterior crowns, depth marks are cut into the incisal edge and also the facial surface. Depth grooves may also be used for posterior crowns both for occlusal and circumferential reduction. Following is a selection of burs most frequently selected by lecturing clinicians: 851, 852, 5858-016, 5858-018

BREAKING CONTACT:

The ideal bur to pass through the interproximal contact area while avoiding iatrogenic damage to adjacent tooth surfaces, is a thin tapered diamond bur, 5858-014, 6852-012, 5878K-012 5858-012

OCCLUSAL REDUCTION:

An anatomically prepared occlusal surface conserves tooth structure by allowing adequate clearance while providing for a uniform thickness to the restoration. The following burs are suggested: 851, 8811-011, 6811-017, 5368-023, 5379-023, 15008-4.

LINGUAL REDUCTION:

Adequate lingual reduction, while maintaining anatomical concavity, is accomplished using a wheel or a football shaped bur. *Choose:* 851, 5369-848, 5379-023, 5379-018,6368-023.

AXIAL REDUCTION:

All Ceramic Crowns (Fig. 1,2) The following diamond instruments are designed for a modified shoulder preparation —desired for all ceramic crown restorations. The diamonds feature a modified taper to establish the desired 6 degree taper between the proximal walls and a flat end with a rounded edge for optimal 90 degree margin preparations. *Choose:* 6868-016, 6847K-018, 5847RR-016, 5847SR-019 8868R-018.

A shoulder preparation with a rounded internal angle can also be achieved using a rounded end tapered instrument. The following diamond burs feature a moderate taper with a rounded end. Use: 856, 5858-016, 5858-018, 5858-020, 5856-016. After completing axial reduction and shoulder contour, an end cutting diamond bur is used to finish the shoulder floor. Use: 10859-012, 10859-014, 10859-016.

"Procera" Crowns (Fig. 3,4) Axial Reduction and Marginal Preparation for Procera® requires the use of a chamfer or modified chamfer preparation. Diamond burs frequently used for this type of preparation are: 6878K-014, 6878K-016, 6878K-018, 6879-014, 6879-016.

Photo courtesy of Metropolitan Pier and Exposition Authority

The Great Room: McCormick Place South, site of most of this year's annual session events, has 840,000 square feet of exhibition space and 170,000 square feet of meeting room space.

Easy to navigate

McCormick Place packages everything the visitor needs

By Julie A. Jacob

Annual Session

Chicago likes to do things in a big way, so it's no surprise that the city that's bragged it has the world's highest building and busiest airport also has North America's biggest convention center.

McCormick Place, site of this year's ADA annual session, encompasses more than 2.2 million square feet of exhibit space and draws more than 4 million convention and trade show visitors each year. Over the years, McCormick Place has been the site of conventions, trade shows, concerts, touring Broadway musicals and, recently, a gala international celebration to greet the new millennium.

Yet despite its size, McCormick Place is an easy place to get around. The airy, glass-enclosed Grand Concourse connects McCormick Place's North, South and Lakeside buildings. (The ADA annual session will primarily convene in the South building, but both other buildings will be used.) Everything that a visitor might need, from a cup of cappuccino to a fax machine to ATM machines, is readily accessible.

In fact, McCormick Place is exactly the sort of world-class facility that the convention center's namesake, Col. Robert McCormick, former owner and publisher of the Chicago Tribune, was determined that Chicago should have. Col. McCormick, after noting the success of two railroad exhibitions held in Chicago 1948 and 1949, led the charge to build a flagship convention center for the Windy City.

In 1955, the Illinois state legislature voted to build a convention center along the lakefront just south of Soldier Field near the entrance to Burnham Harbor. The legislature created a state agency, the Metropolitan Fair and Exposition Authority (now known as the Metropolitan Pier and Exposition Authority) to supervise its construction and operate it. The legislature earmarked $41.8 million in bonds for its construction, raised from horse racing and cigarette taxes.

McCormick Place, with 320,000 square feet of exhibit space, 23 meeting rooms and the 5,000-seat Arie Crown Theater, opened in 1960. Yet only seven years later, a fire destroyed the convention center.

Undaunted, the state simply rebuilt it. Noted architect Helmut Jahn of C.F. Murphy Associates was tapped to design the new McCormick Place. Jahn's creation, a gleaming black, angular building constructed of steel and glass, has become a well-known Chicago landmark, strongly influenced by the designs of Mies van der Rohe. It's a familiar sight to drivers on Lake Shore Drive and is even used as a navigational aid by sailors heading back into Burnham Harbor.

Even though the rebuilt McCormick Place encompassed 552,000 square feet of exhibit space, plus the rebuilt 4,319-seat Arie Crown Theater, it still wasn't large enough to meet the growing demand for convention space. ln 1986, the North building was completed, adding another 700,000 square feet of exhibit space.

Ten years later, the ever-growing demand for convention space required yet another addition. In 1996, McCormick Place South was constructed, adding another 840,000 square feet of exhibit space and 45 meeting rooms. At the same time, the original East building was renamed the Lakeside Center and updated and remodeled to handle smaller conventions and meetings. The 50,000-square foot Grand Concourse was built to link all three buildings and shield pedestrians from inclement weather. An inviting new entrance to McCormick Place, featuring a five-acre outdoor plaza and five lighted pylons welcoming visitors from all continents, was also constructed.

Inside McCormick Place, convention-goers will find the following amenities to help make their visit go smoothly:

- Restaurants—Visitors can try deep-dish

See McCORMICK, page 11

Chicago

Continued from page one

venient for everyone to reach, no matter in what part of the country they live. And it has such great urban beauty," she continues, "with a lakefront that provides a beautiful backdrop wherever you find yourself in the city."

What makes Chicago a "truly international city," says Dr. Breeland, is the town's cultural and ethnic diversity. "It's a city of neighborhoods," she notes, referring to Chicago's 33 neighborhoods.

"That's where Chicago's charms lie," Dr. Breeland continues. "Its cultural diversity carries over to the city's shops, industry, nightlife, recreation and more. Its diversity is what makes Chicago such a wonderful city."

Dr. Jeffrey Socher, chair of CASIP, this year's committee on local arrangements, says his hometown is "well-kept."

"Mayor Daley has done a fantastic job of landscaping the downtown areas," Dr. Socher says about the mayor's $200 million commitment to beautifying the city. Grant Park, the crown jewel in Chicago's unimpeded 24 miles of parks along Lake Michigan, is a great place for families to visit, says Dr. Socher.

"No matter what your interest," says Dr. Socher, "the many different city tours that will be offered during session afford many wonderful skyline views."

Not only that, he adds, Grant Park is the center of Chicago's cultural community: the Shedd Aquarium, the Art Institute of Chicago, Buckingham Fountain, the Field Museum of Natural History, the Petrillo Music Shell and Adler Planetarium.

Dr. Mascola says Chicago represents "a premier cultural venue."

"When people leave Chicago after the end of annual session," says Dr. Mascola, "I would like them to leave with a sense that annual session is the greatest show on earth, and that they should look forward to attending future annual sessions. Truly, there's nothing else like it."

Scheduled at the world's largest convention center, Chicago's McCormick Place, annual session will offer the following highlights:

- Autumn in Eastern Canada: a 7-day preconvention tour; (See page 14 in this issue.)
- The Health Volunteers Overseas International Volunteer Workshop;
- Technology Day III, which features an interactive dental operatory exhibit;
- Team Building Conference V;
- a comprehensive scientific program featuring more than 150 courses;
- the industry's largest technical exhibition of dental equipment;
- tours of museums, architectural landmarks and renowned Chicago sites;
- special events and related meetings.

See the May 15 ADA News for details on annual session registration, scientific programs, hotels, tours, special events and Kid Camp.

The Preview with all annual session information and forms will be available in mid-May.

For up-to-the-minute meeting information, check out ADA.org ("http://www.ada.org/session") in early May.

To learn more about Chicago, visit the Chicago Convention and Tourism Bureau's Web site at "http://www.chicago.il.org". ■

Photo by Paulo R. De Andrea

North view: The Magnificent Mile, showing the Tribune Building in front on the right.

McCormick

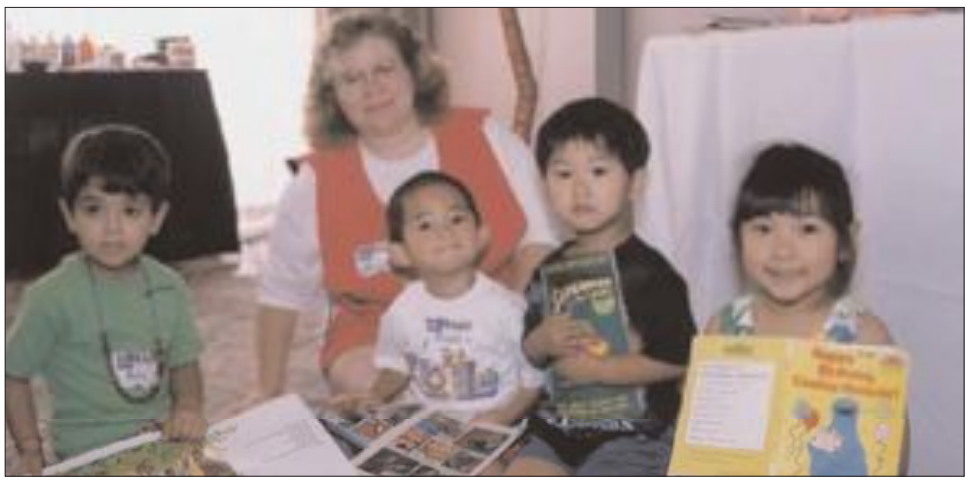
Continued from page 10

pizza at Connie's Pizza (Level 2 North), order a hamburger and fries to go at McDonald's Express (Level 2 North), grab a salad or sandwich at Cafe North, Cafe South, Kaplan's Deli (Lakeside Center) or the Food Court (Grand Concourse), meet friends for a steak at The Fine Print Restaurant (Grand Concourse), sample some fudge at Ryba's Fudge Shop (Grand Concourse) or buy a cafe latte at Starbuck's Coffee (Grand Concourse).

