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ADA News - 10/02/2000

American Dental Association, Publishing Division

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AMERICAN DENTAL ASSOCIATION
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OCTOBER 2, 2000 www.ada.org VOLUME 31, NO. 18

BRIEFS

ADA's first Webcast ready to premiere

The ADA kicks off the 141st annual session with its first Webcast, "Get Connected to a New Smile," with a cosmetic dental procedure performed live Oct. 12 on the Internet.

Dr. Paul Landman, a general dentist, will perform the procedure from his office at the Manus Northwestern Oral Health Center in Chicago, followed by a question-and-answer session addressing patient inquiries.

ADA members are advised to encourage patients to tune in for the Webcast by visiting ADA.org from 11 a.m. to 1 p.m. (CDT) on Oct. 12. Those watching the Webcast must download

RealPlayer software or upgrade their browsers. ADA.org will provide a link for free downloads.

The original Webcast procedure and question-and-answer session will be repeated from 7-9 p.m. that same day and archived on ADA.org for the following 30 days. The Discovery Channel's Web site, "www.discovery.com", will carry the Webcast, too.

For more information, contact the ADA's Division of Communications at Ext. 2806. ■

INSIDE

New look

ADA.org debuts its redesign this month. **Story, page 34.**

Data bank bill stalled

Rep. Norwood: Opening it won't improve patient care

BY CRAIG PALMER

Washington—The House Commerce Committee convened hearings Sept. 20 on proposed legislation to give the public access to confidential disciplinary information on physicians and dentists stored in the National Practitioner Data Bank.

"This legislation is about protecting patients, not targeting doctors," said the committee chair, Rep. Thomas J. Bliley Jr., a Virginia Republican who has single-handedly in the 106th Congress pushed public access to the adverse action and malpractice payment reports on

■ **Patients' rights bill pushed in ads, page eight**

physicians, dentists and other practitioners stored in the data bank. "Let patients check out their doctors," he said. "Americans have a right to view this information."

The proposed legislation, HR 5122, would make National Practitioner Data Bank information "available to the public, without charge, through the telecommunications medium known as the World

See DATA BANK, page nine

Welcome home, ADA: Chicago, home to the American Dental Association, awaits this year's annual session. Must-know details about session begin on page 23.

Delegates head to Chicago

Renovation, new district proposed

BY KAREN FOX

Major decisions affecting the future of the ADA await the 2000 House of Delegates later this month.

As of press time, more than 60 resolutions were set for the delegates' debate in Chicago Oct. 14-18.

The resolutions up for consideration cover renovation of the ADA headquarters building to a proposed new trustee district and the dentist's right to administer anesthesia.

The proposed American Dental Association policies will be considered by 427 delegates. The following list highlights major resolutions filed

See DELEGATES, page 32

PROFILE

Dr. Meskin to step down

JADA editor to depart after next year

BY JAMES BERRY

In mid-September, staffers with The Journal of the American Dental Association received a personal letter from JADA Editor Lawrence H. Meskin.

"For 10 years, I have enjoyed working with you, the JADA crew, in producing a journal that has no equal," wrote Dr. Meskin. "Your

■ **Excerpts of his editorials, page 40**

success has been my success. I will miss being part of the team."

No matter that those who got the letter included a production assistant who'd been with ADA Publishing for just two years. ("Ten years ago, I was a senior in high school," she said.) This was vintage Larry Meskin.

Small, human gestures that acknowledge the feelings and contributions of others are a trademark. It's just like him to fret over how secretaries and copy editors and relatively new production assistants would

See DR. MESKIN, page 41

Fond farewell: Dr. Meskin, at a podium last year, will leave the JADA editorship Dec. 31, 2001.

ADAHF announces new publication for donors

Learn how the foundation works

The ADA Health Foundation announces the publication of Contributor, the foundation's new biannual newsletter.

Designed to provide information to current donors about how their contributions are helping make clinical dentistry better, Contributor also aims to encourage support for the foundation's research, education and access programs.

The ADA Health Foundation, the charitable arm of the American Dental Association, is the nation's premier non-profit organization dedicated to enhancing clinical dentistry for dentists and their patients. Grant applications are considered by its board of directors in support of research, education and access programs.

For more information or to receive a copy of contributor, contact the ADAHF by phone at 1-312-440-2547; by fax at 1-312-440-3526 or by e-mail at "adahf@ada.org". ■

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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.org.

AtPressTime

'Invisalign' attracts press, public attention

You may have seen their television ads.

Two sisters greet each other, apparently after a long absence. One wears full orthodontic braces. The other appears to have a Hollywood smile.

"Hey, I thought we were going to do this together," says the sister with braces.

"We did," says her sibling.

Turns out the sister without the brackets and wires is wearing a clear plastic tooth "aligner" from the Invisalign system, which uses "cutting-edge 3-D computer graphics technology to design and manufacture" the mouthguard-like aligners, according to the company's Web site, "www.invisalign.com".

Invisalign is the brand name of Align Technology Inc., of Sunnyvale, Calif. Founded in March 1997, the company promotes its system as "an alternative to conventional wire-and-bracket technology," which it acknowledges is "not designed to treat patients with mixed dentition and/or growing palates, and therefore is not appropriate for children."

The company says it uses its computer technology to create from 12 to 48 plastic aligners, depending on the orthodontist's judgment of patient need. Each aligner is worn for about two weeks in succession and removed only for eating, brushing and flossing.

■ "The company acknowledges that the Invisalign system 'is not appropriate for children.' "

Costs of Invisalign reportedly run much higher than conventional orthodontics.

USA Today reported Sept. 26 that "Invisalign is expected to be 20 percent to 50 percent more expensive than traditional braces, which typically cost $3,500 to $5,000."

Align Technology says it has trained more than 1,000 orthodontists to use its system, which it says is being studied through clinical trials at the University of the Pacific School of Dentistry and in 26 private orthodontic practices across the country.

The company says it also is "conducting a research project with the orthodontic and engineering departments at Indiana University and will soon start a second university-based clinical study at the University of Washington."

Ronald S. Moen, executive director of the American Association of Orthodontists, said the AAO takes "no official position, pro or con," on any particular orthodontic technique.

"That is a decision best left to the orthodontist in consultation with the patient," he said.

Dr. Robert Waxler, an orthodontist in Manchester, Mo., said he's been using Invisalign for about a year and has roughly 40 patients at various stages of treatment.

"It's a very good additional tool," he said of the Invisalign system. "But there are many, many problems it can't handle and never will be able to handle. It certainly doesn't replace braces." ■

—Reported by James Berry

All ears: The American Association of Endodontists convened a meeting July 26 of its dental specialty group task force at ADA headquarters. The AAE invited the ADA Council on Government Affairs, the ADA Health Foundation and ADA Council on Dental Education and Licensure to listen in as AAE board members discussed issues related to faculty recruitment and retention.

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

Reunited: oral health and the body

It was quite an achievement—as monumental as getting a male patient to become a regular flosser. After 10 years and three billion dollars, the Human Genome Project recently announced success in solving the human genetic code. Enthusiastic observers can see prevention and even cure of inherited diseases just around the corner. They see us repairing or regenerating our own failed body parts.

Dentistry has long been a profession that readily adopts technological advances. For example, X-rays had been discovered only six months before the first dental radiograph was taken. Putting knowledge of the human genetic code to work will provide our patients with more ways to maintain or restore good oral health. Already scientists have grown a tooth on the adrenal gland of a rat. This experiment may lack clinical applications now, but it lets us imagine what the future may hold for our profession and patients.

Richard J. Mielke, D.M.D.

Knowing where to find a gene on the twisting strands of our DNA is not the same as understanding how our genes work together. Although there are genes that control the development of our dentition and supporting structures, no one has pointed to a DNA strand and identified it as the "dental section." The long-standing artificial division in health care between the oral cavity and the rest of the body may finally be swept away. Health care could become much more integrated in the future. Medicine and dentistry are destined to become cross-linked, like the strands of DNA.

The move in this direction began before the completion of the genome mapping. The effects of systemic disease upon dental health has long been appreciated by our profession. Recently the reverse has been shown to be true as well, when periodontal disease was postulated as a causative factor in heart disease, diabetes and other conditions. Ongoing research continues to explore this relationship. In a study just completed at Oregon Health Sciences University, for example, diabetics who went on a rigid oral hygiene program reduced their blood sugar levels.

With the integration of health care knowledge, vigilance by our profession is essential. As the oral cavity becomes reunited with the rest of the body, dental practice and dental education may change. The challenge for dentistry is to maintain and strengthen its identity as the profession with the most expertise in the oral cavity. We do not want to become simply the cleaning and repair people of the mouth, even if we can also provide winning smiles.

Even as we watch for new information on disease inter-relationships and

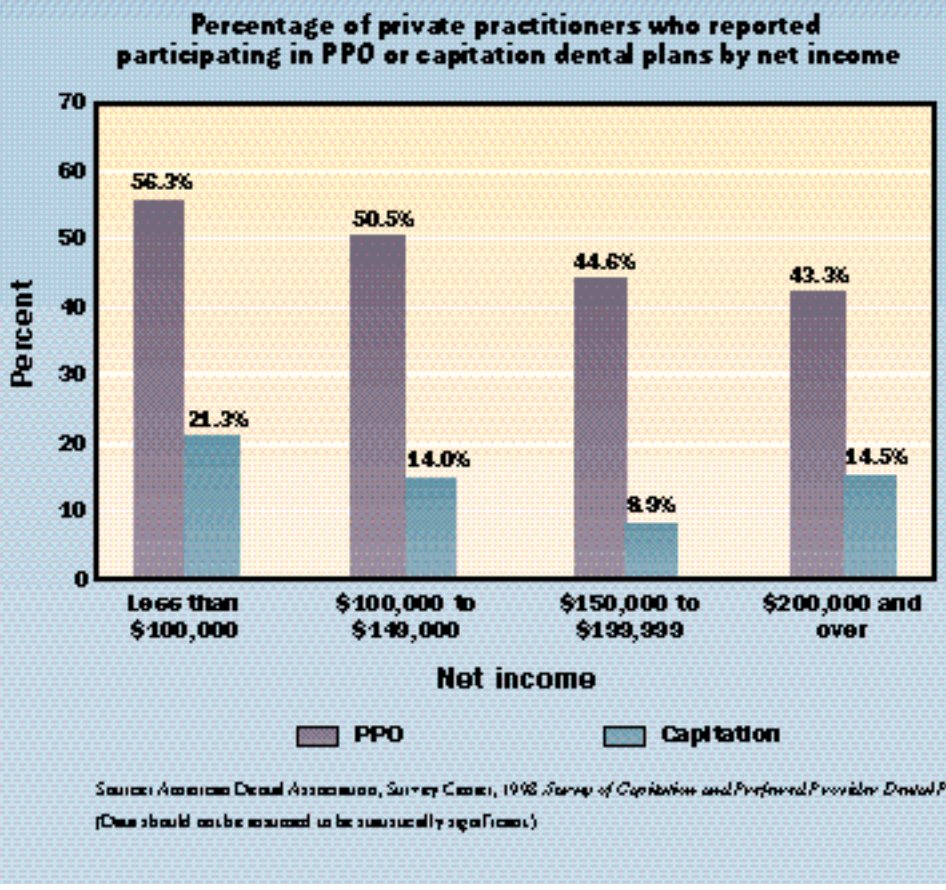
See MY VIEW, page five

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".

Dental income

A relationship may exist between dentists' net income and preferred provider organization or capitation plan involvement. Dentists with the highest net income reported the lowest level of involvement with such plans.



Source: American Dental Association, Survey Center, 1998 *Survey of Capitation and Preferred Provider Dental Plans*
(Data should not be assumed to be statistically significant.)

Letters

Credentialing

I had browsed the article in the Aug. 7 ADA News titled, "Credentials Verification Surveys," and it sparked curiosity about credentialing services.

Earlier this year I had signed on with a dental plan. About two months after receiving plan approval, I got a letter from a credential firm hired by health care organizations to re-verify licensure and blah, blah, blah. The letter states, "Regulatory guidelines require a periodic credentialing process. All documents must be collected and verified within a limited time frame. Any delays could force us to ask you for the same information again." Which regulatory guidelines? What period? What time frame? And what about this alleged use of "force"? Gosh, I hope I have not "forced" them to do anything. I was not aware I had these hidden powers of "force."

Then there is the letter from another company that states, "Information about your practice and credentials is available to the public on the Internet. In some cases this information may be derogatory to reflect consumer complaints or state board actions. Your reputation is valuable and we encourage you to take a few minutes to check your record for accuracy and completeness."

I'm not sure who these people are, but I'm glad I have their encouragement, and I commend them on their usage of the words "some" and "may."

As a practicing dentist, I am accredited by the state board, my accreditation credentials are then credentialized by accreditation credentializing organizations that are accredited by another organization. SOME people MIGHT think that interpreting credentials is a tedious and complex process, much akin to nuclear physics. Others MAY feel that organizations associated with credential verification have created yet another business niche providing a useless service at the expense of everyone else.

May the "force" be with you.

Patrick R. Cone, D.D.S.
Corpus Christi, Texas

British anesthesiology

As one who is both a dentist anesthesiologist and an oral and maxillofacial surgeon, I have completed thousands of cases as an anesthesiologist and also as a single operator anesthetist.

I have viewed with great interest the machinations of various factions within the ADA over the past several years with regard to questions about the proper place of anesthesia in dentistry.

Historically, since the time of Horace Wells, dentists have enjoyed cutting-edge positions from the seminal development of the science to being in the vanguard of those perfecting outpatient anesthesia techniques currently employed in most areas of the country for surgical procedures of all types.

As evidenced by the article in the Sept. 4 ADA News (England to Prohibit General Anesthesia Use in Dental Offices"), it is ironic that dentists, who have an unsurpassed safety record, be they dentist anesthesiologists or oral and maxillofacial surgeons, relative to any other type of provider in any setting, are in very real

See LETTERS, page five

Letters

Continued from page four

danger of legislatively losing pain relief options, that is, general anesthesia, they have enjoyed for over 150 years.

The loss of office anesthesia will not be because of any relative danger in the provision of anesthesia services by dentists, but because of the politics of numbers (dentists anesthesiologists and OMS provider numbers are dwarfed by the M.D./D.O./C.R.N.A. provider numbers).

The second reason dentistry will lose office anesthesia is because of the in-fighting prevalent between various ADA factions. The defeats of anesthesiology as a specialty within dentistry were short sighted and will be seen to be Pyrrhic victories in the near future.

The ADA will soon begin to understand that any imagined detriment stemming from approval of the specialty would have been inconsequential compared to the loss of office anesthesia from the real foes, uninformed or opportunistic legislators and competing anesthesia providers outside the dental ranks.

It is obvious that the incorporation of anesthesiology as a specialty of dentistry is long overdue and would have done much more to preserve our rich heritage in anesthesiology than any other vacuous solution proffered, including the three resolutions going before the House of Delegates this year.

Finally, it is indeed tragic that in the future our patients will have severely limited access to anything more than traditional local anesthesia in the office setting. Those who need or want more than local anesthesia will have to pay significantly higher fees for services in a less optimal environment, if they can be shoehorned into already overcrowded operating rooms at all.

Perhaps it's not too late to preserve our anesthesia heritage and provide services our patients want and deserve. Does the ADA even care?

Daniel L. Orr II, D.D.S., Ph.D., J.D.
Anesthesia coordinator
Nevada Society of Oral
and Maxillofacial Surgeons
Clinical professor of surgery
University of Nevada Medical School

Editor's note: The 1999 House of Delegates rejected a resolution proposing specialty status for dental anesthesiology.

Wake-up call?

The article regarding British general anesthesia regulation changes should serve as a wake-up call to the profession. Though this scenario may be unlikely in the United States, we should be concerned. It has always been the contention of our medical colleagues that the administration of general anesthesia is the practice of medicine. With this in mind and after reading the complete report on the Web site given, I felt a few important issues had been overlooked.

It wasn't clear in the ADA News article that physician specialists were responsible for all three recent pediatric anesthesia-related deaths and that most general anesthetics in British dental offices after release of the 1990 Poswillo Report were administered by physician specialists. These latest three pediatric deaths occurred in the hospital (one patient) and office venues (two patients). All three tragedies were deemed preventable for a variety of reasons. The recent July 2000 British Department of Health report indicated physician training programs had placed a "low priority" on "the training of specialists in general anaesthesia for dental treatment." As a remedy, the report suggested "that all anaesthetists in training … must be able to demonstrate that they have devoted an appropriate part of their professional training to cases involving dental treatment and … should be able to resolve any problems associated with sharing a patient's airway with a dentist." To ensure the adequacy of qualified physician anesthetists to meet future "demand" for general anesthesia for dental procedures, the report included the following recommendation: "There is a need to monitor and ensure the future provision of anaesthetists with adequate training and experience of general anaesthesia for dental treatment."

Shouldn't organized dentistry in the United States develop educational opportunities to ensure proficiency training in the administration of general anesthesia by dentists, not just our oral and maxillofacial surgeon colleagues?

Additionally, the July 2000 British report's Executive Summary includes the following important conclusions:

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MyView

Continued from page four

genetic information to come forth in the future, the genome mapping may begin to have unanticipated results. Health insurers may want to run a genetic analysis on applicants for insurance. Rates for coverage may vary from one person to another like airline ticket prices today. Some really bad genotypes may be denied coverage altogether.

In addition, after preaching responsibility for one's own health maintenance, we may see a regression in response, as people begin to take a fatalistic view of their future health, based on their genes. Anticipating this reaction, the prestigious New England Journal of Medicine included an article in its July 13 issue warning that lifestyle still has a great effect on health, despite all the hoopla about genetic determinants.

It would be ironic if dentistry's great success in reducing the incidence of dental disease by making people participants in their own health maintenance were stalled by a development holding such promise for further prevention benefits. We may never get those men to floss.

Dr. Mielke is editor of the WSDA News, the publication of the Washington State Dental Association. His comments, reprinted here with permission, originally appeared in the August issue of the WSDA News.

Letters

Continued from page five

● Despite a large number of expert reports that have been aimed at improving such standards, it seems that patients are still vulnerable to unexpected death or non-fatal complications occurring outside hospital in circumstances thats seem to be avoidable.

● It is unlikely that further attempts to refine general anaesthesia in dental practice outside hospitals through guidance, inspection and enforcement will provide sufficient assurance.

Clearly, our British medical and dental colleagues have realized that standards of care for the administration of general anesthesia cannot be mandated or legislated for the dental profession. This applies to state regulation of sedation and general anesthesia in the United States as well. Unfortunately, the British solution was extreme and will negatively impact patient access to dental care. Little, if any, consideration was given to improving postdoctoral general anesthesia training within dentistry.

The best way to raise the standards of care in general anesthesia for dentistry is through improved postdoctoral education. This is true of any health care discipline. This is best achieved with development of Standards for Advanced Education in General Anesthesia to improve clinical and didactic training through an accreditation process.

Unfortunately, the Commission on Dental Accreditation's accreditation process is linked to specialty recognition. Shouldn't organized dentistry in the United States take a more proactive approach to improving postdoctoral education in general anesthesia for all dentists? Wouldn't accreditation (even if it takes specialty recognition) do more to improve standards of care and provide academicians for future predoctoral and postdoctoral education in sedation and general anesthesia? In my view, there seems to be something vital missing from organized dentistry's plans to improve standards of care in deep sedation/general anesthesia and improve access to care for a large subset of patients.

James W. Chancellor, D.D.S.
Past president,
American Society of
Dentist Anesthesiologists

Editor's note: The ADA Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry (Part Two) are intended to provide direction for "education programs in anxiety and pain control offered at the advanced level (graduate or postgraduate)." Association policy supports the right of dentists who are appropriately trained to use conscious sedation, deep sedation and general anesthesia, and is committed to ensuring their safe and effective use.

The struggle continues

Let me preface this by saying that I realize the organization wouldn't dare print this, but here goes:

Anesthesia—the struggle continues; It came as no surprise to me when I read of the infighting within American Academy of Oral and Maxillofacial Surgeons regarding their own double-degreed (M.D., D.D.S.) people. Mind you, this is the same organization that stands to block the doorway of anesthesiology becoming a specialty within dentistry.

It has been stated many times before that a prime reason that so much of the population refuses to seek dental care is their perception of fear associated with routine dental treatment. The answer to this dilemma is and has been at hand for many years: adequate training in advanced pain control.

As a dentist anesthesiologist, many of the patients I treat are those who have been traumatized at one time or another by someone attempting to treat them by conventional means.

Also, many practitioners often query me about how they can receive training in intravenous sedation or general anesthesia techniques.

Sadly, I have to tell them that the training they desire is virtually non-existent. That the avenue to bring more patients into the fold is closed largely because of the efforts of "our own" special interest group who desire to keep this skill in their own vest pocket. A prime example of dentistry again shooting itself in the foot.

And we wonder aloud at the media frenzy over TV shows like "20/20" and "60 Minutes" regarding issues like mortality (read as death) in the dental office.

We have lost and are rapidly losing the capability of being responsible for our own training in anesthesiology because oral surgeons want to ensure that they are the only dentists capable of performing this modality.

So to conclude, I'm not surprised that they are fighting within themselves over the issue of the double-degree. They have also fought other things that would definitely be of benefit to dentistry and the public at large.

Albert R. Conley, D.D.S.
Takoma Park, Md.

UIC dental school to offer tours during session

The University of Illinois at Chicago College of Dentistry will host a gallery reception and tour of the college Oct. 15, coinciding with the ADA 141st annual session.

