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ADA News - 01/10/2000

American Dental Association, Publishing Division

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AMERICAN DENTAL ASSOCIATION
ADA News®
JANUARY 10, 2000 www.ada.org VOLUME 31, NO. 1

BRIEFS

Paris to host dental film festival in fall

Paris—The 15th International Dental Film Festival 2000 is scheduled here Nov. 29-Dec. 2.

The festival, which is held every three years, will coincide with the annual meeting of FDI World Dental Congress of the

International Dental Federation in conjunction with the French Dental Association.

To obtain submission rules, telephone the USA Section of the FDI at 1-800-621-8099, Ext. 2727.

Feb. 15 is the enrollment deadline.

For more details, contact Dr. Maurice Dolovici, general secretary, Association Dentaire Francaise, 6, rue Guillaume-Tell, F-75017 Paris; phone, 33-1-44-01-02-70; fax, 33-1-47-63-90-28. ■

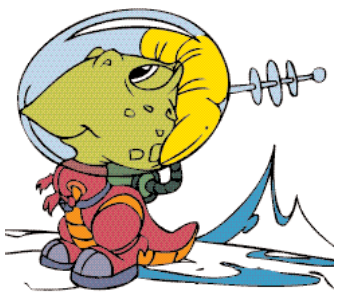
Henry Kissinger to speak at Hinman

Atlanta—The Thomas P. Hinman Dental Meeting will convene for its 88th year March 23-26 here at the Georgia World Congress Center.

Henry A. Kissinger, Nobel Peace Prize recipient and former U.S. Secretary of State, will present the meeting's keynote address.

For more information or to register online, visit the meeting's Web site at "http://www.hinman.org" or contact Sylvia Ratchford, executive director, by phone at 1-404-231-1663. ■

INSIDE



NCDHM on its way

Dentists and dental societies are getting ready for February's doings. **Story, page 14.**

Any problems with 2000?

By Arlene Furlong

Early reports from coast to coast confirm that the Y2K bug avoided dentistry like the plague.

"The fear of the unknown was much worse than the reality," said Timothy Comstock, executive director of the California Dental Association. "All top level staff were involved in a disaster strategy that included hourly reports about our whereabouts, but nothing happened."

And while association leaders expressed relief that Y2K problems were minor or nonexistent, most

See 2000, page two

DOD seeks new dental contract

Reservist readiness emphasized in RFP

By Craig Palmer

Washington—The U.S. Defense Department called for bids Nov. 5, 1999, on a new worldwide Tricare Dental Program to integrate dental benefits for more than 1.6 million military families and reservists starting Feb. 1, 2001.

The new contractor, when selected, will be directed to work in tandem with the military to market the program to increase "limited enrollment interest" among eligibles, military reservists in particular. Some 3.1 million persons are eligible for the benefits to be offered under the new TDP,

■ **Aetna contacts Prudential dentists, page eight**

1.6 million currently enrolled in the family program and 29,000 in the selected reserve dental plan.

There is particular focus in the Request for Proposal on improved benefits and the dental readiness of reservists, military officials said at a Nov. 18, 1999, pre-proposal conference in Aurora, Colo., to brief prospective offerors. The RFP also emphasizes prevention and pediatric

See DOD, page six

The chemistry was incredible: Dr. Mascola

ADA officers, council leaders target emerging issues for dental profession

By Karen Fox

This year, ADA President Richard F. Mascola decided to try something a little different.

Traditionally, the Association's annual council chairs meeting is an event where the council chairs meet separately following annual session to discuss individual council activities.

But this year's meeting brought the council chairs and directors together with ADA officers and trustees and senior management Dec. 6, 1999, to discuss common issues—such as strategic planning—with the goal of increasing communication across all levels of leadership.

The result? "The chemistry was incredible," said the ADA president.

"The councils are the backbone of the Association," said Dr. Mascola. "It is through the councils that the voice of the membership is heard. The long-term goal of this meeting, if the format is continued, is for greater communication among all parties, better understanding of the issues and a more rapid resolution of problems."

■ **'Starting Out' looks at mentoring, page 22**

Dr. John S. Zapp, ADA executive director, called the meeting "one of the best potentials we have for meeting Dr. Mascola's 'charge' to all of us."

"We're dealing with a new environment and a new organization and prioritization. This is a good opportunity to enter into a dialogue between the Board of Trustees, staff and council chairs," said Dr. Zapp.

Dr. Mascola added: "This year, we set an agenda that allowed us to put some of the most current issues on

See COUNCILS, page 21

Structural strength: 'The councils are the backbone of the Association,' Dr. Mascola tells councils chairs.

Congress to address patient protection

By Craig Palmer

Washington—Patient protection legislation may be among the first orders of business for the second session of the 106th Congress this year.

The House of Representatives and Senate passed distinctly different patient protection bills in 1999, and each chamber appointed congressional conferees to resolve the differences and produce a final bill.

But Congress adjourned the first session without convening the conference committee. The conference committee thus is in line to meet during a year of national elections. Congressional leaders have not announced second session plans.

A comparison of key differences between the House-passed and ADA-endorsed bipartisan patient protection bill, H.R. 2990, and the Senate-passed S. 1344 was prepared by the ADA Washington Office and is found on page four of this issue as well as on ADA ONLINE at "http://www.ada.org". ■

2000

Continued from page one

attributed the easy rollover to extensive preventative measures taken during the past year.

"Through the year, we instructed our computer consultants to do whatever they could to make it easy," said Stephen Hardymon, executive director, Washington State Dental Association. "As a result, there haven't been any problems."

James Williamson, president of the Association of Component Society Executives, Buffalo, New York, said no incidents or problems were uncovered at any of the state dental societies he checked, including New York and Minnesota.

Offices at the Florida Dental Association have also remained quiet, according to Daniel Buker, executive director there. And while Mr. Buker acknowledged that no news from members probably means good news, he doesn't think that all the Y2K glitches will be immediately apparent to dentists either. "When the system is updating the financial reports, some dentists may notice that patients are up to 100 years in arrears," he said.

But minor coding problems that are easy to correct affected even the nation's official timekeeper. The U.S. Naval Observatory, whose master clock in Washington serves as the nation's official source of time, published a Web page to track the time as the century ended.

Visitors to the Web site learned that the current date for U.S. time zones that had passed midnight was Jan. 1, 19100.

On the other hand, Mr. Buker cautioned about attributing any and every problem to Y2K. "The switchboard went dead here and I immediately cried 'Y2K', but the timing was just coincidental," he said.

The ADA's Online 2000 initiative, a program that began five years ago, encompassed the replacement of information technology and infrastructure at the Association. All ADA systems and communications moved into the year 2000 without any major incidents.

Members can direct questions or report problems to the Department of Dental Informatics. Call the toll free number, Ext. 4608, or e-mail "informatics@ada.org". ■

ADA News

(ISSN 0895-2930)

JANUARY 10, 2000 VOLUME 31, NUMBER 1

Published semimonthly except for July and December by ADA Publishing Co., Inc., at 211 E. Chicago Ave., Chicago, Ill. 60611, 1-312-440-2500, e-mail: "ADANews@ada.org" and distributed to members of the Association as a direct benefit of membership. Statements of opinion in the ADA News are not necessarily endorsed by ADA Publishing Co., Inc., the American Dental Association, or any of its subsidiaries, councils, commissions or agencies. Printed in U.S.A. Periodical postage paid at Chicago and additional mailing office.

POSTMASTER: Send address changes to the American Dental Association, ADA News, 211 E. Chicago Ave., Chicago, Ill. 60611.

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http://www.ada.org

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AtPressTime

Scientists find genetic link to mutation

Science may be a step closer to understanding why about 20 percent of the population are born unable to develop a full set of teeth.

The National Institutes of Health reported Dec. 29 that Texas researchers had found a gene mutation that appears to be linked to missing teeth. Scientists at the University of Texas-Houston Dental Branch and the Baylor College of Medicine discovered that members of a Houston family who lack their first and second molars all share a mutation in a gene called PAX9.