- ATM machines—Cash station machines are available in the lobby of each building;
- Business centers—Fax, computer and photocopy services are available at the Business Center in the Grand Concourse;
- Gift shops—Visitors can buy Illinois souvenirs and sundries at gift shops in each building;
- First-aid stations—Wheelchair-accessible stations, complete with defibrillators, are located in each building;
- Relaxation center—After a hectic day of meetings, convention-goers can unwind with a massage at the relaxation center on Level 2.5 of the Grand Concourse;
- Visitor information centers—Information centers are available in each building.

McCormick Place, 2301 S. Lake Shore Drive, is easily reached from downtown Chicago by shuttle bus or the No. 3 King bus (Chicago Transit Authority). Three parking lots, which charge a $10 daily rate, are located on the McCormick Place campus.

For more information about McCormick Place, the layout of its buildings, services offered or directions to the center, visit the Web site, "http://www.mccormickplace.com", call McCormick Place's information line, 1-312-791-7000 or e-mail the center at "mcpgenlinfo@mpea.com". ■



1999 campers: Children at annual session's Kid Camp last year in Hawaii enjoy their reading material. ACCENT on Children's Arrangements Inc. will operate Kid Camp for the fourth consecutive year at annual session in Chicago this October.

Playtime in Chicago

Children can have fun while parents partake of session

By Clayton Luz

Annual Session

While you learn at annual session, have your children learn at the ADA/Colgate Kid Camp, the child-care program available for registrants with children.

October's annual session marks the fourth consecutive year ACCENT on Children's Arrangements Inc. will manage the ADA/Colgate Kid Camp.

The program entertains youngsters with developmentally appropriate programs that incorporate arts and crafts, storytelling and supervised play.

Partially underwritten by a grant from the Colgate-Palmolive Co., children aged six months to 12 years are welcome to spend their days at the ADA/Colgate Kid Camp, which is conveniently located at the Hyatt Regency McCormick Place.

Child-care professionals from ACCENT on Children's Arrangements Inc., an insured, professional company, will plan daily entertainment, including focusing on theme-based entertainment and educational programs for children.

The Louisiana-based company has specialized in designing child activity centers during seminars and conferences for nearly a decade. They are a nationally recognized professional child-care company organized to provide on-site children's activities in a nurturing, safe, educational environment.

■ **For pre-session tour information, turn to page 14.**

Space at the ADA/Colgate Kid Camp is limited so make your plans early.

Reservations for child-care can be made by filling out the ADA/Colgate Kid Camp Registration Form #4 and waiver and returning both by mail or fax.

Registration forms can be accessed on the ADA Web site at "http://www.ada.org/session" but must be signed and mailed or faxed.

Forms may be mailed to: ACCENT on Children's Arrangements Inc., 938 Lafayette St., Suite 201, New Orleans, La. 70113 or faxed to 1-504-524-1229. Questions can be answered by e-mail at "production@accentoca.com" or by phone at 1-504-524-0188.

For general annual session information, call 1-800-232-1432 or e-mail "annualsession @ada.org".

See the May 15 ADA News for details on annual session registration, scientific programs, hotels, tours, special events and Kid Camp. The Preview with all annual session information and forms will be available in mid-May.

For up-to-the-minute meeting information, check out ADA.org ("http://www.ada.org/session") in early May. ■

Saudi group seeks names for award

Riyadh, Saudi Arabia—The Disabled Children's Association is accepting nominations for its 2000 award for scientific research.

The award, which recognizes scientific research in disability and rehabilitation, will be made in three categories: rehabilitation, special education, and medicine and medical sciences.

Nominations should be mailed to the Disabled Children's Association, Award Secretariat, P.O. Box 8557, Riyadh, Saudi Arabia.

Nomination deadline is Sept. 30. ■

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And the stainless steel grip will never crack or leak, no matter how many times you autoclave them.

If it were up to us, everyone would use Parkell state-of-the-art inserts in Parkell state-of-the-art ultrasonic scalers.

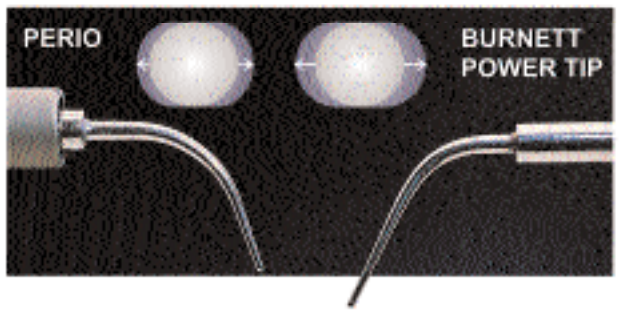
But the fact is, they also work nicely in any Cavitron scaler (or any Cavitron-clone, for that matter.) So if your practice includes several different magnetostrictive devices, Parkell inserts are great for all of them. Just be sure to order the frequency (25KHz or 30KHz) that matches the scaler.

** Order an insert when you buy a Parkell scaler and you'll save an additional 10% off the price of the insert.*

Cavitron, Bobcat, SPS, 30K & 25K are trademarks of Dentsply Intn'l, Inc.

Patents Pending

CE 0510

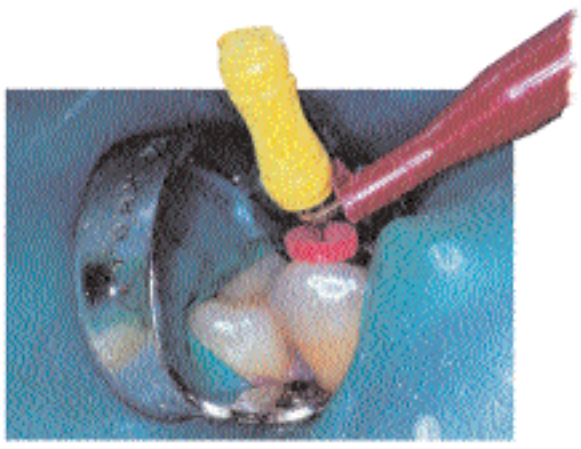


At last, a super-thin tip that delivers 70% more power

The Burnett Power Tip is about 1.5mm longer than a typical perio insert. And unlike most thin inserts (which should never be used above the "medium" power setting), the Power Tip is designed for any power setting from "low" for plaque removal ... to "maximum" for flat-out calculus blasting.

Available to for any Parkell or Cavitron-compatible scaler. Just be sure to specify 30KHz or 25KHz.

$299.95 Apex Locator speeds endo, reduces X-ray exposure by up to 66%*



No apex locator (not even those costing 3 times as much) is more accurate than Parkell's Foramatron.*

Just clip your file to the Foramatron's cable and hang the ground on the patient's lip. When the file tip reaches the apical constriction, the instrument alerts you three ways: with a large digital readout, a flashing light and an adjustable tone.

The wire-assembly is fully autoclavable.

The device comes with a 5-year factory warranty (1 year on the wire assembly) and 3-month risk-free trial. If you decide the Foramatron isn't what you're looking for, you can return it anytime within 3 months for a full refund.

■ **Foramatron® IV Apex Locator (stock No. D615D-AD): $299.95.**

CE 0510

* Himmel VT, Cain C. An evaluation of 2 electronic locators in a dental student clinic. Quint Int. 24:11, p803-805, 93

Why pay $900 for a tube-based electrosurge, when you can try the solid-state Sensimatic 600SE risk-free ... just $499.

The Sensimatic electrosurge is 100% solid-state, so there's no warm-up delay ... no tubes to break or wear out. And we support it with a 3-month money-back trial plus a 5-year power unit warranty.

CE 0510

Generates waveforms for cutting, cutting with hemostasis, and coagulation. Comes complete with 6 of the most popular electrode tips.

■ **Sensimatic™ Model 600SE (stock No. D600SE-AD): $499** complete with all accessories, 6 electrodes, owner's manual and covered by new 5-year limited warranty. Sensimatic is delivered ready to plug-in and operate. *ETL listed - UL2601-1*

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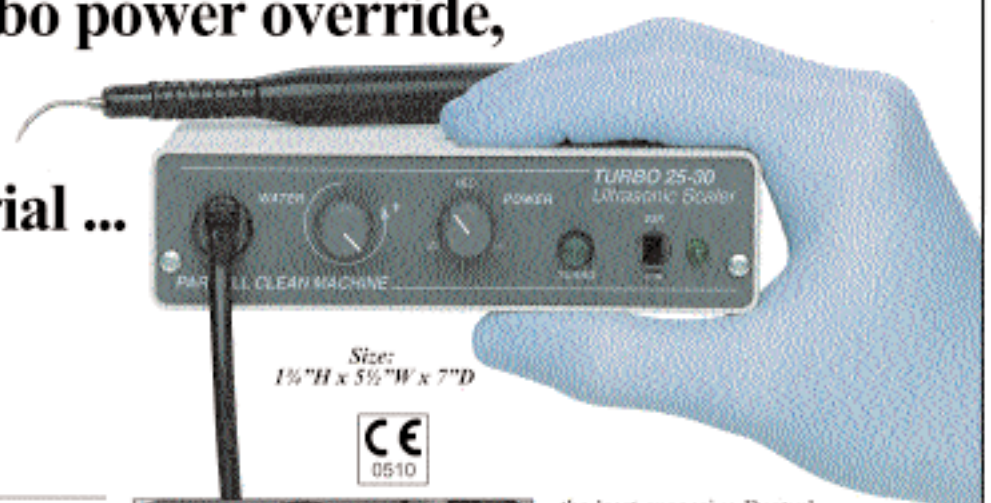
Presenting the first autotune ultrasonic scaler with an autoclavable handpiece, instant turbo power override, five-year warranty, 3-month trial ...

$499



Size: 1¾"H x 5½"W x 7"D

CE 0510

And it powers any Parkell or Cavitron® tip (25K® or 30K®)

The Turbo® 25/30 scaler features a unique temperature-resistant handpiece. Simply twist the collar, and the entire sheath slips off for autoclaving.

The scaler comes with an extra sheath, so you're not out of the scaling business while one is in the autoclave. (Incidentally, you can steam autoclave these replaceable sheaths at least 100 times. And additional sheaths cost just $45.)

A single button gives you instant turbo power.

Push the small green button on the front, and scaling power jumps dramatically. Push it again ... and power returns to the selected setting.