The college tour and open house reception of the Kottemann Gallery of Dentistry is scheduled from 5-6:30 p.m.

Shuttle buses will depart McCormick Place, site of the ADA annual session, between 4:30-5 p.m. and return to ADA session hotels between 6-6:30 p.m.

Parking will be available for those who wish to drive.

For more information, contact Bill Bike at 1-312-996-8495; by e-mail "billbike@uic.edu". ■

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Government

Health care groups tell Congress

It's time to "get serious and pass a real patients' bill of rights"

BY CRAIG PALMER

Washington—Physicians, dentists and other health care and patient groups urge the U.S. Senate in new television ads "to get serious and pass a real patients' bill of rights" before Congress adjourns.

Advertisements began airing Sept. 14 in selected states with appeals to viewers of popular TV news and talk shows to lean on senators running for re-election to vote for patients' rights legislation before Congress adjourns next month for the fall elections.

Legislation—which is supported by the American Dental Association, American Medical Association and more than 60 health care and patient groups—is stalled as Congress heads into its final weeks of business.

"U.S. Senate: Time is now for patients rights," says the TV ad unveiled at a Sept. 13 AMA news conference. "Call your senator," the ad urges viewers as a toll-free "800" number appears on the screen.

The new ad campaign is supported by the AMA and a 67-organization Patient Access Coalition, whose members include the American Dental Association. The ads will appear initially in Michigan, Missouri, Pennsylvania, Delaware, Washington state and the Washington, D.C., metropolitan area.

"We are within one vote of victory in the Senate," said AMA Board Chairman D. Ted Lewers, M.D. "Time is running short and the Senate needs to put patients first and give them the protections they need and deserve. Today's ad is aimed at securing at least one extra vote. We'll keep the pressure up even into this election. It will be an election issue."

The American Dental Association separately pressed the Senate, in letters to each senator, to cover freestanding dental plans in patient rights legislation. "Dental patients deserve the same recourse as medical patients when a plan improperly denies a claim, regardless of whether the denial occurs before or after the patient receives treatment," said Sept. 7 letters signed by ADA President Richard F. Mascola and Executive Director John S. Zapp.

■ "Dental patients deserve the same recourse as medical patients when a plan improperly denies a claim, regardless of whether the denial occurs before or after the patient receives treatment," said the ADA.

"The patient bill of rights would eliminate the confusing patchwork of state rules, providing medical patients with the same baseline of protections against managed care abuses, regardless of where they live," the ADA officials said. "Dental patients should receive no less."

House-Senate negotiations on a compromise bill are stalled and the clock is running out on the 106th Congress, which is aiming for an Oct. 6 adjournment.

The chief sponsors of bipartisan legislation passed overwhelmingly by the House of Representatives last year say they have revised their measure to address the concerns of Senate members who oppose or support narrower patient rights legislation. But a draft of the compromise legislation came under immediate fire from business groups opposed to patient rights legislation. ■

Government

Data bank

Continued from page one

Wide Web of the Internet."

Rep. Bliley has announced his retirement, and his bill is unlikely to move in the few remaining weeks of the 106th Congress. The very idea of opening the data bank to public scrutiny prompted bipartisan protest from Commerce Committee members and health provider organizations.

The American Dental Association, American Medical Association and American Hospital Association are among organizations opposing public access to the data bank.

"Simply opening the National Practitioner Data Bank is a bad idea that will do nothing to improve patient care," said dentist/Rep. Charlie Norwood (R-Ga.).

Physician/Rep. Tom Coburn (R-Okla.), who is also retiring from Congress, said, "Patients ought to be choosing their doctors on the basis of recommendations by other patients and no other way."

However, the bill picked up the support of patients, consumer and employer groups who argued passionately for "lifting the veil" on data bank files. The National Association of Manufacturers said it "strongly supports" passage of legislation, if not in the current Congress, the next.

"The chairman's bill seeks to give consumers a powerful tool with which to evaluate individual physicians by providing access to the National Practitioner Data Bank, a taxpayer-funded entity," said Patrick Cleary, NAM vice president for human resources policy.

The Clinton administration, which manages the data bank, took a neutral stance on the bill, offering to "work with Congress on any legislative proposal that improves the data bank" and recommending continuation of the bank's authority to collect fees for providing information. The administration witness, Thomas Croft of the Health Resources and Services Administration, said the bank is financed not by taxpayers but by user fees.

But even among congressional opponents, including some who charged that the legislation was politically motivated—a charge Rep. Bliley rejected—there were acknowledged seeds of "consensus" and "common ground" toward giving the public more information about sanctions taken against health practitioners, perhaps with legislation in the next Congress.

"I believe there is consensus for getting better information out to the public," said Republican Rep. Greg Ganske, an Iowa physician who opposes public access to the practitioner data bank.

"I have no problem with state boards of licensure information being gathered and made available." Several committee members said there might be "common ground" on legislation giving the public access to data bank files that are peer-reviewed before release.

Other committee members said it was appropriate and necessary to raise questions about the data bank and public access.

"This bill may or may not be the solution to a problem but it is certainly a start," said Rep. Ed Bryant (R-Tenn.).

"It is most appropriate to consider this legislation," added Rep. Bill Luther (D-Minn.). ■

Dental coverage expanded for military retirees

By Craig Palmer

Sacramento, Calif.—Expanded dental coverage for an estimated 4.2 million eligible military retirees and family members takes effect Oct. 1, the contractor, Delta Dental Plan of California, and military officials announced jointly.

"This is a dramatic benefit expansion that responds directly to input received from Uniformed Services retirees on what dental benefits they want and are willing to pay for," said Navy Capt. Lawrence McKinley, Tricare Management Activity senior consultant for dentistry.

Enrollment in the expanded Tricare Retiree Dental Program began Sept. 1. The plan is voluntary and funded by enrollee premiums without government subsidy.

The new plan covers all basic benefits currently offered plus coverage for cast crowns, onlays, bridges, partials/dentures, orthodontics, dental accidents, certain diagnostic and preventive services and an allowance toward tooth-colored fillings in the back teeth, a non-covered procedure called posterior composites, said an announcement that was posted at "www.ddpdelta.org".

Current enrollees will be given a choice of upgrading to the new coverage or remaining in the basic plan on a month-to-month basis after completing their initial 24-month enrollment period.

Delta said it will continue to administer the basic plan, which covers some 525,000 retirees and family members, but will no longer accept new enrollees.

Congress authorized military retiree coverage in 1997 legislation and since then has extended eligibility to Public Health Service and National Oceanic and Atmospheric Administration retirees, surviving spouses and dependents of deceased active duty members and dependents of certain military retirees who do not themselves enroll for coverage. ■

Coverage and cost

Health care reform weighs heavy with voters

By Craig Palmer

Washington—Health reform remains "a very important issue" for Congress and this year's presidential election with coverage and cost the two issues Americans most want addressed, said a study of health policy attitudes reported Aug. 30.

Health care is one of the issues the public most wants to know about when candidates articulate their positions, said the non-partisan Center on Policy Attitudes.

The study, including a nationwide poll, a review of other health policy polls and feedback from Richmond, Va., and Cleveland, Ohio, focus groups, is posted at "www.policyattitudes.org".

Education was seen as the most important issue in the upcoming elections with health care a "very close" second followed by social security and foreign policy and defense.

The COPA study finds "strong public support" for both a patient bill of rights and a government mandate requiring employers to provide health insurance for their employees.

"Health insurance for children may be the public's single most important priority for health care reform." Patient rights and children's insurance legislation is pending in Congress but employer mandates have not been on the legislative front-burner in recent Congresses.

Each time the question of children's coverage comes up in public opinion polls, an overwhelming majority, more than 80 percent, favors the general idea of the federal government providing health insurance for uninsured children.

"First, the backbone of health care coverage would be a government requirement that all employers provide health insurance to their employees," the COPA concluded.

"Beyond that, majorities seem ready to have the government directly provide insurance to limited and specific vulnerable populations including the unemployed, children, those approaching retirement age and those with low incomes."

The other big public concern, according to the study, is the question of health care costs. A strong majority believes health costs are rising.

"In most cases, this concern is not derived from unhappiness with the level of their current health care costs but uneasiness that at some point in the future they will have trouble meeting rising costs," the study said.

But Americans "are more conflicted about how to deal with costs," the COPA reported.

"The consensus in the early to mid-1990s in favor of managed care as a way to control costs has broken down. Clearly, many Americans feel that through managed care the health care industry has diminished the quality of care and imposed limits on Americans' access. It is difficult for Americans to accept any such limits."

■ "Clearly, many Americans feel that through managed care the health care industry has diminished the quality of care and imposed limits on Americans' access," the Center on Policy Attitudes reported.

Furthermore, the public does not see the limits imposed by managed care as significantly reducing health care costs, the study concluded.

"If anything, Americans seem prone to try to regain some of the ground they feel they have given up in the movement to managed care. Thus there is strong support for a patients' bill of rights."

The Washington-based COPA is an independent non-profit organization of social science researchers created to give greater voice to the American public and to promote a better understanding of public attitudes.

The study was supported with grants from the Benton, Rockefeller and Tides foundations. ■

Williams lecture scheduled at Baylor

Dallas—Dr. David E. Frost is the Baylor College of Dentistry's guest lecturer for the 3rd Annual Dr. P. Earle Williams Lectureship in Oral and Maxillofacial Surgery .

The lecture is slated for Jan. 20, 2001.

Dr. Frost—a clinical associate professor at the University of North Carolina and Case Western Reserve University—will speak on:

- "Oral and Maxillofacial Surgery in the Developing World: What You Have to Teach and What You Will Learn";
- "Arthrocentesis: Clinically Effective Management of Pain and Mobility Problems."

The lecture is presented in memory of Dr. Williams, a 1926 BCD alumnus and past president of the American Association of Oral and Maxillofacial Surgeons.

Tuition is free; voluntary contributions are accepted. For more information, call 1-214-828-8981. ■

Social Security to review dental resident coverage

By Craig Palmer

Washington—The Social Security Administration may seek "legislative intervention" to assure that 270,000 medical and dental residents pay Social Security taxes, SSA Commissioner Kenneth S. Apfel told Congress.

"We are exploring legislation amending the Social Security Act to clarify that medical residents are covered for Social Security purposes," Mr. Apfel said in an Aug. 22 letter to the U.S. General Accounting Office, Congress' auditing agency.

"We estimate that without legislative intervention, 270,000 medical residents who otherwise would be covered will lose some Social Security coverage over the next 10 years," he wrote. A Social Security Administration spokeswoman said the estimate includes 15,501 dental residents.

"We believe that treating medical and dental residents as students will have adverse consequences for those residents, leading to the loss of Social Security earnings credits and the benefits that derive from these credits," the Social Security chief told Congress.

"Moreover, this loss of coverage will result in a significant loss of revenues to the Old Age, Survivors and Disability Insurance trust funds, $3.9 billion over 10 years" and could have a deleterious effect on the long-range solvency of the OASDI program, Mr. Apfel told Congress.

The GAO, investigating the impact of a 1998 court ruling for the House Ways and Means Committee, attached the Social Security letter and a statement from IRS Commissioner Charles O. Rossotti to its Aug. 31 report to Congress posted at the GAO Web site.

"You asked us to provide information about how IRS and SSA are proceeding since the court decision and what decisions IRS has made about refunding taxes for Social Security paid by medical residents and their employers and the effect of those decisions on the Social Security Trust Funds," congressional auditors said in their report to Rep. E. Clay Shaw Jr. (R-Fla.) who chairs the Ways and Means social security subcommittee.

A federal court ruled that the University of Minnesota was not liable for Social Security contributions for wages paid to certain residents as part of their training in accredited residency programs, often at teaching hospitals. The ruling in part said some residents met certain criteria to be considered "students" and qualified for an exception from Social Security taxes under the Federal Insurance Contributions Act.

Some tax consultants have since advised clients that residents might qualify for a student exception, and some residents and employers are submitting claims to the IRS for refunds, the GAO said.

The IRS is treating refund applications "on a case by case basis," which puts Social Security and the tax collectors at odds, the GAO told Congress. Social Security officials take the view that making decisions on a case by case basis "raises a question of fairness" for residents not affiliated with a school or university and unable to qualify as students, said the GAO report. The IRS has primary responsibility for determining FICA liability, collecting social security taxes and issuing refunds. The SSA maintains records on individual workers' reported wages subject to FICA taxes and disburses benefits based on reported wages.

No federal law provides that residents are uniformly subject to or exempt from paying the FICA tax, the GAO reported. "However, federal law contains provisions under which medical residents could potentially be exempt," the agency said.

The GAO is a congressional agency charged with auditing government programs to determine if public money is being spent efficiently and legislation implemented as Congress intended. ■

President-elect Interview

One man's viewpoint

Dr. Anderton cites goals for the year

This is the second and final installment of a two-part interview with Dr. Robert M. Anderton, president-elect of the American Dental Association. The first segment appeared in the Sept. 18 ADA News. Dr. Anderton was interviewed in August by ADA News Editor Judy Jakush about his objectives for the coming year. Dr. Anderton will be installed as the 137th president of the Association during ceremonies in Chicago Oct. 18 during annual session.

Dr. Anderton: The Surgeon General's Report on Oral Health 'was very favorable to dentistry overall.'

ADA News: What is the future of dentists' autonomy? Will private practice fee-for-service dentistry continue as the majority model; will it be replaced by managed care models; or will it develop into a hybrid? And, ultimately, what will or should the Association's role in this be?

Dr. Anderton: The future of dentists' autonomy is very, very good. What a lot of these companies have found is that dentistry doesn't fit into the same mold that medicine does. I think we're being treated differently and I hope we can continue in that process. I think fee for service will continue to be the majority model.

There will be a greater mix of reimbursement models, but I see the preferred provider organizer having more impact than the capitation model. Dentistry is not a good fit with the capitation model.

Ultimately, the Association's role in this is to keep our members informed of what's going on. It will always be a member's individual choice as to whether he or she wants to participate in a particular type of plan. The ADA has to represent all its members—whether they participate in fee for service only or in managed care such as PPOs, health maintenance organizations or anything else. The ADA, in order to serve our members and the public, has to remain neutral. Our role is to inform the public and our members of the various aspects of these reimbursement models. I think we do a good job at that.

ADA News: The Association is doing more and more to reach members through technology like the Internet and to provide access to e-commerce solutions. What is viable for the ADA to offer?

Dr. Anderton: The ADA soon will be offering continuing education on the Internet, which is really one of the things we can do best. We've put an incredible amount of information on our Web site and there is more involving interactions to come. It's an exciting tool. Members will see significant benefits from the improvement in services.

Part of our electronic communications services include processing insurance claims electronically through the endorsement of WebMD/Envoy and Trojan by ADA Business Enterprises, Inc.—our for-profit susidiary.

The latest development is the government's adoption of the ADA's CDT—Current Dental Terminology, the Code on Dental Procedures and Nomenclature—as the basis for electronic dental claims transactions under the 1996 Health Insurance Portability and Accountability Act—HIPAA. The ADA is at the forefront in this area and will continue to play that role. By the fall of 2002, the U.S. Department of Health and Human Services reports that it will be requiring all electronic dental claims transactions to use the currently valid version of CDT.

ADA News: Fluoridation is once again in the news this year as local communities consider ballots for community fluoridation. There was also recent activity in Congress, and the ADA urged Congress to be wary of "pseudo-scientific literature" about fluoridation. Is the ADA approach appropriate? Should the ADA be doing more?

Dr. Anderton: I had the opportunity to testify

before the Appropriations subcommittee in Washington for increased funding for the Centers for Disease Control and Prevention in support of community water fluoridation. Some 62 percent of U.S. communities are fluoridated, so we're offering help to those communities that are not. The ADA is, and will continue to, do what we can to support fluoridation of community water supplies.

This may be the most significant public service we have provided and it has helped to increase our professional image in the eyes of the public. It began in the 1960s when community water fluoridation was taking hold across the country. Once implemented, in a very short period of time, we began to see a dramatic decrease in the incidence of childhood dental caries. In fact we began to get the reputation at that time as a profession putting itself out of business. We continue to enjoy that reputation.

ADA News: Speaking of the profession that was putting itself out of business, it seems that didn't happen. While the childhood caries rate still remains an issue for those children highlighted in the Surgeon General's Report—the preschoolers who lack access to dental care—most Americans are seeking other services from dentists. What does this trend spell for the future? Could it mean more differentiation in training of dentists?

Dr. Anderton: The awareness and knowledge regarding systemic and oral diseases will continue to grow. There is obviously more and more of an emphasis today on cosmetic and esthetics. I don't believe it will mean any split in how dentists are trained or what the general dentist will be treating. There may be dentists who concentrate on restorative more than other aspects of dental care, but all oral health care is so interrelated that I don't believe it's an issue.

I do believe we will continue to see an increase in demand for dental services. To meet these demands, we may have to change our methods of practice a bit. That could mean increasing the number and type of personnel who work under the doctor's supervision.

■ "I wish every member could go to Washington and follow one of our staff members around. I've never spoken to a representative or a senator who did not speak very highly about our D.C. staff. Our presence is felt very strongly."

ADA News: How do you assess the ADA Washington presence? What should members understand about what the Association does in D.C.? About our grassroots organizational efforts and successes?

Dr. Anderton: We can always use more grassroots support for our legislative efforts. Our Washington staff is very efficient and well trained; and they do an excellent job. I wish every member could go to Washington and follow one of our staff members around. I've never spoken to a representative or a senator who did not speak very highly about our D.C. staff. Our presence is felt very strongly. Our American Dental Political Action Committee and Council on Government Affairs do an excellent job as well. But they need more money, they need more support—the ADA could do more legislatively if we had more funds.

For the past several years, one of the top issues for our members has been advocacy. I hope all of our members realize what we are accomplishing in this area. I had the opportunity to review several bills on access issues in the past three or four months and to make comments on them. Many of my comments were accepted and incorporated. So we, the members of the ADA, do have a tremendous input into the legislative process. Every dollar we spend on advocacy is a dollar well spent.

ADA News: The efforts for licensure by credentials and standardization of clinical examinations have been under way for a number of years. What has the Association achieved so far and what would you like to see happen next?

Dr. Anderton: I and the other officers of the Association are well aware that licensure continues to be the No. 1 issue for students and young dentists. There is much that needs to be done, so we have scheduled a meeting next March inviting all licensure bodies to discuss the issues.

ADA policy supports licensure by credentials and I believe for now that's the most effective thing the ADA can do. No matter what we do, it will still be up to each individual state—the legislatures and the state boards of dental examiners—to make that type of decision. The most effective action we can take—and it's what we are already doing—is to encourage them to allow licensure by credentials. Fortunately, there are only a few states left that do not allow licensure by credentials and we will continue to encourage them to do so.

We are also continuing efforts with the licensing bodies to see if agreement can be reached on standardization of clinical examinations for licensure. Even though progress appears slow, we are moving forward. Bringing the communities of interest to the table was the key in starting this process a few years ago, and it continues to be the essential center of the effort.

ADA News: What do you think about evidence-based dental care? What does this mean for the profession?

Dr. Anderton: I think the real issue for dentistry here is this question: Whose evidence is dental care going to be based on? We have to keep a close watch on how standards are set and used. In the courtroom, we are seeing a trend that requires expert witnesses to base their testimony on some kind of documentable evidence—and not base testimony just on anecdotal or clinical experience alone.

We will have to keep a close watch to be sure the data supporting any effort at evidenced-based care is credible.

ADA News: In May, the government released the first-ever Surgeon General's Report on Oral Health. Did the contents surprise you?

Dr. Anderton: I was somewhat surprised because overall the report was even more favor-

See DR. ANDERTON, page 14

President-elect Interview

Dr. Anderton

Continued from page 13

able to dentistry than I thought it would be. I believe that some of the data that the Surgeon General's Report was based on could have been more accurate and up to date, but overall, the significant issue it brought to light is that there appears to be a significant amount of untreated caries in underprivileged preschool-aged children. We knew that already and have been working on that issue on an ongoing basis. We continue to address it through access programs and the legislative changes we are supporting. Other than that, the surgeon general pointed out that 25 percent of children have 80 percent of the disease. We should point with pride to the 75 percent who have so dramatically improved.

Dental care is obviously not the only aspect of underprivileged children's health that needs addressing. The interesting part of the SG report is the most critical numbers are based on preschool-aged children. As soon as the children reach school age, those numbers begin to change dramatically for the better.

ADA News: In an effort to reduce dependence on dues dollars, the ADA is continually developing new avenues for non-dues revenue. How much reliance should the ADA put in its for-profit and non-dues revenue efforts?

Dr. Anderton: Realistically, it's unlikely that we could totally replace dues with non-dues revenue, but we are increasing our efforts in this area. We have a close watch on our investments, but we are more or less dependent on what happens on Wall Street with many of these issues. We did go through a restructuring of our for-profit endeavors last year and this should bring us very positive results.

ADA News: In its 2001 budget proposal, the Board of Trustees is recommending an operating budget of $70 million that would decrease dues by $3 to $392. It is also proposing a six-year special assessment of $45 annually per member to pay for a proposed $28.7 million renovation of ADA-occupied space in the Association's Chicago headquarters building (giving a net increase of $42 to the dues/assessment paid to the ADA). What do you see as the strengths and weaknesses of the 2001 budget proposal the Board of Trustees is sending to the House of Delegates?

