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## ADA News - 09/18/2000

American Dental Association, Publishing Division

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# AMERICAN DENTAL ASSOCIATION News®

SEPTEMBER 18, 2000

www.ada.org

VOLUME 31, NO. 17

## BRIEFS

### ADA to shut down phones Sept. 28 during meeting

On Sept. 28, from 9-10:30 a.m. (Central Standard Time), American Dental Association employees in Chicago will be unavailable for phone calls.

This affects only ADA Chicago staff, who will be attending an all-employee annual session orientation program.

Those calling ADA Headquarters during the orientation will hear a recording asking that they call back after 10:45 a.m. E-mail and the Association's Web site ("www.ada.org") will be accessible. The ADA thanks callers for their understanding. ■

### Oral cancer poster for your office

Look between pages 24 and 25 for your free poster featuring information about oral cancer prevention, detection and treatment.

Made possible by the ADA Health Foundation through a grant from Henry Schein Inc., the poster is designed to be displayed in the dental office, with several oral cancer facts listed on the reverse side of the poster.

For additional information and brochures on oral cancer, visit ADA.org. Other helpful Web sites about oral cancer include: U.S. Public Health Service, "www.surgeongeneral.gov"; National Oral Health Information Clearinghouse, "www.aerie.com"; Centers for Disease Control and Prevention, Division of Oral Health, "www.cdc.gov"; "Cancer-Net," National Cancer Institute, "www.cancer.net.nci.nih.gov". ■



## INSIDE



### Airborne

Flying Dentists of America combine flying and dentistry. Story, page 36.

## Victory in FTC case

### CDA advertising rules vindicated

BY CRAIG PALMER

A federal appeals court panel ruled unanimously Sept. 5 that, on balance, professional regulation of dentist advertising benefits consumers and encourages competition.

The court directed the Federal Trade Commission to dismiss a long-standing suit against the California Dental Association alleging antitrust violations.

"In other words, the FTC has failed to demonstrate substantial evidence of a net anti-competitive effect," Judge Cynthia Holcomb Hall wrote in the 3-0 opinion filed by the 9th U.S. Circuit Court of Appeals in a case dating from 1985 and argued at every level in the federal judicial system including the U.S. Supreme Court.

### ■ Antitrust law and the profession's policies, page 18

The dental profession and the FTC have been at odds over professional regulation of advertising for more than 20 years.

"This is a significant victory not only for the dental profession but for all professional associations," said Dr. Richard F. Mascola, president of the American Dental Association. "This may allow dental associations to become more aggressive in protecting



the prerogatives of the private practitioner without the constant threat of antitrust violations."

"Association policy is rooted to See FTC, page 19

## NewsUpdate Decision nears on UCR lawsuit

BY JAMES BERRY

Sometime within the next few weeks, the ADA's Legal Division will advise Association leaders whether they've found what they need to mount a class-action lawsuit against one or more managed care organizations or other insurance carriers.

"We expect to make that determination by annual session" next month, said ADA General Counsel Peter M. Sfikas, who will advise the officers and trustees on whether a lawsuit could reasonably be pursued, based on information gathered from the membership.

See UCR, page 10

## An interview with the ADA president-elect

### Access to care, membership and education Dr. Anderton's top priorities for year

Maybe it's because he comes from a long line of farmers and knows what hard work means. Maybe it's because a teacher said the right thing to him when he was still in high school.

Ultimately, it was Robert M. Anderton's decision to become a dentist. It was his decision to build a practice, to work for his profession through organized dentistry and to return to school to gain a law degree—in part to understand "managed care" that had fast become more and more a part of dental practice.

The Argyle, Texas, dentist will assume the mantle of the 137th president of the American Dental Association when he is installed into office Oct. 18 in Chicago during annual session.

Born and raised in the Dallas area, Dr. Anderton was the first in his family to attend college. Both parents came from farming families and he spent many of his summers in Mineola, in east Texas,



Dr. Robert M. Anderton: Will be installed as 2000-2001 ADA president next month.

### ■ ADA officer candidates presented, pages four, 12, 14 and 32

working on his mother's family farm.

While he played football and baseball as a youth—and the trombone in the school band—it was his aptitude in the sciences that prompted a high school teacher to encourage him to choose medicine or dentistry as a career. He had no physician or dentist role models in his own family, but the husband of his teacher was a dental student at Baylor dental school. "He encouraged me and was kind enough to take me through the school," recalls Dr. Anderton. "Because

of his optimism for the future of the profession, I became interested in dentistry. I liked to work with my hands and it just seemed to be a fit for me."

He attended Southern Methodist University on an academic scholarship and enrolled in the pre-dental curriculum. "Once I made up my mind, I never considered doing anything else, so I got into dental school as quickly as I could."

Graduating Baylor University College of Dentistry in 1961, he entered private practice and organized dentistry with the Dallas County Dental Society. "I started on the telephone committee, getting people to come to the meetings," Dr. Anderton remembers. "I went from one committee to another. I never really imagined that it would lead to me being ADA president."

For him, joining the DCDS, the Texas Dental Association and the ADA meant continuing education opportunities as well as a way to focus on ethics and professionalism. "But really, back then no one thought about not joining. The faculty at the dental school encouraged dental students to join."

In 1992, after finishing his term as TDA president, Dr. Anderton decided to take on a new professional challenge: law school. "Managed care and the contracts that go with it were starting to become more prominent. I wanted to learn about the legal side of the business of dentistry to better understand what kind of challenge these arrangements would present."

He attended SMU's law school, going to class in the morning and seeing patients in the afternoon. See DR. ANDERTON, page five





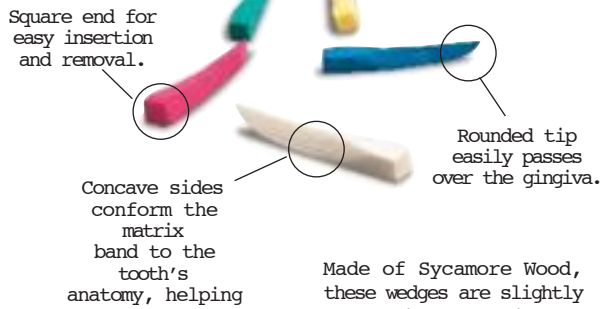
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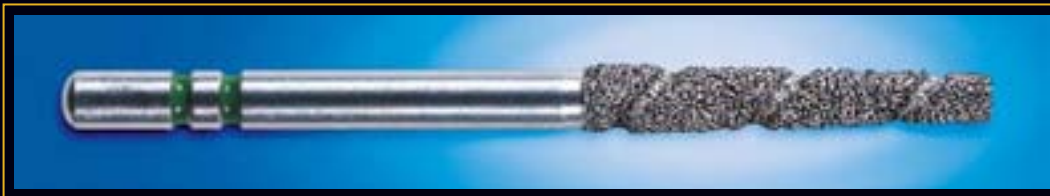
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## ATPRESSTIME

### Smoking addiction kicks in quickly, new study shows

Puffing just a few cigarettes can get you hooked, says a new study that contradicts earlier assumptions that nicotine addiction is a gradual process.

Researchers at the University of Massachusetts and Harvard Medical Schools tracked the smoking habits of 700 12- and 13-year-olds in central Massachusetts for a full year in 1998.