The turbo button means you can reduce the power setting on your machine for greater patient comfort. If you find a stubborn piece of old calculus, you don't have to fiddle with the power knob. Just push the turbo button ... remove the calculus ... and then push the button again to resume normal debridement.

Accepts any Cavitron tip

Traditionally, the frequency you scaled at was built into your machine. You scaled at 25,000 cycles-per-second or 30,000 cycles per-second depending on the type of scaler you owned.

Some advocates claim that scaling at 30KHz is quieter and more effective than 25KHz. But the steep price of a 30KHz scaler (about $1000) meant most practices continued to purchase 25KHz designs.

The Parkell Turbo 25/30 is the first scaler that lets you convert from 25KHz scaling ... to 30KHz scaling ... and back to 25KHz ... simply by changing the insert and flipping a switch.

This means 2 things:

It means the Turbo 25/30 is 100% compatible with any Cavitron tips you already own.

And it means that once you own a Turbo, you can evaluate 30KHz scaling for the price of a single 30KHz tip.

Comes with an extra sheath so you can continue to scale while one is in the autoclave.

Turbo button instantly boosts power without fiddling with knobs. An optional dual-stage foot pedal ($30) lets you control the Turbo function by increasing foot pressure.

Just a tad larger than a video cassette.

The Turbo doesn't hog the bracket table, so you have plenty of room for hand instruments and X-rays. It weighs just 35 oz. so with quick-connects, you can easily carry it from operatory to operatory. (In fact, it's so light, you can stick it under your bracket tray with Velcro® tape.)

$499 for the world's most advanced ultrasonic scaler.

We've priced the Turbo within the reach of even the most modest budget. Just $499. That's about 1/3rd the price of a Cavitron SPS.® And roughly $300 less than the least expensive Dentsply Bobcat® In fact, you can't even get a name-brand sonic scaler for $499.

And we'll fix it free for 5 years.

Like all Parkell electronics, we make the Turbo 25/30 in our NY plant, and we back it with a simple 5-year warranty. If anything in the power unit goes on the blink, we'll fix it free for 5 years (and that includes both parts and labor.)

The warranty doesn't include the autoclavable sheaths, of course. And the handpiece and cables are covered by a 1-year warranty. But those are the only exceptions.

3 months to try it risk-free.

If you order a Turbo 25/30 and don't agree that it's everything we promise, just call us toll-free within 3 months. We'll have the scaler picked up at our expense ... we'll give you all your money back (including the shipping charges) and we'll politely thank you for trying it.

US Patent Nos. 5,451,161 & 5,382,162
ETL listed - UL2601-1

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☐ Send me a Turbo® 25/30 ultrasonic scaler (stock No. D575AD) and bill me $499 plus shipping. (Includes spare autoclavable handpiece sheath and all accessories except tips.)

☐ Send me additional sheaths (D576AD) at $45 each plus shipping.

Name _____

Address _____

City/State/Zip _____

Telephone _____

You'll fall for pre-ADA session tour in Eastern Canada

Symphony of color: Revel in the beauty of a Canadian autumn with the pre-session tour.

Annual Session

Before attending the Association's 141st annual session Oct. 14-18 in Chicago, immerse yourself in the autumnal splendor of Eastern Canada.

The Association and Tour Planners International offer a pre-convention 7-day tour of three of Canada's major cities: Montreal, Ottawa and Toronto.

Tour highlights include the following:

Beginning Oct. 7 you'll spend two nights at Montreal's art deco Vogue Hotel, where you'll embark on sightseeing tours to beautiful Notre Dame Basilica, the 16th- and 17th-century architecture of "Old Montreal" and the top of Mount Royal.

On Oct. 9 you'll depart for Ottawa by first-class train for a two-hour journey through countryside of brilliant gold and red fall colors set against a backdrop of green pine forests. During your two days in the nation's capital, you'll visit the Houses of Parliament, the Supreme Court of Canada and the National Gallery—an architecturally fascinating home to some of Canada's greatest contemporary and classical art works.

On Oct. 11 you'll head south by luxury coach to Toronto, passing through rolling farmland until you reach the shores of the St. Lawrence Seaway. After visiting the Upper Canada Village, an authentic and carefully reconstructed 18th-century town, you'll continue on through Kingston.

By late afternoon you'll arrive at the Intercontinental Hotel, located in the heart of Yorkville, Toronto's most prestigious part of the city. The next day, Oct. 12, you'll tour notable neighborhoods, historic homes, the St. Lawrence Market, the SkyDome and CN Tower, the world's tallest free-standing structure.

On Oct. 13, you'll taxi to Toronto airport to depart on a short flight to Chicago, arriving in time to attend the start of the Association's annual session.

The tour price of $1,758 (based on double occupancy) and $500 (single supplement) includes six nights accommodation; hotel tax and porterage; six breakfasts, four lunches and four dinners; train between Ottawa and Montreal; all sightseeing in luxury coach with English-speaking guides; entrance fees; and services of a Canadian escort throughout the tour.

Additional fee information and registration forms are available from Tour Planners International by mail at 112 St. Clair Avenue West, Suite 500, Toronto, Ontario M4V 2Y3; phone, 1-800-535-0197 or 1-416-923-3094; fax, 1-416-923-1306; e-mail, "sptl@netcom.ca".

See the May 15 ADA News for details on annual session registration, scientific programs, hotels, tours, special events and Kid Camp. The Preview with all annual session information and forms will be available in mid-May.

For up-to-the-minute meeting information, visit ADA.org ("http://www.ada.org/session") in early May. ■

Guard duty: The Canadian Parliament is long in tradition.

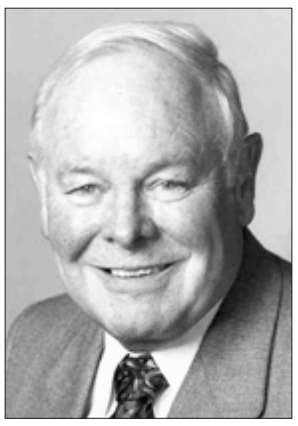
Splendor: Notre Dame Basilica adorns the top of Mount Royal.

Former ADA VP dies

His "Washington visits" set precedent for dental legislators

By Clayton Luz

Dr. John G. Nolen, 1989-90 second vice president of the American Dental Association, died April 2 at age 79.



Dr. Nolen

Memorial services were held April 7 in East Lansing.

From 1969 to 1990 Dr. Nolen served as the executive director of the Michigan Dental Association.

An inveterate legislator of dentistry's key issues at all levels of government, Dr. Nolen's "Washington visits" while MDA's executive director became a standard legislative practice adopted by other dental legislators throughout organized dentistry.

Gerri Cherney, who succeeded Dr. Nolen as executive director of the MDA, in a tribute to her mentor that appears on the association's Web site, recalls, "All of Michigan's congressmen knew Dr. John Nolen. In fact, he never missed a Washington visitation in the 21 years he served as executive director."

Dr. Nolen received his undergraduate degree from Michigan State College and his dental degree from the University of Michigan School of Dentistry.

After serving as a naval dentist, Dr. Nolen was discharged and he moved to Lansing with his wife, the former Dorothy Babcock. He bought a dental practice there and in 1953 became president of the Central District Dental Society. Five years later he was appointed the first chair of the association's Committee on Legislation and three years later elected to the MDA Board of Trustees.

In 1969 Dr. Nolen became the executive director of the MDA, a post he would hold until 1990. In 1985 he received the MDA Meritorious Service Award and three years later, was honored with the University of Michigan Distinguished Alumnus Award. In recognition of his dedication to the association, the MDA Board of Trustees made Dr. Nolen an honorary president for 1989-90.

Dr. Nolen also was a member of Lansing's Capitol Club, an association committed to excellence in organizational management and the advancement of legislative advocacy for their respective associations to enhance the state of Michigan.

Dr. Nolen is survived by his wife; three daughters, Marsha, Kay and Kris; a brother, Arthur; and five grandchildren.

In lieu of flowers, contributions may be sent to either: Hospice House of Mid-Michigan, 1210 W. Saginaw, Lansing, Mich. 48915; or Michigan Dental Foundation, John G. Nolen Scholarship Fund, c/o Michigan Dental Association, 230 N. Washington Sq., Ste. 208, Lansing, Mich. 48933. ■

Down syndrome, periodontal link found in study

Though it's more likely for adults to suffer from periodontal disease, children with Down syndrome often have severe periodontal inflammation.

A study released in the February Journal of Periodontology found that various periodontal bacteria colonize in the early childhood of people with Down syndrome. In these same patients, *P. gingivalis*—a type of bacteria with a strong correlation to severe periodontal disease—increases in prevalence with age.

"Our investigation found that significant breakdown starts around age 20 in about 60 percent of individuals with Down syndrome," said Dr. Atsuo Amano, assistant professor in the Division of Dentistry for the Disabled at Japan's Osaka University.

Dr. Amano says factors that make people with Down syndrome more susceptible to periodontal bacteria colonization and plaque formation include having less immunity and various congenital deformities in the mouth. ■

AAP to discuss periodontal medicine in May

Washington—The American Academy of Periodontology's specialty conference, "Periodontal Medicine: Clinical and Practical Implications," will take place at the Grand Hyatt Hotel at Washington Center May 5-7.

Periodontists and physicians will present new research on periodontal disease and its affect on the heart, pregnancy and diabetes. For more information, contact the AAP Meetings Department by phone 1-800-282-4867, Ext. 210; by fax 1-312-573-3225; or by e-mail "sherey@perio.org". ■

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ADA Reports

Electronic

Continued from page one

to modify the organization's Web site for public participation.

The Association and five other standards setting organizations signed a memorandum of understanding with the U.S. Department of Health and Human Services agreeing "to cooperate and communicate" on implementation of electronic transactions standards adopted by HHS under the 1996 Health Insurance Portability and Accountability Act.

At the same time, the Association renewed support for the proposed code set for dental procedures and other administrative simplifications while urging the HHS department to move more quickly on issuing the standards.

"The ADA is concerned about delays in publishing final rules," the Association's director of dental informatics, Robert Lapp, Ph.D., told an HHS advisory standards and security subcommittee meeting in Washington.