Dr. Anderton: The people I've talked to have looked at it and seem to like it. I believe everyone understands it is a bare-bones budget and we are getting close to determining what our true costs are. The weakness is, and I'd like everyone to understand this, is that we are jeopardizing our reserves. Under our current structure, we don't have a way to replenish our reserves, and the next several years are going to be critical regarding these funds. The House has asked to keep our reserve levels at 30 percent of operating budget. We will have a difficult time maintaining them at this level without some way of replenishing them, whether through dues or other contributory factors.

The budget-making process was solid this year. It is based on previous actual expenditures with allowances for inflationary factors. It was a much simpler process than what has been used in the past and it should be easier for the House to work with.

ADA News: And the proposed renovation of ADA-occupied space? What message do you feel is the most important one to give to members on that proposal?

Dr. Anderton: I would hope that the House will approve this and the members will accept it. It's something that will be absolutely necessary at some point and now is as good a time as any to do it. And the way the Board has proposed to pay for it—over a six-year period—is a reasonable approach. I hope that the House will see that this is a good way to protect our assets here in the building. Some members feel we are creating a luxury office, so I encourage everyone attending annual session to come to 211 E. Chicago. They will be surprised and pleased by the building and its location, but we must put the money in the building to protect our investment. It's 35 years old and without the renovation the building is just not marketable. It's ironic: when we built it, it was required to have asbestos in it. Now we have to take it out—as well as update its infrastructure and office space—all in order for the building to be more functional and to have proper value in the market place.

■ "It will be interesting to see where our focus takes us and a challenge to make sure our resources follow the priorities we've set for where we want the ADA to go. In order to be financially sound and fiscally responsible, in the future I believe we may have to refocus our attention to be sure we're getting the most out of our financial resources."

ADA News: The ADA Health Foundation continues to grow and is one of the Association's long-term success stories. What is its role in the new century?

Dr. Anderton: I don't think enough members are aware of the health foundation and the research it supports through the ADAHF Paffenbarger Research Center, which is located on the National Institute of Standards and Technology in Maryland.

I would like every member to know that Paffenbarger does a tremendous amount of research on dental materials. I'd like every member to know that the high-speed dental handpiece

was developed through PRC. Not just the handpiece, but other important equipment and material that makes modern patient care a reality, such as the panoramic X-ray, composite resins and calcium phosphate cements for remineralization. More than 60 patents generate nearly $1 million in revenue annually. That money of course goes back into the research. PRC is one of the best assets of the health foundation and every member should support it. I hope the role of the health foundation will continue in education and research. That's where we've had the biggest impact.

The Research Institute is also part of the foundation, and RI activities include the Health Screening Program at annual session. The ADAHF board is an excellent one and very active in pursuing ADAHF goals. I encourage every member of the ADA to support the ADA Health Foundation.

ADA News: How do you assess the public image of the profession?

Dr. Anderton: The public holds the profession in very high esteem. The ADA Strategic Plan calls for efforts to be made to maintain the image of the profession. We've been in the top five in public opinion polls, and moved down a bit in the recent Gallup survey, but they revised the questions they ask in that survey and added some categories. Overall, our image has not changed and I believe it will remain high as long as we maintain our ethical standards and continue to serve the public in the future as we have in the past.

We have many ongoing public campaigns that help patients learn more about oral health, such as National Children's Dental Health Month and the Adult Oral Health Awareness promotion. I think we're headed in the right direction. With what we're doing now and what we're planning with access and Medicaid issues as well as our ongoing community water fluoridation efforts, we will continue to hold the public's high regard.

ADA News: What progress is the ADA making in promoting direct reimbursement to benefits purchasers?

Dr. Anderton: Direct reimbursement continues to be very popular with members—it's very effective. The Board has recommended we continue dedicating $2.5 million of the ADA operating budget for promotion of DR. This level of campaign was first launched in 1997 and we've seen continued progress, though it has been slow. We don't have the resources the insurance industry has in reaching benefits purchasers, but what we've done has shown results: since 1997, the number of employees newly covered by DR has grown from about 15,000 to 180,000. I think for some people it's difficult to understand that there's a factor that is not measurable—because we promote DR—how much good we do in supporting fee-for-service as an alternative.

ADA News: The Association's Future of Dentistry Project is one year away from completion. What will its value be to the profession?

Dr. Anderton: I've heard only positive feedback on the progress made in gathering the data by bringing together experts in all aspects of dental care. There are many agencies outside the Association awaiting its completion. The level of input from outside organizations in the process is outstanding. I think it will be completed on time and within budget. I believe it will be a report that members will be very proud of. It will be our document, owned by the profession.

ADA News: A new trustee district is being proposed for the Association, to make Florida the 17th district in response to the increased dentist population: 6,313 active, life and retired members, more than the 6,000 required for a state or group to petition the House of Delegates for reapportionment of trustee districts. What do you think about the prospect of an additional trustee on the Board?

Dr. Anderton: If we have a new trustee, I believe it will be very positive for the Association as a whole, not just for Florida. It will mean greater representation for Florida dentists and greater representation for the other states in the current 5th District: Alabama, Georgia and Mississippi. I realize that recently opposition has arisen, but the petition appears to meet all the qualifications to become a trustee district.

We went through this in 1985 when Texas became the 15th District—which was a good thing for Texas, the 12th District and the ADA. It resulted in more representation for the membership.

ADA News: Any other matters you would like to discuss?

Dr. Anderton: I worked this past year on updating the ADA Strategic Plan, which is a report to the 2000 House. I intend to start the December Board of Trustees meeting with that new strategic plan. We're going to take recommendations from the House and prioritize the programs of ADA and carry this forward to the budget process to make sure the budget reflects the priorities of the Association as reflected in the Strategic Plan. This will continue with the work we did this year in creating a priority-based budget process.

Proud to serve: Dr. Anderton thanks the 1999 House for its support.

It will be interesting to see where our focus takes us and a challenge to make sure our resources follow the priorities we've set for where we want the Association to go. In order to be financially sound and fiscally responsible, in the future I believe we may have to refocus our attention to be sure we're getting the most out of our financial resources.

Using the Strategic Plan this way I hope will bring the Strategic Plan more into focus, to make our members more aware of what the American Dental Association does, what it can do and how it can be more reflective of what the members want it to be. ■

Health & Science

Ergonomics and dentistry

The ADA seeks objective information

By Arlene Furlong

You spend the majority of your day with your head cocked at a strange angle, looking with indirect vision into a 3-inch wide cylindrical cavity.

How can ergonomics—the science that seeks to adapt working conditions to the worker—apply to such a scenario?

The ADA intends to find out.

Dental Ergonomics Summit 2000, sponsored by the councils on Dental Practice and Scientific Affairs, broke ground Aug. 18-19 to build the foundation of knowledge the ADA needs to develop educational materials and programs.

Shop talk: From left, ergonomist Scott Smith and William Sullivan, M.D., discuss ergonomic implications of hand tool design.

In response to the ADA's request, for the first time experts from such varied disciplines as physical therapy, law, epidemiology, dental education, ergonomics, architecture and equipment design convened to provide the kind of objective information related to dentistry and ergonomics the ADA is seeking.

"Our interest in ensuring an ergonomically correct environment for dentists and dental office staff is nothing new," said Dr. Jeffrey Smith, chair of the Council on Dental Practice. "However, suggestions for practice can't be made until more information about ergonomics in dentistry is gathered. We're taking a significant step toward gathering that information."

Dental-specific, scientifically valid and objective information is in short supply with regard to ergonomics. A 1997 report of the National Institute of Occupational and Safety Health—which the Occupational Safety and Health Administration called the "most comprehensive to date"—mentioned only one study of dental workers, and this study failed to meet even one of the four NIOSH research criteria.

But summit presentations suggested that a fair amount of ergonomic research in other industries could be applicable to dental workers, and that basic ergonomic principles are common to many occupations.

"Suggestions for practice can't be made until more information about ergonomics in dentistry is gathered. We're taking a significant step toward gathering that information."

"Dental professionals aren't built differently than other people," noted Barbara Silverstein, Ph.D. Dr. Silverstein, an internationally known expert on ergonomics, has worked on ergonomics-related issues at OSHA and various health organizations. "Many of the ergonomic conditions that dental professionals experience are common to people in other industries," she said. Dr. Silverstein is currently the research director, safety and health assessment and research for prevention program at the Washington State Department of Labor and Industries.

Although OSHA has neither established a need to regulate the dental workplace nor given assurance that a standard would improve dental worker safety, the ADA Council on Dental Practice included consideration of ergonomic issues in the charge to the Ergonomics and

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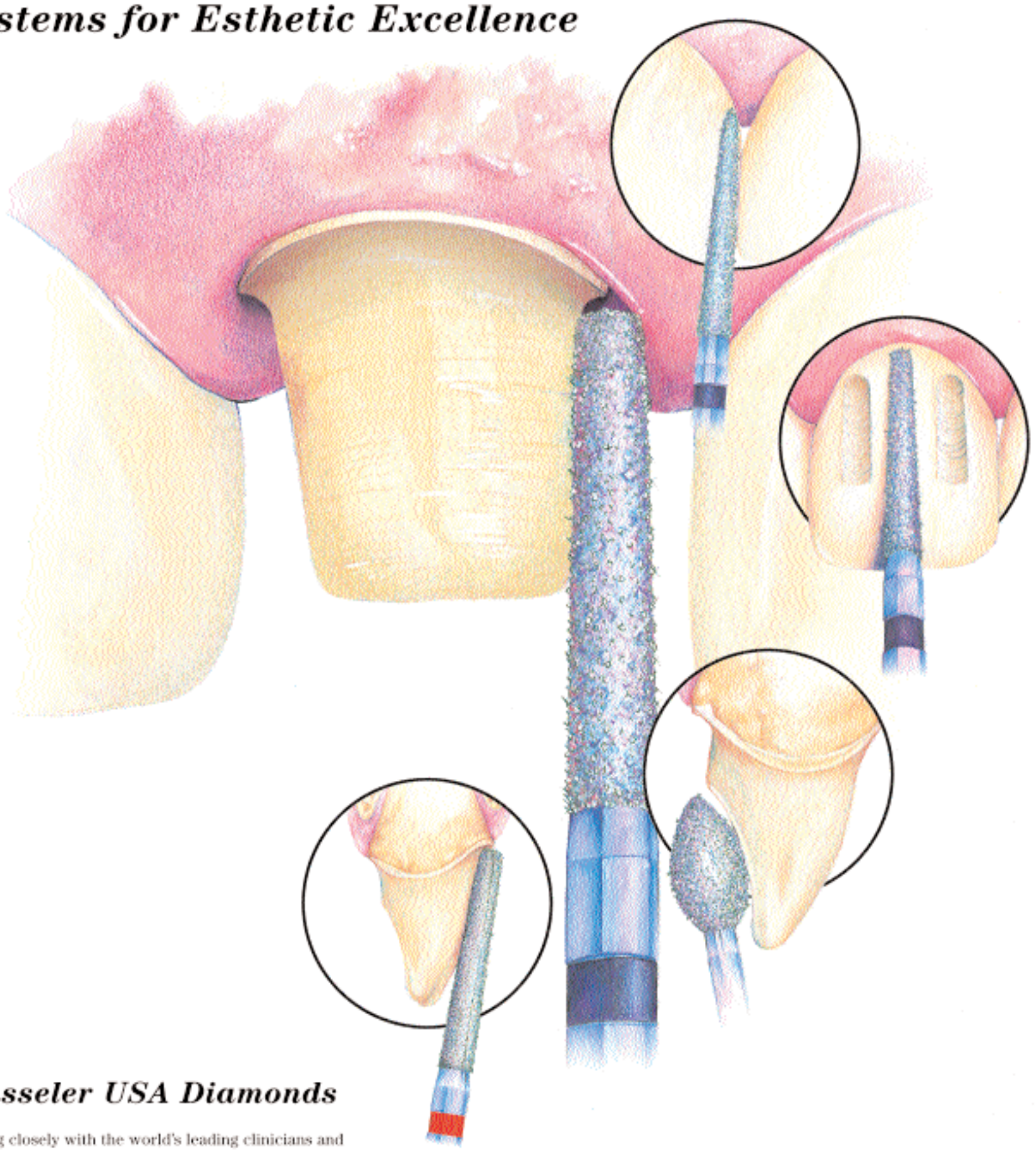
Systems for Esthetic Excellence



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Health & Science

Ergonomics

Continued from page 16

Disability Support Advisory Committee when it was established in November 1998.

The subcommittee also reviews dentists' disability issues unrelated to ergonomics.

Although injuries due to ergonomic factors in dentistry have not been found to occur on a wide scale, the ADA has chosen to take the lead in responding to potential issues.

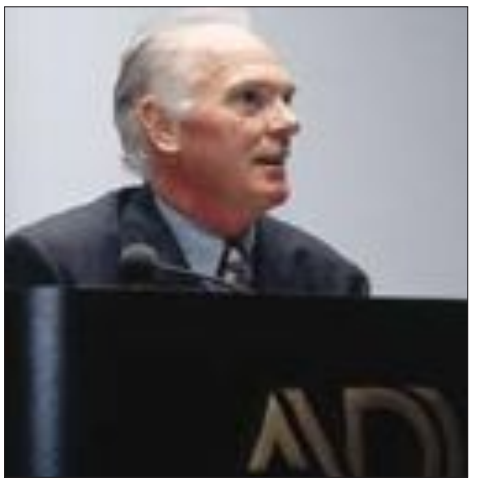
"With more information about ergonomics as it relates to dentistry we can better educate our members," noted Dr. Smith, adding that the ergonomics issue is important to the ADA for many reasons unrelated to OSHA. "It's about increased efficiency, the comfort of patients and staff, and all-around better health care delivery."

His sentiments were echoed by summit participants, such as Dr. Michael Belenky. "We should lead the change in the way we work," he told the summit audience. "We [dentists] must offer the industry clear and precise guidelines for dentistry."

Dr. Belenky is currently the director of the World Health Organization Collaborating Center for Oral Health at the University of Maryland and has been coordinator for performance logic activities at the University of Maryland Dental School since 1983.

He regularly presents internationally on the topic of human-centered ergonomics of occupation health and peak performance in dental practice.

Barbara Silverstein, Ph.D.: 'Dental professionals aren't built differently than other people.'



Joseph Martin: 'We want and need information from dentists to better design handpieces to fit dentistry's needs.'

Dr. Belenky: 'The world changes and we can change in dentistry.'

All of the panel experts expressed a need for ergonomic guidance in dentistry, and confidence that dentistry is fully capable of addressing that need. They gave their opinions about barriers to ergonomically correct dental environments, methods for resolution and strategies for change.

Dr. Michael Unthank, a registered architect and a dentist, blamed what he called the "my stuff" mentality for a myriad of ergonomic blunders.

"The most functionally appropriate treatment room designs are based on the efficient relationship between the dental equipment, the dentist, patient and staff," he said. "In some instances the dentist ergonomically removes the dental assistant from the entire process."

■ Summit leaders observed that current dental office and equipment design can easily reflect the dental practice of the past rather than tomorrow's more efficient practice because of the slowly evolving purchase cycle.

This mentality often develops in dental schools where more time is spent practicing two-handed dentistry rather than four-handed dentistry with an auxiliary. "In many cases, the dentist positions the hand tool tray for himself and doesn't even use the auxiliary to the fullest extent," said Dr. Unthank.

Dr. Belenky highlighted a program for dental students at the University of British Columbia that implements a simple training process that enables a natural posture when dentists and auxiliaries provide treatment. "The world changes and we can change in dentistry," he commented.

Summit leaders observed that current dental office and equipment design can easily reflect the dental practice of the past rather than tomorrow's more efficient practice because of the slowly evolving purchase cycle—dentists buy what manufacturers produce and manufacturers produce what dentists buy. There

Dialogue: From left, Dr. Michael Unthank, Dr. Jeffrey Hutter and Joseph Martin discuss the importance of improving communication between dentists and hand tool and equipment design manufacturers.

needs to be better communication between dentists and manufacturers.

"We want and need information from dentists to better design handpieces to fit dentistry's needs," said Joseph Martin, vice president of Nordent Manufactur-ing Inc., a dental hand instrument manufacturer.

Mr. Martin noted that standards don't exist for dental instrument design and current studies have been conducted in a way that makes it difficult to understand relationships between instrument design and operator comfort and efficiency.

Dr. Smith: 'With more information about ergonomics as it relates to dentistry we can better educate our members.'

He noted that one of the easiest ways to decrease the need for more force when using dental instruments is to adequately sharpen instruments and grasp objects with a "power grip" rather than a "pinch grip."

Physical therapists say that ideally a 1½-inch diameter instrument, about the size of a broom handle, creates the least amount of stress on the muscles of the hand and forearm—"hardly an appropriate size to work in a person's mouth and still see what's going on," said Dr. Connie Verhagen, a member of both the Council on Scientific Affairs and the Ergonomics and Disability Support Advisory Committee.

Ms. Marcia Garcia, a registered nurse and an attorney, provided a legal overview of ergonomic-related issues and dispelled misconceptions related to workers' compensation, explaining that it is a no-fault insurance plan regulated by each state.

She emphasized how important it is for dentists to carry disability insurance. She also suggested dentists review a job description with a prospective employee to ensure job requirements are understood. If a prospective employee understands what a position entails, an employer can legally ask if the applicant is capable of completing the described responsiblities.

She followed up with a comprehensive discussion about law and ergonomics with the advice, "Dentists should address ergonomic issues and be sure they are adequately insured. Then they can 'relax' and devote their energy to dentistry."

For more information about Ergonomics Summit 2000 or ergonomics in dentistry, call Dr. Al Guay, ADA Council on Dental Practice, toll-free, Ext. 2882. ■

Pittsburgh names new dental dean

Pittsburgh—Dr. Thomas W. Braun was named dean of the University of Pittsburgh School of Dental Medicine last month.

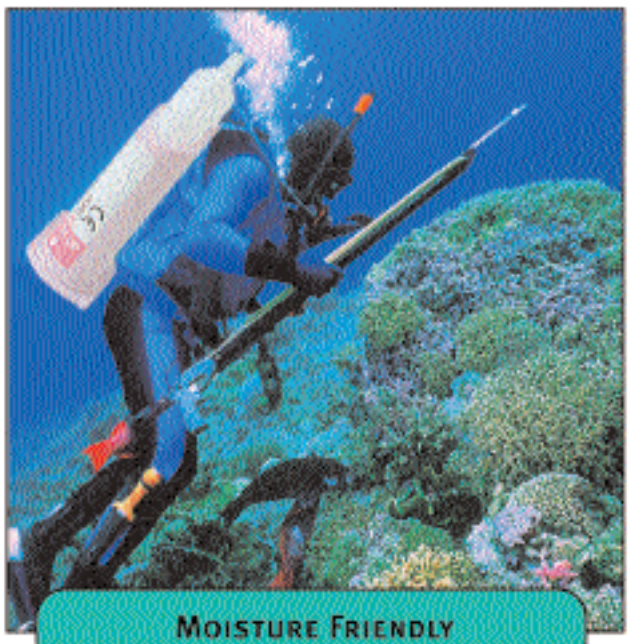
Dr. Braun—who has served as the school's interim dean since September 1999—was recommended unanimously by the committee charged with identifying candidates for the position. He replaces Dr. Jon Suzuki, whose tenure as dean spanned 10 years.

Dr. Braun said he plans to work in conjunction with the university's administration to re-establish the school as a dominant force in dental education. "In doing that," he explained, "I plan to examine our current curriculum, our admission standards and our physical plant and logistics to determine how the school may be able to be re-engineered such that it is recognized as a center of excellence."

During Dr. Braun's interim post, the dental school was identified as a pre-eminent center for genetics research in the craniofacial complex and began to establish a tissue engineering component in collaboration with other schools. Plans are also underway for a geriatric dentistry center with emphasis on bone biology research and an informatics program.