NIH said this is the first report of a human disorder linked to PAX9, one of a family of "master" genes that help determine body shape and organ formation during embryological development.

"This discovery is an important contribution to understanding the genetics of human tooth development and brings scientists a step closer to someday replicating the process," said NIH in a news release. ■

Vaccine to help smokers quit may be on the way

Smokers who want to kick the habit may get help from a vaccine that blocks the flow of nicotine to the brain, the Associated Press reported last month.

The vaccine, now being tested on rats in research sponsored by the National Institute on Drug Abuse, is expected to be ready for human trials in 2002.

"It's not going to be a magic bullet," researcher Paul Pentel told the AP. Dr. Pentel, of the Hennepin County Medical Center in Minneapolis, said the vaccine would be part of a package designed to help people who want to stop smoking.

"In a disease," he said, "you get a series of immunizations, and you are protected for life. We do not expect that kind of effect for nicotine. It's not clear how long the protection will last."

The research team led by Dr. Pentel reported in the journal Pharmacology, Biochemistry and Behavior that the amount of nicotine in the brains of vaccinated rats was reduced by 64 percent, compared to unvaccinated rats, when both were given the nicotine a human would receive from smoking two cigarettes.

Dr. Alan I. Leshner, NIDA director, told the AP that vaccinated people would not get "a kick" from the nicotine. "Since they would find tobacco less rewarding," he said, "they would be less likely to continue using it."

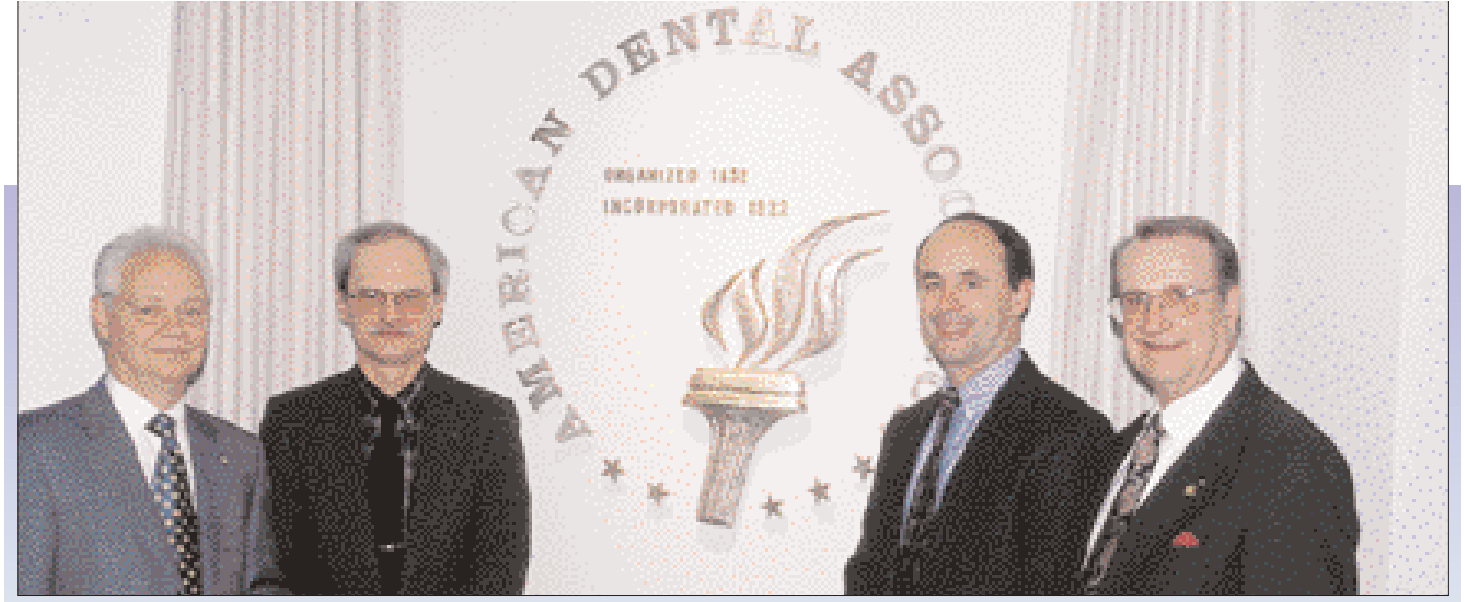
Dr. Leshner said the agency he directs also is supporting research to develop vaccines against cocaine and other drugs. ■

Physicians report boost in use of World Wide Web

Increasing numbers of physicians are turning to the World Wide Web for information to use in their medical practices, according to a study released last month by the American Medical Association.

The AMA said physician use of the Web had nearly doubled in the past two years, from 20 percent to 37 percent. The survey was based on interviews with 1,084 office-based U.S. physicians. ■

—Compiled by James Berry



Specialty focus: Leaders from both the American Board and the American Academy of Oral and Maxillofacial Radiology met at ADA headquarters Dec. 2, 1999, to discuss implementation of oral and maxillofacial radiology as a dental specialty. Pictured from left are Dr. Richard F. Mascola, ADA president; Dr. Thomas Razmus, AAOMR president; Dr. Donald Tyndall, ABOMR president; and Dr. Robert M. Anderton, ADA president-elect.