"It is difficult to get dentists to prepare for HIPAA-mandated standards when they are constantly out of reach. There is a growing perception that HIPAA won't happen. The ADA urges the Department to move on administrative simplification standards as soon as possible."

The American Dental Association provides the dental codes required in electronic transactions.

The 1996 law requires HHS to consult with several specified organizations including the ADA in issuing national standards for electronic administrative and financial health care transactions.

HHS has set and revised timetables for the various administrative simplification provisions and is aiming for the end of June for publishing a final rule on standards for electronic transactions. Target dates for other regulations will be updated and announced at the HHS administrative simplification Web site ("http://aspe.os.dhhs.gov/admnsimp").

Initial signatories to the Memorandum of Understanding Among the Organizations Designated to Manage the Maintenance of the Electronic Data Interchange Standards Adopted Under the Health Insurance Portability and Accountability Act of 1996, as designated by the HHS Secretary, are the Accredited Standards Committee X12, Dental Content Committee, Health Level Seven, National Council for Prescription Drug Programs, National Uniform Billing Committee and National Uniform Claim Committee.

According to the MOU, "These organizations agree to work together to manage the change request process affecting the transaction standards adopted by HHS under HIPAA. This includes all necessary and appropriate modifications to the standard implementation guidelines/manuals and documentation as well as the related data dictionaries."

ADA Executive Director John S. Zapp signed for the Dental Content Committee, whose public and private members will be convened by the Association, the professional organization representing organized dentistry on the committee.

"In general, data content committees provide a national forum for discussion, review and action regarding change requests to the data sets associated with health care financial and administrative transactions," said the MOU. "The committees are comprised of a balanced representation of key national organizations that are affected by health care transactions.

"Their voting structures provide balanced, proportional and accountable representation of the end users of those transactions and data sets, for example, payers, health care professionals, institutional providers, standards development organizations, public health and research communities."

Each signatory will be represented on a steering committee providing general oversight to the process for changing standards once they have taken effect.

The Association will modify its Web site to assist the standards setting process and give dentists, employers, payers, the public and vendors access to the Dental Content Committee, Dr. Lapp told the National Committee for Vital and Health Statistics standards and security panel.

The ADA encourages use of common claims data standards and processes and actively encourages Association members to move to electronic claims processing, he said in a prepared statement. ■

UNC dental school receives pediatric gift

Chapel Hill, N.C.—With a $333,000 gift from a pediatric dentist and his wife, the University of North Carolina School of Dentistry this year will establish the Dr. Donald Henson and Mrs. Alexandra Henson Distinguished Professorship in Pediatric Dentistry.

In recognition of Dr. Henson, a long-time supporter of UNC's dental school, the professorship will help ensure children in North Carolina receive dental care from well-trained practitioners by honoring a current UNC faculty member or by attracting a distinguished teacher and scholar to the school.

Over the next few years, the UNC pediatric dental department plans to double the number of students enrolled and add four new operatories in the school's clinic.

Dr. Henson attended summer pediatric courses at the UNC dental school after graduating from the University of Pennsylvania dental program in 1951.

"We are honored to have a professorship in our names," said Dr. Henson. "The pediatric department is top-notch and we are glad to help." ■

ADA Reports

Staying on top

Council tracks malpractice claims

By Arlene Furlong

"The ADA could be called a 'clearinghouse of trends' in the professional liability marketplace."

That's the analogy Dr. Mark Feldman used to describe the significance of ongoing discussions, such as those that took place at ADA Headquarters March 24 and 25, between two major malpractice insurance carriers and the ADA Council on Insurance.

"We try to meet with one or two insurers at each of our March meetings. In this way, we're able to identify claim trends," said Dr. Feldman, council chair.

Inquiry: Dr. Mark Feldman, council chair, (right) poses questions to obtain a clear vision of the future liability marketplace. Dr. Richard Smith, vice-chair, is seated at left.

"Then we use what we've learned to educate our members."

One of the ways this information is provided is through a Risk Management Program offered to ADA members each year at ADA annual session.

At its meeting, the council approved this year's program, which will be presented by The Dentists' Insurance Company and the Medical Protective Insurance Company.

"We try to meet with one or two insurers at each of our March meetings. In this way, we're able to identify claim trends," said Dr. Feldman, council chair. "We use what we've learned to educate our members."

The council has also developed a library of risk management materials from these companies that are available to members on the Association's Web site, "ADA.org."

The council also reviewed ADA insurance programs and evaluated a number of opportunities to enhance competitive advantages of the life insurance program.

In July, the council will introduce a new series of premium discounts.

Specifically, members who purchase coverage of $500,000 or more will receive an additional premium credit of 5 percent. Those members purchasing $1 million or more in coverage will receive a credit of 7 percent. And for those members who purchase $1.5 million of coverage, the credit will be 9 percent.

These credits will apply to the premiums paid for both ADA members and their spouses.

The council also reviewed the performance of the investment funds offered through the ADA Members Retirement Program.

The program currently has over 26,000 participants and total invested assets in excess of $1.6 billion. These assets are invested among 11 different mutual funds or fixed income accounts. ■

Oral & maxillofacial radiology board gains approval

Council rejects orofacial pain bid for specialty recognition

By Karen Fox

The ADA Council on Dental Education and Licensure March 24 approved the American Board of Oral and Maxillofacial Radiology as the specialty's recognized certifying board.

Dr. Donald E. Demkee, CDEL chair, said the council determined "that the ABOMR has demonstrated compliance with the Requirements for National Certifying Boards for Dental Specialists." Individuals who are currently ABOMR diplomates are able to announce as specialists.

"This action is one of several steps that must take place to implement the new specialty," said Dr. Demkee. "Another step involves the approval of a definition of oral and maxillofacial radiology."

The council considered a proposed definition as submitted by the American Academy of Oral and Maxillofacial Radiology and endorsed the definition for circulation to the communities of interest for comment. The CDEL will consider all comments pertaining to the definition at its November meeting.

Said Dr. Demkee: "The process used for adoption of the definition is in accordance with established procedures for review and consideration of the definition of all dental specialties."

■ "The process used for adoption of the definition [of oral and maxillofacial radiology] is in accordance with established procedures for review and consideration of the definition of all dental specialties."

The ABOMR became the first certifying board recognized by the ADA in 36 years. The American Board of Endodontics was recognized in 1964.

In other actions, the CDEL adopted a resolution to be forwarded through the Board of Trustees to the 2000 House of Delegates recommending that the American Academy of Orofacial Pain's request for specialty recognition be denied.

"The council's action regarding the specialty request was made on the basis that one or more of the requirements have not been met," said Dr. Demkee, adding that further details on this action will be provided to the ADA House of Delegates in the council's annual report.

Also to be forwarded through the Board of Trustees to the 2000 House of Delegates is a CDEL-sponsored policy proposal that supports the right of appropriately trained dentists to use conscious sedation, deep sedation and general anesthesia for the management of dental patients. The policy underscores the ADA's commitment to ensuring and supporting safe and effective use of sedation and anesthesia by dentists.

Dr. Demkee says the council's proposed new anesthesia policy is consistent with language currently found in the existing Association policy (Resolution 33H-1999, "http://www.ada.org/prac/careers/cs-guide.html").

"This [new] policy provides a very succinct statement about the Association's position regarding a dentist's right to practice these pain control modalities," he said. "It is anticipated that, if adopted, this statement will be provided to state dental associations, state boards of dentistry, individual members and the media for use as appropriate." ■

Specialty recognition: Dr. Donald E. Demkee (center), CDEL chair, leads discussion of oral and maxillofacial radiology's specialty recognition at the March 24 council meeting. Dr. Richard Buchanan (left), council member, and Judy Nix, council director, listen.

Government

Accounting rules

ADA favors cash method

By Craig Palmer

Washington—The American Dental Association called April 5 for legislative relief from IRS tax accounting rules to allow dentists to continue using a cash method of accounting for tax purposes.

"The ADA supports legislation providing for a permanent change in the IRS code to permit dentists to use the cash-based method of accounting if they elect to do so," the Association told the House Small Business Committee.

"Dentists should be allowed to use the cash-based method of accounting without fear of the IRS requiring that they shift to the accrual method upon audit."

An accrual method is generally less favorable to small businesses.

The Association offered support for legislation introduced by Rep. Donald Manzullo (R-Ill.), HR 1004, which would allow dentists and physicians to continue using cash-based accounting, and HR 2273 introduced by Rep. James Talent (R-Mo.) to permit small businesses with annual gross revenues below $5 million to use cash-based accounting.

"This issue is of particular importance to the ADA because of the Internal Revenue Service recent attempts in some areas to compel dentists who have used the cash-based accounting method for decades to change to the accrual method of accounting," the Association said.

Dentists and owners of other service-oriented small businesses have traditionally used a cash-based accounting system, which makes income taxable when payment for services is received.

The accrual method requires that taxpayers recognize income when services are rendered regardless of when payment is received. ■

Increase in budget for oral research up to Congress

By Craig Palmer

Washington—Scientists probing mysteries of the mouth asked Congress for a search warrant to unmask perpetrators of disease and unravel their genetic codes.

"A remaining complex problem is to determine how microbes living in homeostatic ecosystems or biofilms in the mouth become infectious pathogens," Dr. Harold C. Slavkin testified at a House appropriations hearing this winter. He is director of the National Institute of Dental and Craniofacial Research.

"Discovery of microbial genes will lead to remarkable advances in early diagnosis and targeted drug development for improved treatments for oral infectious disease," Dr. Slavkin told Congress.

He cited a potential for "smarter diagnosis and possibilities for improved treatments and new biomaterials," reduced birth defects, design and fabrication of replacement teeth and improved cancer treatments and therapeutics.

The Clinton administration asked Congress for $263.1 million for genetic and other research on oral diseases and disorders, a $14.1 million increase over current annual spending and a virtual search warrant for expanded genetic investigations.

The NIDCR, one of the National Institutes of Health, supports investigations of genes related to inherited dental and craniofacial diseases and disorders, head and neck cancer genes, and genes related to the pathogenicity of viral, bacterial and yeast infections in the mouth, Dr. Slavkin told a House health appropriations subcommittee at hearings on the President's budget.