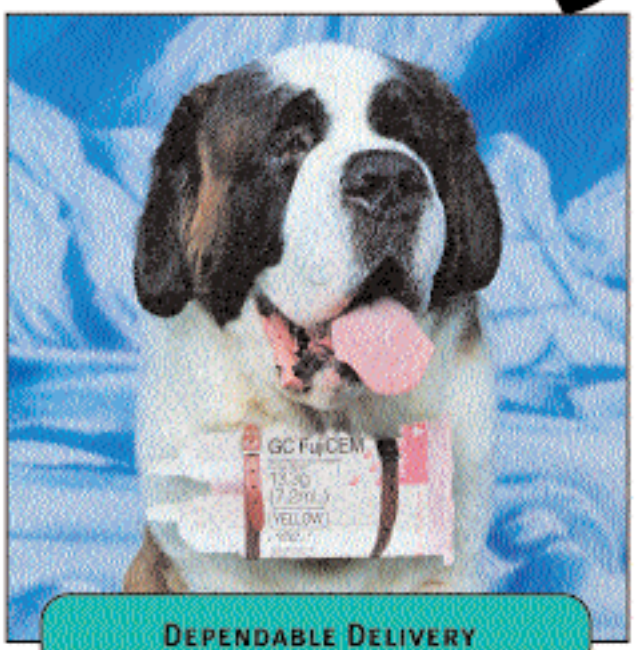
Dr. Braun earned four degrees from Pitt: a B.S. in 1969, his dental degree and master's degree in 1973 and his Ph.D. in 1977. His position as dean is effective immediately. ■

Need We Say

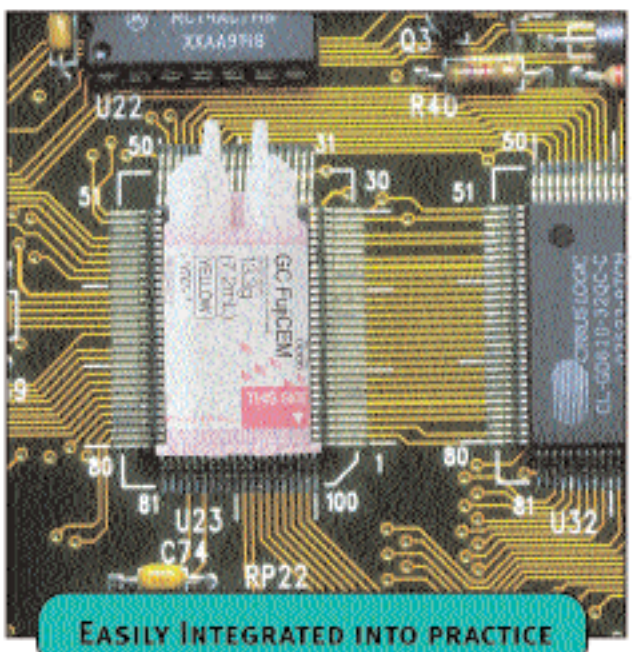


Moisture Friendly

Fluoride release
Fights Decay

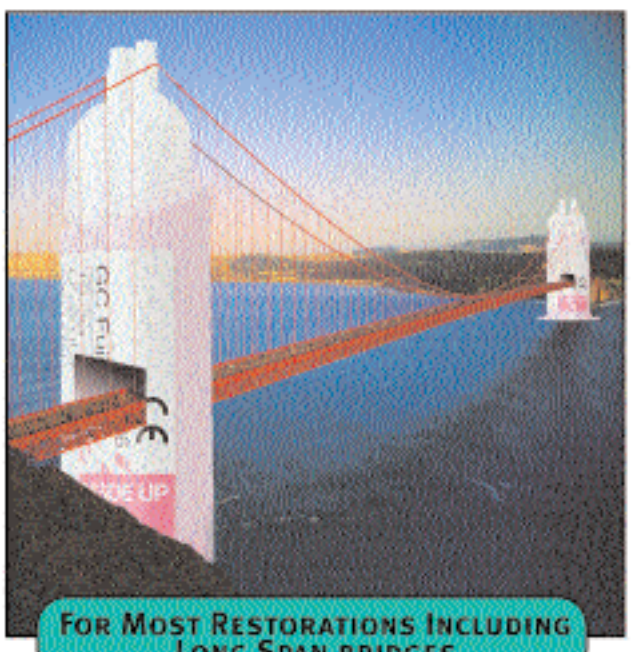


Dependable Delivery

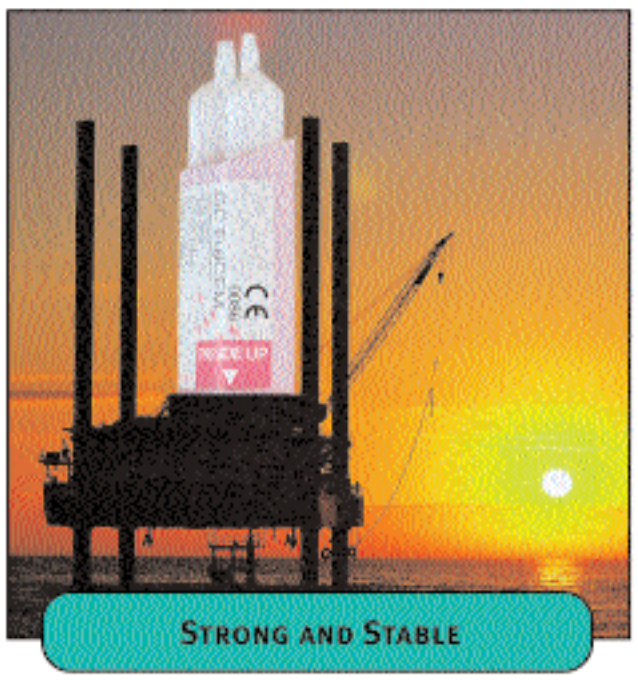


Easily Integrated into practice

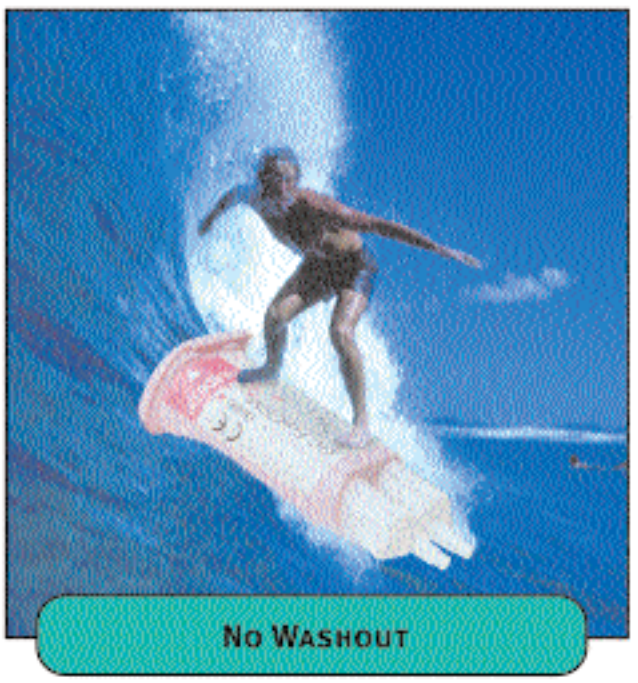
Fast,
Saves Time and Effort



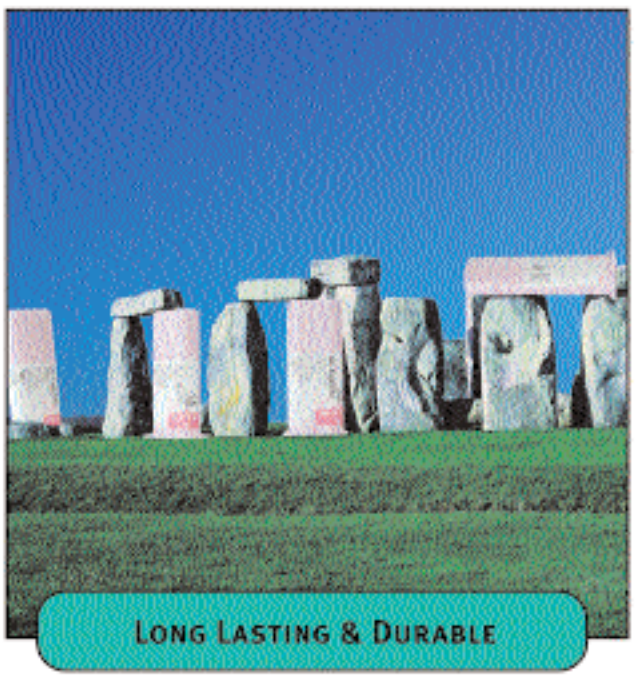
For Most Restorations Including
Long Span bridges



Strong and Stable



No Washout



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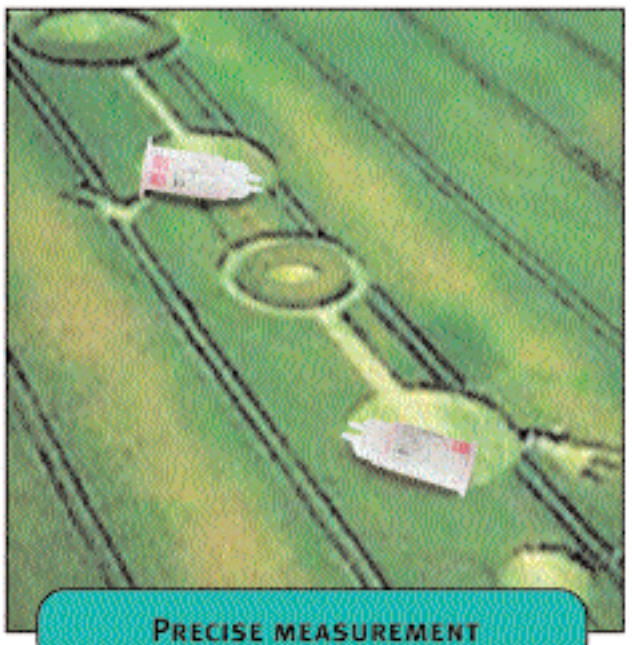
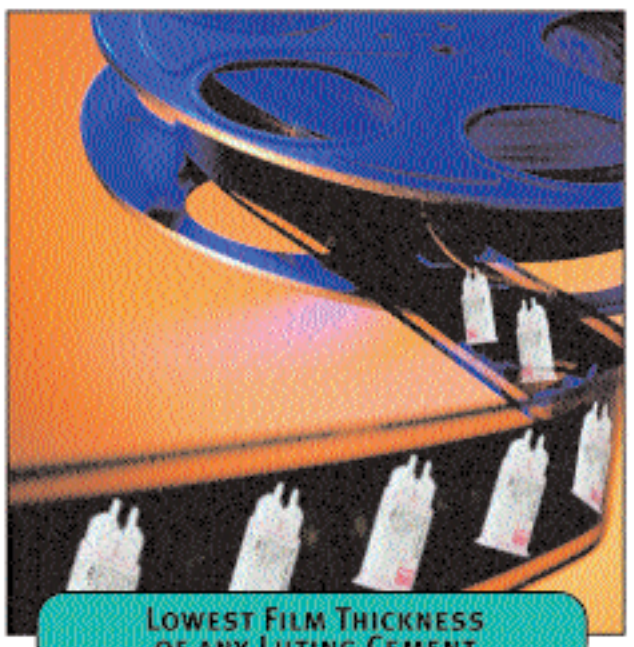
New GC Fuji CEM, the world's first paste-paste resin reinforced glass ionomer, lets you final cement indirect restorations - metal, PFM and resin crowns, bridges, inlays and onlays, as well as porcelain inlays. Its unique Paste Pak Dispensing System ensures the proper mixing ratio every time so you get the highest compressive, tensile and bond strengths, the lowest film thickness and maximum fluoride release. And with the Paste Pak, there's no waste - no matter how little or how large a mix you need.

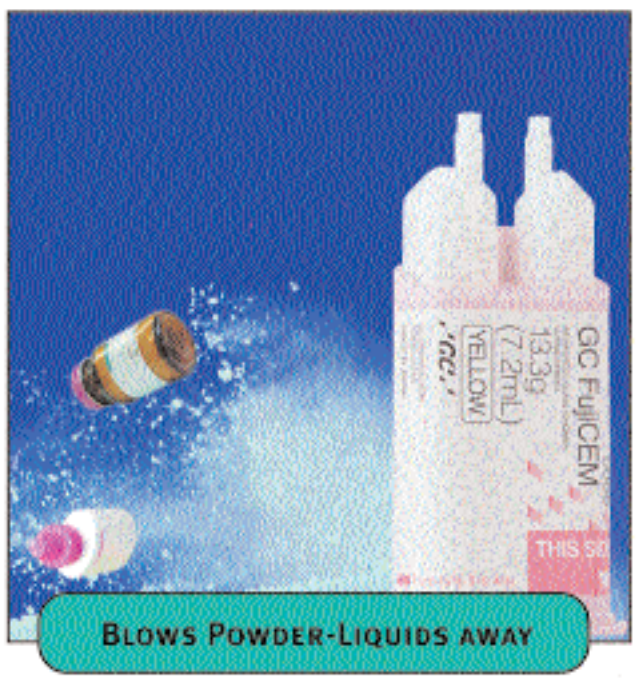
More?



PRECISE MEASUREMENT



LOWEST FILM THICKNESS OF ANY LUTING CEMENT



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*Call **1-800-323-7063** for FREE Color Brochure.*
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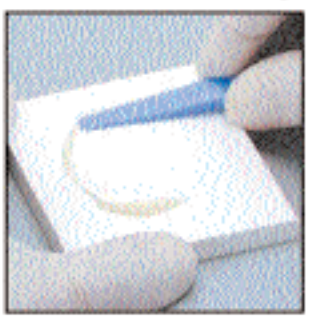
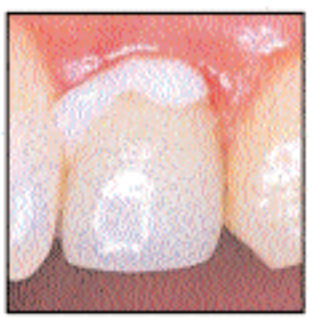
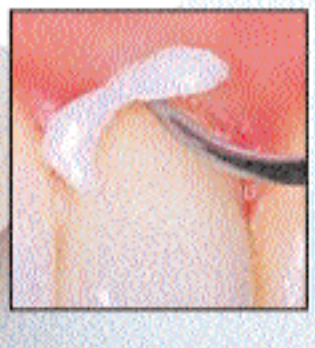
Perfect Mix Every Time



15 Second Mix



Easy to Remove Excess



Starter Packages include applier, two Paste Paks of FujiCEM, mixing pad and spatula. Each cartridge contains enough material to cement approximately 43 average crowns.

GC's exclusive Paste Pak System dispenses the exact cement mixing ratio so you'll always get the optimal physical properties - no matter how little or how much material you need. A metering slide on the dispenser regulates volume.

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In one night, feel the heart, soul, beat and rhythm of Chicago.

Colgate Total

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Bonnie Raitt

On Monday, Oct. 16, 2000, Colgate® Total® presents the music that made Chicago famous. Join us for an evening extravaganza at Chicago's Symphony Center featuring a live performance by Bonnie Raitt. Plus the best in blues, swing, jazz and classical music, all in one location.

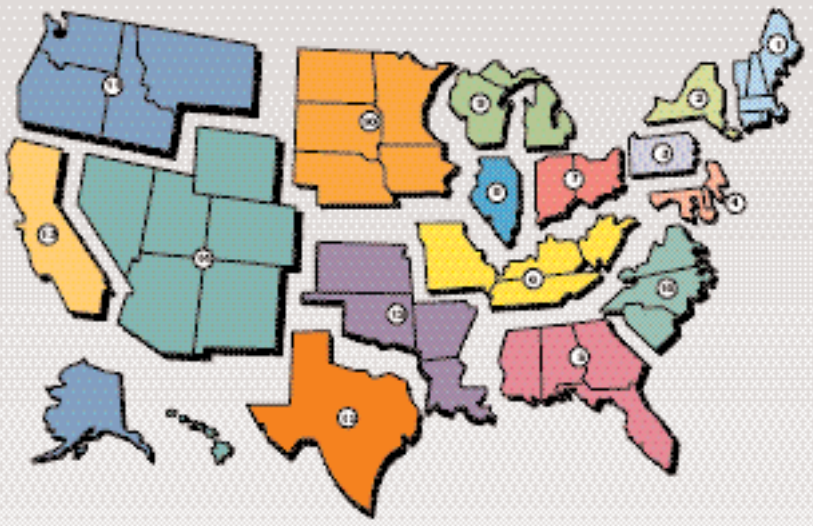
Tickets are available on a first-come, first-serve basis only, so visit the Colgate Booth during the 2000 ADA Annual Session. A $10 per ticket donation benefits the ADA Health Foundation. Limit four tickets per dentist, hygienist or ADAA member while supplies last.

While you're at the booth play "Colgateland," our interactive virtual reality game. You'll qualify for daily prizes and a chance to win a trip for two to one of the Seven Wonders of the World as shown in the game. Play each day for four chances to win! Then, learn about the latest advances in Colgate technology. Receive free samples of Colgate Total, Colgate Sensitive Maximum Strength toothpaste, and Colgate 2-in-1 toothpaste. And brush up on the advantages of Colgate Actibrush.® Without a doubt, this year's event will be music to your ears.

*No purchase necessary. Contest rules available at the Colgate booth.

A new district?

This map shows the current configuration of the 16 ADA trustee districts. If the 2000 House of Delegates adopts Res. 91-1999, the state of Florida (now part of the 5th District) would become the 17th trustee district.



House to decide on new trustee district

Sunshine State would be 17th for ADA

BY JAMES BERRY

The state of Florida will become the ADA's first new trustee district in 14 years if the 2000 House of Delegates adopts a resolution held over from last year.

Because the measure involves a change in ADA bylaws, passage of Res. 91-1999 would require a two-thirds vote of the delegates to establish Florida as the Association's 17th trustee district, the first new district since 1986.

The Sunshine State is currently part of the 5th District, with Alabama, Georgia and Mississippi. Fifth District leaders say they support the resolution as a way to boost ADA representation for all four states in the current district.

"We've enjoyed having Florida with us in a large, efficient district," said Dr. T. Howard Jones, 5th district trustee. "But [Florida] has been large enough to meet the criteria to become a new district for several years now. We support them. A new district will mean more people involved in the process and better representation for all."

ADA policy entitles any state or group of states with at least 6,000 active, life and retired members to petition the House either to become a new trustee district or to seek reapportionment of existing districts.

Membership records show that Florida has 6,313 active, life and retired members. The remaining states in the 5th District have 5,171 members, more than enough to meet the minimum requirement of 4,500 members to be a trustee district.

In an interview with the ADA News (see page 12), ADA President-elect Robert M. Anderton said designating Florida as a 17th trustee district would be a "very positive move for the Association as a whole, not just for Florida."

He added, "It will mean greater representation for Florida dentists and greater representation for the other states in the current 5th District. I realize that recently opposition has arisen, but the petition appears to meet all the qualifications to become a trustee district."

The 2000 House of Delegates meets in Chicago, Oct. 14-18. ■

Annual session reminders

Budget review Oct. 13

An informational review of the proposed 2001 ADA budget will convene from 4-5 p.m. Oct. 13 in the Regency C North room of the Hyatt Regency Chicago.

ADA members are invited to attend to learn more about the proposed 2001 budget.

Delegates to bring copies

Members of the 2000 ADA House of Delegates are encouraged to bring their copies of the 2000 Annual Reports and Resolutions and resolution worksheets to the meetings of the House of Delegates in Chicago. Extra copies of these materials are limited.

Future of Dentistry hearing

Members and guests attending annual session are welcome to share their thoughts about the Association's Future of Dentistry Project at an open hearing on Oct. 15, 12:30-2:30 p.m., at the Hyatt Regency Chicago, Room Columbus G-L. ■

Maximize your retirement savings

Learn the latest market news at annual session

Want the latest Wall Street news from some of today's leading investment fund managers? Want to find out if your retirement game plan is a winner?

Then don't miss the Oct. 15 seminar, "Maximize Your Future: Invest for the Long Term," which will highlight 401(k) plans—dentists' primary method for investing for retirement.

The event, scheduled for 9-11:30 a.m. in Room 401A in McCormick Place North, is a special annual session event sponsored by the ADA Council on Insurance for ADA members who want to know more about the tax-advantaged retirement programs that are available to dentists today.

Annual Session

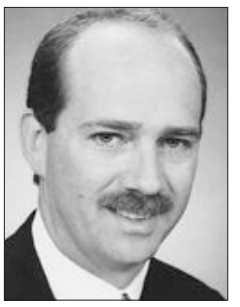
Experts from mutual fund groups at INVESCO, Massachusetts Financial Services and Alliance Capital Management Corporation will share investment strategies. They'll discuss why this year was a roller coaster ride for investors and offer insight about where that ride is headed.

Seminar participants will hear from Robert Marronaro, national accounts manager at the Equitable Life Assurance Society. An expert on retirement program design, Mr. Marronaro will give an overview of the different types of 401(k) arrangements that are available to dentists and the most popular plan designs.

According to Mr. Marronaro, the flexibility of 401(k) plans offer significant advantages to dentists.

"A 401(k) plan can be tailored to the particular circumstances of just about every dental practice," Mr. Marronaro said. "They allow dentists to blend 401(k) plans with other existing defined contribution plans, and that enables dentists to increase the amount of money they contribute to their account."

To help dentists become better investors, three Wall Street investment managers will share their views on investment choices and answer questions. The funds they manage are included in the eight equity fund choices available to ADA Members Retirement Program participants. The program offers a total of 12 investment choices.



Robert Marronaro

Trent May

Alden Stewart

Susan Hunter

Each speaker will discuss a different aspect of investing, as well as what distinguishes their funds from other funds, the market sectors they favor, how their funds have performed during the past year and how they predict funds will perform for the remainder of the year.

Trent May, vice president INVESCO Funds Group, will talk about large cap funds and companies that are established market leaders in the economy's fastest growing business and market sectors.

Alden Stewart, executive vice president, Alliance Capital Management Corporation, will primarily discuss small cap, mid-cap and large cap stocks, as well as an extensive research process for stock selection.

Susan Hunter, vice president Massachusetts Financial Services, will highlight identifying emerging companies that are on their way to becoming major enterprises.

The seminar is open to all ADA members. ■

Expocard tracks dental CE credits

Keeping a tally of your continuing education credits will be a breeze with the Expocard (continuing education attendance verification and exhibit action card).

Provided to all persons at the ADA annual session, the card has a personalized magnetic strip containing registration data, and can record your CE attendance simply by swiping the magnetic bar on your card and entering the code for the course into the computer at any of three ADA Continuing Education Pavilions at McCormick Place.

Codes will be announced during each CE course by the room chairman, and participants can print written documentation of attendance immediately after entering the code or at any time during session.

The main CE pavilion is in the Vista Ballroom lobby, Room S406 in McCormick Place South. Other locations for recording CE credit will be on the Grand Concourse near the North meeting rooms and near the entrance lobby of McCormick Place South at Gate 3. ■

Claims prevention

Using facts instead of fiction

Scenario 1: For more than 12 years a patient complains to his general dentist about soreness on the inside of his cheek. When finally referred for a biopsy, the patient is diagnosed with advanced squamous cell carcinoma and dies shortly thereafter.