Key differences between "Patient Protection" bills - November 1999

ISSUE	HOUSE BILL H.R. 2990	SENATE BILL S. 1344	KEY DIFFERENCES
Dental Benefit Coverage	Language in the bill ensures that patient protection provisions apply to dental benefit coverage not tied to a medical plan, as well as dental coverage offered as part of a medical plan.	The bill is silent on this issue and, therefore, NONE of the provisions mentioned in this document would apply to dental benefit coverage unless that coverage is tied to a medical plan.	The House bill applies to dental plans regardless of how they are offered (as a rider to a medical plan or freestanding). The Senate bill would apply to only dental benefit coverage tied to a medical plan.
Consumer Choice Option (Point-of-Service)	The insurance company or HMO must offer enrollees a POS option if the enrollees have no other means of obtaining services by providers outside a network.	Except for small employers (two to 50 employees), a POS option must be offered. This provision applies only to self-insured plans.	The Senate bill's small employer exception significantly limits the effectiveness of the POS option, as it is small employers who most often limit employees' choice.
Plan Liability	● The bill would amend the ERISA preemption and permit state law to apply in the recovery of damages for personal injury (physical injury) or wrongful death. ● Employers would be liable only if they exercise discretionary authority in the case at issue that results in personal injury or wrongful death. ● Plans that comply with the decisions of external reviewers may not be held liable for punitive damages. ● An individual bringing an action is required to exhaust the administrative process before going to court, unless the injury or death has occurred before completion of the process.	The bill does not change the current ERISA preemption, which only permits a beneficiary to go to federal court and recover the cost of the services denied, even if the beneficiary is injured or dies due to a wrongful decision by the plan.	Without a liability provision to amend ERISA, there is no incentive for a plan that makes decisions that result in physical injury or wrongful death to change the way it does business. Employers are protected from liability under the House bill unless they interject themselves into making a decision on the services provided to a particular beneficiary ("the case at issue") and that decision results in physical injury or wrongful death.
Utilization Review	**Utilization Review**—A "denial of a claim of benefits" means any request for coverage and eligibility, including payment. The bill establishes basic criteria for developing utilization review programs, including: health care professional participation in the development of review criteria; and prohibitions against compensation arrangements that encourage denials and conflicts of interest. The utilization review people must be reachable. Utilization review decisions are to be conducted within 72 hours for urgent situations, or 14 days for standard care, and up to 28 days if the plan requests additional information within the first five days.	**Utilization Review**—Payment and coverage determinations are made under the utilization review process. Health plans would be required to have written grievance procedures and have both an internal and external appeals procedure. Routine requests would need to be completed within 30 days, and expedited requests for care that could jeopardize an enrollee's health would have to be handled within 72 hours.	The House bill provides much more detail with regard to how the utilization review program is to be developed to help ensure a proper functioning process. The Senate bill leaves much more to the discretion of the plan. The House bill has a shorter period of time for routine requests (14 days instead of 30 days).
Internal Appeals	**Internal Appeals**—Routine adverse determinations must be completed within 14 days and in no case later than 28 days with extensions. 72 hours for expedited cases. Appropriately credentialed individuals (physician or appropriate specialist for limited scope coverage) shall conduct appeals.	**Internal Appeals**—Consideration of routine adverse coverage determinations must be completed within 30 working days and 72 hours for expedited determinations. Appeals for coverage determinations based on lack of medical necessity or experimental treatment must be reviewed by a doctor with "appropriate expertise in the field of medicine involved" who was not involved in the initial decision.	The House bill has a shorter period of time for routine requests (14 days instead of 30 days). The House bill makes it clearer that a dentist, for example, will be reviewing dental claims.
External Appeals	**External Appeals**—A denied item or service is subject to the external review process if: ● it would be a covered benefit when medically necessary or appropriate; ● it is investigational or experimental; or ● the decision on which the denial is based requires a medical judgment. There may be a filing fee not to exceed $25. External reviewers could include those licensed by the state or under federal contract for this purpose, a teaching hospital or entities meeting specific criteria. The external review process will provide for a de novo determination and determine whether the plan's decision was consistent with the medical needs of the patient. The reviewer shall consider information from the plan, treating physician and a number of outside sources. The external reviewer will determine whether a denied claim is appealable. The decisions of external panels are binding on the health plan. If a plan refuses to comply with the decisions of external panels, patients would have access to federal court to enforce the review decision. The court may award attorneys' fees in addition to ordering the provision of the denied benefit and may assess a penalty against the individual who refuses to comply of up to $1,000 per day. Additional penalties of up to $500,000 may be assessed for repeated offenses.	**External Appeals**—A denied item or service is subject to the external review process if: ● it would be a covered benefit when medically necessary and appropriate under the terms and conditions of the plan; and ● the amount exceeds a significant financial threshold, or the beneficiary's life or health is put in jeopardy, or the service or item is experimental or investigational. External reviewers could include those licensed by the state or under federal contract for this purpose, a teaching hospital, or entities meeting specific criteria. The external reviewer will make an independent determination based on evidence submitted by the plan, treating physician, medical literature, studies conducted by the federal government, standard reference compendia of the American Dental Association and others. External reviews are binding on plans and issuers. Failure of the plan to act entitles the beneficiary to seek the care and obtain reimbursement. The beneficiary would have to initiate a lawsuit in federal court to force a non-compliant plan to reimburse. An additional remedy under the lawsuit is that the Secretary of the Department of Health and Human Services shall assess a $10,000 fine if the plan fails to adhere to the external reviewer's decision regarding the provision of services and may assess up to a $10,000 fine if the plan fails to adhere to timelines in the appeal process. This section applies to both self-insured and insured plans.	The House bill permits consideration of factors outside the plan when determining if a service is "medically necessary," such as recognized standards of care accepted by the practicing community. The Senate bill uses only the plan's definition. The Senate bill's very narrow definition could often fail to meet the medical needs of patients and significantly limit what may be appealed. Under the House bill, a de novo determination consistent with the needs of the patient will better ensure that the external review entity has the latitude to conduct a more complete, independent determination. The House bill makes it clear that the external reviewer will decide whether a denied claim is an appealable decision. This is important to ensure that plans are not able to preclude a review merely by stating that the service is not covered, for example. The Senate bill, on the other hand, would allow the plan to deny paying for a service by merely asserting that the plan does not cover the service in question. The House bill's stronger provisions will help ensure compliance, especially the potential for a $500,000 fine for repeat offenders. Under the Senate bill, the beneficiary must go to court merely to obtain reimbursement, which the beneficiary is entitled to under current law. The assessment of fines requires an additional step through involvement of the Secretary creating a more cumbersome process. In addition, the total fine is limited to $10,000 with no provision for repeat offenders.
Non-Discrimination by Degree of Provider	Plans and insurance companies may not discriminate with respect to participation or indemnification as to any provider acting within the scope of the provider's license or certification under applicable state law.	Same as the House bill, except the provision applies to self-insured plans only.	Insured plans are not covered by the Senate bill. Plan administrators for insured plans could discriminate unless state law precludes it.
Prompt Payment of Claims	Plans and insurance companies shall provide for payment of clean claims within 30 calendar days.	No provision.	The House provision will help ensure that health care professionals and suppliers are paid on a timely basis.
Scope of Coverage	Would apply to about 161 million Americans enrolled in private sector health plans.	Applies only to the 48 million Americans who receive their health insurance through self-insured employer plans.	The Senate bill fails to provide these necessary protections for two out of every three Americans covered by private sector plans.

StateWatch

ADA seeks congressional fellow

By Craig Palmer

Washington—Dentists interested in viewing the public policy process from Capitol Hill don't necessarily have to run for public office, although an increasing number do, and successfully.

But this is not that opportunity.

The Association offers another up close and personal participation in the public policy process for member dentists with an interest in public policy issues as they relate to dentistry.

The first ADA-supported congressional fellow of the new millennium has until Feb. 1 to apply for the 2000-2001 congressional fellowship and a choice opportunity on Capitol Hill.

The 2000-2001 fellowship begins next fall.

Government

The dentist fellow will work with a member of Congress or congressional committee—the selected fellow's choice—to write legislative statements and speeches, conduct research, meet with lobbyists, track health care issues and otherwise engage in the legislative process.

ADA members and dentists with pending membership applications are eligible.

The one-year fellowship, jointly sponsored with the American Association for the Advancement of Science, which provides management services, offers a $50,000 stipend.

Applications should include:

- a curriculum vitae highlighting professional experience and professional published articles, education, appointments and public policy/legislative experience;
- a 500-word statement describing the applicant's interest in a congressional fellowship and what he or she hopes to gain from it;
- two letters of reference from ADA members.

Direct them to Dorothy Moss, ADA Washington Office, 1111 - 14th St. NW, Suite 1200, Washington, D.C. 20005.

And remember: By Feb. 1. ■

Vermont dental society, nature group gain kudos for mercury management effort

Montpelier, Vt.—A Governor's Award for Environmental Excellence in Pollution Prevention was bestowed on the Vermont State Dental Dental Society and the National Wildlife Federation for their joint project to educate the dental community about proper mercury management and disposal.

"It was gratifying to be recognized by the state," says Dr. Dan Ferraris, immediate past president of the VSDS. "Particularly because it was nice to see two organizations work in a cooperative effort toward a common goal."

Their guide, The Environmentally Responsible Dental Office: A Guide to Proper Waste Management in Dental Offices, was distributed to 342 Vermont dentists. A follow-up survey indicated that, as a result of reading the guide, well over half of respondents planned to change their waste management practices and/or develop a pollution prevention program. ■

Nebraska hygienists' group loses court bid

Lincoln, Neb.—The Nebraska Dental Hygiene Association launched an unsuccessful lawsuit against the Nebraska Department of Health, contending that the department and the state Board of Examiners did not have the authority to allow dental assistants to perform coronal polishing. The Nebraska Dental Association was not a defendant.

The judge ruled that the state legislature "expressly gave authority to the Department to determine the proper duties of a dental auxiliary." Furthermore, "plaintiffs have not established that coronal polishing is beyond the scope of duties [and that] plaintiffs have not established that the Department exceeded that authority."