A quarter of those studied showed common symptoms of addiction within two weeks of starting to smoke, and several said their symptoms began within a few days.

As symptoms of addiction, the researchers included cravings, needing more nicotine to get the same buzz, withdrawal symptoms when not smoking, feeling addicted to tobacco and loss of control over the volume of cigarettes smoked or the duration of smoking.

Ninety-five percent of the youths said they started smoking occasionally (at least one cigarette a month) during the study. Sixty-two percent said the symptoms of addiction began soon after the youths started smoking.

The study was published in Tobacco Control, a publication of the British Medical Association.

"The first symptoms of nicotine dependence can appear within days to weeks of the onset of occasional use, often before the onset of daily smoking," the researchers said. ■

### Herbs pose risk to surgical patients, anesthesiologists report on WebMD

People who include herbs in their diet for better health risk surgical complications, according to a report that appeared last week on WebMD.

The report noted that anesthesiologists are urging patients to stop taking herbs before surgery because certain herbs are known to inhibit blood clotting.

The WebMD report said that, according to the American Society of Anesthesiologists, ginkgo biloba and feverfew may reduce the number of platelets in the blood and interfere with blood clotting. Garlic, ginger, ginseng, dong quai (Angelica sinensis) and danshen (Salvia miltiorrhiza) also may inhibit clotting, the report said.

The risk of excessive bleeding is compounded for patients already taking warfarin, an anti-coagulant that reduces the risk of stroke in patients with atrial fibrillation and in those prone to blood clots, WebMD said. ■

### Tartar control to protect the joints?

Pyrophosphate, the substance added to tartar control toothpaste, may prevent mineral deposits in skeletal joints that lead to arthritis, a new study reports.

"There is debate in the literature whether mineral deposits are simply a secondary consequence of joint damage," said David Kingsley, Ph.D., a Stanford developmental biologist.

"Our work suggests the deposition process is an important contributor to arthritis, not a consequence but a cause."

Dr. Kingsley's team reported their findings in a recent issue of Science. ■



**Deliberating:** From left, Drs. Kenneth Kalkwarf, Howard Fine and Cynthia Hodge consider the project's course, while Dr. Leslie Seldin (left), chair of the Future of Dentistry Project Oversight Committee, leads discussion during the Aug. 25-26 meeting at ADA Headquarters.

### You're invited: Open hearing on Future of Dentistry Oct. 15

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 Sunday, Oct. 15, 12:30-2:30 p.m., at the Hyatt Regency Chicago, Room Columbus G-L.

The ADA wants to hear from "all interested parties who might have relevant information, issues of concern and worthy opinions," says a memo to delegates and alternate delegates to the 2000 ADA House from Dr. Seldin and ADA President Richard F. Mascola. ■

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1. Andreama, S., et al, "Clinical Evaluation of Bleaching Gels on Patients with Sensitive Teeth." JDR, Vol. 79, Special Issue, April 2000.

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## Campaign Statements

Candidates seeking ADA-elected offices prepared the following platform statements and profiles for the ADA News. Each candidate was sent a profile form with the same questions and asked to list no more than five items for professional memberships, volunteer posts/elective offices and main qualifications. Publication of these statements and profiles should not be construed as an endorsement of any candidate by the ADA News or other staff of the ADA or its subsidiaries. These statements and profiles are printed as information for Association members.

The candidates included are those who—as of press time—had decided to seek office through the upcoming Association elections held concurrently with the Oct. 14-18 House of Delegates meeting in Chicago. If more than one candidate is running for an office, the candidates are listed in alphabetical order. Elections will be held Oct. 13. **See pages 12 and 14 for the statements from the ADA candidates for first vice president and speaker. Treasurer candidates are listed on page 32.**



### Dr. D. Gregory Chadwick

#### President-elect candidate

Change is constant. To be successful we must recognize change and focus on action that adapts to new opportunities while reflecting the long-standing values of our profession. It is our responsibility to position the ADA to shape our profession's future. If we don't, those outside dentistry will.



A strong ADA has never been more important; therefore, we must:

- strengthen our relationships, beginning with the most sacred of all, the doctor-patient relationship. This relationship cannot be compromised. It must be preserved to ensure that patients receive the best care possible and dentists have the ability to treat patients without unwarranted interference by outsiders;

- mobilize our profession, utilizing our powerful and unique advantages to enhance our advocacy efforts and expand our grassroots concept to meet challenges in such areas as membership, the crisis in dental education and auxiliary issues;

- fulfill our vision, determining our own future using strategic planning and the Future of Dentistry project as cornerstones in maintaining the autonomy of the profession.

To accomplish these things we must thoroughly understand the issues, listen to our members, vigorously advocate our positions and have vision. Together we can make a difference if we focus on action and reflect our values. ■

### Dr. Chris Mangos

#### President-elect candidate

The new century is expected to produce many changes that will affect the health care industry.

Scientific progress will not be delayed. It is imperative that we look ahead, stay abreast and stay together.

We must make passionate statements about oral health care in this country. We cannot wait for the government to mandate that we take care of the public, and then regulate how this is done. We must be energetic to the needs of the practicing dentist. This dentist who sees 20 patients in a given day needs to know:

- that they have the best possible materials to work with that are safe to the patient, the staff and themselves;

- that they will be able to deliver the proper care to the patient without unwarranted interference from third parties and government regulators;

- that there is a sound system for providing care to the underserved;

- that there is a professional organization that is meeting the needs of the practicing dentist, the dental student and the educators.

This office in itself can never be the answer to all problems, but through this office, I hope to be instrumental in establishing trust and fulfilling our goals. ■



### Dr. Patrick S. Metro

#### President-elect candidate

In this time of "Internet-speed" change, the American Dental Association must be more assertive. Never has it been more critical to elect leaders that can communicate skillfully, generate cooperation and serve with a heightened sense of commitment.

The ADA must partner with our membership in greater numbers to shape legislation and to constructively utilize the power of public opinion.

The message that "oral health is essential to general health and well being" must be forcefully promoted to the public, legislators and health care providers. The answers to the access questions will then come into focus: increasing patient compliance, decreasing red tape and legislatively increasing provider participation through fair reimbursement levels.

The ADA must also narrow its focus on the most effective programs and services that will attract and involve more members in the Association. It begins with the budget reflecting members' needs. In this way we can connect with an increasingly diverse membership and better attract our new dentist colleagues.

When the ADA asserts itself in these and other opportunities, the future of our profession can be assured for those that follow. With the support of our members, we can achieve our goals through responsible, more aggressive action. ■



### Dr. Ray Cohlma Sr.

#### Second vice president candidate

The year 2000 A.D. has dawned and the dental profession is a major contributor to health care in the world.

Particularly here in the United States, we are the leaders of good oral health with "Dentistry: Health Care That Works!" Health care that works comes from being focused and coordinated in our efforts. The future of dentistry depends on having the right people in the right place at the right time and doing the right thing for the right reasons.

Knowledgeable practitioners free to exercise their best professional judgment with informed, involved patients are elements of quality dentistry.

These must be priorities in all political endeavors and continually reinforced even in our own ranks.

We must reinforce daily and live by our "Principles of Ethics" and "Code of Professional Conduct" and remember that benefit to the patient is our primary goal.