Scenario 2: Two derma-grafts and a bone graft fail following a laser whitening procedure. The plaintiff alleges that the retractor used during whitening injured the recently treated areas. A jury finds the dentist negligent in his treatment of the patient but finds his negligence did not cause the grafts to fail.

Scenario 3: A general dentist performs endodontic therapy on a patient using a particular technique. An overfill of the canal permanently damages a portion of the patient's mandible including the inferior alveolar nerve. The prognosis is extensive surgery to repair the patient's mandible and a lifetime of chronic pain.

Understanding what causes claims like these is the first step toward preventing them. To learn from actual cases in the annals of two nationally known dental professional liability insurance companies, attend the Oct.15 seminar, "Current Risk Issues in Dentistry: Case Studies and Strategies." The course will run from 1:30-4 p.m. in McCormick Place North, Room 401A.

The Dentists Insurance Company and The Medical Protective Company are teaming up to speak to members about loss prevention. In this interactive seminar, learn about up-to-the-minute issues, case outcomes, pertinent laws, risk management recommendations and documentation strategies.

"We've found presenting actual claims scenarios to be a very effective way to teach dentists how to prevent claims," said Robyn Crimmins, TDIC director of risk management and communications and co-presenter of this seminar. "Fact is a more effective learning tool than fiction," she said.

Co-presenter Kathleen Roman, assistant vice president, Risk Management Education Services for The Medical Protective Company said that listening to the experiences of colleagues really hits home for most dentists.

Robyn Crimmins

Kathleen Roman

"Lawsuits are the result of a combination of factors. The dentists often concentrate on clinical excellence, but communication skills and documentation may be equally as important and sometimes are more so," she said.

The presenters hand-selected the cases they will highlight based on their learning value and timeliness. "It's important for us to tackle real-world situations that are relevant to today's dentists," said Crimmins.

Cases to be presented include subjects such as infection, graft failure following a laser whitening procedure, nerve injury, pediatric misadventure, swallowed objects, failure to diagnose oral cancer, retreatment issues and complications following restorative work.

Seminar participants will explore such related topics as patient education and informed consent, referral, documentation, use of auxiliaries, practice transition issues, effective communication with other treaters, responding to patient complaints, withdrawing from care and the importance of proper prescribing and monitoring of pediatric patients.

Collectively, The Dentists Insurance Company and The Medical Protective Company insure more than 36,000 dentists throughout the United States. ■

Coming to Chicago?

You're invited to the ADA's Open House

"Sweet Home, Chicago" offers you an opportunity that will really make you feel at home during annual session.

Attend the Association's Open House, scheduled at ADA Headquarters, for a behind-the-scenes look at the activities your dues support.

Visit the newly renovated laboratories in the Division of Science; browse the shelves of one of the world's largest dental libraries, the ADA Library; and stop by the ADA Call Center, which receives more than 30,000 calls each month from members and consumers.

Tour guides will be on hand to provide brief highlights of divisional activities and answer your questions about ADA programs and services.

The Open House will be held daily, Oct. 13-16 from 2-4 p.m.

Invitations are recommended to attend the Open House. Invitations may be obtained at the following locations at McCormick Place, South Building:

- The ADA Membership Booth 4807, located in the ADA Pavilion on the exhibit floor, during exhibit hours;
- On Oct. 13th only, invitations will be available at the session registration area at McCormick Place, South Building.

Shuttle bus service between McCormick Place and the ADA Headquarters Building will be available from 1:45-4 p.m. on Open House days only.

Shuttle schedules may be obtained at ADA hotels and at the session registration area at McCormick Place, South Building. ■

ADA HQ: You can tour it during session.

Brought to you by the ADA
Seminars aim to aid practitioners

By Clayton Luz

Wondering how to volunteer your dental skills overseas? How to rev up your dental team? Wondering what the most current guidelines are for evaluating and treating the medically compromised dental patient? How to facilitate the transition from dental school to dental practice?

You can find the solutions to these and other challenges when you attend an ADA-sponsored program during annual session.

Designed to help dental professionals meet the challenges of dentistry, each program will feature leading researchers, consultants and practitioners discussing dentistry's most important and emerging issues.

- Beginning on pre-session Oct. 12, the International Volunteer Symposium is a 1½-day workshop that offers first-time volunteers as well as international veterans a smorgasbord of information on topics related to volunteering overseas, including a dynamic cross-cultural exercise.

The International Volunteer Symposium will convene Oct. 12, 6-9:30 p.m. and Oct. 13, 7:30 a.m.-5:30 p.m. at the Hillenbrand Auditorium at ADA Headquarters. Ticket cost is $150.

The symposium, presented in cooperation with the Dentistry Overseas Steering Committee of the Council on ADA Sessions and International Programs, is partially underwritten by the Pierre Fauchard Academy and the Academy of Dentistry International.

Plenty of space: Most session programs will be presented in McCormick Place South.

- Team Building Conference V will help your office team up for practice success. This two-day conference includes lectures, interactive sessions, team discussions and lunch with practice management consultants who will help re-energize your team. Sponsored by the ADA Council on Dental Practice, the clinic ticket cost is $260 for dentists and $150 for each staff member.

Team Building Conference V will run Oct. 13-14, 8:30 a.m.-4:30 p.m. in Room S501B at McCormick Place, South Building, as will the following ADA-sponsored sessions:

- Oct. 14: "Dental Treatment Considerations for the Older Patient"—Dr. Ken Shay will present a simple procedure for dentists to follow when assessing and planning dental care for senior citizens, Room N427A, 9:30-noon. Presented in cooperation with the ADA Council on Access, Prevention and Interprofessional Relations;
- Oct. 15: "Economic Issues in the Sale of Dental Practices"—Drs. Jackson Brown, Howard Bailit and Tryfon Beazoglou, along with Brian Hufford, C.P.A., and Paul Consani will discuss issues associated with the entry and exit from dental practice that practitioners are likely to experience in the future, Room N226, 9-11:30 a.m. Presented in cooperation with the ADA Health Policy Resources Center;
- Oct. 16: "Create a Practice for 2001 Today"—Dr. Randolph Shoup will explore the key elements of outstanding practices and how to apply them to your practice, Room S403A, 8:30-11 a.m. Presented in cooperation with the ADA Council on Dental Practice;
- Oct. 16: "Medically Complex Patients, Assessment and Treatment Protocols"—Dr. Michael Glick will explain and provide clinical protocols for the dental care of patients who have complex medical conditions, Room N427A, 9:30-noon. Repeat 2-4:30 p.m. Presented in cooperation with the ADA Council on Access, Prevention and Interprofessional Relations.

The following ADA-sponsored sessions also are scheduled at McCormick Place North:

- Oct. 15: "Maximizing Your Future: Invest for the Long Term"—Robert Marronaro, Trent May, Susan Hunter, M.B.A., and Alden Stewart, M.B.A., will discuss the benefits of establishing a retirement plan, including the new investment option in the ADA Members Retirement Program, Room N231, 9-11:30 a.m. Presented in cooperation with the ADA Council on Insurance; *(See story, page 24.)*
- Oct. 15: "Current Risk Issues in Dentistry: Case Studies and Strategies"—Robyn Crimmins and Kathleen Roman will discuss current claims scenarios, their outcomes, pertinent laws, risk management recommendations and documentation strategies, Room N231, 1:30-4 p.m. Presented in cooperation with the ADA Council on Insurance. *(See story, page 25.)*

Sessions are open to all registrants, but seating is available on a first-come first-served basis. The American Dental Association is an ADA/CERP provider of continuing dental education. Up to 32 hours of courses are offered for continuing dental education credit. (One clock hour equals one credit hour.) ■

CAPIR names community, geriatric award winners

School, nursing home programs cited

An oral health program that invites students inside a larger-than-life human mouth and a Washington, D.C., dental fraternity that provides care for nursing home residents have received this year's Community Preventive Dentistry and Geriatric Oral Health Care awards, respectively.

The awards will be presented at the Special Recognition Luncheon scheduled Oct. 14 during the 141st Annual Session of the American Dental Association.

The Livingston County (Illinois) Body Walk is a hands-on educational program offered to fourth-grade students in the county's 19 elementary schools.

The program offers students a walking tour of the human body via a series of stations representing various aspects of anatomy, such as the mouth, head and brain. Organized so that each station leads to the next, the program demonstrates the interactions between the parts of the body and provides students an opportunity to interact with health professionals.

Dr. James Day, one of the creators of Body Walk, says the Oral Health Program component uses a basic mouth model comprised of a tent whose entrance is framed by a large pair of lips, a wooden board representing the tongue and molar "seats" which can be painted to show fillings and sealants.

The mouth station is designed to provide an intimate setting in which students can learn about the oral cavity. Some molar seats may offer a cut-away view of a tooth, showing pulp, dentin and enamel, enabling students to interactively visualize the tooth structure.

In recognition of Body Walk's Oral Health Program, the ADA Council on Access, Prevention and Interprofessional Relations designated the program to receive the 2000 Community Preventive Dentistry Award.

The Body Walk, which started in 1996, receives funding from the United Way, the local dental society and individual donors.

The Community Preventive Dentistry Award was established in 1972 and is sponsored by CAPIR through the ADA Health Foundation, with support from Johnson & Johnson Consumer Products Inc.

The first-place program will be awarded $2,500 and a wall plaque during this year's annual session.

Meritorious awards of $500 will be made to three other programs:

- "Springhouse Dental Program" is a day rehabilitation program that serves 250 members diagnosed with serious mental illness. Springhouse contracted with St. Francis House, a community health clinic, to provide its members with dental services which are paid for on a sliding fee scale with the help of grant funds, private donations and fundraising events. Springhouse members and staff conduct free community education programs to increase awareness about people with mental illness and the need to improve access to dental care for people unable to afford them;
- "Kern County Children's Dental Health Program" (Calif.) is a partnership comprising the Kern County Dental Society; Kern County Dental Hygienists Society; the Kern County Superintendent of Schools; the Kern County School Nurses' Organization; Taft College Dental Hygiene Program; Community Connection for Child Care; and private child development centers and county school districts.

Participation in the program is based on a family's difficulty or inability to obtain access to dental services within its community.

- "SMILES, a School-Based Preventive Dental Program" is a preventive dental program created by Dental Health for Arlington. Sealing Molars Improves the Life of Every Student began in 1994 as a pilot project in two low-income elementary schools. The program provides local elementary school students with a visual screening by a volunteer dentist, oral health education, new toothbrush, and oral hygiene and nutritional instruction. Sealants are also provided.

Volunteer dentists from the Arlington Dental Student Club and the Texas Department of Public Health conduct oral screenings in Spanish, Vietnamese and English.

Families who are unable to afford needed treatment are referred to DHA's Allan Saxe Dental Clinic for complimentary care.

The Geriatric Oral Health Care Award, established in 1984, is sponsored by CAPIR through the ADAHF with the support of a generous grant from Warner-Lambert Co. Consumer Health Products Group.

The Alpha Omega Dental Fraternity, Washington chapter, will receive this year's 2000 Geriatric Oral Health Care Award during annual session, along with a $2,500 check and wall plaque. The chapter provides comprehensive oral health care to the residents of the Hebrew Home of Greater Washington, a 558 bed not-for-profit nursing home in Rockville, Md. Each of the Home's two buildings contains a dental clinic furnished primarily through the generosity of a local family of dentists.

Said Dr. Michael Barnett, senior director of dental affairs at Warner-Lambert Consumer Healthcare, "It is critical that we recognize the valuable contribution of projects such as this to the overall well being of a growing segment of our population. We are pleased to work with the ADAHF Health Foundation in supporting this prestigious award program."

In January 1999 the Alpha Omega Dental Fraternity organized itself to form a volunteer dental panel, so that oral health care could be offered on a consistent basis to all the residents at Hebrew Home.

Thirty-five general and specialty dentists, assisted by a full-time dental assistant employed by the Home, provide the residents with a full range of dental services, encompassing all areas of dentistry, including examining, diagnosis, treatment and treatment planning.

The panel has also provided continuing education lectures to the nursing staff on daily oral care maintenance.

A meritorious award will also be made to the Washington State Dental Association for its video, "Oral Care for the Alzheimer's Patient—Video and Brochure."

Designed to meet the oral health care needs of individuals with early-stage Alzheimer's disease, the video demonstrates for caregivers of Alzheimer's patients how to provide daily oral hygiene and care, teaches the importance of regular dental examinations and suggests appropriate oral care products.

A companion brochure featuring additional information was also produced. The WSDA Seattle-based central office distributes the video and brochure. ■

Students ready table clinics for competition

Outstanding student table clinicians will represent their dental schools and showcase their accomplishments in clinical and research dentistry as they present their clinics Oct. 16 for judging in the 42nd ADA/Dentsply Student Table Clinic Competition at the ADA annual session.

Judging will be held in a closed session the morning of Oct. 16, and all clinics will be open for viewing from 2-4 p.m. in McCormick Place South (table clinic area in the exhibit hall).

Competition winners will present their clinics Oct. 17 to session goers from 9:30 a.m.-noon. Two hours of continuing education credit can be earned by attending the Oct. 16 clinics and one hour for the Oct. 17 clinics.

The program, which is financially underwritten by Dentsply International Inc., invites the table clinic winners from every dental school in the United States and Puerto Rico accredited by the ADA Commission on Dental Accreditation.

Category I: Clinical Application and Technique

Judges for Category 1 are Drs. John Olmsted, Greensboro, N.C., chairman; Shirley Austin, Dearborn, Mich.; Cordell Fisher, Newport Beach, Calif.; Peter Guevara, Pittsburgh; Brenda J. Harman, Dallas; Arthur Hunger Jr., York, Pa.; Keith Krell, West Des Moines, Iowa; Dan Middaugh, Seattle; Jack Penhall, Greensburg, Pa.; John S. Rutkauskas, Hinsdale, Ill.

Category 1 entrants:

- E1, "Detection of Mandibular Fractures Using Tuned Aperture Computed Tomography," University of Pittsburgh School of Dental Medicine, Michael P. Johnson;
- E2, "Biocompatibility of Bone Cement, Mineral Trioxide Aggregrate," and "Ethoxy Benzoic Acid in Ferret Canines," University of Maryland at Baltimore College of Dental Surgery, Gary M. Holt;
- E3, "Evaluation of Composite Repair Strength," Loma Linda University School of Dentistry, Scott W. Steedman;

Annual Session

- E4, "In Vitro Effects of Daily Topical Fluorides on TMA Orthodontic Wires," University of Missouri School of Dentistry, Richard J. White;
- E5, "Digital Analysis of Trabecular Pattern in Jaws of Patients with Sickle Cell Anemia," University of California at Los Angeles School of Dentistry, Jason M. Cohen;
- E6, "Controlling DUWL Bacterial Contamination and Biofilm Through Chemical Biocides," University of North Carolina School of Dentistry, Natalie D. Tart;
- E7, "Accuracy of Various Diagnostic Methods in Detecting Fissure Caries Lesions, a Pilot Study," The University of Texas at San Antonio Health Science Center, Greg K. Gor;
- E8, "Quantitative and SEM Evaluation of Bond Performance Utilizing Three Chairside Hard Reline Systems on Three Denture Surface Preparations," State University of New York at Stony Brook School of Dental Medicine, Mouhab Z. Rizkallah;
- E9, "Shear Bond Strength to Wet and Dry Dentin," Louisiana State University School of Dentistry, Marlon D. Henderson;
- E10, "Comparison of a Plasma-arc and Conventional Halogen Light-curing Units," University of Mississippi School of Dentistry-Medical Center, Steven B. Roberts;
- E11, "Endosseous Implants in Patients with a History of Head and Neck Cancers," University of Detroit Mercy School of Dentistry, Steven Z. Edlund;
- E12, "Maximum and Intuitive Forces that Inexperienced Clinicians will Apply to an Implant Abutment Screw," Medical University of South Carolina College of Dental Medicine, Andrew G. Gambrell;
- E13, "Drug Reference Comparison," The Oregon Health Science University School of Dentistry, Michael D. Payne;
- E14, "Surgical and Radiotherapy Management of Synovial Sarcoma: A Case Report," Southern Illinois University School of Dental Medicine, Steven J. Hyten;
- E15, "Mechanical and Corrosion Properties of a New Beta-Titanium Orthodontic Wire," University of Alabama School of Dentistry, Murray D. Dickson;
- E16, "Save the Pulp—The Partial Pulpotomy: A Review," University of Texas at Houston, Azie M. Atang;
- E17, "Cementation of Indirect Restorations with Composite Resin Cement Utilizing an Ultrasonic Insertion Technique," Northwestern University, Gerald F. Johnson;
- E18, "An Evaluation of a Resin System as an Alternative to Porcelain Restoration using CAD-CAM Technique," University of Puerto Rico, Ramon Ortiz;
- E19, "Comparing Polishing Systems on Microhybrid Composite Resin Utilizing Profilometry," Tufts University, Bruce M. Nghiem;
- E20, "Comparisons of D and E-Plus Speed Films with CCD" and "CMOS-APS Digital Sensors for Evaluation of Diagnostic Efficacy," University of Pennsylvania, James Tsau;
- E21, "Stainless-Steel versus Nickel-Titanium Files," University of Southern California, Rozita Nosratabadi;
- E22, "Mechanical Properties of Glass Ionomer Cements," University of Illinois, Christine Gadia;
- E23, "Porcelain Repair Using Current Dentil Bonding Systems," Nova Southeastern University, Paul D. Anderson;
- E24, "Simulated Smile Design as an Adjunct to Esthetic Treatment Planning," University of the Pacific, William Worden;
- E25, "Rapid Curing Orthodontic Bracket Adhesive with a Xenon Plasma Arc Light," University of Colorado, Stacy A. Henderson.

Tall story: The Sears Tower dominates Chicago's famous lakefront skyline.

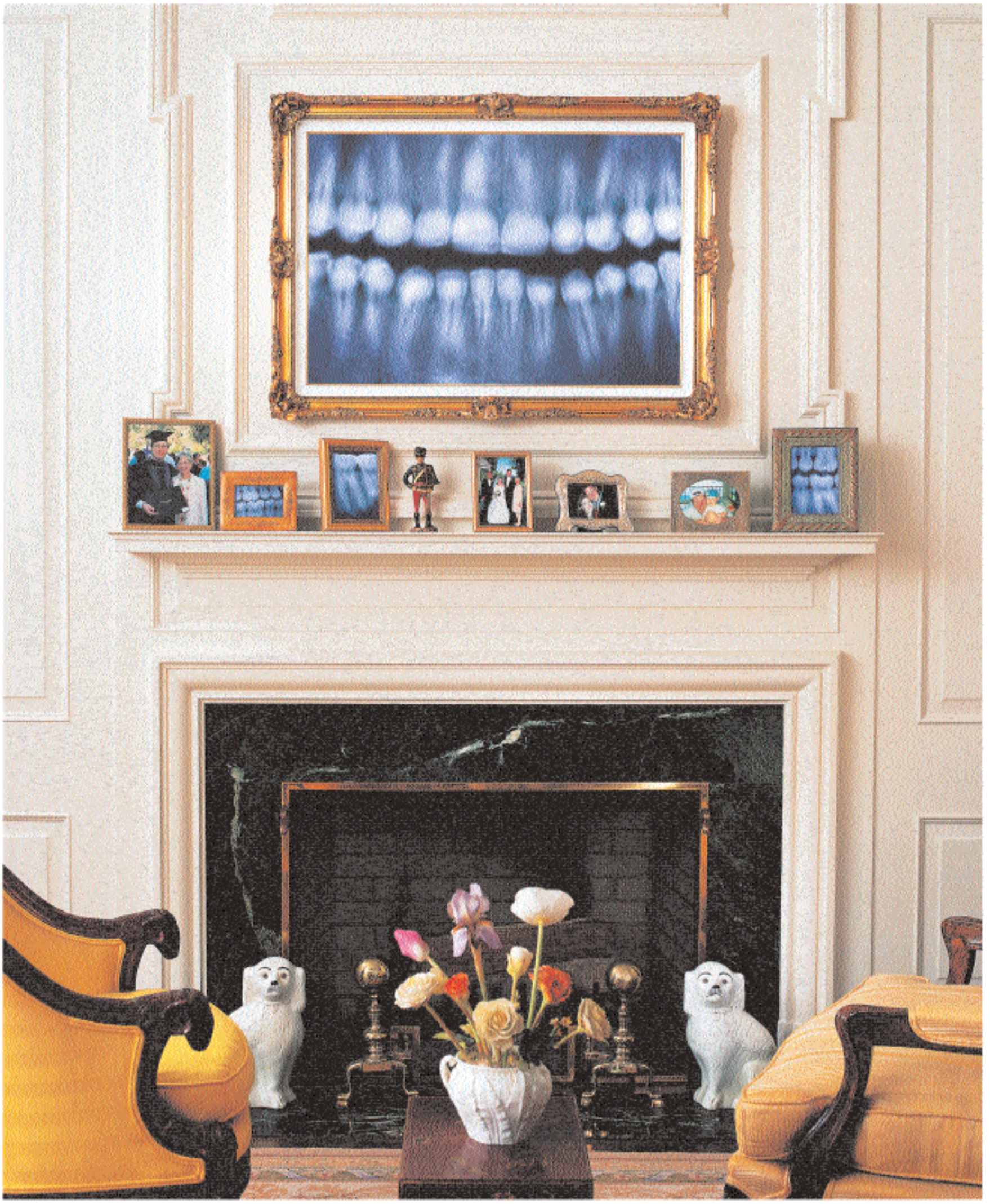
Category II: Basic Science and Research

Judges for Category 2 are Drs. Richard Tatum, Columbia, Md.; Stephen Abel, New York City; Robert Augsburger, Tulsa, Okla.; Gordon Christensen, Provo, Utah; Thomas Emmering, Bloomingdale, Ill.; Pamela S. Herrera, Bloomfield Hills, Mich.; Joseph V. Levy, Burlingame, Calif.; Mirdza E. Neiders, Amherst, N.Y.; Linda C. Niessen, Dallas; Rahele Rezai, Washington, D.C.; Richard G. Shaffer, Potomac, Md.; Guy S. Shampaine, Annapolis, Md.; Roger Stambaugh, Santa Monica, Calif.; Rada Sumareva, Brooklyn, N.Y.; Dr. Jon B. Suzuki, Pittsburgh; Thomas Van Dyke, Boston; Joel White, San Francisco; Dr. Hans J. Wenz, Germany.