"Dental assistants are not licensed or certified at the state level," says NDA Executive Director Tom Bassett. "So the Board of Examiners actually has more authority to regulate them without having to go through statute. And that was tough for [NDHA] to accept." ■

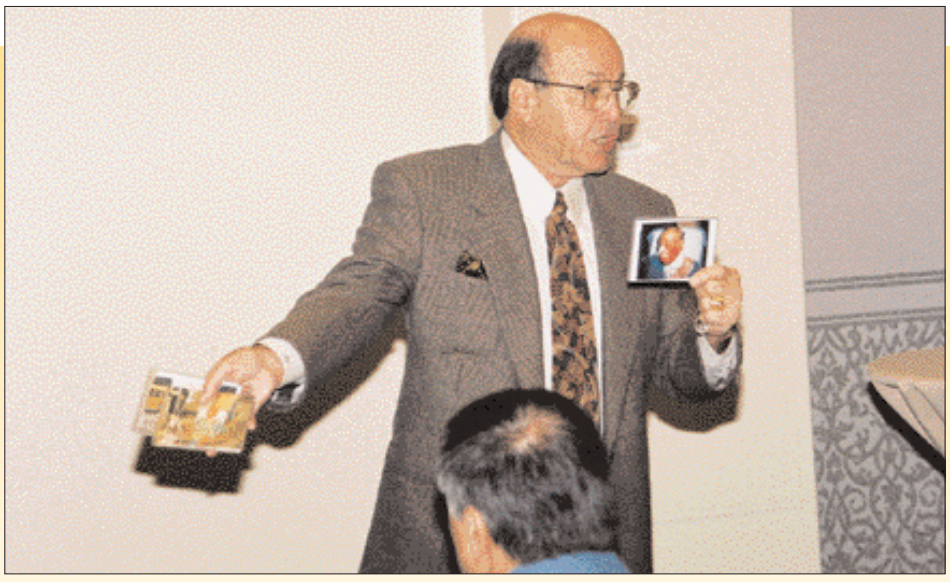
Washington dental association targets statewide fluoridation

Seattle, Wash.—Plenty of chili and cornbread will accompany Dental Legislative Day Jan. 28 in Olympia.

Sponsored by the Washington State Dental Association, the event will recognize and advocate the growing momentum toward fluoridation, as witnessed by the successful passage of Initiative 695 in Yakima.

"Most fluoridation in the state is along the 'I-5 corridor'—within the urban population; rural parts are not fluoridated and that's where most dental disease is," says WSDA Director of Public Policy James Mateucci. "Rather than fight individual campaigns one community at a time, we're going to address the rampant spread of dental disease head on with the state legislature.

"We think we can save the state considerable money in Medicare, as well as redirect its focus to what really needs to be done, and that is preventing dental disease." ■



Tobacco talk: Major league baseball legend Joe Garagiola addressed the dangers of spit tobacco to invitees of the 14th annual conference of dental society lobbyists last month in Phoenix. The former player and sportscaster advocated spending tobacco settlement funds on health care and spit tobacco cessation/prevention activities. He also regaled them with humorous memories of baseball and his pal Yogi Berra.

Government

DOD

Continued from page one

and adolescent care.

"The requirements include development and maintenance of an effective marketing program to all eligible populations; a well-informed, robust and stable provider network meeting RFP access standards; and maintenance of current enrollment levels," said the contact proposal.

The new contractor also will be "encouraged" to improve utilization rates.

"The contractor shall employ its marketing and business strategies to ensure that utilization of diagnostic and preventive services (examinations, prophylaxis and fluoride applications) for active duty family member enrollees does not fall below the baseline level."

Baseline data for the 1998 contract year for enrolled families indicates 58 percent of spouses and children of active duty personnel received exams, 49 percent received prophylaxis at least once during the year and 51 percent under age 18 received fluoride applications at least once, the RFP said. "The contractor is encouraged to improve utilization of unique users in each of these areas for these active duty family member enrollees."

The new contract will integrate dental benefits currently managed by United Concordia Companies Inc., for military dependents and Humana Military Healthcare Services for reservists. A separate Tricare Retiree Dental Program operated by Delta Dental Plan of California is not covered under the proposed contract.

"Every one of the changes you've seen in this program has been developed with the customer's interests in mind," said Col. Brian Grossi of the military Tricare Management Activity, which has overall responsibility for the three current dental programs. "We actually see an increasing enrollment associated with this program, and it will be a joint responsibility between the government and the contractor to market the program. That will not change."

The separate Tricare Retiree Dental Program, currently enrolling 500,000 retirees, hopes to expand coverage to retiree dependents by virtue of recent legislation, said Delta spokesman Jeff Album. The retiree program is voluntary and without government subsidy, unlike the other two dental plans. Program information, including a dentist directory and other information for dentists, is available at Delta's Web site, "http://www.ddpdelta.org". ■

April symposium set on head pain

New York City—The 12th Annual Symposium on Treatment of Headaches and Facial Pain will meet April 9 at the New York Marriott, East Side.

For more information, write Dr. Alexander Mauskop, director, New York Headache Center, 30 East 76th St., New York, N.Y. 10021 or call 1-212-794-3550 or fax 1-212-794-0591. ■

Correction

The Internet site for Health Volunteers Overseas is located at "http://www.hvousa.org". The Dec. 13 ADA News listed an incorrect Web address. ■

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Marketplace

Aetna makes changes

Contract clauses cause for pause

By Arlene Furlong

When Dr. Farouk M. Ferouz received a letter from the Dental Operations division of Prudential Health Care in mid-November, his suspicions were confirmed.

"Aetna had just purchased Prudential and I sensed that the next step was that I would be expected to accept every plan that Aetna offers," said Dr. Ferouz.

Indeed, the letter was a notification to dentists that their current agreement with Prudential was being modified. As a result of Aetna's acquisition of Prudential Health Care Plans, dentists who contracted for one product with Prudential are being asked to accept the same product under Aetna's new integrated network.

Some dentists are concerned that contract amendments may force them to relinquish control of the number of patients they treat and the types of reimbursement they accept. "The insurers expect us to welcome all the discounted plans along with the plans we select," said Dr. Ferouz.

Aetna is not asking dentists to accept "all-products" contract clauses (which require preferred provider organization providers to accept capitated patients) as it did with physicians in 1996 when Aetna merged with U.S. Healthcare. However, some dentists fear that even increasing the number of discounted patients in the same type of plan can have enormous implications on a practice's bottom line.

"Many dentists who are involved in PPOs know that there is only a certain percentage of their practice that they are willing to devote to discounted plans," said Dr. Mike Bromberg, a California dentist. "For example, it might make more financial sense for some dentists to make the decision to give up all PPOs rather than have to accept all PPOs," he said.

"We are integrating the network so that members have a broader array of dentists to choose from," said Elizabeth Sell, a spokesperson for Aetna. "And, it can be a benefit to dentists to have access to a greater number of patients."

Ms. Sell called all-products clauses a "consumer protection plan. We don't want members to have to change doctors in the event that their employers change plans."

Nearly a dozen medical associations responded to all-products clauses by complaining to state regulators or supporting bills in state legislatures.

The American Medical Association contends that practices requiring a doctor to participate in all health plans offered by an insurer inhibits competition and restricts the ability of physicians to choose plans in which they participate.

The ADA recommends that dentists analyze how contracts are worded. If the contract makes statements about providing care for patients from "other" plans, or "any and all" plans or "current and future" plans, dentists may be contracting to accept patients from plans in which they had not originally planned to participate.