The institute currently has the usual suspects under surveillance: *Candida albicans, Porphyromonas gingivalis, Streptococcus mutans, Actinobacillus actinomycetemcomitans, Treponema denticola* and *Streptococcus sanguis,* Dr. Slavkin said. He proposed adding to the lineup for genomic study "seven additional microbial organisms with significant roles in oral infections."

Congressional funding will support "the

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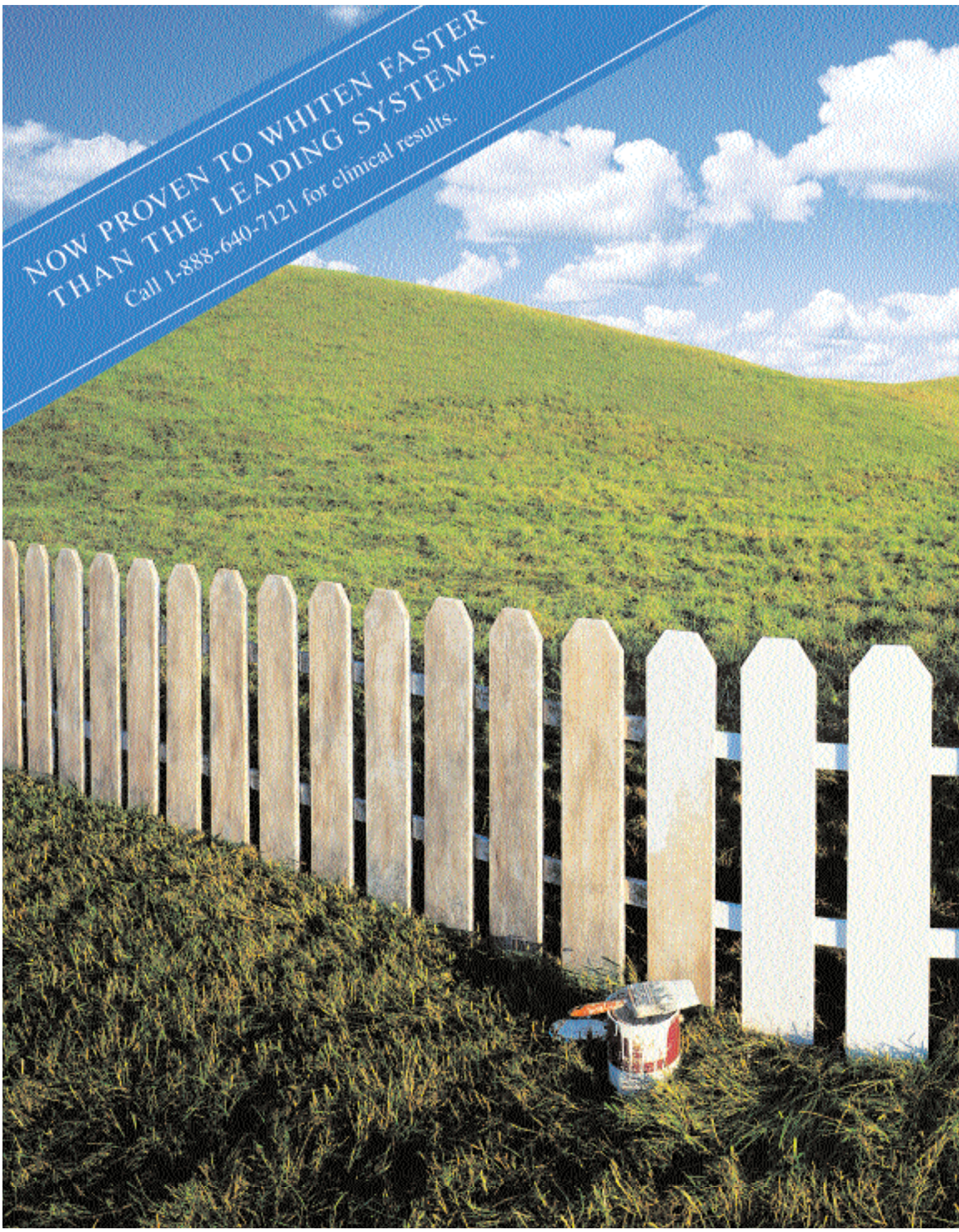

IRS

Continued from page one

counsel, "What really bothers me is the cavalier attitude of the IRS and you reflect it. Thousands of small businesses are being terrorized by the IRS."

The Treasury Department is about to issue "safe harbor" guidelines allowing businesses grossing less than $1 million a year to continue using a cash accounting system for tax purposes, Mr. Mikrut testified.

But some committee members said it wasn't a safe enough harbor and called for raising the ceiling to $5 million, suggesting that legislation may be introduced to require the higher threshold.

The administration expressed willingness to work with Congress in developing a legislative remedy.

"This is something that would best be handled legislatively," Mr. Mikrut testified.

Two Illinois dentists, who fought an IRS demand that they switch accounting methods, maintained their right to use the cash method, which makes income taxable when payment for services is received.

The IRS in that case defined crowns, bridges and dentures as merchandise and said dentists should be using an inventory-based accrual method, an assertion later withdrawn by the IRS in a memorandum applicable just to that case.

The accrual method of accounting is generally less favorable to small businesses and demands more paperwork than cash accounting.

Other owners of small businesses and business groups said they and their members also are "taking a hit" in tax penalties and interest related to IRS attempts to get them to switch to accrual accounting.

"The Department of Treasury is in the early stages of a new effort to force small business service providers using the cash method to convert to accrual accounting," said a representative of the Small Business Legislative Council, an 80-organization coalition.

Rep. Manzullo, who introduced an American Dental Association statement into the hearing record, said the situation came to his attention when "a dentist in Northern Illinois became an IRS test case and was forced to pay tax on income he had never received.

This was a test case to put all dentists on the accrual method, and now the IRS is test-casing physicians."

Though the hearing turned on IRS interpretation of tax law, several committee members, including the GOP chair and ranking Democrat, cited tax laws passed by Congress in 1986 and 1999 as contributing to the "unintended burden" on business owners of a switch to accrual accounting.

"The result was to force most small businesses to use the accrual method," said Rep. Nydia Velazquez (D-N.Y.).

"It's an unintended negative hit on taxpayers and it's quite embarrassing to go home and say we didn't foresee this happening," Rep. Talent said.

But he argued that the Treasury Department is misinterpreting the legislation and the intent of Congress in passing it. ■

DEA Web site for diversion control program to foster communication

By Craig Palmer

Washington—The Drug Enforcement Administration launched a new Web site April 3 aimed at increased communications and eventual online interactions with dentists and physicians registered to handle controlled substances.

The DEA diversion control program Web site ("http://www.deadiversion.usdoj.gov/") is an informational site linked to the main DEA Internet Web site.

Online registration, application renewal and other interactions are in the offing, said DEA registration chief Jim Pacella.

"It is our intention that this Internet Web site will become a well-used tool enhancing communication between DEA, its registrants and all parties interested in reducing diversion."

For now, the site offers information on application renewals, refunds, regulatory notices and publications of interest to registrants.

Among frequently asked questions and answers posted to the new site:

Q. "Has my application been processed?"

A. "You may call 1-800-882-9539 for status of your application or you may call the DEA Field Office nearest you."

Telephone numbers for DEA field offices with registration staff are separately listed at the new Web site. ■

Increase

Continued from page 20

rapid rate of progress" in discovering and understanding genes that figure not only in disease but in malformation and inherited disorders, dental researchers said in prepared testimony posted at "http://www.nidcr.nih.gov/discover".

Since Antoni van Leeuwenhoek invented the microscope and discovered microbes growing on his own teeth, scientists have come to understand that more than 6 billion live in the mouth, Dr. Slavkin testified. Scientists just two months ago identified 37 previously unknown strains of bacteria in the biofilms on surfaces of teeth, he said.

"To address this problem, NIDCR and other National Institutes of Health have accelerated efforts to decipher the genetic lexicon of 60 microbial genomes," the dental chief testified. ■

Risk of alveolor bone loss from osteoporosis unknown

NIH conference drafts report

Government

By Craig Palmer

Bethesda, Md.—Osteoporosis, a devastating bone disorder commonly viewed as a natural consequence of aging for menopausal white women, is a major threat with lifelong implications to men, women, children and all ethnic groups, a National Institutes of Health consensus panel reported March 29.

The panel's draft statement concluded a March 27-29 NIH Consensus Development Conference on osteoporosis prevention, diagnosis and therapy.

Osteoporosis is a skeletal disorder characterized by compromised bone strength predisposing to an increased risk of fracture, the panel said. Maintaining optimal bone health is a lifelong process that begins in childhood. Some 10 million Americans already have osteoporosis, making it the most prevalent metabolic bone disorder in this country, and 18 million more have low bone mass placing them at increased risk for this disorder.

"It occurs in all populations and at all ages and is a devastating disorder with significant physical, psychosocial and financial consequences," said Anne Klibanski, M.D., Harvard Medical School professor of medicine. She chaired an independent non-government panel convened by NIH to consider the scientific evidence and issue a statement on the risks and consequences of osteoporosis.

"Osteoporosis is commonly the result of bone loss," she said. "It may also occur in individuals who do not achieve adequate bone mass during childhood and adolescence." Bone mass attained during childhood may be the most important determinant of lifelong skeletal health, said Dr. Klibanski.

Genetic factors exert a strong influence but environmental and lifestyle factors are important as well, including good nutrition, particularly adequate calcium and vitamin intake, with "strong evidence" indicating that physical activity early in life contributes to higher peak bone mass, the panel said.

Hip and vertebral fractures are a problem for women in their late 70s and 80s, wrist fractures a problem in the late 50s to early 70s and other fractures a problem through menopausal years. The impact of osteoporosis on the craniofacial, gastrointestinal, respiratory and genitourinary systems is acknowledged, but reliable prevalence rates are unknown, the panel said.

"Osteoporosis may place patients at a risk for tooth loss or loss of alveolar bone support, but there needs to be further studies to confirm that," said Dr. Laurie K. McCauley, University of Michigan, the one dentist on the 13-member panel.

The conference found no evidence to support a therapeutic role for fluoride, panelists said. "We could not come to a clear conclusion that fluoride was effective for the treatment of osteoporosis," said panelist Keith Hruska, M.D., Washington University Department of Medicine.