Category 2 entrants:

- F1, "Congenital Cardiac Disease (CCD) and the Oral Microflora: Is There a Correlation?" West Virginia University School of Dentistry, Lori L. Gochenour;
- F2, "Post-operative Pain Processing in the Human Brain: A Dento-alveolar Surgery Pain Model," New York University College of Dentistry, Michael J. Spink;
- F3, "Intra-oral Appliances and Collagen Fiber Anisotropy in the TMJ Disc," University of Washington School of Dentistry, Stan E. Edwards;
- F4, "Gene Transfer of Platelet-derived Growth Factor to Periodontal Cells," The University of Michigan School of Dentistry, Marjon B. Jahromi;
- F5, "The Development of a Model to Study Migration of Osteoblasts on Type I Collagen," The University of Connecticut School of Dental Medicine, Sophie Markovic;
- F6, "THP-1 Monocytes vs. Human Peripheral Monocytes for Biocompatibility Testing," Medical College of Georgia School of Dentistry, Tina L. Heil;
- F7, "Multiple Single Unit Electrophysiological Recording in the Behaving Rat: A Testable Behavioral Paradigm," Columbia University School of Dental and Oral Surgery, Stephen T. Connelly;
- F8, "Inherited Non-syndromic Cleft Palate in Mice: Phenotypic and Molecular Studies," Indiana University School of Dentistry, Robert E. Blau;
- F9, "Hearing Loss in Dentistry," Marquette University School of Dentistry, Robb A. Warren;

See STUDENTS, page 31



Has a patient of yours ever gotten this excited about dental hygiene?

Probably not. But with its combination of 31,000 brush strokes per minute and gentle sonic waves, **sonicare**® can remove even hidden plaque, giving your patients a clean feeling so unique, it will turn just about anyone into a dental hygiene fanatic. In fact, we'll even guarantee your patients better checkups after just 90 days, or we'll give them their money back. For a sampling of the more than 40 published studies on **sonicare,** please call 1-800-676-SONIC.

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the sonic toothbrush

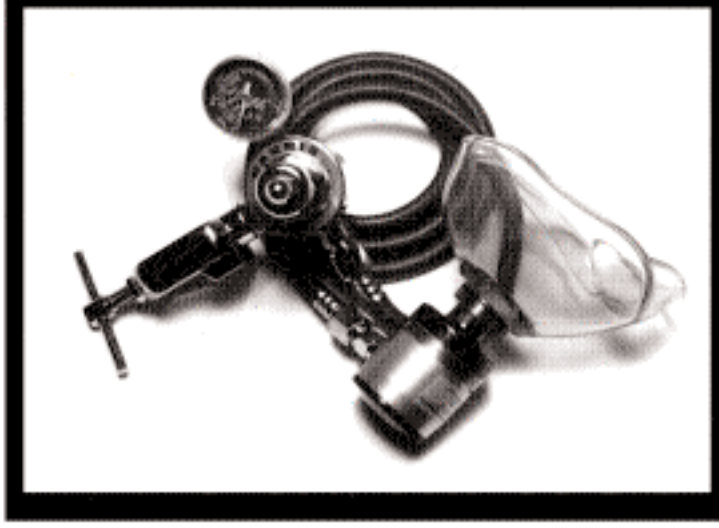
EMERGENCY INSURANCE

THE HEALTHFIRST LINE OF MEDICAL EMERGENCY PRODUCTS

emergent-ez "e-cart" system

CART SYSTEM 4000 with.....SM1 KIT.....OR.....HM1000 KIT.....

GROUP A:



The HealthFirst emergent-ez "e-cart" system is a mobile oxygen supply unit complete with a demand and resuscitation valve. The "e-cart" system, when combined with a basic emergency kit, prepares your office for common emergencies.

The oxygen supply, on a wheeled cart, can be quickly moved to an emergency.

The demand and resuscitation valve will provide either positive pressure or demand oxygen applications (Group A, pictured lower left.)

The basic color-coded emergency kit, either model SM1 or model HM1000 (pictured above) is accessible in the easy-to-reach bracket on the cart.

PROTECT YOURSELF... BE PREPARED!

HealthFirst Corp.
22316 70th Ave. W., #A
Mountlake Terrace, WA 98043
1-800-331-1984
website: www.healthfirstcorp.com

Annual Session

Students

Continued from page 28

- F10, "Salivary Flow, Medication Use, and Xerostomia Among a 79+ year old Cohort," The University of Iowa College of Dentistry, Scott D. Thompson;
- F11, "Changes in Soft Tissue Measurements for Three Randomly Placed Implant Types," Ohio State University College of Dentistry, Jonathan J. Eaton;
- F12, "Macro-Indentation Load Damage of Selected Resin Composites," University of Oklahoma Health Science Center, Rocky D. Cullens;
- F13, "Interocclusal Distance in Subjects with Normal Occlusion and Malocclusion," Texas A&M University System Baylor College of Dentistry, Shannon E. Owens;
- F14, "Preventing the Induction of Oral and Maxillofacial Clefting by Understanding the Effects of Some Common Teratogens on Gene Pathways, Including the Sonic Hedgehog and Others," Howard University College of Dentistry, Brandon M. Wainwright;
- F15, "Infection of Human Bone Marrow Stromal Cells with Replication Deficient Adenovirus: Dose-Dependent Infectivity and Protein Synthesis," Virginia Commonwealth University School of Dentistry, Tricia T. Tran;
- F16, "Marginal Fit of Shoulder Porcelain Fused to Metal Restorations Fabricated with Gypsum and Epoxy Die Materials," University of Nebraska, Medical Center College of Dentistry, Denise D. Claridge;
- F17, "Low Neutrophil-Priming Activity of Lipopolysaccharide from Fusobacterium Nucleatum," University of Tennessee College of Dentistry, Richard H. Gentzler;
- F18, "Periodontitis as a Risk Factor for Cardiovascular Disease," State University of New York at Buffalo, Jonathan E. Adam;
- F19, "Induced Osteogenesis by Periosteal Distraction," University of California at San Francisco, Laski M. Kung;
- F20, "Expression of Zfhep Transcription Factor During Development of Meckel's Cartilage," University of Louisville, Michael G. Lecheminant;
- F21, "Prevalence of the Mandibular Lingual Foramen and its Review," Creighton University, Brian J. Gribble;
- F22, "The Development of a Polymer Based Chlorhexidine Delivery Device for the Treatment of Periodontal Disease," Harvard School of Dental Medicine, Isaac C. Yue;
- F23, "Arylsulfatase A Activity in Human Saliva: Stimulation by Ethanol," University of Medicine and Dentistry New Jersey, Neha P. Shah;
- F24, "Chitin Hydrolases of the Oral Pathogen," Boston University, Charlie Hong;
- F25, "Fracture Patterns for Bonded Composite—Empress II Chevron Notched Specimens," University of Florida, Joseph H. Farag;
- F26, "The Effect of Short-course Administration of Non-Steriodal Anti-Inflammatory Agents (NSAIDS) on Prostaglandin E2 Production during Orthodontic Tooth Movement," University of Minnesota, Jim R. Miller;
- F27, "Single Nucleotide Polymorphisms in the Human B-defensin 2 Gene," Case Western Reserve University, Rob Armstrong;
- F28, "Stress Enhanced HSV-1 Immediate Early (EI,a) Gene Activity in PC-12 Cells," University of Kentucky, Chris Freeman. ■

International students to present clinics

The winners of the 2000 DENTSPLY student table clinic competitions in Canada, France, Germany, India, Japan, Scandinavia, South Africa, South Korea, Taiwan, Thailand and the United Kingdom will also present their clinics from 2-4 p.m. Oct. 16, and again with the winning U.S. clinicians on the morning of Oct. 12 from 9:30 a.m. to noon.

At press time, table clinic titles were available for the following international students:

- D1, "A non-RGD Recognition Peptide Inhibits Spreading of Keratinocytes on Febronectin," Phoebe Tsang, University of British Columbia, Canada;
- D2, "Contribution to the Study of the Buccal Mucous Membrane Microcirculation by Capillaroscopy," Grégoire Kuhn, Paris VII University, France;
- D3, "Carrier Materials for Recombinant Human Osteogenic Protein-1 in Sinusaugmentation with Simultaenou Insertion of Dental Implants—An Experimental Study in Miniature Pigs," Heide Müller, University of Kiel, Germany;
- D4, "Modification in the Dental Office for the Handicapped Patient," Rahul Rehani, Maulana Azad Medical College, India;
- D5, "A Study on the Setting Reaction and Heat Evolution of Dental Cements Using Differential Scanning Calorimeter," Nam Sejin, Seoul National University, Korea;
- D6, "An Identical Mutans Streptococci Genotypes be Found in Dating Individuals," Even Nisja, University of Malmö, Sweden;
- D7, "An Application of Lead Foil from used Periapical Films for Radiation Protection Purposes," Lalisa Yaowaratana, Chiang-Mai University, Thailand;
- D8, "Dental Masks—Little More Than a Cover Up," Nicholas Fabbri, University of Liverpool, United Kingdom;
- D9, "Advancements in Dental Mirrors to Assist Tooth Preparation for Students," Masahi Nakajim, Osaka University, Japan;
- D10, "Interproximal Thickness of Six Bonding Agents Utilizing Different Prescribed Techniques," Dannhe Thorsten, University of Pretoria, South Africa;
- D11, "An Analysis of Surface Alteration on Human Dentin after the Application of The Nd: YAG Laser," Yu Chi Wei, National Taiwan University, Taiwan. ■

Annual Session

Delegates

Continued from page one

as of press time. Each resolution is submitted to a House reference committee based on subject matter and is listed by reference committee here.

Budget and Business Matters

Res. 6 calls for an amendment to change the name of the Council on Insurance to the Council on Insurance and Retirement Programs to better reflect the council's duties in both the insurance and retirement investment arenas.

Res. 25 proposes a Bylaws change that will decrease membership dues $3 to reflect a reduction for one-time activities that were authorized for 2000 but not recurring, partially offset by funding for the proposed 2001 budget. The dues amount can be amended during the course of the annual session to coincide with House actions that would impact the budget. If approved, the dues change becomes effective Jan. 1, 2001.

Res. 40 proposes a special assessment of $45 a year for six years (2001-2006) for the purpose of funding the renovation of the ADA-occupied floors in the Chicago headquarters building. All funds from this assessment will be maintained in a segregated account.

Dental Benefits, Practice and Health

Res. 10 addresses the ADA's position on health literacy, a national health issue. Statistics show that those patients with the greatest need for health care may have the least ability to access and understand the information they need to function successfully as a patient.

The resolution proposes a specific health literacy policy that will strengthen the ADA's position as it encourages health care organizations considering health literacy campaigns to recognize the importance of oral health literacy and include oral health literacy as a component of their efforts.

Res. 10 states that:

- functional health illiteracy—the inability to read and understand essential health-related materials required to successfully function as a patient—is a barrier to access to effective oral health care that affects more than one-third of the adult U.S. population;
- the ADA, through the appropriate agencies, communicate with health care organizations that have or are developing health literacy awareness and advocacy programs the ADA's concern that limited health literacy affects all aspects of health care, including oral health care;
- the ADA encourage patient advocacy organizations and government agencies such as the National Institute of Dental and Craniofacial Research to develop appropriate patient resources and professional educational programs that can assist oral health care providers in communicating with patients who have limited literacy skills;
- that appropriate ADA agencies offer technical advice and assistance relating to oral health care to organizations that are developing health literacy resources and programs.

Res. 20 and **Res. 21** deal with existing Association policy statements on dental benefit programs. Res. 20 amends the Statement for Dental Benefit Plans by adding:

- "Fee schedules should be based on procedures performed by the dentist and not on the specialty status of the dentist performing them."
- "The database used by plan administrators to set fee schedules, percentiles or for UCR determinations should be current, geographically relevant and readily available to the public."
- "Profiling to establish a different rate of reimbursement for the provider should not be used as a means of cost control by the plan administrators."
- "The data, calculations and methodology used for practice profiling of individual dentists should be made available to those dentists upon request."

Res. 21 calls for an amendment to the Requirements for Managed Care Programs—section on Legislative/Regulatory issues—with the addition of the following: "All plans should have the ability to report every treatment service provided to each patient. These data should be made available to enrollees, plan purchasers, appropriate regulatory agencies and any other entity that is responsible for evaluating the plan."

Res. 23 states the ADA's opposition—as a leader in the promotion of good oral health—to the practice of marketing soft drinks in elementary and secondary schools.

Dental Education and Related Matters

Res. 13 proposes that the American Academy of Orofacial Pain's request for recognition of orofacial pain as a dental specialty be denied because AAOP has failed to demonstrate compliance with all requirements for recognition as contained in the Requirement for Recognition of Dental Specialties and the National Certifying Board for Dental Specialists.

Res. 14 affirms the ADA's support for the right of appropriately trained dentists to administer anesthesia services to dental patients. The language in Res. 14 is consistent with the language contained in the Association's policy statement: The Use of Conscious Sedation, Deep Sedation and General Anesthesia in Dentistry.

Res. 16—a policy statement drafted by the Council on Dental Education and Licensure—addresses the dentist's responsibility to pursue life-long learning throughout his or her professional career through a variety of educational methods. Res. 16 encourages members to identify individual needs and calls for the development of a plan to meet those needs. If adopted, the CDEL expects to implement long-term goals associated with this policy including development of a curriculum model for life-long learning.

Res. 30 and **Res. 31** propose revisions to the ADA's Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry and the Guidelines for the Use of Conscious Sedation, Deep Sedation and General Anesthesia. The proposed changes incorporate content into both documents related

to the use and administration of oral sedation and ensure that the documents remain current.

Res. 35 requests funding for the Council on Dental Education and Licensure to implement long-term goals associated with allied personnel recruitment and retention initiatives. If adopted, resource materials for use by constituent and component dental societies and member dentists would be developed.

Res. 42 was developed in response to a 1999 House of Delegates directive that proposed a career guidance program to recruit students into dentistry. The program, as proposed, includes both short- and long-term recruitment goals that will build on the strength of past SELECT Program initiatives. The proposal also calls for the establishment of a network of state- and local-level coordinators to serve as career guidance partners.

Legal and Legislative Matters

Res. 1 seeks to amend the duties of the Council on Ethics, Bylaws and Judicial Affairs with regard to the Bylaws, with the intent of streamlining the process of making editorial changes in the Bylaws. Currently, CEBJA is authorized to propose editorial changes to the House of Delegates, which means the House must review and approve all changes—even spelling, grammar errors and misplaced punctuation marks.

Res. 1 will authorize the Council to recommend to the House editorial changes in the Bylaws to improve their consistency, clarity and style, but grants CEBJA the authority to make Bylaws corrections that do not alter the Bylaws' context or meaning—such as punctuation, grammar and spelling—through unanimous vote of CEBJA members present and voting.

Chicago fun: Navy Pier's Ferris wheel.

Scientific Matters

Res. 33 calls for the ADA to develop laboratory protocols and capabilities to replicate ISO 11143—an international standard for dental equipment—for amalgam separators, evaluate the standards for its applicability and appropriateness, and develop the laboratory and other evaluation protocols to test the performance of amalgam separators as wastewater amalgam/mercury reduction devices.

1999 resolutions

Res. 91—held over for further study from the 1999 House—calls for the formation of a 17th Trustee District composed of the state of Florida. The substitute resolution by the ADA Board of Trustees modifies the resultant council assignments proposed to accommodate the fact that the Council on Scientific Affairs membership is not district based. (See story, page 23.) ■

It's easy to build your Web site

Netopia offers ADA members the know-how

Do you ever feel like technology is passing you by?

Catch up—in less than an hour—with Netopia, the Web-creation company endorsed by ADA Business Enterprises, Inc.

By using a content package specifically designed for ADA members, Netopia will create and customize dental practice Web sites for ADA members.

"It wasn't a big investment to get in on the ground floor," said Dr. Frank Egan, an orthodontist practicing in East Patchogue, N.Y. "Now I have a Web site I can continue to work with in the future."

Netopia's team of skilled design specialists will build an entire Web site using information and graphics a dentist chooses to provide.

Typical dental practice sites consist of eight customized pages, including medical history forms, patient education pages, a link to the ADA and links to other dental related sites.

Dr. Michael Montalbano, Baton Rouge, La., distinguished his site by hosting a "no cavity" club for children. Children who receive cavity-free check-ups get their pictures posted on the site.

"The photos look great," said Kim Thomas, the dental hygienist at Dr. John Benedetto's, Olympia Fields, Ill., dental practice. "We provide a lot of cosmetic dentistry services so it's great to show patients before and after photos."

Most dentists choose Netopia's Premium Service, which includes software, site building and hosting of sample content and graphics.

Dentists also have the option of customizing their own Web site. They begin with a basic hosting package with telephone and/or e-mail support, then follow the simple steps to build a site using Netopia's powerful design software.

Visit Netopia Booth 4711 in the ADA Resource Center at annual session and enter to win the daily drawing.

For more information, call Netopia Inc., 1-800-513-9062, or go to "adaecco.netopia.com" to learn more. ■

Get ready for the new ADA.org

Log on and find a wealth of information on the profession

At a time when most of the gold medals are being awarded offshore, one sure-fire winner is debuting here at home.

This month, ADA.org will re-emerge on the World Wide Web as the premier source of oral health information.

The redesigned ADA Web site offers the dental profession and the public more of the reliable news and information they've become accustomed to from the ADA—but with faster and easier access.

"The ADA.org site is moving into the next generation," said Dr. John S. Zapp, ADA executive director. "Its redesign marks the beginning of a new era in the delivery of oral health information."

■ **Learning Center showcases ADA.org, page 38**

To many, it may come as no surprise that the world's most prominent oral health organization would build a Web site that surpasses all other commercial oral health sites in providing such service.

But ADA.org didn't become the best because it was created by the biggest. Instead, the American Dental Association crafted a one-stop resource that is broad in scope, yet easy to use.

A new navigation scheme puts all resources available on ADA.org (on the Internet at "www.ada.org") at your fingertips. Finding specific information is now easier and quicker with an overhauled search function that provides advanced search capabilities and a user-friendly interface.

On the Profession page, several content areas, including Dental Education Programs and ADA Meetings and Events, have been reorganized into searchable databases to provide fast access to these popular offerings.

Careers and Classifieds brings the ADA's online resources on careers in dentistry together in one easy-to-use reference. The classified advertising from the Journal of the American Dental Association, widely recognized as the most comprehensive collection of classified ads in dentistry, is now online in a searchable database format.

You can also search a database of articles on legal and ethical issues of relevance to the dental profession or access specific legal inforation through new links on a new Law, Ethics and Risk Management content area, which also includes information on the protocol for securing legal assistance from the ADA on matters of national significance for dentistry.

The Public page provides answers to patients' oral health questions and connects patients to an ADA-member dentist in their neighborhood.

Dentists can go to the ADA page to acccess key ADA officers and trustees or even to enjoy some recreational reading, such as an ADA timeline that captures a glimpse of the history of organized dentistry.

Resources on the Products and Services page provide links to consumer products and financial services that can help dentists develop their own Web site, expedite reimbursement by filing electronic claims or sign on with an ADA-endorsed discount Internet service provider. ■

Annual Session

Pre-session ready to roll in Chicago

Team Building, Tech Day Oct. 13

Last year after Team Building Conference IV, departing participants' comments included:

- "We gained a lot of good, applicable insight";
- "I found a lot of answers to a lot our practice's problems."

Success begets success.

For the fifth consecutive year at annual session, Team Building Conference V will show you how to create a motivating climate, minimize conflict, improve problem-solving ability and instill a "can do" spirit in your dental team.

Scheduled Oct. 13-14 from 8:30 a.m.-4:30 p.m. at McCormick Place, South Building, the popular two-day program includes lectures, interactive sessions, team discussion and lunch.

Annual session also offers for the third straight year the popular Technology Day III, which will demonstrate Oct. 13 from 8 a.m.-5 p.m. how you can integrate the latest developments in dental technology to improve patient care and your bottom line.

Located in the Vista Room at McCormick Place, South Building, this program will feature more than 30 courses designed for dentists, assistants, business assistants and hygienists.