Updating our strategic plan will do much to keep us focused effectively, but those elected to serve with the ADA must be ever vigilant when expending dues dollars.

The ADA must be the clearinghouse that coordinates and brings together groups with varying ideas to achieve a common denominator for the benefit of the profession and the public we serve. ■



### Dr. Terry Grubb

#### Second vice president candidate

The ADA and the profession of dentistry can look back on a century of achievement. Our standard of oral health care is unsurpassed in the world.

New knowledge will expand our responsibilities and with that will come new opportunities for the Association. We now have in place a strong strategic plan, which will serve to channel the energies of the ADA. Our primary focus must be advocacy for and support of its members and our patients.

However, we must continue to support dental delivery systems that protect patients' rights and the dentist's professional judgment from unwarranted interference—with diagnosis and quality dental care the centerpiece in the doctor-patient relationship.

Delivery models in the future may be "evidence based," but they must be built on dentistry's input, not statistical models based only on economics.

The e-world society we live in will challenge our association to reshape itself and we must be prepared. The Surgeon General's report on oral health, tobacco and SCHIP dollars will provide opportunities to address ongoing issues of access to dental care and the public's awareness of good oral health. Our past successes must serve to reinforce our journey into the 21st century. ■



#### PROFILE

**Candidate's name** D. Gregory Chadwick, D.D.S., M.S.  
**Residence** Charlotte, N.C.  
**Dental school attended** University of North Carolina School of Dentistry  
**Year received dental degree** 1974  
**Post-graduate education/specialty** Endodontics  
**Years of ADA membership (include ASDA membership)** 30  
**Other professional memberships** American College of Dentists, International College of Dentists, Pierre Fauchard Academy, American Association of Endodontists  
**Volunteer posts/elective offices held**  
*See DR. CHADWICK, page 32*

#### PROFILE

**Candidate's name** Chris Mangos, D.D.S.  
**Residence** Hillsboro, Mo.  
**Dental school attended** St. Louis University School of Dentistry  
**Year received dental degree** 1959  
**Post-graduate education/specialty** General practice  
**Years of ADA membership (include ASDA membership)** 39  
**Other professional memberships** Missouri Dental Association/Greater St. Louis Dental Society, International College of Dentists, American College of Dentists, Delta Sigma Delta Int'l Dental Fraternity, FDI  
*See DR. MANGOS, page 32*

#### PROFILE

**Candidate's name** Patrick S. Metro, D.D.S.  
**Residence** Rocky River, Ohio  
**Dental school attended** Case Western Reserve University School of Dentistry  
**Year received dental degree** 1961  
**Post-graduate education/specialty** Oral and maxillofacial surgery  
**Years of ADA membership (include ASDA membership)** 39  
**Other professional memberships** American College of Dentists, International College of Dentists, National Academy of Practice, American Association of Oral and Maxillofacial Surgeons, American  
*See DR. METRO, page 32*

#### PROFILE

**Candidate's name** Ray Cohlma Sr., D.D.S.  
**Residence** Oklahoma City  
**Dental school attended** Baylor University College of Dentistry  
**Year received dental degree** 1959  
**Post-graduate education/specialty** General practice  
**Years of ADA membership (include ASDA membership)** 42  
**Other professional memberships** Oklahoma County Dental Society, Oklahoma Dental Association, American College of Dentists, International College of Dentists, Pierre Fauchard Academy  
*See DR. COHLMIA, page 27*

#### PROFILE

**Candidate's name** Terry Grubb, D.D.S.  
**Residence** Wenatchee, Wash.  
**Dental school attended** University of Washington School of Dentistry  
**Year received dental degree** 1967  
**Post-graduate education/specialty** General practice  
**Years of ADA membership (include ASDA membership)** 33  
**Other professional memberships** International College of Dentists, Pierre Fauchard Academy, Washington State Dental Association, Washington State Oral Health Coalition, North Central District  
*See DR. GRUBB, page 28*



President-elect Interview

# Dr. Anderton

*Continued from page one*

He received his law degree in three years and then went back for another 1½ years to earn a master's degree specializing in health care law.

He views his legal background as an asset to both his dental practice and in his service to the profession. "Being an attorney has helped me not only in reading contracts and other legal documents, but also in understanding more about Medicaid, the legislative process and risk management."

With his ADA commitments and his dental practice, he doesn't have much time to actively practice law, but does serve as a consultant, primarily in doctors' defense in malpractice and criminal and civil litigation.

A past delegate to the ADA from Texas, Dr. Anderton has served as president of the TDA and of TDA Financial Services Inc.; as a member of the ADA Council on Dental Benefit Programs and, prior to his election last year as ADA president-elect, as the ADA 15th District trustee.

He is a member of the Academy of General Dentistry, American College of Dentists, International College of Dentists, American Academy of Legal Medicine and National Academy of Practice.

He and his wife, Eddie, have two adult children: a son, Bryan (married to Lynn), and a daughter, Robin.

In August, Dr. Anderton talked with ADA News Editor Judy Jakush about his life in dentistry and what he wants to accomplish during his year as president of the ADA. The first installment of that interview follows here.

■ **"The past several months have seen a proliferation of bills aimed at providing more access for underprivileged children especially. All of dentistry needs to work together to find ways to encourage more dentists to participate in these programs."**

**ADA News:** What of your legal background have you brought to bear in your year as president-elect?

**Dr. Anderton:** I had the opportunity to work on several bills that were being introduced in both houses of Congress. As a result of this experience, we developed an outline for legislation that the Board, based on recommendations from the Association's Task Force on Access, will be bringing to this year's ADA House of Delegates. This can be used to seek federal legislation to address access to dental care with an emphasis on indigent children.

**ADA News:** What do you tell young people starting careers in dentistry?

**Dr. Anderton:** This is a major part of my message right now. Dentistry as a career has never looked better. We have a tremendous legacy to build on. The future of dentistry is really bright. Incomes are better than they have ever been; there is going to be more and more of a demand for dental services; and right now is a great time to get into the profession and take advantage of

this very positive situation.

This should hold true for at least the next 10 to 15 years. We've also got going for us the fact that dentistry continues to enjoy a high degree of public respect. It's really an encouraging picture.

Obviously times are quite different than when I started out. The most significant change is the way dental services are paid for. It was primarily fee-for-service when I started out. Now it's fee-for-service as well as a wide variety of managed care programs. On the good side, the public is much more aware of dental health than they were 40 years ago, so the demand for dental services is much greater. When I started, most dental care demands in my



**1999 annual session:** Dr. Anderton and his wife, Eddie, take the podium during the officer installation ceremony in Hawaii last year.

area were for pain relief. Today, in addition to the greater demand for preventive treatment and cosmetic services, we are becoming more and more involved in the association of oral and systemic diseases.

**ADA News:** Do you have specific goals you are working on this year?

**Dr. Anderton:** I have three primary goals: access to care, education and membership. While the ADA has long been working on access to care issues, the Surgeon General's report in May brought significant national attention to it. The past several months have seen a proliferation of bills in the states and nationally aimed at providing more access for underprivileged children especially. All of dentistry needs to work together to find ways to encourage more dentists to participate in these programs. The federal legislative

*See DR. ANDERTON, page six*

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President-elect Interview

# Dr. Anderton

*Continued from page five*  
proposal we're submitting to the House of Delegates addresses some of the issues that make dentists reluctant to participate in these programs.