Although considerable basic and clinical information is available on fluoride and bone mass, "data on fractures are more variable," said the abstract of a paper presented by Robert Lindsay, M.D., Ph.D., chief of internal medicine at the regional bone center, Helen Hayes Hospital.

Nutrition, exercise and medicines can play important roles in the prevention and treatment of osteoporosis, the panel said.

The panel's draft report concluding the March 27-29 osteoporosis conference is available at the NIH consensus Web site, "http://consensus.nih.gov" or by calling 1-888-644-2667.

The National Institute of Dental and Craniofacial Research, a conference co-sponsor, is one of several institutes listed as NIH osteoporosis resources. These institutes support research, training and conferences on the causes, prevention, diagnosis and treatment of osteoporosis.

The NIDCR will be lead sponsor of a consensus development conference next March 26-28 on diagnosis and management of dental caries through the life cycle. ■

Community health center records posted online

HRSA spearheads pilot project

By Craig Palmer

Washington—Clinicians will create and update patient records online at 160 community health centers across the country under a government and Internet provider pilot project jointly announced March 31 in a telephone news conference.

Indigent patients at the demonstration health clinics will have online access to summaries of relevant information in their medical records.

The federal Health Resources and Services Administration hopes to spread the donated technology and training to clinicians at more than 3,000 community health centers by year's end. The clinics provide medical and dental services to more than 11 million uninsured, medically underserved and limited insurance patients with a dental workforce of some 800 dentists and 225 dental hygienists.

HRSA officials described the system as having the potential to reduce medical errors by offering legible up-to-date patient chart notes online, timely alerts about drug interactions or recalls and increased patient participation in managing their care with improved access to diagnosis and treatment when and where they need it.

"We hope this will be the first of many opportunities to work with the technology community to provide better, more error-free care in line with the administration's goal to cut medical errors by 50 percent in five years," said HRSA Administrator Claude Earl Fox, M.D. The administration error-reduction goal for government-funded health services responds to the Nov. 29, 1999, National Academy of Sciences Institute of Medicine report citing medical errors as a leading cause of death and injury.

The disparate community health center population includes homebound and homeless patients as well as highly mobile migrant workers.

A first-year donation of nearly $1 million in Internet tools and training from MedicaLogic Inc., trademarked as the online health record company, gives 200 clinicians Medicaid/Medicare-compliant chart notes and secure access to patient data anytime from any computer, said a HRSA press release summarizing the telephone press conference.

"This is a model for how Internet technology can be used to enhance quality of care for low income, medically underserved patients," said Marilyn H. Gaston, M.D., HRSA associate administrator for primary health care and an assistant U.S. Surgeon General.

"With better record keeping and management tools, health centers can use their limited resources more efficiently," she said.

The donation of software, hardware and training includes an Internet-based health care management tool that will allow patients to connect to a summary of relevant information in their medical records, request appointments and medication refills online and link to "credible health information," the government agency said. Patients can call up certain medical records online at home or at public sites such as kiosks in community centers, churches and libraries.

Patients and their physicians must approve the online connection before patients can view their records on the Internet. ■

Survey: Many Americans view public health system negatively

By Craig Palmer

Atlanta—A majority of voters have a negative view of the public health system and believe the United States should be doing more to protect public health, according to a public opinion survey announced March 31 by the Centers for Disease Control and Prevention

"Most (57 percent) respondents offered negative evaluations of the public health system," said the CDC, a core agency within the U.S. Public Health Service. The national survey of public attitudes on public health was commissioned by the Pew Charitable Trusts, a Philadelphia-based philanthropy.

"Respondents also were asked whether sufficient resources were being dedicated to public health; 65 percent said that the United States should do more to protect public health," said the CDC summary in the agency's weekly Morbidity and Mortality Report.

Pollsters conducted a telephone survey of 1,234 registered voters, who were chosen at random and because of their potential influence, as voters, on public health policy and priorities. Survey analysts reported a margin of error "at the 95 percent confidence level" in the national sampling.

"The results of this survey indicate that the term 'public health' is misunderstood, persons are concerned about the quality of the public health system, increased government spending for public health is a greater priority than other key national concerns, and that the public regard environmental factors as important contributors to certain health problems," said the CDC summary.

Eighty-five percent of the voting public believes environmental factors are important determinants of disease and health problems, the survey suggested.

Contaminated drinking water, among nine environmental issues listed by pollsters, was the most frequently cited by respondents (58 percent) as having an impact on public health followed by toxic waste (56 percent), air pollution (53 percent), foods contaminated with bacteria (53 percent) and pesticides in food (47 percent).

"The survey does indicate substantial support for public health when the public understands the concept, which has important implications for how public health professionals communicate with the public, policymakers and the media."

More than half of the voting public (57 percent) could not define public health as either protecting the population from disease or policies and programs that promote healthy living conditions, said the CDC summary. ■

Starting Out

Career webbing

New dentists hit the Internet

By Karen Fox

The World Wide Web is becoming one of the dental profession's most valued resources for career placement opportunities, and you won't hear new dentists complaining about it.

Job placement programs in dentistry are increasingly finding homes in cyberspace, due in large part to the efficiences offered by the Internet and the need to increase new dentists' access to placement programs and career information.

The University of Florida College of Dentistry's three-year old associate match program—one of the nation's first on the Web, according to UF officials—is a result of what happens when schools experience increased pressure to ensure practice opportunities for their graduates.

"I think it's interesting to note that most professional schools are judged by the success of their graduates," said Dr. Nick J. Minden, UF dental school associate professor and director of student affairs. "That's why we've accepted a more important role here at UF, knowing that placing our students is a measure of our success, too."

UF's online matching program ("http://www.dental.ufl.edu") is unique in that it provides immediate access to information on the current crop of individual graduating seniors—the very individuals who Florida dentists are seeking for general practice associateships and other practice opportunities.

When a user enters the site's matching program, the list of graduating seniors pops up in a spreadsheet format. Following the student's name is a list, in descending order, of the student's preferred practice locations. A hyperlink allows users into the student's biography—including the student's photograph, education, practice goals and more.

Dr. Minden says the matching program generates some 150 inquiries for graduating seniors each year.

"It just puts an entirely different perspective on students' opportunities," he said. "We really

Other resources

Not everyone is jumping on the information superhighway. For those reluctant to rely on personal computers and electronic communications, most dental placement programs continue to utilize paper files in addition to the online features.

Some of the ADA's many career resources to aid students and recent graduates include:

- the publication Directory of Dental Placement Service in the United States, available from the Council on Dental Practice, Ext. 2895;
- classified ads in JADA;
- classified ads on ADA.org;
- demographic reports from the Survey Center;
- the Locating a Practice InfoPak (also available online);
- the publication, Associateships: A Guide for Owners and Prospective Associates, available from ADA Salable Materials, 1-800-947-4746.

Also, members of the American Student Dental Association have access to a nationwide employment service—"http://www.dentalxchange.com"—online. ■

feel it's best for the students by allowing them to increase their possibilities, and we want to make sure students have at least three or four opportunities when they graduate—not just one."

Since January, there have been more than 500 "hits" to the UF matching site—that is, the site has been accessed by random users at least 500 times.

Attempts to determine whether graduating seniors secured an opportunity from the Web site have been less definitive, but regardless, Dr. Minden says "we know that the majority of our students are placed in some position, either as an employee or as an associate."

He added: "Our interest was to make sure that our students felt wanted by the time they finished up their senior year, and there is not a greater feeling than having a dental practitioner send a letter inviting them to join in their practice."

The University of Florida's online program is a true matching program that draws dentists to the school's graduating seniors, whereas Web sites like the Dental Career Network call on students and new dentists to take more initiative in securing an employment opportunity.

Launched by the Boston University Goldman School of Dental Medicine and the Massachusetts Dental Society in January, the Dental Career Network ("http://dentalcareernetwork.bu.edu") is a resource for dental students, new dentists and practitioners throughout New England.

"We're an educational institution, and as such we're trying to provide students with the tools that teach them to research and select their own positions," said Dr. Spencer Frankl, dean, Boston University Goldman School of Dental Medicine.

In addition to employment listings for associates and hygienists and practices for sale, the Dental Career Network provides services such as resumé writing, interviewing strategies, links to dental sites and licensure information. Without advertising, the site registered 11,000 hits in its first month of operation, then leapt to 29,000 hits in its second month.

"The most advantageous feature for students is that the Web site allows them to have choices," Dr. Frankl explained. "For example, a student could hear from an uninformed party that there are no practice choices in Massachusetts. With the Web site, individual students can make those determinations themselves."

Dr. Michael Swartz, MDS president, believes this technology is uniquely tailored to the current generation of new dentists who leave dental school confronted by practice situations that didn't exist a decade ago.

"When I started practice 26 years ago, it was easier financially to start a practice or find an associate position," said Dr. Swartz. "Practices were basically fee-for-service and usually a single-doctor practice. Today the array of practice opportunities is far more extensive. With more access to information, new dentists have greater opportunities to assess the practice situations available and as such, will be able to make more informed career decisions."

Internet sites like Dental Career Network provide efficiencies in cost, confidentiality and reach. Those looking for opportunities and dentists looking for associates can advertise using far more information than they can in a classified ad and question positions without giving their identity, said Dr. Swartz.

Through its Committee on the New Dentist and the Council on Dental Practice, the ADA has long served as a primary resource for those seeking careers in dentistry, including dental hygiene and nonclinical dental careers.

The CDP produces a guide called the Directory of Dental Placement Services in the United States, a compilation of information voluntarily provided by the various dental placement services across the country, which provides a good place to start for many new dentists seeking positions. The ADA does not approve or endorse any placement services, so the directory is strictly a listing of services that are available.

The CDP first collected information pertaining to Web site resources for the January 2000 edition. Thirty-nine of the 170 programs listed in the January directory list Web sites as a means of distributing information to users.

Several ADA recognized specialty groups listed in the directory include Web sites as a means for distributing information to their users, too.

However, Dr. Minden says that right now, online matching programs like UF's are more likely to help the practicing dentist find a general practice associate. Most specialists leave their residencies with an opportunity already secured, or in such high demand that placement services are unnecessary.