The ADA's Contract Analysis Service reviews third-party managed care contracts to help members make informed contracting decisions. Members can obtain a free objective contract analysis by submitting an unsigned, nonreturnable photocopy of the contract to their state society. The review is informational in nature and is not intended to substitute for professional advice from a dentist's personal attorney. ■

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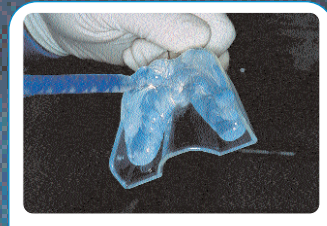
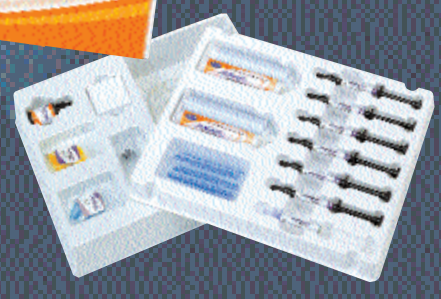


1 Take pre-op impression.

2 Fill clear matrix material with desired shade of A.S.A.P.™ Flow.



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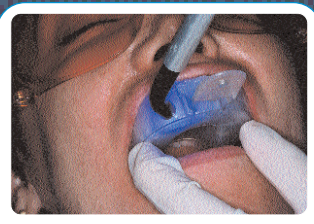

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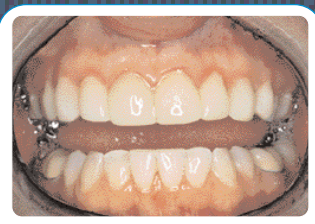

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REV.D/RAP/Jan/ADA

Law

Dental ethics revised to reflect state laws

Abuse, neglect reporting at issue

BY MARK BERTHOLD

Abuse includes neglect, and not just of children but of all age groups, according to an amendment of the ADA "Principles of Ethics and Code of Professional Conduct."

Approved by the House of Delegates at the annual session, Resolution 44H-1999 changes Section 3.E. to expand its scope of coverage and to encourage dentists to fulfill their ethical obligations consistent with their state laws.

"The main issue is the fact that dentists need to be aware of abuse and neglect in all segments of the population, not just children," says Dr. Richard Eklund, chair of the Council on Ethics, Bylaws and Judicial Affairs, which proposed the amendment. "It will bring the profession up to speed with evolving social norms."

"As deliverers of health care, dentists are quite often confronted with obvious evidence of abuse and neglect," Dr. Eklund continues. "Dentists need to be aware of and be trained to recognize the signs and symptoms."

Awareness also means having an up-to-date familiarity with your home state's laws on mandatory reporting of abuse, adds Peter Sfikas, ADA general counsel. "Dentists should keep track of evolving state laws that mandate reporting of abuse and neglect of children and other populations," he says. Exactly when, what and to whom abuse must be reported is dictated by those laws.

See ETHICS, page 12

What the Principles of Ethics state

Here's the text of the section on abuse and neglect from the ADA Principles of Ethics and Code of Professional Conduct:

"Section 3.E. Abuse and Neglect.

"Dentists shall be obliged to become familiar with the signs of abuse and neglect and to report suspected cases to the proper authorities, consistent with state laws. And be it further resolved, that the American Dental Association be urged to educate their members about abuse and neglect, and that constituent societies be urged to educate their members about the legal requirements for reporting abuse and neglect in their states."

Other key aspects of Resolution 44H-1999 in amending Section 3.E. of the ADA Principles of Ethics and Code of Professional Conduct include removal of the term "perioral" to acknowledge that signs of abuse can be anywhere on the body, as well as addition of the term "neglect" to include passive forms of abuse.

"Depending on the particular state's law, neglect of a child might be defined to include malnutrition, rampant decay, baby bottle syndrome, or things of that nature that are attributable to a parent or guardian's inaction," says Dr. Richard Eklund, chair of the Council on Ethics, Bylaws and Judicial Affairs. "Or it might be a nursing home patient who is covered with bedsores or bruises, suffering from malnutrition, wearing ill-fitting prosthetic appliances, things that should be very visually obvious." ■

Annual licensure conference wins grant

Determining "best scoring practices" on agenda

By Karen Fox

The ADA's continuation of invitational conferences on licensure gained a boost in funding last month when a nonprofit testing organization named the ADA one of its seven 1999 grant award winners.

The New York City-based Professional Examination Service awarded the grant that will provide supplemental funds for the conference, which is scheduled for the fall of 2000.

The conference's goal is to produce guidelines for a document on best scoring practices which clinical testing agencies could use in developing or revising scoring systems for their dental licensing exams. The new guideline document would be a significant step toward standardization of all dental clinical licensure examinations.

ADA President Richard F. Mascola will host the invitational conference under the Council on Dental Education and Licensure's auspices. CDEL officials view the conference as a way to promote the standardization of dental clinical examinations and enable all testing agencies to accept each other's results, thus enhancing the mobility of dental professionals.

"The conference will provide an opportunity for the communities of interest to comment and create consensus on the best scoring processes, which then should lead to wider acceptance of the clinical testing by all testing venues and ultimately, more standardized exams," said Dr. Donald E. Demkee, CDEL chair.

The CDEL applied for the PES Grant Awards Program Oct. 1, 1999.

PES agreed with CDEL's assertion that the public's well-being is served and protected by examinations of enhanced validity and reliability. PES is a nonprofit testing organization whose mission is to promote the understanding and use of sound credentialing practices. ■

Law

Proceedings of Dentists C.A.R.E. conference distributed

In 1998, the ADA Council on Access, Prevention and Interprofessional Relations, along with the ADA Health Foundation and the federal Maternal and Child Health Bureau, sponsored the Dentists C.A.R.E. (Child Abuse Prevention and Education) Conference.

Speakers from dentistry, public health, medicine, law and the judiciary advocated becoming familiar with state child protection laws where dentists practice, as well as reporting abuse consistent with those laws.

Proceedings of the conference, which include contact information for abuse-prevention coalitions and resources, were published last year and were recently distributed to state dental societies and other communities of interest. ■

Ethics

Continued from page 11

A possible barrier to dentists' compliance with both the ADA amendment and state laws is the fear—credible or not—that a good intention could backfire. In other words, could reporting an incident of abuse or neglect subject your dental practice to a financially draining lawsuit?

Not necessarily. The same statutes that mandate reporting of abuse and neglect also provide immunity for dentists who report them.

"Almost every state that mandates reporting of abuse grants immunity from prosecution or civil liability to mandatory reporters who file a report in good faith," says Dr. Eklund. "That includes virtually every state in the case of child abuse, and a growing number of states are mandating reporting of abuse and neglect involving the elderly, the disabled and other groups. It's incumbent upon dentists to educate themselves so they can comply with these laws."

Dentists should not be ethically required to report cases that do not fall within the umbrella of their state's immunity law, the council believes. However, Dr. Eklund adds, "an individual dentist may decide to accept a higher ethical standard than the law imposes."

Mr. Sfikas points to a very practical reason why dentists should know their state laws. "Most state laws authorize monetary penalties and, potentially, even jail time for individuals who fail to file a report as required by law," he says. "Failure to report could also result in sanctions by the individual professional's licensing board.

"It is safer to report than to not report," Mr. Sfikas concludes, "Even though dentists do run some risk of having to engage lawyers and to litigate over this issue."

"The way for dentists to place their minds at ease is to be thoroughly familiar with their own state laws," notes Dr. Eklund. "This is where constituent dental societies can help. Res. 44H-1999 called on the constituents to educate their members about the legal requirements for reporting abuse and neglect in their states. Another possible source of information is the state dental board." ■

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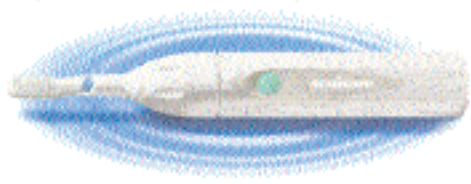

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t of This World!"
from Dudley the
outer space, who help kick off this year's National Children's Dental Health Month promotion Feb. 1 with the usual fanfare and some fresh ideas designed to increase awareness of children's oral health.

NASA tie-in: The Greater H
Society is working with the H
Center on a contest offering
classroom a day-long field tri

Dentists, hygienists and ass
involved by contacting their stat
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phlets, posters, teaching packets
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800-947-4746 or ADA
"http://www.ada.org", under
Consumers".

"This year 2,500 program pl
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societies and auxiliaries to assi
efforts, and we have received
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what they can do to tie into th
well," said Dr. Richard F. Hev
Communications chair.