For registration information about the 141st annual session, including scientific sessions, exhibits, Technology Day, Team Building Conference, hotel reservations, travel and child care, you have four convenient options:

- Visit ADA.org at "www.ada.org/session";
- See the Aug. 21 issue of ADA News;
- See the July issue of the Journal of the American Dental Association;
- Get an official Preview by calling 1-800-232-1432 or 1-312-440-2388; or by e-mailing your request to "annualsession@ada.org". ■

ADA Business Enterprises partners with Xerox Corp.

Also learn what Trojan offers

New to ADA Business Enterprises, Inc., is an alliance with the Xerox Corp. which enables ADA members to save up to 35 percent off the purchase or lease price of Xerox products and services.

The alliance and availability of the products at a reduced price will launch at annual session in Chicago.

As an added bonus, a free copy of the Physicians Desk Reference Electronic Library on CD-ROM accompanies purchases from a product line specifically designed to meet the needs of a dental office—Xerox's Small Office/Home Office.

For more information customers can go to "www.ada.org/ecco" or call 1-800-ASK-XEROX, Ext. ADA, for personalized customer service.

Visit Xerox, Booth 4705 in the ADA Resource Center, at annual session to learn more about how to save money and increase productivity using these new ADA member benefits.

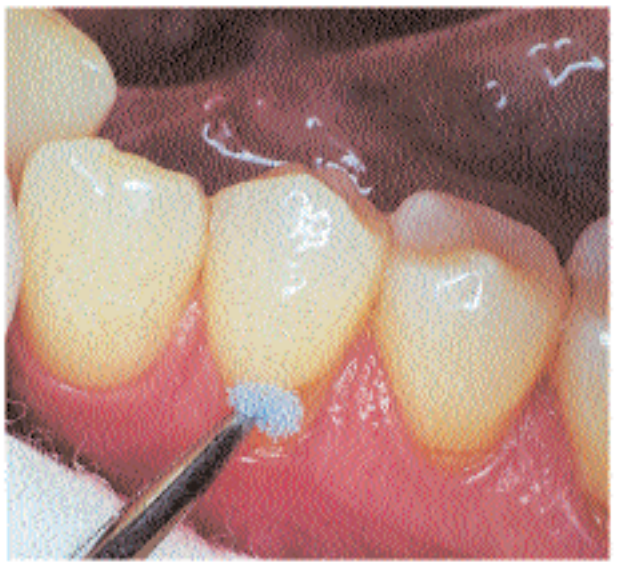
Trojan

As the Internet changes the way the world does business, electronic health claims change the way dentists are reimbursed.

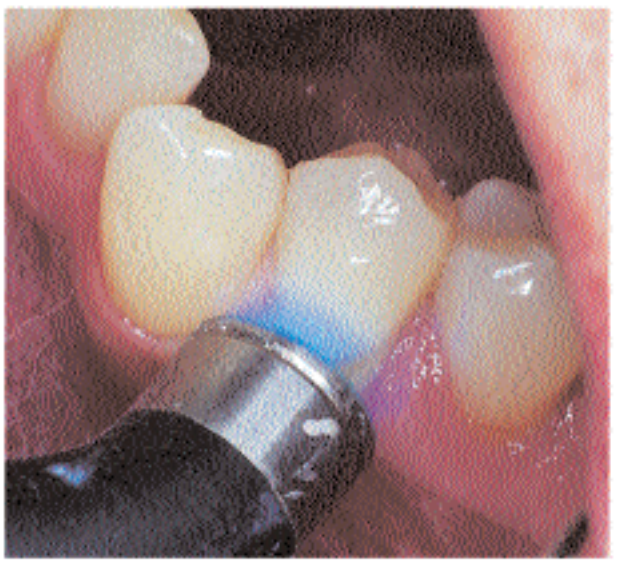
"I estimate that use of electronic transactions with all my insurance companies will save me $200 per week," said Dr. Scott Trapp. "The big savings are in the staff time spent on the telephone and posting statements."

The ADA has actively encouraged ADA members to use electronic transactions. As one of its earliest ventures, the ADA Electronic Commerce Division endorsed Trojan Professional Services Inc. to provide software that allows dentists to file claims electronically.

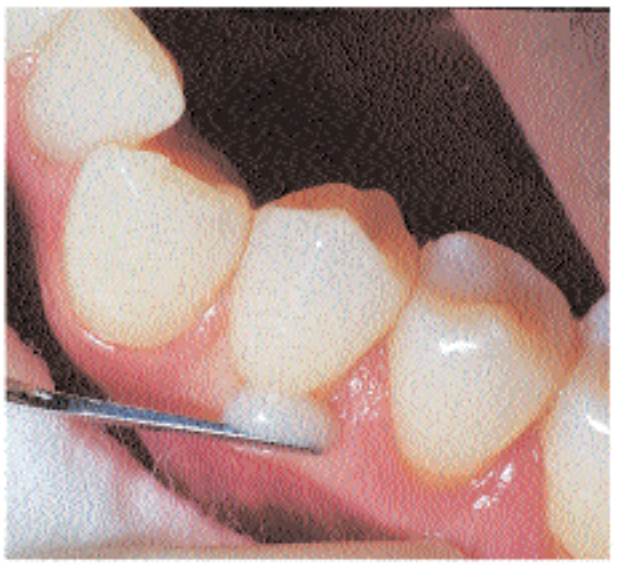
Learn about saving time and money through Trojan by visiting "www.ada.org/ecco" or calling 1-800-451-9723. Or, visit Trojan Professional Services Inc., Booth 4914 in the ADA Resource Center, at annual session. ■



1. APPLY (twice)



2. CURE



3. BUILD

Presenting Touch&Bond™ … Just one bottle and a pledget

NO ETCHING. NO RINSING. NO PRIMING. NO MIXING.

Effortless composite bonding. No post-op sensitivity.

Let's say you've finished prepping the tooth, so now you're ready to bond.

Using the special pledget that comes with the kit, simply apply Touch&Bond to the dentin and enamel surfaces you're bonding to. (By the way, the surfaces can be damp or dry.)

There's no acid-etching. No rinsing. No priming. No mixing. And there's no need to change soggy cotton rolls.

Let Touch&Bond sit on the tooth for 20 seconds. Then gently blow it with your air syringe for 3-5 seconds.

Use the same sponge to apply another coat. Dry it with your syringe immediately, and light cure for 10 seconds.

That's it. You're done. The tooth is now ready for composite build-up. The entire procedure takes maybe a minute.

The secret in the sponges

Actually, we don't call them "sponges." "Pledget activators" sounds more impressive. And besides, they're not mere sponges. They're small polyurethane applicators impregnated with a special co-initiator (sodium p-toluenesulfinate, 4-H_2O.)

The instant the pledget touches the 4-META-based liquid, it triggers a complex penetration-and-polymerization reaction. The adhesive's 4-META molecules infiltrate the smear-layer left by your bur to grab the sound tooth structure below. Your curing light then completes polymerization.

The result is the kind of 4-META hybrid-layer bond and tooth-protecting biological seal that once required complex etching, rinsing and priming.

Frankly, advertisers spend way too much time touting results of their latest bond strength tests. Most researchers admit that nobody knows how these numbers relate to clinical performance. Nevertheless, for those of you who care, Touch&Bond does very well in the research lab with published microtensile bond strengths of 22.4 MPa (3250 psi) to dentin.[1,2]

More significant, is this fact: ***In all clinical trials conducted on two continents, there wasn't a single case reported of post-op sensitivity. Not one.***

U.S. Patent No. 6,071,983 and patents pending

Less than a buck per application

At $96, the kit in-cludes a bottle of Touch&Bond (about 175 drops) plus 175 pledgets in a nifty little plastic organizer that keeps everything together, ready for the next procedure.

Of course the precise cost-per-application will vary according to the size of your restoration. A large posterior composite may require a full drop of Touch&Bond. On the other hand, if you're restoring a series of cervicals, a single drop and one pledget will probably handle two or three Class V's.

And of course, there's Parkell's risk-free trial

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1 Yoshiyama M. et al. Application of sealed restoration to root caries. Journal of Japanese Adhesive Dentistry. 17(4), 320 1999
2 Nakaoki Y. et al. Micro-shear bond strength of single step adhesives to bovine dentin. Shikazairo-KiKai 19 (Special Issue 35), 73 2000

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Visit Parkell at major dental meetings: ADA Chicago (Oct 14-18, Booth 2328), Greater NY (Nov. 25-29, Booth 2212), Boston Yankee (Jan 25-28, Booth 106)

The ADA Resource Center is your information source

Learn about the ADA's latest programs and services in the ADA Resource Center—flanked by blue and green banners on the exhibit floor.

Formerly called the ADA Pavilion, the plaza of booths was renamed The ADA Resource Center to reflect its role as the one-stop shopping resource for the dental community.

Booth 4703: The ADA Business Enterprises Publishing division, which brings you the ADA News and The Journal of the American Dental Association, will feature these and other publications and products. The newly revised and expanded Second Edition of the ADA Guide to Dental Therapeutics, dentistry's most comprehensive drug reference, will be available at the ADA Store for the ADA member price of $44.95. This authoritative guide is the profession's source for adverse effects, clinical considerations and interactions among dentist- and physician-prescribed drugs.

During annual session, the recently updated version of JADA CD-ROM is available for $119. The CD-ROM, which includes all JADA articles published from 1990-98, may be purchased at the ADA Store located near the registration area or ordered at the booth.

Booth 4704: The ADA Health Foundation has recently been hailed as "one of the most positive forces in dentistry." As the charitable arm of the ADA, the ADAHF is the nation's leading charitable organization dedicated to enhancing clinical dentistry.

Receive news and updates on research conducted at the ADAHF Paffenbarger Research Center and the ADAHF Research Institute, Health Screening Program, the Harris Fund for Children's Dental Health and much more. Learn how you can make clinical dentistry better through the ADA Health Foundation.

Booth 4705: Xerox Corporation is offering ADA members 35 percent off the purchase or lease price of Xerox products and services. Visit their booth to learn more about how these new member benefits can save money and increase productivity.

Booth 4706: The ADA Membership Retirement Program helps you to save for the future. You'll learn how the right retirement plan can reduce your taxable income significantly and defer taxes on your contributions and any investment earnings until you retire. The program offers a wide array of investment options that allow you to diversify your retirement assets. The ADA Program charges you a fraction of what many other retirement programs charge for everything from enrollment to recordkeeping fees. Stop by for a free personal consultation.

Booth 4708: Great West Life and Annuity Insurance Company (underwriter and administrator of the ADA insurance plans), is giving away 50,000 pennies—$500, to a winning ADA member during annual session. Stop by the Great-West Booth to learn more about the various ADA-sponsored member insurance plans. These plans include term life, universal life, income protection, office overhead expense and family hospital income.

Plan representatives will be available to discuss members' insurance needs and answer questions about the cost and scope of coverage offered. Great-West will also be collecting pennies, along with any other donations, for the National Foundation of Dentistry for the Handicapped in a specially marked "penny jar."

Booth 4711: Netopia, premier provider of custom Web sites and endorsed by ADA Business Enterprises, Inc., creates and customizes dental practice Web sites specifically designed for ADA members. Each day, Netopia will give away five Web sites. Stop by the booth and enter to win the daily drawing.

Booth 4713: WebMD/ENVOY representatives will demonstrate how dentists can make their practices run more efficiently and improve cash flow with new practice management software. Endorsed by ADA Business Enterprises, Inc., WebMD/Envoy is a leader in electronic claims that can provide you with cutting-edge information about online eligibility, electronic attachments and processing.

Booth 4803: The Learning Center will provide interactive demonstrations each day during annual session to help ADA members use ADA.org to its fullest potential and to introduce the redesigned Web site to the dental profession.

Booth 4805: The Dentist Well-Being Programs will offer Words of Wisdom or a Cup of Kindness or some information about some of the challenges dentists and their families can face. There are great pamphlets about stress management, family relationships, anxiety, depression, substance abuse and more. We've got local AA meeting schedules, too. Some friendly volunteers have signed on to help, so come on by and say "Hi!"

Booth 4806: The ADA Office of Student Affairs will display ADA resources available to students and new dentists, such as the very popular ADA InfoPaks—packaged libraries on 13 different "hot topics," from associateships to licensing to practice management. Look for publications such as Dental Licensure and the New Graduate, Financial Planning Issues for Dental Students, ADA Lifeline and information for dentists in the Federal Dental Services and women dentists.

Booth 4807: The ADA Membership Resources Booth will offer free ADA key chains and information about the wide array of programs and services available to members of organized dentistry. You'll find dozens of helpful resources—from details on library services to the ADA's Calendar of National Dental Meetings.

In addition, ADA staff will be on hand to answer any questions you may have about benefits and provide details on how to make the most of your membership in organized dentistry. A directory of all ADA members will also be on hand so that you may verify your address and look up your colleagues.

Booth 4811: Citibank USA and Citi-Mortgage Inc. will discuss credit card services, residential mortgages and home equity loans—all special offerings from the ADA 1 Plan. Stop by the booth to apply for the ADA Platinum Visa card.

Booth 4814: The ADA Electronic Commerce Marketplace, hosted by BATNET1, offers a safe and secure way to do online shopping with brand name retailers at special discounts to ADA members. Stop by the booth and find out how to make purchases through the Marketplace and sign up for the discounted Internet Service now available to ADA members.

Booth 4905: The ADA Library is conducting its first-ever ADA Library Dental History and Trivia Contest. Do you think you know a lot about dentistry and its past? Do you know G.V. Black from A.D. Black? Why is Pierre Fauchard so important to dentistry? Is that your final answer?

Well, now you have the chance to test your knowledge at annual session. There's also a children's edition for anyone 12 and under. All entries must be turned in by 4 p.m. Oct. 16, and answers and winners will be posted at the Library booth by 11 a.m. Oct 17.

Booth 4906: The Survey Center offers reports that focus on all aspects of dentistry, from private dental practice, such as the Survey of Dental Practice, to all facets of dental education, such as the Survey of Predoctoral Dental Educational Institutions. Recent surveys delve into topics of current interest to dentists, including dental management service organizations, capitated and preferred provider organization dental plans, and legal provisions for delegating functions to dental team members.

Booth 4907: American Dental Political Action Committee and ADA Grassroots staff and volunteers will be on hand to provide information and answers about political involvement, ADPAC membership and the grassroots network.

Booth 4914: Trojan Professional Services Inc. representatives will explain how Trojan's software can assist dentists with filing electronic insurance claims. Additional information about their services and enrollment will also be available.

Booth 5003: The ADA Commission on Relief Fund Activities will be providing brochures and other written material on the charitable activities of the ADA Relief Fund and those of The ADA Endowment and Assistance Fund Inc. and ADA Emergency Fund Inc. Staff and commission members will be present to answer any questions members have regarding these agencies and their programs.

Booth 5004: The Council on Scientific Affairs will highlight safe and effective dental products that are part of the Seal of Acceptance Program. The backdrop of the booth will be a map of the convention floor with a guide to the booths of dental product manufacturers that participate in

Contrasts: Chicago's parks and skylines join to create dramatic views around the city.

the Seal of Acceptance Program. The booth will have a hands-on display of the ADA's interactive Web-based Seal Program site with information on accepted Seal products.

For dentists, the booth will be stocked with useful laminated cards summarizing endocarditis and prosthetic joint prophylaxis recommendations, as well as booklets listing accepted over-the-counter dental products that can be copied for patients. Manufacturers can pick up packages of information that detail the steps involved in earning an ADA Seal and see how accepted product information is displayed on the ADA Web page.

Booth 5005: The ADA Council on Dental Practice provides many resources to help members develop their practices. Samples of all of the practice management publications, including the new books, Basic Training for New Dental Office Staff and Increasing Your Bottom Line with Effective Marketing, will be available for you to browse at your leisure. Receive a 10 percent discount on all salable publications and a 15-minute phone card with any order of $100 or more. Stop by the booth and pick up free publications and directories for your office.

Booth 5006: The ADA Council on Dental Benefit Programs staff will be available to answer questions you may have about the ADA's Direct Reimbursement promotional campaign. If you are interested in learning more about the DR campaign, how your constituent society can get involved or for an update on available DR educational and promotional resources, just ask at the booth.

Booth 5007: ADA Salable Materials will have free samples of the latest and most popular patient education brochures. Stop by and check out the new practice management titles. Catalog sales staff will be on hand to answer any questions and take your orders. Order during annual session and receive 10 percent off member prices. Also, if you order $100 or more during annual session you will receive a free 15-minute phone card.

Booth 5011: Matsco Companies—which specialize in practice financing for dentists through a consultative approach—will discuss practice financing options for ADA members, including practice acquisition and new practice financing, equipment leasing and commercial real estate, and business loan consolidation.

Booth 5013: Paymentech—the nation's third largest credit card processing provider—will have representatives on hand to explain low discount rates offered to ADA members for electronic payment transactions in the dental office.

Booth 5767: ADA Health Volunteers Overseas is a private voluntary organization dedicated to improving the quality of health care in developing countries through training and education. Dentistry Overseas, a division of HVO sponsored by the ADA, currently has programs in Bangladesh, Brazil, Haiti, India, Jamaica, St. Lucia, Vietnam and Zimbabwe. Volunteer assignments range from one to four weeks and housing is usually provided.

Former volunteers and committee members will answer your questions and provide information about each site and how you can support Dentistry Overseas by becoming an HVO member.

Booth 5768: USA Section of the FDI World Dental Federation offers information about the FDI and future FDI meetings and sites. Representatives will answer questions about U.S. travel to FDI meetings and explain organization benefits for those interested in becoming FDI members.

Booth 5769: The Council on Access, Prevention and Interprofessional Relations is dedicated to broadening the scope of oral health care within the health system, promoting preventive dentistry as a cornerstone of oral health care and advancing delivery to the public. Learn about CAPIR's relationship with other health care organizations, wide-ranging programs and other resources and services.

Booth 5770: The Dr. Samuel D. Harris National Museum of Dentistry celebrates the great heritage of dentistry, its present and its future. Find out about the museum's latest exhibitions—Watch your Mouth, Sports and Dentistry.

Booth 5771: The Alliance of the American Dental Association will offer information on the activities of dental Volunteers will be available each day during annual session to answer questions focusing on membership recruitment. ■

Family feeling

Incoming AADA president leads dental clans in health education

By Clayton Luz

Susan Martindale's notion of the dental family is quite encompassing.

"Well, there's the children in my dental family at home. That's my main dental family," she says, referring to her husband, Dan, their four daughters and one grandson. "Then there's my dental family whom I meet at dental health fairs around the country. Another dental family is my husband's office staff. And, of course, my dental family through the friends I've made during my association with the Alliance."

Must be a big table setting for the holidays.

Since joining the Alliance of the American Dental Association 22 years ago as Dental Health Chair in Monticello, Miss., Mrs. Martindale has helped lead her dental families to promote dental health education among the general public, especially children, at all levels of her participation in dentistry.

She soon will realize the pinnacle of her association participation on Oct. 16 when she is installed as AADA's 46th president during its annual meeting, which will convene in Ballroom D at the Chicago Marriott downtown.

Considering her definition of dental family, Mrs. Martindale's presidency theme, "2000 and Beyond, Celebrating the Dental Family," makes sense. She believes the family, however you may define it, must be involved to "make dentistry the best profession it can be."

Key issues for the Alliance, says the president-elect, will include increasing membership through recruitment and retention, encouraging mentoring for membership development and a continuation of one of the profession's most respected and successful anti-spit tobacco campaigns.

According to Mrs. Martindale, the campaign, a joint effort with the Foundation for Dental Health Education, features an anti-tobacco message delivered by baseball hero Mark McGwire. A grand slam since its inception three years ago, to date the campaign has sold more than 3 million cards and 7,000 posters.

The message "hits close to home for me," says the president-elect. Sadly, Mrs. Martindale relates she recently lost her mother to an emphysema-related illness.

Her personal mission to promote dental education has led this recipient of a master's degree in special education from Mississippi State University through terms as president-elect, vice president, comptroller (two terms), District 3 trustee, dental health chair (two terms) and as a student spouse chair. She also has served two terms as president in her home state of Mississippi.

Mrs. Martindale brings considerable legislative experience to her presidential post. Currently Mrs. Martindale serves on the American Cancer Society Mid-South Division Advocacy Committee. Her lobbying efforts include having lobbied in the Mississippi House and Senate for issues related to children and youth and stronger regulation for tobacco products. She has also lobbied for insurance coverage for all Mississippi children and senior adults.

"We're here to promote legislative issues," says Mrs. Martindale, now marking her 11th year of involvement with the AADA at the national level. "Also, we must ensure that our children have proper dental health care. Part of this involves working closely with the ADA to accomplish its own goals. We want to be involved in our community." ■

Susan Martindale: 'We must ensure that our children have proper dental health care.'

ADA Seal in spotlight

Follow the giant map at session to find participating companies

Some of the 1,300 products bearing the ADA Seal of Acceptance will be on display at this year's annual session. Want to know where?

The ADA Resource Center will feature an enlarged roadmap of technical exhibits, and the map will highlight the location of every company participating in the Seal program.

- For dental products that meet ADA criteria for safety and effectiveness, check out the floor plan of the convention's technical exhibits at the Council on Scientific Affairs, Seal of Acceptance Program (Booth 5004 in the ADA Resource Center in McCormick Place South). The map will highlight Seal participants.
- The CSA booth also features the ADA Web site with information on the Seal program. CSA staff will answer questions on accepted products and the rigorous scientific review procedures required to obtain the seal.
- Manufacturers can pick up information packages about submitting their products for the Seal, and make an appointment to talk with CSA staff involved with the Seal program.