Right now, the American Association of Orthodontists' online presence is only a shadow of what the organization wants it to become.

"For about two years, we have been running a matching service through the AAO office using hard copies of files," says Dr. Michael Rennert, AAO president-elect. "What we're planning to do in the next few months is to put as much of that information online as we can."

In the near future, AAO is launching their online placement program, called Practice Opportunities Service, which Dr. Rennert says will be an added convenience for newly graduating orthodontists and established practitioners.

"Our members are practicing full-time and don't have time to call us during the day to research positions. They want to do it at home at off-hours and on weekends."

The main concern for AAO's Internet placement service is confidentiality, says Dr. Rennert.

"An orthodontist usually does not want to publicize that he's looking to sell his practice," he said. "Our members want a degree of confidentiality."

Dr. Minden worries about maintaining confidentiality, too, though his concerns are mainly focused on his students' security and privacy.

"We've taken great pains to make the site safe," he said. "The kinds of student information that shouldn't be put out in a public space like this is something everyone is concerned about."

In response, UF adapted certain measures that will reduce the risk of jeopardizing a student's privacy.

"In order to maintain some propriety," he explained, "we did a couple of things. First, we invite students to put their names on the Web; it's not mandatory. Second, only student addresses are placed on the site, not home addresses. In other words, we do everything we can to protect them while making that information available to people who need it." ■

ADA presents 'Careers & Classifieds'

The ADA this month launched the first stage of a "Careers & Classifieds" feature on the Association's Web site, which will be expanded in the coming months.

Replete with educational resources on dentistry and career opportunities, this feature brings together current ADA.org resources on career opportunities for the entire dental profession.

The elements of the Careers & Classifieds feature were compiled in one place for added member convenience. Further enhancements are expected in early fall.

Visit Careers & Classifieds online at "http://www.ada.org". For information on this feature or to place an ad, contact Carol Krause at Ext. 2783. ■

Health & Science

Setting the course for research

ADA Council on Scientific Affairs creates Agenda 2000

By Mark Berthold

Dream up a wish list of scientific issues that concern you, imagine a direct means to communicate your wishes, then wake up and read the ADA Council on Scientific Affairs' new research agenda for 2000, "Research Issues of Importance to the Practicing Dentist."

"The individual dentist can have a strong impact on what research the ADA conducts in-house and the recommendations it will make to the National Institute of Dental and Craniofacial Research and the Centers for Disease Control and Prevention," says council chair Dr. Van P. Thompson.

"I am thrilled with the council's efforts to support a research agenda that will really matter to the practicing clinical dentist," says Dr. Harold Slavkin, director of NIDCR. "All of us are keenly aware of the importance of evidence to support diagnosis, treatment and outcomes from clinical dentistry. I applaud ADA's efforts."

Advancing oral health and quality of practice depends on research, says Dr. Robert Collins, deputy executive director of the American Association for Dental Research. "We're delighted to see the council has devoted its resources to promoting this."

Research foundations, government agencies and industry can access the research agenda to help guide their own research priorities. This makes the CSA agenda an influential vehicle for the ADA to communicate its priorities.

Dr. Thompson

Dentists must be able to address concerns that specific patients and the public at-large might ask, says Dr. Collins. "They must be aware of where the research community directs its efforts, understand the science and explain it in understandable terms to the patient."

"We want membership to understand that ADA is a facilitator for research in topics related to dentistry," stresses Dr. Gordon P. Trowbridge, vice chair of the CSA who heads the agenda's review committee. "So it's important for practicing dentists to keep their eyes on the agenda."

Knowing the important and emerging scientific issues isn't enough, however. The CSA encourages dentists to voice their opinions if the research agenda doesn't address a scientific issue that's critical to patient care so the council can bring it up at the next meeting.

"The research community is the core of progress, but it's practicing clinicians who translate, convert that to usable and helpful things for patients," says Dr. Collins. "The major way we contact the public is through the profession."

"Even if you have a pet project you are interested in, you can send that information to the ADA scientific staff and the council," adds Dr. Trowbridge.

The council weighs and considers the scientific merit of all proposals and submissions before adding them to the research agenda, based on deliberations of CSA and other councils throughout the Association.

This series of review culminates in a research agenda that encompasses the entire scope of dentistry and its needs. It is a constantly revised, living document for which the council reprioritizes and suggests new items at every meeting.

"Input from clinicians is vital for us to properly address their concerns in the day-to-day practice of dentistry," says Dr. Thompson. "It is

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Research issues of importance to the practicing dentist

The following list of critical research issues is not exhaustive, and should be reviewed and modified periodically. While the ADA Council on Scientific Affairs feels that all of the issues listed are important, certain items are marked with an asterisk (*) to indicate greater urgency.

This research agenda was adopted by the Council on Scientific Affairs in September 1999 and approved by the ADA Board of Trustees in December 1999.

Issues of Infection Control and Patient and Provider Safety

*Promote studies on the use of safety devices to prevent percutaneous injuries in the dental setting.

*Promote studies aimed at determining what are the health implications for patients, practitioners and allied health personnel from exposure to aerosols generated during dental procedures.

*Investigate the acceptable and attainable levels of nitrous oxide in the dental office.

*Promote studies aimed at gathering further data on the health implications for patients, practitioners and allied health personnel from exposure to dental materials such as dental amalgam, nitrous oxide, resins, latex and other chemicals in the work place.

Continue research to improve procedures for the protection of patients and providers against air- and blood-borne pathogens (TB, HIV, and so on)

Study the need for and the cost-effectiveness of chemical collection devices and other aspects of waste management in dental practice.

Study the quality of water in waterlines in dental equipment and develop methodologies to assure high-quality water in coolant and irrigant systems.

Promote studies on ergonomics as it relates to the health of practitioners and allied health personnel.

Issues of Health Services Research

*Study the socioeconomic, geographical and cultural barriers to oral health care and develop strategies for extending quality care to all Americans.

Develop further research on the clinical management of patients who may have particular problems in obtaining access to appropriate regular care.

Develop simulation models to compare various oral health care delivery systems such as solo practice, multispecialty and institution and hospital practices, as well as utilizing various combinations of auxiliary personnel, for assessment of long-term efficacy.

Evaluate the electronic patient record and other aspects of oral health informatics, and their application to dental practice.

Study the social and economic impacts of oral diseases and treatments with special reference to quality of life functions.

Evaluate the effectiveness of oral health promotion strategies employed by organized dentistry to reach various public audiences.

Issues in Research on Management of Oral Diseases

*Study the use of antibiotics and development of antibiotic resistance, and promote development of guidelines for the use of antibiotics in dental practice.

*Expand research on the infectious nature of caries and periodontal disease.

*Continue research on the mechanisms of action of fluorides and the total fluoride exposure.

*Promote research of the early detection, diagnosis, prevention and treatment of oral and pharyngeal cancer.

*Promote studies into the interrelationship between oral and systemic health, and on the clinical management of the acutely/chronically ill patient.

Encourage research for the diagnosis, classification and effectiveness of TMDs and orofacial pain.

Promote research and development of sealants, adhesives and effective mercury-free biocompatible dental materials for posterior restorations.

Expand the research on anxiety control and alternative approaches to local anesthesia and pain control.

Study the application of novel biologics and technologies in dental practice. This includes:

- Diagnostics;
- The use of lasers;
- CAD/CAM;
- Technology/genetic engineering;
- Smart materials with diagnostic, restorative and controlled-release capabilities.

Promote research on the development of optimal methods for the replacement of missing teeth.

Develop research for evidenced-based indications, treatment protocols, benefits and risks of placement, replacement or repair of dental restorations.

Promote research on cost effectiveness of dental treatment vs. survival time to assist clinicians in treatment decisions.

Promote research on biomimetic materials and other novel materials that minimize tooth loss or replace missing tissues.

Promote studies into the detection and treatment of early and "hidden" caries.

Develop clinically relevant test methodologies to assist in standards development.

Issues of Science Transfer

*Explore methods by which the ADA can disseminate research findings and other information available from ADA, AADS, NIDCR, AADR, CDC and other relevant agencies/organizations.

*Explore methods to disseminate currently existing protocols for various regimens for the prevention of oral diseases

*Explore methods to disseminate pertinent information on dental issues to the public.

Initiate research to determine the process(es) through which oral health care practitioners gain new knowledge from the point of view of life-long learning. ■

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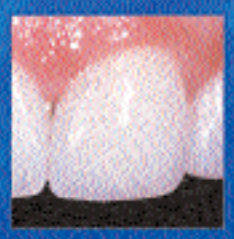
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[1] *Clinical data on file*

Plasma arc lights, argon lasers: how they work

Do they polymerize all composites and adhesives?

Health & Science

By Mark Berthold

High-powered plasma arc lights and argon lasers save time but cost more; some are concerned whether these devices adequately cure all dentin bonding agents and composite resins.

"The ADA Council on Scientific Affairs is concerned that the profession should learn about this matter as soon as possible," says chair Dr. Van P. Thompson. However, little exists in the literature to help dentists understand the situation or form a definitive conclusion either way.

Experts in academia are concerned about wavelength compatibility between lights, composites and adhesives. They are also concerned if the high-powered burst of energy produces a good depth of cure, and if high-speed shrinkage causes undue stress on the restoration.

But do potential negative answers have clinical significance? Do practicing dentists who use a plasma arc light or argon laser run the risk of post-operative failure, compromised restorations and dissatisfied patients?

The answer is more complicated than a bottom line yes or no.

Plasma arc lights and argon lasers emit a high-intensity light that allows high-speed curing—three to four seconds compared to 20 to 40 seconds with conventional quartz tungsten halogen lights—which aggregates to a substantial savings in time.

But the light is of a fairly narrow bandwidth, so manufacturers often shape them to a range of 450 to 500 nanometers to accommodate the peak of camphoroquinone.

Unbeknownst to manufacturers, "a kind of

mismatch [results] between the spectrum emitted by these lights and the spectrum required by some composites and adhesives [that use a photoinitiator different from camphoroquinone]," says Dr. Murray Bouschlicher of the University of Iowa dental school.

"I don't think this was any particular person's fault," says Rella Christensen, Ph.D., of Clinical Research Associates in Provo, Utah. "Resin companies had been selling their products for years, and light manufacturers had no way to know because they don't make resins."