"People really like the space
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Now in its 51st year, NCDH
thanks to the Association's state
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needs to put a fresh spin on old

Take the Greater Houston De
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NCDHM programs. Blast Off 2
ADA's national theme and mar
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day-long field trip for their wh
visit NASA's Houston headquar

"Space is so popular with
now," says Dr. Minh-Thu Tran
Care Committee co-chair. With
Dr. Tran and Dr. Rita Cammar
dental health month program. "
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thought it would be nice to teac
dentistry and get them involv
Center."

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through dental presentations
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In efforts to promote children's oral health and improve reading skills, the museum's transformed fantasy atmosphere is centered around children's dental literature. A collection called "Get Bookish on Tooth Tales" enables children to view 200 books spanning 100 years of children's dental literature.

Terrific Tooth Tales will reside at the NMD for the next two years; however, the Feb. 5 festivities include a puppet show, bookbinding, Dudley the Dinosaur coloring and puzzle activities, and a bookworm scavenger hunt. The museum's newest permanent exhibition, "32 Terrific Teeth," will be on display as well.

The National Museum of Dentistry was established in 1996 as an international resource to educate people, especially children, about the history of dentistry and the importance of oral health. ■

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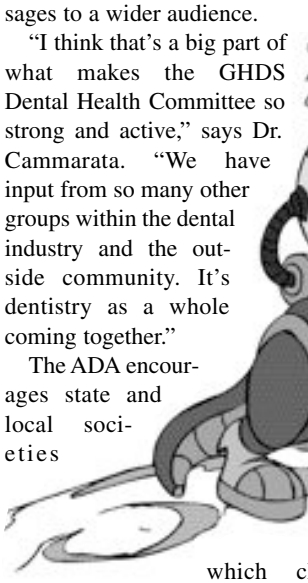
"It's unique in that to be a
very exciting to bring your w
field trip," says Dr. Tran. "It's
have to pay for and not one they

and dad, but a field trip w
Children will be more excited
the contest, and I'm very excite

However, programs like Ho
cessful not simply because the
awards. Dr. Cammarata believe
dentistry together with schools
munity health groups, dental a
iaries and even dental products
ufacturers delivers educational
sages to a wider audience.

"I think that's a big part of what makes the GHDS Dental Health Committee so strong and active," says Dr. Cammarata. "We have input from so many other groups within the dental industry and the outside community. It's dentistry as a whole coming together."

The ADA encourages state and local societies



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Alumnus honored: At the NYU gathering are (from left) Dr. Mascola, ADA president; Dr. Michael C. Alfano, dean, NYU dental school; and Dr. Elliott Moskowitz, president, New York County Dental Society.

Education

New NYU scholarship

Dr. Mascola's student outreach, ADA leadership cited in honor

By Karen Fox

New York City—The New York University College of Dentistry stunned ADA President Richard F. Mascola this past fall by introducing a $100,000 scholarship in his name.

The scholarship will be awarded to a first year dental student who demonstrates exemplary academic and leadership qualities.

Dr. Michael C. Alfano, NYU dental school dean, announced the four-year Richard F. Mascola Scholarship during a gala tribute to mark Dr. Mascola's installation as ADA president.

"The presidency of the ADA is a singular achievement that can be very inspiring to our students," explained Dr. Alfano. "And in the case of Dr. Mascola, who has advocated student involvement through the American Student Dental Association, it seemed to be an appropriate way to punctuate the linkage he has championed between students and organized dentistry."

Dr. Mascola, a 1968 graduate of the NYU dental school, also received a plaque on behalf of NYU's ASDA chapter. Vera Tang, ASDA Region II Trustee, presented the award in recognition of Dr. Mascola's tireless efforts to develop the chapter's 1994 membership of 50 student members to the current total of 1,300 members.

"Dr. Mascola's interaction with our ASDA students and leaders is quite warm and personal," said Dr. Alfano. "He is a friend of student involvement in organized dentistry, and it's so important to our profession and to the ADA to get students interested and have an understanding of what the profession can do for them early on."

Dr. Alfano says the first Mascola scholarship, one of the largest the NYU dental school offers, will be presented in the fall of 2000 to an outstanding student who demonstrates the academic and leadership qualities that have characterized Dr. Mascola's professional life.

"We do expect we'll be able to assess who has that potential based on what they've achieved in college," he said, adding, "We want our students to be active, and this is another way to signal that activity is valued by the dental school."

A grateful Dr. Mascola said he hopes the scholarship is used as a "springboard to make the students recognize that we are committed to their education, their growth and their future."

"We must instill in dental students the sense of belonging so that when they graduate, they do not simply graduate into the profession but as part of it," he said. "Our legacy to the new graduate is an independent and prosperous profession. I would hope they will strive to pass that and more on to those who one day will follow them."

Dr. Mascola said hearing the news of the NYU scholarship rendered him speechless. "When Dr. Alfano announced the scholarship, my wife Betsy was standing next to me. She squeezed my arm and said, 'Oh, Richard!' I stepped to the podium and all I could say was, 'Thank you'."

"I did recover quickly enough to say a few words," he continued. "I remember leaving the podium thinking that I wished my parents were still here to be a part of what was happening to me. They would have been so proud."

The event, held at Windows on the World in the World Trade Center, drew 300 guests and included opening remarks by Dr. Elliott Moskowitz, immediate past president of the NYU College of Dentistry Alumni Association and president, New York County Dental Society. ■

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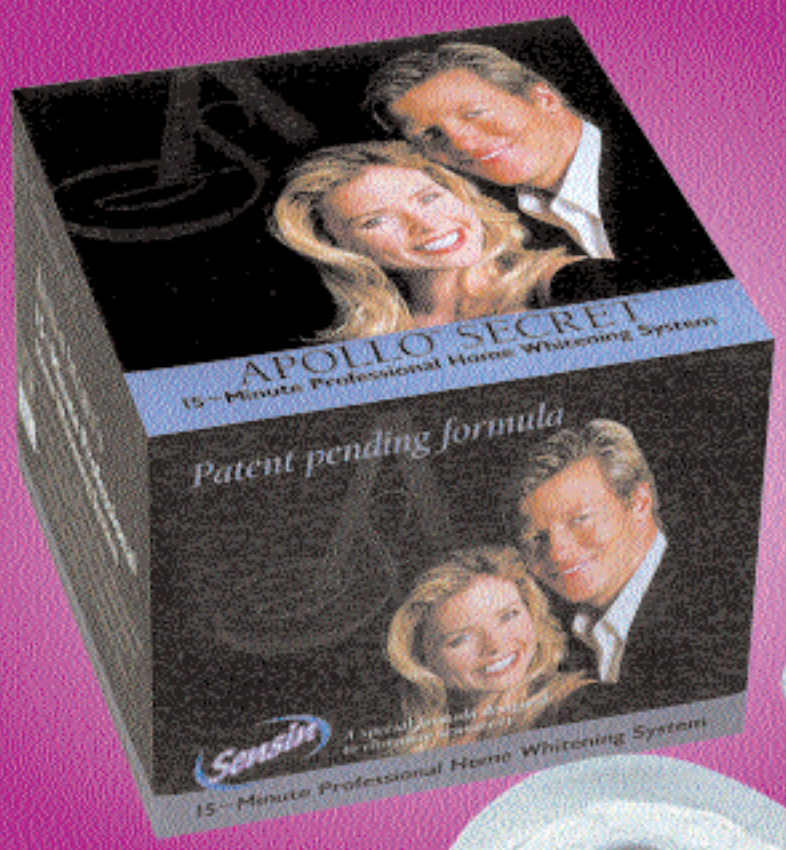

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ADAHF invites researchers to submit proposals for funding in three areas

The ADA Health Foundation is accepting funding proposals from $50,000 to $135,000 for research in three areas:

- nitrous oxide levels in dental offices that have implemented the Association's exposure control recommendations;
- microbial antibiotic resistance and the dental profession;
- the relationship between dental treatments and systemic diseases.