We've made progress, certainly on the reimbursement rates, but that's only one aspect. I believe the paperwork burden and the participation agreements make a lot of dentists balk. There are social issues involved in treating populations who may have language problems or difficulty in getting transportation to an appoint-

ment or who have cultural differences that can lead to a high rate of missed appointments. These social issues are as important as raising reimbursement rates.

We're looking for ways to get more social agencies involved in smoothing out the difficulties, such as in helping on scheduling and transportation difficulties.

**ADA News:** What is your goal regarding dental education?

**Dr. Anderton:** We need to find ways to help cut cost—particularly clinical education. We're working on that. Possibly one way is to move some of the clinical education out of the school clinic and into qualified community settings and private offices. Several schools like the universities of Colorado and Michigan already have these types of programs. If the cost of educating students is lowered, that should help constrain



**On the Hill:** Dr. Anderton testifies before Congress in support of funding for dental research and prevention measures.

increases in student debt. We also need to develop more postgraduate education, particularly general practice residencies. Additionally, we need more training in pediatric dentistry.

We also need to support the dental schools in recruiting dentists into academia. There is a shortage of dental professors now, mostly on the clinical side. More are retiring than are coming down the pipeline. There are many reasons, one of which is the difference between the compensation level for a dentist in private practice vs. dental education. A dentist in an established private practice generally can earn more and do it with a shorter workweek.

We have a shortage of full-time clinical professors—some 300 for 55 dental schools.

This problem is not one that has easy answers—I don't pretend to have the solutions, but if we don't look for solution, then nothing will improve.

**ADA News:** The third goal you mentioned was in membership. What do you want to see happen?

**Dr. Anderton:** I'm very concerned about the future of our market share of dentists who are not members of the ADA. This year, we did not see a decline in the overall market share, but five of eight categories that we measure did show some decrease. Two remained the same and one slightly increased. This is a very dangerous trend, and we have been watching it for the past seven years.

The Board of Trustees in August approved a proposal I put forth to immediately address that issue through a Membership Awareness and Grassroots Recruitment Initiative program.

We all know that membership recruitment has to occur at the local level. You have to join the local dental society in order to join the state and

**■ "Membership efforts have to start at the grassroots level because that's where people join. We've conducted surveys to determine the reasons dentists don't join, and one of the major reasons is that no one ever asked them."**

the ADA. This initiative will urge members and especially tripartite leaders to seek out and contact non-members personally and individually with a message about the history and value of organized dentistry. One of the tools we will use is a brochure that is under development. The initiative will be introduced in more detail at annual session in Chicago next month.

If we don't do something to prevent a continued slide below 70 percent market share, we could be facing a really slippery slope. We could possibly face the same problems the American Medical Association and the American Bar Association face. We must keep membership percentages up to give us credibility and strength in Washington and in our state legislatures.

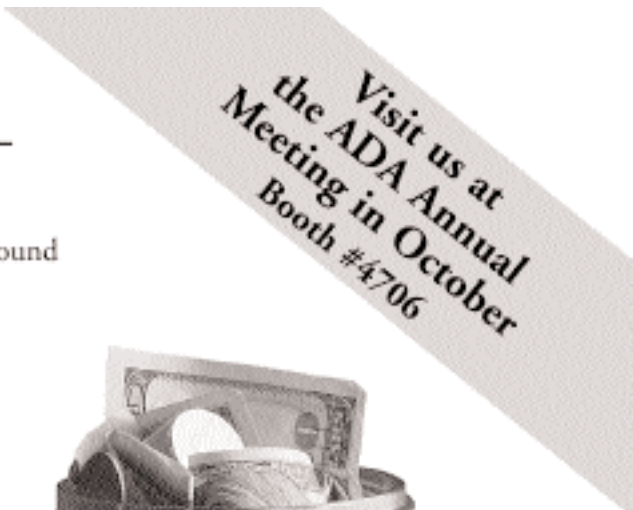
Again, membership efforts have to start at the grassroots level because that's where people join. A local dentist invited me to come to a meeting right after I joined and that was the first of many I attended with him. We've conducted surveys to determine the reasons dentists don't join, and one of the major reasons is that no one ever asked them. To me it's simple—if you analyze the numbers, there are 50,000 dentists who are potential members of the Association. Let's say there are 10,000 officers and leaders and each

*See DR. ANDERTON, page nine*

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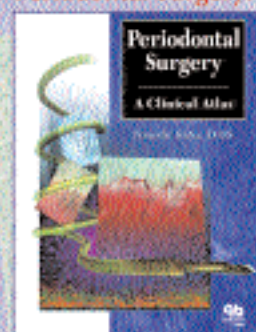
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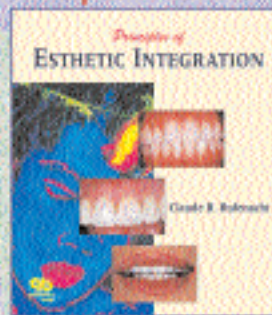
**Naoshi Sato**  
This atlas explores the multitude of options in periodontal surgery while emphasizing regenerative procedures. Many detailed clinical cases demonstrate therapeutic outcomes over time. Additionally, practical clinical tips and summary tables are provided throughout the book for at-a-glance understanding. 448 pp., 2,820 illus (mostly color), US \$258 (3776)

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Edited by James B. Summitt, Jr., William Robbins, Richard S. Schwartz, and Jose dos Santos, Jr.  
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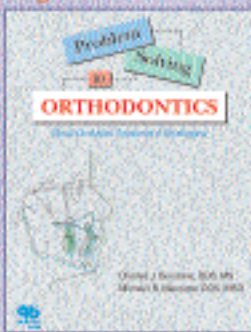


**Claude R. Rubenack**  
This book guides dental practitioners toward a better understanding of the art and science of esthetics by helping them to develop conscious knowledge of the various factors that affect it. The author describes and illustrates procedures for integrating dental restorations into the individual facial composition with respect to biological, functional, and esthetic requirements. 248 pp., 532 color illus., US \$124 (3695)

## Problem Solving in Orthodontics: Goal-Oriented Treatment Strategies

Charles J. Bartone and Michael R. Marcobello

Presents the major steps involved in current and advanced decision-making in orthodontics to achieve pleasing facial and dental esthetics, normal dental health, and stability of the denture. It demonstrates the process of defining and illustrating treatment goals and objectives in three dimensions and explains how mechanotherapy can be designed to achieve them.



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## Clinical Maxillofacial Prosthetics

Edited by Thomas D. Taylor

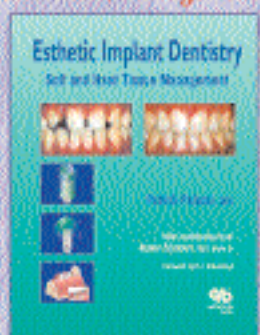
This hands-on clinical guide to performing maxillofacial prosthetic procedures is based on careful discussion of both general and specific prosthodontic principles and techniques. For practicing prosthodontists, general and hospital dentists and others not formally trained in the subspecialty of maxillofacial prosthetics. 304 pp., 475 illus (312 color), US \$130 (3911)



## Esthetic Implant Dentistry: Soft and Hard Tissue Management

Patrick Polacci and Ingrid Ericson

Presents current guidelines for optimizing the functional and esthetic result of the "third dentition," including successful integration of the implant with bone to achieve long-term maintenance of implant stability, bone augmentation procedures for the proper positioning and alignment of implants, evaluation of the variety of prosthetic components now used in implant dentistry, and a discussion of potential future applications, such as successful one-stage surgical application.