Where this leaves dentists is a matter of uncertainty. The question is whether high-powered plasma arc lights have a bandwidth broad

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Agenda

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the dentists' concerns that we act upon."

The Council on Scientific Affairs believes the most vital roles and responsibilities of the ADA are to transfer knowledge and technology and keep dentistry abreast of scientific and technological advancements.

"We are all aware of the enormous changes taking place in health care," says Dr. Slavkin. "Oral health professionals have a critical need to keep up with expanding scientific literature to be most effective in our clinical practices—to keep up with our patients' and professional demands."

The research agenda reflects the council's enhancement of the quality of ADA scientific sessions to update the profession about new research and help clinical practice stay consistent with the advancing frontiers of oral health science.

"Whether new dental materials, new technology, demographic or epidemiological studies, the research agenda anticipates emerging issues," says Dr. Trowbridge.

The 2000 research agenda includes the CSA's review of:

- patient and provider safety, including ethics and government actions;
- health services research into social behavior and access to dental care;
- research toward treating and managing oral disease;
- science transfer between research entities into clinical application and toward public consumption.

"I've always been impressed with the council's research agenda," says Dr. Collins. "It does a nice job of covering a spectrum of activities that focus on issues of specific importance to practitioners and the public. It serves the profession well."

Peripheral goals of the Council on Scientific Affairs include reformatting the agenda to involve other ADA councils more in determining additional topics, Dr. Trowbridge explains, and developing a mission statement to guide the prioritization of research topics.

The CSA also emphasizes a practical, problem-solving approach to encourage feedback from dentists. "We want to make the agenda more understandable and therefore, more meaningful for member dentists," he says, "so they can see the importance of the issues."

Through the generosity of its donors, the ADA Health Foundation has provided nearly $250,000 over the last three years to underwrite numerous critical issues recommended by the agenda. "Indeed, consistent with its mission to enhance clinical dentistry, the ADAHF has played a vital role in supporting many of these research projects," says Dr. Anthony R. Volpe, president of the ADAHF.

"We are very proud of the research agenda and its intention to be a guiding light for members as well as the entire profession of dentistry," says Dr. John S. Zapp, ADA executive director. "The impact of the association's research agenda is reflected in the numerous improvements in oral health, both nationally and internationally."

Comments on the research agenda can be directed to Dr. Kenneth Burrell, senior director of the Council on Scientific Affairs, at Ext. 2523.

Further information can be viewed on ADA.org research pages at "http://www.ada.org". ■

Health & Science

Lights

Continued from page 29

enough to match the wavelengths of all photoinitiators, explains Dr. James Dunn of Loma Linda University dental school. "Some have such a narrow bandwidth, they may work very well with certain materials, but not all."

"If the wavelengths aren't in the right range, the composite could heat up," says Jack Nicholls, Ph.D., of the University of Washington dental school, "which might effect a little cure but not to a good polymerization level or depth."

"Most composites respond to quick-curing lights with the spectra normally produced," counters Dr. Sheldon Newman of the University of Colorado dental school. "There are exceptions, but very few. Each is different in intensity and spectra, [therefore] some may fall through the cracks."

Still, most plasma arc lights matched up with materials from the beginning, Iowa's Dr. Bouschlicher notes, "so you can't just say across the board that all high-intensity lights have this problem."

The traditional visible light curing (VLC) unit, or quartz tungsten halogen light, has an established track record of power output, maximum physical properties and structural integrity, says Dr. Dunn. But they're slow, requiring 20-40 seconds to cure composites.

■ "Dentists interested in high-powered plasma arc lights or argon lasers should ask manufacturers of composites and dentin bonding agents for data on compatibility before deciding to use these devices."

"The main advantage of high-intensity plasma arc lights and lasers is they cure in a short amount of time," says Aaron Puckett, Ph.D., a polymer scientist at the University of Mississippi dental school.

However, Dr. Puckett studied the flash cure of plasma arc lights and concluded, "although the intensity is greater than 1,000 milliwatts per cm^2, the conventional halogen light was able to cure to a greater depth."

"Theorists are saying yes, there are differences in a lab," says Dr. Dunn, "but we don't know if they have clinical significance for dentists and if so, how much? That's the whole issue. Do such differences affect restorations and patient care? And the answer is, we don't know—the jury is not yet in."

"Most manufacturers are starting to realize that [non-halogen lights] are not quite as fast as originally thought possible," says Dr. Michael Miller of Reality Publishing Co., a consumer's guide for dentists in Houston. "For definitive restorations, our tests show 10 seconds is probably the safest period for most high-powered lights."

"Even for conventional halogens, I teach my students that whatever time the manufacturer recommends, double it," Colorado's Dr. Newman adds.

Another matter is whether the high-powered burst of energy is too strong to effect good physical properties.

"Advocates of very slow polymerization—also called 'pulse,' 'phase,' 'exponential' or 'high-low' polymerization—start with very low intensity to allow the composite to very slowly reach natural polymerization," says Dr. Dunn. "These advocates believe that high-intensity lights force the issue by polymerizing faster than the natural rate."

"In clinical practice, it's tough to know if the composite is completely cured," Dr. Newman adds. "Sometimes it's not, even if it feels hard."

A third controversial area is high-speed shrinkage. "If we cure too quickly, will shrinkage be harmful to the tooth, such as microleakage, cracking and even pain?" asks Dr. Dunn.

Theorists are concerned that thermal expansion and contraction could cause postoperative sensitivity. Stress could snap the interface between composite and dentin bond, leading to secondary caries or complete restoration loss.

"I have mediated between patients and clinicians because of this problem," says Dr. S. Jeremy Tu of the Univerisity of Illinois at Chicago dental school. "But the same contraction force, spread out over a longer period of time, allows the material a chance to relax and dissipate the pressure."

CRA's Dr. Christensen says problems in the lab might not occur in clinic. She stress-tested resin adhesive combinations and found the values lower, yet "there hasn't been a stark complaint from patients that the restoration is falling out or those teeth are very sensitive," she says.

Dr. Dunn: Do plasma arc lights and lasers have a bandwidth broad enough to match the wavelengths of all photoinitiators?

"Theoretically, there may be some truth to [slower curing or 'soft start' to decrease the amount of stress to begin with], but there are no good data to prove it right now, one way or the other," says Dr. Newman.

"Taking light away doesn't stop the process of polymerization," adds Washington's Dr. Nicholls. "Chemical activity continues for probably a couple hours—with more shrinkage occurring."

Experts are optimistic about the future of plasma arc lights and argon lasers in dentistry. "They can be very beneficial to our profession," says Dr. Puckett, "I don't want to discredit manufacturers because they have a good product—if dentists use them properly and understand the parameters."

"This is controversial, depending on a person's experiences and past associations," adds Dr. Newman. "We're still looking for hard facts, which leaves a nice area for funded research."

A number of research reports on high-intensity plasma arc lights and argon lasers were presented at the recent International Association of Dental Research Meeting in Washington, D.C.

"These reports point out that more data is needed on the compatibility of these devices with composites and dentin bonding agents," P.L. Fan, Ph.D., of the ADA Health Foundation's Research Institute.

"Dentists interested in high-powered plasma arc lights or argon lasers should ask manufacturers of composites and dentin bonding agents for data on compatibility before deciding to use these devices," he says. ■

Industry works on improving compatibility, integrity of cure to meet need for hard science

By Mark Berthold

The ADA Council on Scientific Affairs recognizes that clinicians have limited expertise in polymer technology; they need hard facts based on hard science—unbiased, empirical studies in clinical efficacy and patient care.

The council urges dentists to contact manufacturers of plasma arc lights, argon lasers, composite resins and adhesive bonding agents for written guidelines and evidence supporting product claims. The council also urges manufacturers to give clear and direct answers when dentists call them.

"No matter the issue—the kind of light, intensity or shrinkage—we only have theoretical knowledge," says Dr. James Dunn of Loma Linda University. "Without the biological aspect, it would be easy to figure out curing or shrinkage effects. The concern is when we put this combination in the teeth [of actual patients] that it's difficult to completely evaluate.

"[Dentists] have no choice but to go to each manufacturer for answers because there is no central clearinghouse of information, no single source of answers," he continues. "To have that information available, manufacturers would first have to perform or support studies."

"It's up to composite and adhesive manufacturers to say what wavelengths and how much energy their materials require," agrees Dr. Mark Heiss, director of sales and marketing for Bisco Dental Products in Schaumburg, Ill. "And it's up to light manufacturers to say what bandwidth their light emits.

"Bisco and other manufacturers are adding 'energy signatures'—the specific wavelength of energy needed to cure their composite," he says.

"Our lights focus energy on a particular part of the spectra, a narrow range where camphoroquinone occupies," says Bernie Jaroslow, vice president of marketing for Dental/Medical Diagnostic Systems in Westlake Village, Calif.

To address compatibility with other photoinitiators, DMD lights "include a second tip that focuses energy in another restricted range—the 430-nanometer area," says Mr. Jaroslow. DMD includes a spreadsheet chart listing the right material for each filter.

At DenMat Corp. in Santa Maria, Calif., president Dr. Robert Ibsen says his light "emits a broad spectral range that is effective for curing all materials at both frequencies." Furthermore, it "cures most dental restoratives in one to five seconds (average of three seconds). Some composites take one to two seconds longer because of filler and shade."

Bisco and other manufacturers also feature a radiometer. Dentists should look for one that measures only useful light—the very specific bandwidth and intensity required by an adhesive.

"Part of the controversy is a light might not be hitting the right intensity at the right wavelength," says Dr. Heiss. Radiometers also calibrate the light desired to the light actually emitted—important when bulbs age and dim.

According to Mr. Jaroslow, high-speed intensity doesn't affect depth of cure or shrinkage. "Frankly, I would be happy to entertain even a single clinical example of that happening," he says. "I think shrinkage is a non-issue, it shrinks the way and amount it wants to shrink, regardless of the light."

"All materials have shrinkage and stress, but by pulse curing you can minimize it," says Dr. Heiss.

"Start with a little energy to get the process going, then add more and more energy—instead of a lot of energy at one shot."

To facilitate its recommendation, Bisco includes software that allows dentists to program pulse-curing into the light. ■

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