The foundation will consider funding up to $135,000 direct costs and no indirect costs for proposals that determine the attainable level of nitrous oxide in dental offices that have implemented the Association's exposure control recommendations.

The research should involve more than one geographic location and include different dental practices that use nitrous oxide as anxiety control for dental patients. The research results should provide information on nitrous oxide levels that can be achieved with current technology.

The ADAHF also invites proposals to conduct a symposium that would examine the relationship of the effect of dental treatments on systemic diseases.

This continuing education program would inform health care professionals of mechanisms that may affect existing systemic diseases and conditions. The program would identify the various treatments that do or may improve or adversely affect patients who are medically compromised. The foundation will consider funding up to $50,000 direct costs and no indirect costs.

Proposals are also invited for research investigating microbial antibiotic resistance and the dental profession. The research should address the potential role the dental professional may play in contributing to the major public health problem arising from the increase in microbial antibiotic resistance.

The research should address prescribing habits in the therapeutic and/or prophylactic use of antibiotics in dentistry.

The foundation will consider funding up to $50,000 direct costs and no indirect costs.

For more information, contact Robert Czarnecki, director of administration, ADA Health Foundation, 211 E. Chicago Ave., Chicago 60611-2678.

Research protocols must be submitted by Feb. 1 for consideration at the foundation's Board of Directors' meeting March 24.

The ADA Health Foundation is the charitable arm of the American Dental Association dedicated to making clinical dentistry better for practitioners and patients. ■

Nominees sought

The Council on ADA Sessions and International Programs is accepting nominations for its Certificate of Recognition for Volunteer Service in a Foreign Country.

The Certificate of Recognition honors those who have volunteered at least 14 days of their time to perform dental services in another country.

Qualified recipients must be nominated by their constituent or component dental society, federal dental service or dental school.

The deadline for nomination is April 15.

For more information or to request nomination forms, contact CASIP using the ADA toll-free number, Ext. 2726. ■

Councils

Continued from page one

the table. The format allowed for both staff and volunteers to participate in the process and most importantly, for all to understand that most of the issues we deal with today impact more than one council."

Seventy ADA volunteers and staff members attended the meeting at ADA headquarters. In addition to strategic planning, agenda items included the Future of Dentistry Project; the Rand Study; association governance structure; and the ADA's Web site, ADA ONLINE.

Dr. Mascola attributes the meeting's new format to changes in the way the ADA tackles emerging issues. In the past few years, the Association has employed an increasing number of task forces to address issues that cross council and ADA division lines. The growth of task forces has enabled the ADA to gather wider input on issues.

"The council structure guarantees that the membership has representation in not only the governance structure but also in policy development," he explained. "The advent of the task force in the last several years has threatened, if you will, the sovereignty of that council structure. Issues today are more universal than ever and, as such, may require input from several sources."

"Once the task is completed," he continued, "all control reverts back to the council(s) for implementation and follow up."

"I would hope the participants left with a greater understanding of the issues, the necessity for rapid across-the-board response, and the sense that all of us working together is what makes us the great association we are today," he said. ■

Starting Out

Mentors shape dentistry's future

Washington, Connecticut help students leap from classroom to practice

By Karen Fox

From promoting mentors to reinvigorating American Student Dental Association chapters, the ADA and its constituents are reaching out to communicate the benefits of organized dentistry to every dental student during his or her tenure in dental school.

Two constituent society programs were honored for such endeavors with ADA New Dentist Committee Awards of Excellence at this year's Golden Apple Awards in Honolulu. The Washington State Dental Association received the top prize for its Mentor Program, and the Connecticut State Dental Association earned an honorable mention award for its hand in revitalizing the ASDA chapter at the University of Connecticut School of Dental Medicine.

Dr. Steven S. Broughton, chair of the WSDA committee that provides liaison with UW and new dentists, says the secret to WSDA's success is longevity. "UW students are matched with their mentors from the first day they begin dental school," he said, adding: "And it's rare for students or mentors to drop out of the program."

Dr. Broughton said his committee also benefited from having representation from WSDA members who had mentors themselves when they were students. "The committee really has some longevity. We could develop programs that we had an interest in as students and make them stronger, such as student conferences, the 'suite of dreams' tour of WSDA members' offices and the mentor program. It's allowed us to really build those programs and make them effective."

Washington State's mentoring program began in 1994. The program started out linking fourth-year students at the University of Washington School of Dentistry with practicing dentists in the community. Over the years, mentored students began sharing experiences with others, motivating the dental school to provide mentors for younger students, too.

All individuals and organizations with a hand in the WSDA mentoring programs have different theories on the program's success.

Dr. Paul B. Robertson, dean of the UW School of Dentistry, says the WSDA's mentoring program creates a strong connection between dentists, students and the practice community, and the program has the potential to foster those relationships toward improving patient care.

"One of the problems dental schools have is they tend to teach in disciplines. One problem students have is trying to integrate disciplines to the comprehensive care of patients," said Dr. Robertson. "Students take comprehensive courses, but patients need total care. The mentor has a broad view of integrating all the little pieces of oral care into total care of patients."

A UW graduate and general dentist who has been in practice for two years, Dr. Broughton was a member of the first UW class to be assigned WSDA mentors. During his second year of school, he knew he wanted to enter private practice: a decision he attributes to having spent time with his WSDA mentor.

"I think every student wonders what private practice is going to be like. This is a good opportunity to talk to someone and find out what it's like," said Dr. Broughton, who bought his practice from a retiring dentist the year he graduated from dental school.

"I picked up some gems from my mentor," he noted. "I remember going through his office and listening to him talk about how he arrived at his decisions to structure his office the way he did. It was helpful because through him doing it, I learned something, too. I took his situation into consideration when I was making decisions about my own practice."

"I think the dental school experience is so didactic and clinically based that students really need these mentors," said Norman Bunch, a UW fourth-year dental student.

"I've had a mentor for the past four years who is a UW graduate out of school for almost 18 years," he commented. "He has invited me to his office, which helps me learn the business aspects of dentistry. I've learned a lot from him regarding staffing issues and scheduling patients."

Mr. Bunch, who is currently applying for pediatric dental training, said the mentor program benefits students not only by providing instruction in practice management issues not covered by dental school education, but also reminds students why they decided to pursue a dental career.

"It's a nice window outside school to help you keep your perspective. You spend time outside school going to see your mentor and visiting his practice, watching what's going on. It's nice to interact with someone in dentistry who has a different point of view," he said.

Added Dr. Robertson: "It gives students a strong sense of belonging to the profession from the day they enter dentistry."

"The new dentist is our future, really," said Dr. Doug Callis, CSDA New Dentist Committee chair. "With all the new dental technology, a top priority of ours should be to get the new dentist motivated, which really starts at the student level. Getting students motivated to be happy and enjoy dentistry will motivate them to be a part of organized dentistry. Eventually, you'll open up and share ideas."

CSDA's New Dentist Committee began working with the UCONN dental school in 1997, with the goal of finding out how CSDA could improve communication with the dental school and breathe life into the school's ASDA chapter.

"When we started out there was nothing," said Tamara Goodman, a fourth year UCONN dental student who played a key role for both ASDA and the constituent society and is credited with the UCONN student body's enthusiastic response.

"The ASDA chapter existed for years at UCONN, but it was little more than people paying dues to the national organization and receiving some publications. There was not much student involvement with CSDA," she said.

Golden Apple for ASDA program: Key players in rejuvenating Connecticut's ASDA chapter celebrate in Honolulu. From left: Dr. Bertram Cronson, CSDA president-elect; Tamara Goodman, ASDA vice president; Dr. Karen Mendelsohn, new dentist committee member; Dr. Jack Mooney, former committee chair; and Dr. Harold Gaynor, CSDA president.

Mentors: Dr. Steven Broughton (center), committee chair, proudly accepts the 1999 Golden Apple Award in Honolulu. Flanking Dr. Broughton are Stephen Hardymon, WSDA executive director, and Dr. Mary Krempasky Smith, WSDA president.