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## Orofacial Pain: From Basic Science to Clinical Management



James P. Lind, Giles J. Lavigne, Ronald Diefmer, and Barry J. Seale  
Written by leading researchers and educators in the field of orofacial pain, this book bridges the gap in the transfer of information from pain research to education and clinical dentistry. Emerging scientific evidence is presented in basic terms for dental students and for practicing dentists to integrate into patient care. 112 pp., softcover, 95 illustrations, US \$38 (3814)

## Garden of Orthodontics

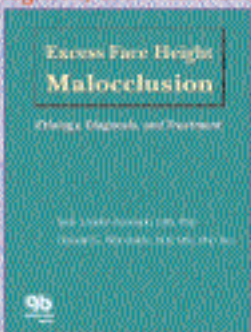


**Giuseppe Cozzani**  
Like a gardener cultivating and nurturing many varieties of flowers and plants, an orthodontist ultimately seeks an esthetic result in solving problems that require both technical and creative expertise. The concepts presented here are the fruits of the author's tireless efforts to integrate esthetic, prosthetic, periodontal and functional considerations into his approach to treating common orthodontic problems. 432 pp., 2,475 illus (mostly color), US \$180 (3881)

## Excess Face Height Malocclusion: Etiology, Diagnosis, and Treatment

Stein Linder-Aronson and David G. Woodside

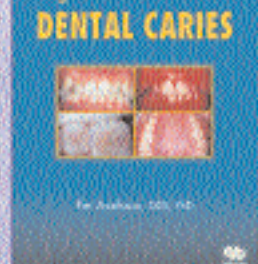
This monograph by two world-class clinicians and researchers assembles for the first time research from their landmark studies about vertical malocclusion. The book explains and supports how nasal obstructions, the relationship between breathing patterns and vertical facial development, and secondary neuromuscular adaptations to obstructions may alter facial and dental structures.



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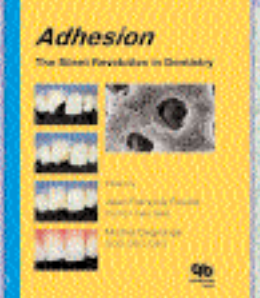
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The second volume of the series presents readers with current knowledge about the etiology, modifying factors, and risk evaluation of dental caries, in addition to development, diagnosis, and epidemiology. For each topic addressed, the author provides detailed scientific background, a well-illustrated guide to implementing state-of-the-art practices. 272 pp., softcover, 280 illus (164 color), US \$118 (3628)



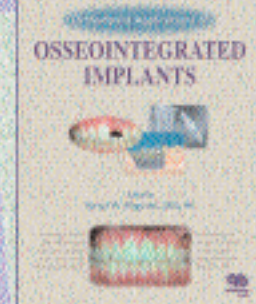
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President-elect Interview

# Dr. Anderton

*Continued from page six*  
 one agreed to speak to five of these non-members. If each officer were able to recruit only one member, our membership market share would increase to 75 percent. I would hope anyone who is participating in leadership activities would be committed to this type of activity.

There appears to be a trend in society among younger people to avoid joining groups, but I also believe the ADA faces competition from other quarters for the services it offers members. Managed care companies and larger practices and other entities provide some of the same services and compete with the role organized dentistry traditionally has held, particularly in continuing education. This is a challenge we face. We must communicate to dentists that there are things the ADA offers that no other group can, such as a strong Washington presence and the ability to work with the states on legislative and regulatory issues by utilizing resources that only the ADA can provide.

The ADA is really the only true protector of the profession. We all need to actively participate as individuals in organized dentistry in order to preserve what we have accomplished on behalf of the public's health and the advancement of the profession. The time we devote to organized dentistry is very worthwhile, not only for personal reasons but also for what we can accomplish for the profession.

**ADA News:** The Association has been working for the past several years on patient protection legislation. With national elections coming up, the push for this legislation appears to be stalled in Congress. Is there anything more the ADA can do to keep the process alive?



**Patient protection:** 'Both the Democratic and Republican sides want something to happen.'

**Dr. Anderton:** Patient protection will be an issue until Congress takes action, but whether it will happen in this Congress remains to be seen. I don't see much movement on the Senate side, and without action there I don't see how we're going to accomplish anything. If a bill doesn't pass and get signed into law this year, I do believe it will be on the table for next year. We won't have to start all over from scratch, but we will have a lot of work

to do. I think both sides on this issue will have to give a little bit, but I hope ultimately the result will be something we can live with.

No matter the outcome of the elections, we will move forward because both the Democratic and Republican sides want something to happen.

**ADA News:** The ADA is collecting "usual, customary and reasonable" fee and other data on the experiences dentists have had with managed care organizations and other insurance entities. If sufficient and appropriate information can be discovered, the plan is to file a class action lawsuit. What are your views on this activity? Is it worth the potential risk? Potential cost?

**Dr. Anderton:** I would really like to see this move forward as a class action lawsuit—which is probably no surprise coming from a lawyer! I do believe this would be worthwhile for our members and would get the attention of insurance and managed care companies. It's unfortunate that federal laws protect these companies from divulging individual UCR information. It's neither to the patient's benefit nor to the profession's

benefit not to be able to participate in that process.

That's why we have directed our legislative efforts toward basing reimbursement costs on percentiles rather than on UCRs. Percentiles can be measured from ADA surveys and are much more accurate than UCRs, which are ill defined. Each insurance company with its own methodology defines them. There's no way for us to put our finger on it, or even challenge them because we don't have enough information.

Percentiles are based on actual fees reported to the ADA in our surveys. In our proposal for federal access to care legislation, we are seeking federal and state programs that reimburse at the 75th percentile for Medicaid and other government-sponsored coverage. That would mean only 25 percent of dentists would charge more than that 75th percentile. Currently the programs are

based on UCR and range anywhere from 10 percent to 90 percent of actual fees charged. They average out around 40 percent. This, of course, has an adverse impact on the benefits that our patients receive.

**ADA News:** Is there a downside risk for the Association?

**Dr. Anderton:** I really don't see much of a risk as far as we're concerned. The problem is in gathering information we can use. I know that both Dr. Mascola [ADA President Richard F. Mascola] and myself have been encouraging dentists to send in this information. It will take a little time; there is some cost, but the benefit to be gained is well worth it.

I completed my master's thesis in law school on managed care and these issues were a big part of it. I conducted extensive research on risk pools and how different methods of calculating reim-

bursement levels affected the quality and standards of care. The research had much more to do with medicine than dentistry because there wasn't much impact on dentistry at that time. My conclusion was that reimbursement methods do affect the quality and standards of care and that several patients had been harmed because of that. More and more of these cases are being documented all the time.