ADA ACCEPTED American Dental Association ®

- New this year are laminated cards summarizing current ADA co-sponsored antibiotic prophylactic recommendations for preventing both bacterial endocarditis and prosthetic joint infections—in convenient table format for members to use in the operatory.
- Members can also pick up patient-friendly lists of accepted dental products to photocopy and distribute to patients.
- Lists are available for dentifrices, toothbrushes, mouthrinses, dental floss, oral irrigators and whitening products. They are designed to respond to patient inquiries about which products to use. ■

Annual Session

ADA Learning Center debuts

Want to know about ADA.org? This is the place

To help ADA members use ADA.org to its potential and to introduce the redesigned site to the dental profession, the Learning Center, located in Booth 4803 within the ADA Resource Center, will provide interactive demonstrations each day during annual session.

ADA and ADA Business Enterprises, Inc. staff will present demonstrations to familiarize ADA members with key areas of the site.

"For the first time, the ADA is bringing the Association and its resources together to educate members on what is available to them," said Dr. John S. Zapp, in describing Learning Center activities.

Demonstrations will begin at 9 a.m. each of the four days of session. Question-and-answer sessions will follow.

After attending a demonstration, participants may fill out an evaluation form and enter for a chance to win a new desktop computer, computer software, a leather computer bag, a digital camera or an H/P Jornada 420 personal digital assistant. Those visiting early in the day may receive an ADA.org T-shirt. Contest rules are available at Booth 4803. ■

FDI lunch set for Oct. 16 in Chicago

The USA Section of the FDI World Dental Federation will convene its annual luncheon Oct. 16 at the Asian restaurant Vong, 6 W. Hubbard St., beginning at noon.

Dentists who attend the luncheon become eligible to win a door prize valued at more than $450. The prize, which will be awarded at the luncheon, is one free dental registration for the winning dentist and accompanying person to the 2001 FDI World Dental Congress.

The luncheon will celebrate Malaysia, site of the 2001 FDI World Dental Congress, which will convene Sept. 27-Oct. 1 in Kuala Lumpur, the country's capital.

Vong's chef Jean-Georges Vongerichten has garnered industry acclaim for his intriguing blend of French technique and Far East flavors.

These menu delights await your palate: the Black Plate (crab spring rolls/prawn satay/lobster); Daikon rolls/tuna rolls/quail rubbed with Thai spices; warm asparagus salad; spiced halibut with curried artichokes; sorbet tasting.

Complimentary red and white wine, soft drinks, mineral water, teas and coffee will be available.

Tickets cost $40 each and are available through the FDI/USA Section by calling the ADA's toll-free number, Ext. 2727.

Round-trip shuttle transportation will be provided between McCormick Place South and the restaurant. ■

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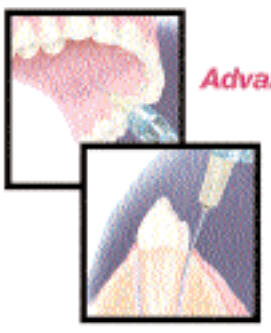

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1. The AMSA injection: A new concept for local anesthesia of maxillary teeth using a computer-controlled injection system; Friedman, Mark J., DDS; Hochman, Mark N., DDS; *Quintessence Int.* 1998:29:297-303.
2. P-ASA Block Injection: A New Palatal Technique to Anesthetize Maxillary Anterior Teeth; Friedman, Mark J., DDS; Hochman, Mark N., DDS; *Journal of Esthetic Dentistry*, Vol. 11, Number 3.

Dr. Hochman is a clinical consultant to Milestone Scientific.

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Editorial Excerpts: Dr. Lawrence H. Meskin

Words of wisdom

Since he was named JADA editor in October 1990, Dr. Lawrence H. Meskin has penned roughly 120 editorials—with about another dozen to go before he steps down as editor at the end of next year.

What follows are excepts of his observations on a wide range of topics published over the last decade.

Scope of dental practice

Dentistry's mandate as a health profession is to advance the public's oral health status. As the sole purveyors of dental care, dentistry has the obligation to continually seek new knowledge that will enhance its mission. If offering medical tests previously in the domain of other health professionals assists in accomplishing this goal, then arguments against such procedures are spurious.

"Expanding the scope of dental practice"
March 1992

Reporting cases of abuse

Dentists, as the first and perhaps only health service contact for many of the abused, often represent the sole opportunity for abused individuals to escape the cycle of violence. Because a large proportion of abusive injuries occur in body regions open to direct observations, dentists should ensure that they are competent to recognize the most subtle signs of abuse.

"If not us, then who?"
January 1994

Dental benefits

The marketplace should remain the arena for ultimate decision making. Let all payment methods be judged against each other. Examine and compare cost, quality and provider remuneration. But before the assessment begins, all participants must agree that the primary standard for judgment must be the placement of patient welfare ahead of any other consideration.

"To dream the impossible dream …"
November 1996

Quality of care

Unfortunately, the concept of quality does not lend itself to simple measures. The variables that affect quality of health are numerous and often obscure. Anyone attempting to measure quality of health care must be aware that this is a highly complex venture not amenable to "shake-and-bake" solutions.

"A gentle touch is not enough"
February 1998

Patient protection

Eventually, some form of legislation will pass—that's a given. Additional legislative actions will follow and will continue until patient rights are fully acknowledged and protected. The American Dental Association—its Washington Office and its grassroots supporters—should take pride in bringing this issue to national prominence. Others, far better positioned, were unwilling to do so.

"I think I can … I thought I could"
April 1998

Unsupervised hygiene practice

Those pursuing this course should remember that oral health care is not elective health care. It is an integral component of health care and must be viewed in that dimension. Just consider the emerging relationships between oral infection, low birth weight and cardiovascular disease. Show me the training that qualifies the nondentists to manage these conditions.

"Who's in charge? You are"
August 1998

Continuing competency

Few issues in dental practice are so contentious. Most dentists face only one competency assessment in their entire professional lives: their entry licensing exam. That, most dentists would agree, is the way it should be, offering as evidence the extremely small percentage of dentists (1 to 3 percent) who actually face some form of punitive action for practice violations.

"Pew!"
January 1999

Cost of education

This is not just an educator's issue. Practitioners also have a vested interest. Without the understanding and input of the practicing profession, the issue of dental school financing will languish. Collective solutions need to be advanced and supported. Action starts with knowledge.

"A debt service"
April 1999

Conflicts of interest in publishing

Peer review itself offers no defense against undisclosed conflicts of interest. The review process also is vulnerable to the accuracy of the submitted data. Omissions or distortions, either by accident or purposeful, are almost impossible to detect. Ultimately, it will be the patients who suffer if practitioners do not have all the facts necessary to make a best judgment of a product's true effectiveness.

"Foxes in the hen house"
May 1999

The 21st century

With a new millennium approaching, dentistry is positioned between what was and what will be. We can anticipate a future that will be even better than the past. I am confident that, with a past so superb, the profession of dentistry and the public it serves will witness a 21st century of even greater progress.

"Great expectations"
December 1999

Retirement

For many dentists who have made dentistry the total focus of their lives, the prospect of closing the office door for the last time fills them with trepidation, even if they're financially secure. Imagine the retirement anxiety of those dentists whose finances are insufficient. Some dentists may even be pushed to practice long after their physical abilities have been compromised.

"Ready or not"
March 2000

Teaching

The opportunities and benefits of an academic career should have greater appeal. Far more than 20 recent grads should be interested in sharing knowledge, influencing students, savoring the joys of satisfying their intellectual curiosity through research, having the opportunity to travel, and meeting and collaborating with colleagues throughout the world.

"Those who can, do"
April 2000

Dr. Meskin

Continued from page one

receive the news of his departure.

Dr. Meskin will step down as editor of dentistry's flagship professional journal on Dec. 31, 2001, leaving ample time for a farewell party or two.

"I guess that makes me a lame duck," he said, a bit downcast after going public with his decision at a Sept. 11 meeting of the Board of Directors, ADA Business Enterprises, Inc., the ADA subsidiary that includes the publishing division.

The Journal editor seemed heartened by a gentle reminder that more than a dozen issues of JADA must be put to bed before he's allowed to leave, though the search for a successor has already commenced. More about that soon.

In a report to the ADABEI Board, Publisher Laura A. Kosden credited Dr. Meskin with updating a journal that some would argue once fit Mark Twain's definition of a classic: a book often praised but rarely read.

"Within a decade," she wrote, "Dr. Meskin has repositioned JADA as a publication that speaks directly to the needs of the dental clinician, offering practical information that dentists can use to improve patient care. As a result, JADA's appeal with readers has never been higher in its 87-year history."

Latest readership scores confirm that

■ "I'm a big advocate of term limits. I think 10 years is a good amount of time to achieve certain goals, and now it's time to give someone else a chance."

fact. PERQ/HCI Corp., an independent research firm that conducts a yearly survey of dental publications, found that JADA has entered the 21st century as dentistry's best-read, peer-reviewed journal. JADA trails the industry-leading ADA News by just one percentage point and is a full 10 points ahead of its nearest competitor.

But the most stunning news from the survey is JADA's standing with newer dentists—those in practice 15 years or less—who say they prize it above all others, including the ADA News. It's this achievement that Dr. Meskin counts as his most satisfying.

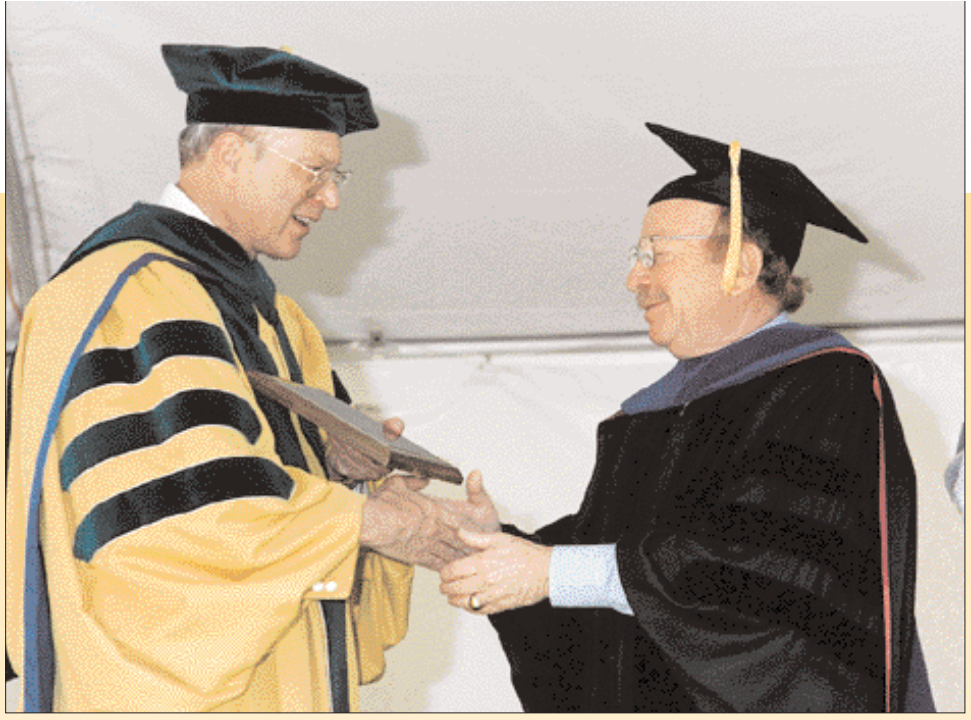
"They're the future," he said of new dentists. "Of course, all of our readers are important to us, but the fact that young dentists are interested in The Journal is very rewarding."

So with all this success and no end in sight, why leave? And why now?

"I'm a big advocate of term limits," said Dr. Meskin. "I've never done any one thing this long. I think 10 years is a good amount of time to achieve certain goals, and now it's time to give someone else a chance. JADA will benefit from some new thoughts and ideas."

Though formal by today's MTV standards (he routinely shows up on Casual Friday's in jacket and tie), Larry Meskin insists that people call him Larry, despite the string of initials behind his name.

See DR. MESKIN, page 42



Honored: Dr. Meskin accepts the 1998 Thomas Jefferson Award from James Shore, M.D., chancellor of the University of Colorado Health Sciences Center. The departing JADA editor serves as director of the Colorado dental school's continuing education program. The Jefferson Award is the university's highest honor.

Dr. Meskin

Continued from page 41

He earned his dental degree from the University of Detroit in 1961. From there, he moved to the University of Minnesota where he picked up three more degrees: master of science in oral pathology, master of public health, doctorate in epidemiology.

In 1981, he; wife, Estelle; and their two children headed for Denver and the University of Colorado School of Dentistry where Dr. Meskin served as dean through 1987.

He's been there ever since, occupying a number of different staff positions, including vice president for academic affairs and research. Today, he directs the dental school's continuing education program and is a professor in the medical school's Department of Preventive Medicine and Biometrics.

On the town: Dr. Meskin and his wife, Estelle, at a recent dinner with the Board of Trustees. The couple has two grown children: Scott, 37, a physician; and Sarah, 34, an architect.

When they're not globe-trotting (recent excursions took them to Thailand, Nepal, Laos and other points east), Larry and Estelle divide their time between a condo in Denver and a spacious adobe home in Santa Fe, N.M.

The kids have grown and flown. Scott, 37, is an emergency-room physician in Santa Fe. Sarah, 34, is an architect in Denver. Both are married. Sarah has a toddler and a newborn.

Dr. Meskin admits only to being "old enough to collect Social Security," apparently forgetting that we have his curriculum vitae on file. He says the first five or six years of his editorship were the most challenging.

"It was a time of tremendous external challenges for the profession," he said. "We had HIV and infection control, OSHA regulations, managed care—one issue after another. It was an exciting time in terms of trying to build a professional journal that would be relevant to its readers. There was never a shortage of issues."

His willingness to tackle issues head on through his monthly editorials earned Dr. Meskin the accolades of his peers and made him, for many, the voice of American dentistry.

Some editorialists are mere stone throwers, content to hit their targets and move on. Not Larry Meskin. Since assuming the editorship in October 1990, he's written roughly 120 editorials on a broad range of dental topics—from patient protection to managed care (see excerpts, page 40).

"It was a time of tremendous external challenges for the profession. We had HIV and infection control, OSHA regulations, managed care—one issue after another. It was an exciting time in terms of trying to build a professional journal that would be relevant to its readers."

What has always set his commentaries apart from many others is their focus on solutions. Dr. Meskin will spotlight a problem, but then he'll also serve up recommendations aimed at solving it.

"If you tear down your own house, that just leaves you homeless," he once said.

This approach to the issues of the day earned Dr. Meskin a spot on the American Student Dental Association's roster of "25 dental visionaries," published last year. The student group described him as "incisive, opinionated and amusing," adding that he has "set the standard for column writing in the profession."

ASDA's is one of two honors (among many) that Dr. Meskin said he values most. The other: the 1998 Thomas Jefferson Award for faculty from the University of Colorado—an honor bestowed on one who possesses "broad interests in literature, arts and sciences, and public affairs."

Larry Meskin said he has no immediate plans for the future, other than to remain at his post at the University of Colorado.

"I've always found that when I step away from one opportunity, another one comes along," he said. "Golfers on the pro circuit have nothing to fear from me." ■

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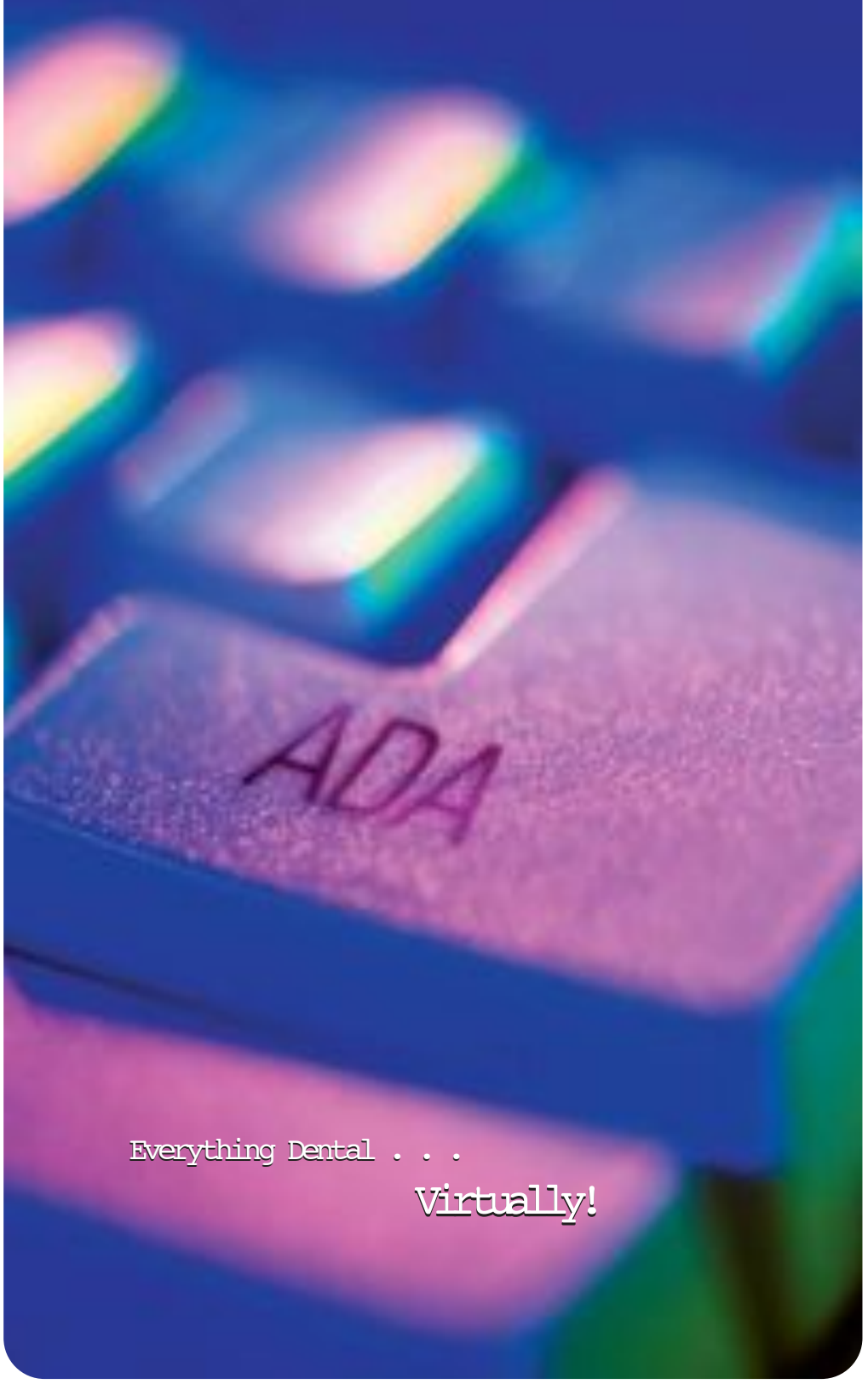

The ADA Pavilion located on Aisle 4700-5000 is an exciting,
user-friendly plaza of booths providing helpful information about the ADA, its affiliated agencies, and their products and services.

Visit ADA staff, the ADA Learning Center and learn how to access critical information on ADA.org℠.

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**ADA Headquarters Open House,
Friday, October 13 through Monday October 16 from 2:00-4:00 p.m. each day**

chance to become
better acquainted with the ADA's many programs and services that will help keep organized dentistry prospering through the next millennium.

Don't forget while in Chicago for Annual Session you will have an opportunity to attend the Association's Open House for a behind-the-scenes look at the activities your dues support.

- Visit the newly renovated laboratories in the Division of Science
- Browse the shelves of one of the world's largest
  dental libraries, the ADA library
- Stop by the ADA Call Center, which receives more than 30,000 call each month from members and the public.

Tour guides will provide brief highlights of divisional activities and answer your questions about ADA programs and services.

Invitations are recommended to attend the open house. You may pick up your free invitations during exhibit hours at the ADA Membership Resource booth (no.4807) located in the ADA Pavilion. On Friday, October 13, invitations will be available at the session registration area in McCormick Place, South building.

The ADA Store

In a world-class shopping city like Chicago, we can't forget to include the ADA Store. Stop by, just steps from the convention floor in McCormick Place, and find a wide array of one-of-a-kind items such as ADA apparel and scrubs, dental themed jewelry and all sorts of unique gift items you can't find anywhere else!

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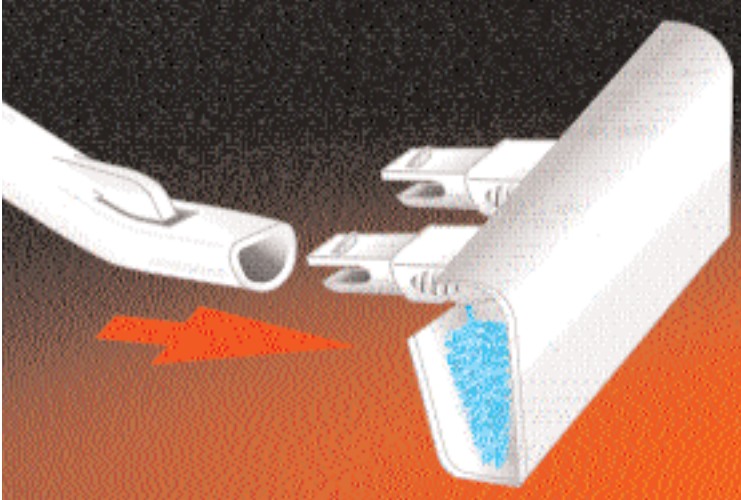

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