A summer ASDA administrative externship sent Ms. Goodman home inspired to motivate her fellow UCONN students to become more actively involved in the school's ASDA chapter, and she saw the constituent society as a resource.

"There is so much that organized dentistry can offer students, and most students don't even know these resources exist," she said. "I came home, went to CSDA and asked, 'What can you do for me?'"

Linking dental students with practicing dentists in the community was the main objective, so ASDA representatives at UCONN, the dental school's faculty and CSDA decided to sponsor monthly lunch-and-learn events in which CSDA members were invited into the school to discuss topics that were selected by dental students.

UCONN's monthly lunch-and-learn programs quickly evolved into some of the most popular and well attended events at the school.

"The leadership as CSDA and its members have been wonderful about interacting with students," said Dr. Peter J. Robinson, dean of the UCONN School of Dental Medicine.

"We've turned the corner from a decade ago when there was concern about 'busy-ness' in practice and many dentists saw dental students as competitors. Now there is no doubt in my mind that they see them as colleagues. We've gotten together to teach students from the day they walk in the door that they are members of this profession," he said.

Dr. Robinson added that the lunch-and-learn topics are student controlled, which is another reason "they don't feel encumbered by attending." Topics include marketing, ergonomics, the business of practice, specialties, treating the underserved, as well as special events such as "vendor day" and social events like holiday parties.

"We're really in a new era in the relationship between dental schools and associations. We need each other and we're partners in solving oral health problems," said Dr. Robinson. "What we're doing here is capturing these people early and having them be part of organized dentistry."

Ms. Goodman said one of the reasons the CSDA's program with UCONN thrives is that students are simply pleased to be involved in educational opportunities that are separate from the academic side of dental school.

"I think the basic medical curriculum is so intense at UCONN that students were yearning for something else," said Ms. Goodman, adding that most of the dental students who attend the lunch-and-learn programs are first and second year students. "One of our first speakers from CSDA was a UCONN grad who said during his presentation: 'I wasn't the brightest guy in my class, but I made it successfully and so can you.' Things like that are really inspirational to students."

"These activities between the UCONN dental school and CSDA have really improved the way the dentists view students," said Dr. Karen Mendelsohn, a consultant to the CSDA's New Dentist Committee who has been involved with the project to revitalize UCONN's ASDA chapter from the beginning.

"It shows the students care about what happens outside dental school," she said. "We're exposing them to different parts of dentistry that take place after graduating from dental school. That's really what the program is all about." ■

New generation meets real world

Government, finance and practice management seminars bringing experience to dental schools

By Karen Fox

Some say it's all about the pizza.

But to many participants, the myriad of programs that bring experienced ADA members and staff into dental schools to teach students about the real-life issues facing new dentists provides invaluable insight into financial management, advocacy, professional ethics and transitioning from education or advanced training to dental practice.

The dental school outreach initiatives usually offer students a free lunch—pizza, in most cases—as an added attendance incentive. Speakers represent the ADA's Committee on the New Dentist or ADA staff/leaders from the Councils on Dental Practice; Ethics, Bylaws and Judicial Affairs; Government Affairs; and the Division of Membership and Dental Society Services.

Regardless of its topic, the programs' central goal is to prepare dental students to enter practice knowing they are supported by their professional colleagues.

But they appreciate the pizza, too.

There are currently six dental school outreach programs:

- Pizza and Politics—Designed to promote the value of political action for students and practicing dentists, Pizza and Politics has visited 36 U.S. dental schools. Students learn about licensure and tax issues, such as interest reduction on student loans, and find out how they can become involved with political action. For many students, Pizza and Politics, which the Council on Government Affairs developed, is their introduction to political activism. For information, contact Judy Pulice at Ext. 3520.
- Smart Start Program—Tailored to focus on the needs of first-year dental students, Smart Start highlights ADA resources that support dental education. Students also learn the importance of smart financial management in order to alleviate the increasing level of debt.

The Committee on the New Dentist developed Smart Start and offers it in conjunction with the Transition Program (see below). For information, contact April Kates at Ext. 7470.

- Student Indebtedness Seminar—One of the newest outreach initiatives, the Student Indebtedness Seminar was developed by the Council on Dental Practice to address the ADA's concern about the increasing level of dental student debt.

Topics include financial management and budgeting, borrowing money, long-term effects of debt and the dynamics of the financial market. Members of the CND present the program. For information, contact Dr. Albert Guay at Ext. 2844.

- Success Program—Success is one of the Association's most popular dental school outreach programs. The Council on Dental Practice launched the Success Program, now in its 17th year, to address the business needs of senior and junior dental students facing career and business decisions before graduation.

The Success Program functions in two ways: utilizing the ADA publication, "Starting Your Dental Practice: A Complete Guide," which more than 4,000 senior dental students have received this year. The guide includes information on choosing a practice location, buying a practice, office design, staffing, records systems, benefits plans, insurance and more.

The second component is a one-day practice management seminar offered to juniors and seniors, "Starting Your Dental Practice," covering topics such as life after dental school, associateships, dental management service organizations, the dental office team, the basics of dental prepayment and managed care, practice financing and marketing. Those attending also receive a seminar manual on starting a dental practice.

Corporate funding has helped the Success Program attain its goal of providing a presentation and resources on a biennial basis to each school in order to reach every dental student prior to graduation. For information, contact GraceAnn Gross, Ext. 2882.

- Starting Your Dental Practice: An Ethical Perspective—The Councils on Ethics, Bylaws and Judicial Affairs and Dental Practice created this half-day program, now in its sixth year, to acquaint junior and senior year dental students with the ethical aspects of starting a dental practice. Through lectures and case studies, speakers from the council present ethical dilemmas that new practitioners face. Students are given an opportunity to apply the ADA Principles of Ethics and Code of Professional Conduct to current ethical dilemmas. For information, contact Wendy Wils at Ext. 2542.
- Transition Program—Primarily for senior dental school students and some junior students, the Transition Program demonstrates how ADA member resources can assist students making the transition from dental school to practice or advanced dental education.

Those attending receive first-hand information on the benefits of organized dentistry, including resources on practice management and insurance programs. The CND offers the Transition Program in conjunction with the Smart Start Program. For information, contact April Kates at Ext. 7470. ■

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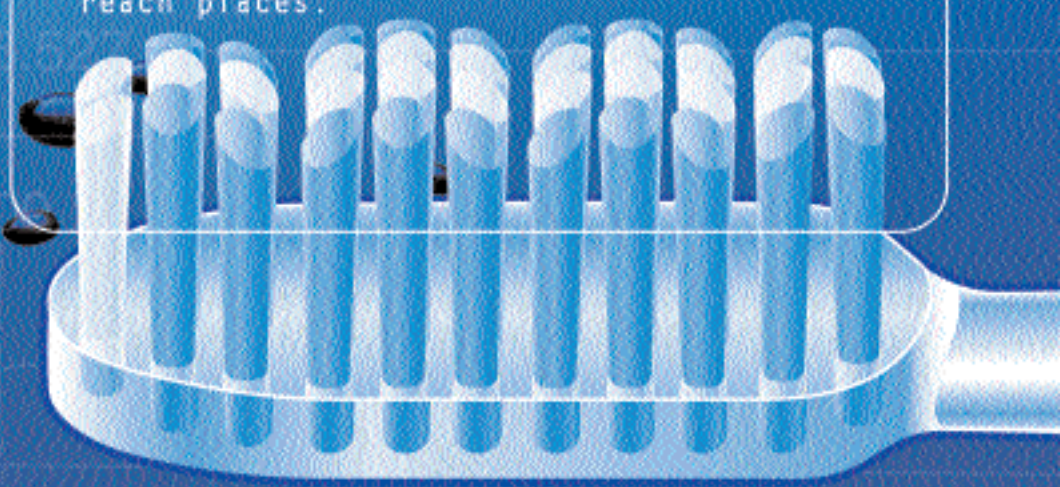

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