Unfortunately, most managed care plans are protected by ERISA [Employee Retirement Income Security Act] regulations that prohibit insurance and managed care companies in many instances from being sued directly. That again is one of the most significant aspects of the patient protection legislative effort. ■

**Editor's note:** The second part of Dr. Anderton's interview will appear in the Oct. 2 ADA News.

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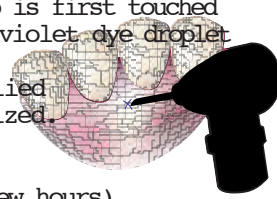
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# UCR

*Continued from page one*

More than 100 dentists responded to the ADA's request for evidence of possible wrongdoing by managed care organizations or other insurance companies. Published in the May 15 ADA News, the Association's clarion call to the membership included a list of frequently heard complaints that, if documented, might form the basis of a class-action suit.

The list centered on reimbursements that allegedly undercut the contractual definition of

"usual, customary and reasonable" fees, as well as reimbursements that differ for dentists in the same geographical area when those differences are not based on a contract provision.

The Association also sought evidence of nondentists making treatment decisions or otherwise limiting the provision of care; dentists not licensed in a given state reviewing treatment plans; MCOs or other insurance carriers delaying reimbursements for unreasonable periods of time; insurance firms or other benefits organizations



Dr. Mascola



Dr. Zapp

offering financial incentives to hold down costs—and barring dentists from disclosing such arrangements to patients.

"Although we haven't yet made a decision on a lawsuit, we have received some intriguing information," said Mr. Sfikas.

Careful not to reveal too much, the ADA's chief counsel described the case of a Colorado dentist who found that a well-known insurance company may have been letting dentists not licensed in Colorado review treatment claims.

The dentist detailed his concerns in writing to the company, which responded that its dentist consultants were licensed "in various states throughout the United States." The company didn't say its dentist consultants were licensed in Colorado.

The dentist took his complaint to the state Board of Dental Examiners, which wrote a letter to the insurance company expressing concern that "the dentists reviewing Colorado cases may not be licensed to practice dentistry in Colorado," a requirement under state law.

The state board ordered the company to "cease any further review of dental records for patients living in Colorado until all such persons are licensed in this state to practice dentistry."

The dentist in this case has gone to bat against more than one insurance carrier, questioning the way claims are processed, demanding to know why treatment plans have been changed and asking how dentists who haven't examined a patient can second-guess decisions about the care they need.

The dentist is a prolific letter writer who

## Contact your ADA

To contact the Association about your experiences with insurance carriers and managed care, use one of the following:



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In a letter to Mr. Sfikas, the dentist confides: "Over the years, I have written hundreds of letters in support of our patients, simply because the lay public does not possess the knowledge or the verbiage to fight an insurance company denial of benefits."

For years, he says, he has communicated with insurance carriers exclusively in writing, "thus my documentation files are both thorough and complete."

The ADA is scrutinizing all the documentation members provide to determine "whether the evidence is sufficient to support a lawsuit," said Mr. Sfikas.

If the ADA decides it has what it needs to muster a lawsuit, the Association would join a short-but-growing list of litigants determined to preserve the doctor/patient relationship, among other motivations.

What may be the most recent case was described in a Sept. 8 Wall Street Journal report that the Connecticut attorney general was seeking class-action status for a federal lawsuit against four managed care organizations. As detailed in the Journal, the suit alleges that the companies were forcing members to accept inadequate care as a way to boost profits.

Also according to the Journal, the suit alleges that the companies were blocking patient access to medically necessary prescription drugs; failing to make timely payments to providers; failing to respond to members' questions in a timely fashion; failing to disclose essential information about the health care plans; and using arbitrary coverage guidelines to deny claims.

Since the ADA started this process in May, feedback from the membership has been largely positive.

As its Question of the Month for July, the Journal of the American Dental Association asked readers whether collecting information for use in a possible lawsuit was a positive move for the ADA. Nearly nine out of 10 respondents said it was. "This is the best thing the ADA might ever do," said one. "Go for it," said another.

ADA President Richard F. Mascola, the driving force behind this initiative, said he's been hearing much the same thing in his travels across the country.

"When I have talked about this," he said, "the response from the membership has been, 'It's about time!'" He said he hopes the Association succeeds in gathering the evidence needed to mount a lawsuit "to protect dentists and their patients from the unilateral and sometimes arbitrary decisions of managed care organizations and insurance carriers."

ADA Executive Director John S. Zapp said the groundwork being laid for a possible lawsuit ties in neatly with the Association's support of patient protection legislation in Congress.

"A patient protection measure would benefit  
*See UCR, page 38*

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## Dr. Richard A. Simms

### First vice president candidate

The ADA is a complex organization of member benefit programs, departments, councils, commissions, task forces and committees that generate enormous amounts of information. The agenda for leadership meetings is determined by ongoing and changing issues and events generated from inside and outside the organization, all of which have different priorities.



There are many opportunities to speak, advise and consent on issues. Many of the issues relate to membership services and programs.

Other issues often cause us, in one way or another, to question our previously held core beliefs, integrity and principles. They may, for better or worse, change, challenge, regulate or deregulate us and/or erode and destroy, or sustain and/or enhance, our professionalism.

I seek the office of first vice president to help our leadership, whatever the issue or its source, be visionary enough to anticipate all of the consequences—intended and unintended, short and long term, often irreversible—of well-intended action. If elected, I will advocate for some, speak against others and/or urge caution on still others.



My position on all issues will be that which I sincerely believe is in the best public health interest of all patients and all dentists and their auxiliaries. ■

## PROFILE

**Candidate's name** Richard A. Simms, D.D.S., M.S.

**Residence** Rancho Palos Verdes, Calif.

**Dental school attended** Howard University

**Year received dental degree** 1953

**Post-graduate education/specialty** Anatomy/Orthodontics

**Years of ADA membership (include ASDA membership)** 43

**Other professional memberships**

California Dental Association, American Association of Orthodontists, American College of Dentists, International College of Dentists, College of Diplomates of the American Board of Orthodontics

**Volunteer posts/elective offices held in organized dentistry**

ADA Delegate; California Dental Association, Council on Legislation, chair; ADA Council on Governmental Affairs, vice chair; ADA Task Force on Access, Health Care Financing and Reform; ADA Inter-Agency Committee to Study the Corporate Practice of Dentistry, chair.

**What are the three most critical issues facing dentistry today?** National public policy that appears to support publicly traded for-profit corporate third parties as the administrators and managers of the nation's dental (and medical) care delivery systems.

The denial of legitimate treatment needs by third parties in the interest of reducing cost and maximizing corporate profit on an annual basis.

The ever-increasing loss of independence of thought and action by practitioners resulting in the erosion of the principles of professionalism.

**What are your three main goals if elected?**

To be a good listener to and be responsive to the views of delegates, fellow officers and trustees collectively and individually. To provide any and all information necessary to the membership to aid them in participating fully in the affairs of their association(s). To always remember that dentists should feel supported by the policies that I help establish and approve.

**What are your main qualifications?** I have a track record as a longtime activist and advocate on behalf of the profession. I am experienced enough to retain from the past that which has preserved our integrity, values and core beliefs and has made our profession unique. I am always young and visionary enough to adapt to the present and the future to better serve the changing needs of our changing profession.

I have in the past and will continue in the future to be passionate in carrying out the mission and goals of the Association as set forth by the House of Delegates.

**Why do you want to be an ADA officer?**

To add my knowledge, experience and leadership skills to the "collective wisdom" of the other officers and trustees in order to address, with a greater potential for success, the many and ever-changing issues affecting dentists, the profession, our association(s) and the dental health of the public.

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## Council seeks names of dental consultants

Dental practice management consultants interested in advertising their services to dentists should call the ADA Council on Dental Practice to be listed in the 2001 edition of the Directory of Dental Practice Appraisers and Brokers.

The directory is distributed free of charge to dentists throughout the United States who request a copy. There is a fee for being listed.

Interested consultants should call the Council on Dental Practice, 1-312-440-2895, or e-mail Dr. Don Collins at "collinsd@ada.org" for more information. ■

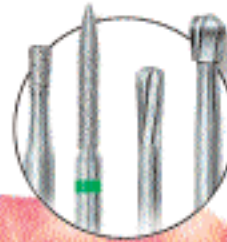


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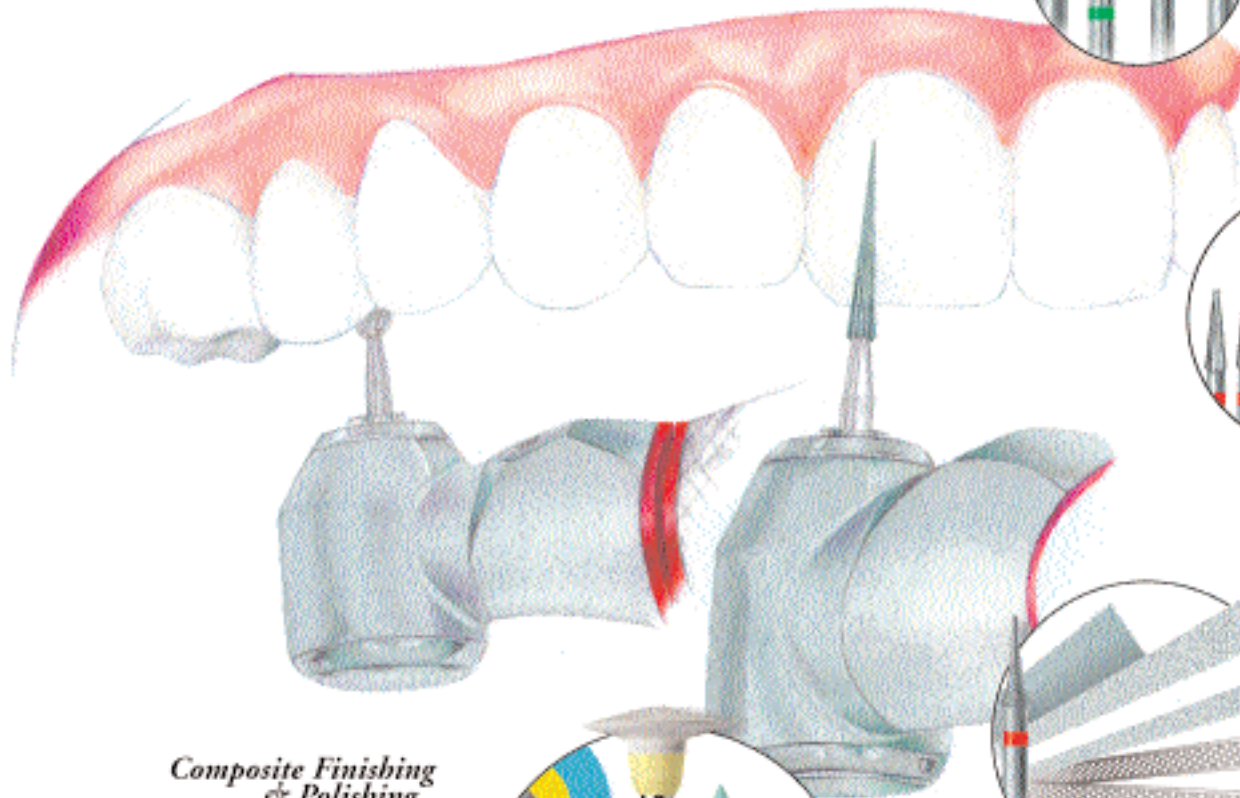
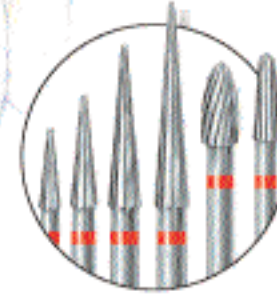
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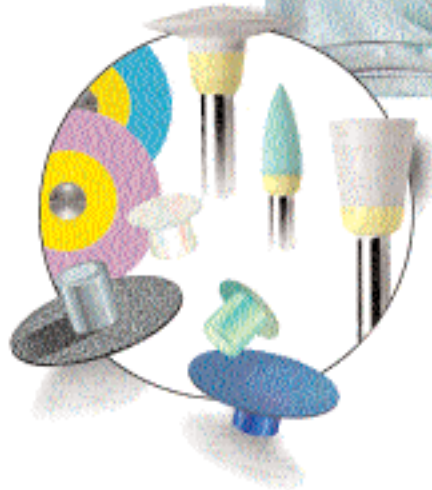
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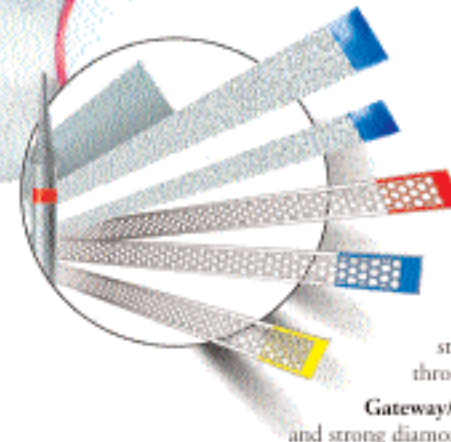
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Dr. James T. Fanno

**Speaker of the House candidate**

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tal profession. As dentists, we have the privilege to regulate ourselves. Participation in organized dentistry and adherence to the Principles of Ethics & Code of Professional Conduct are the essential factors that determine our strength and our success as a profession.

Once each year, our diverse dental family assembles to debate the issues that confront us and determine the future policies and directions for our profession to follow. To serve as an ADA delegate is the ultimate level of participation any dentist can have. He/She must vote for what he/she believes is in the best interest of the profession while expressing the views of his/her constituency.

The ADA is and must always be that omnibus dental organization that brings all the various groups together to work out differences and establish consensus. The primary role of the speaker is



to preside over the House of Delegates, to facilitate the building of that consensus and to promote a sense of harmony that will keep our beloved profession united and our member dentists in control of the dental profession. ■

**PROFILE**

**Candidate's name** James T. Fanno, D.D.S.  
**Residence** Canton, Ohio  
**Dental school attended** Case Western Reserve University School of Dentistry  
**Year received dental degree** 1966  
**Post-graduate education/specialty** Orthodontics  
**Years of ADA membership (include ASDA membership)** 34  
**Other professional memberships** Ohio Dental Association/Stark County Dental Society, American Association of Orthodontists/Great Lakes Society of Orthodontists, American College of Dentists  
**Volunteer posts/elective offices held in organized dentistry** ADA delegate; ADA Council on Ethics, Bylaws and Judicial Affairs, chair; Ohio Dental Association, president; American College of Dentists, regent; Case Western Reserve University Alumni Association, president;

**What are the three most critical issues facing dentistry today?** Representation as related to diversity of our membership; Unwarranted external influences on the practice of dentistry such as the FTC, OSHA and EPA; promoting ADA policy through legislative initiatives.

**What are your three main goals if elected?** To preside with great courtesy and a gentle firmness; to be fair and attentive as the first servant of the House of Delegates; to be an effective representative of the House of Delegates when sitting with the Board of Trustees.

**What are your main qualifications?** Past chairman of the ADA Council on Ethics, Bylaws and Judicial Affairs; past chairman of the ADA Committee on Credentials, Rules and Order.

Served 14 years as speaker of the ODA House of Delegates.

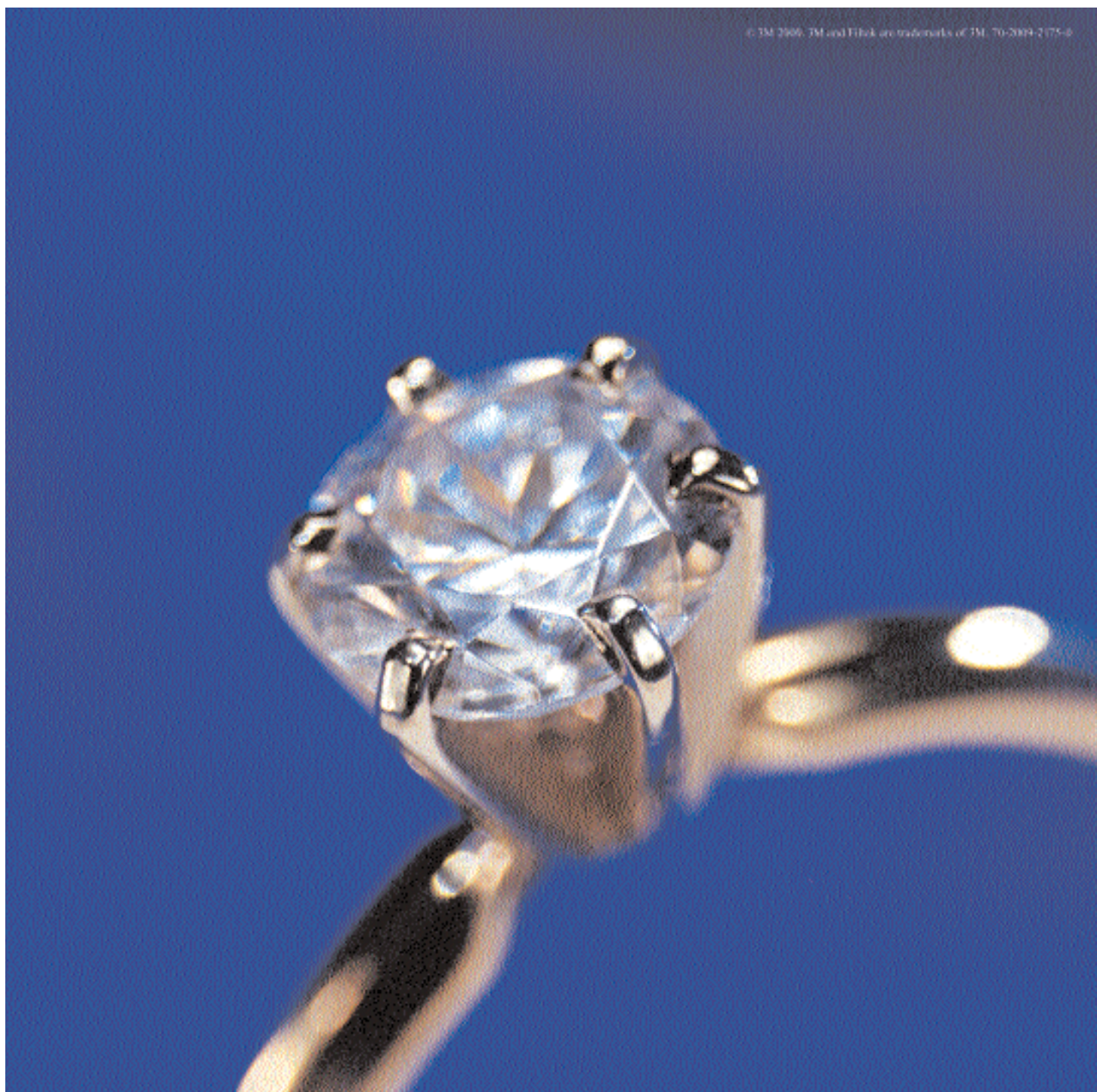
I am a professional registered parliamentarian with the National Association of Parliamentarians.

**Why do you want to be an ADA officer?**

I am qualified to lead the debate of the key issues facing our profession today and to help work out our differences so that a consensus can be achieved.

Serving as speaker of the ADA has been the greatest honor and privilege of my professional life.

It is satisfying to know that in some small way I am helping to keep our beloved profession united and moving forward.



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## Trophy recalls IRIX 70 made in 1990-1994

Danbury, Conn.—Trophy Radiology Inc. is recalling all IRIX 70 intraoral X-ray units manufactured between November 1990 and April 1994.

The voluntary recall by TREXtrophy, a division of Trex Medical Corp., has been reported to the Food and Drug Administration. The IRIX 70 series includes the 70-X, 70-C, 70-E and 708 models.

According to the company, the scissor arms' casting could break, causing the arm and tubehead to fall. Furthermore, the tubehead rotation could seize inside the arm, causing the tubehead to unscrew and fall and the scissor arm to quickly rise. These mechanical problems have no effect on the radiological operation of the X-ray unit.

Owners of Trophy IRIX 70 units are urged to contact TREXtrophy toll-free at 1-877-203-5402 for instructions on whether their unit requires a no-cost corrective action. ■



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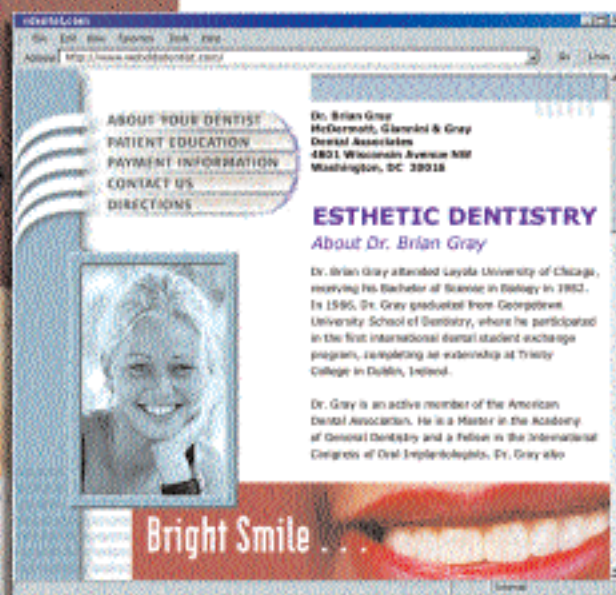


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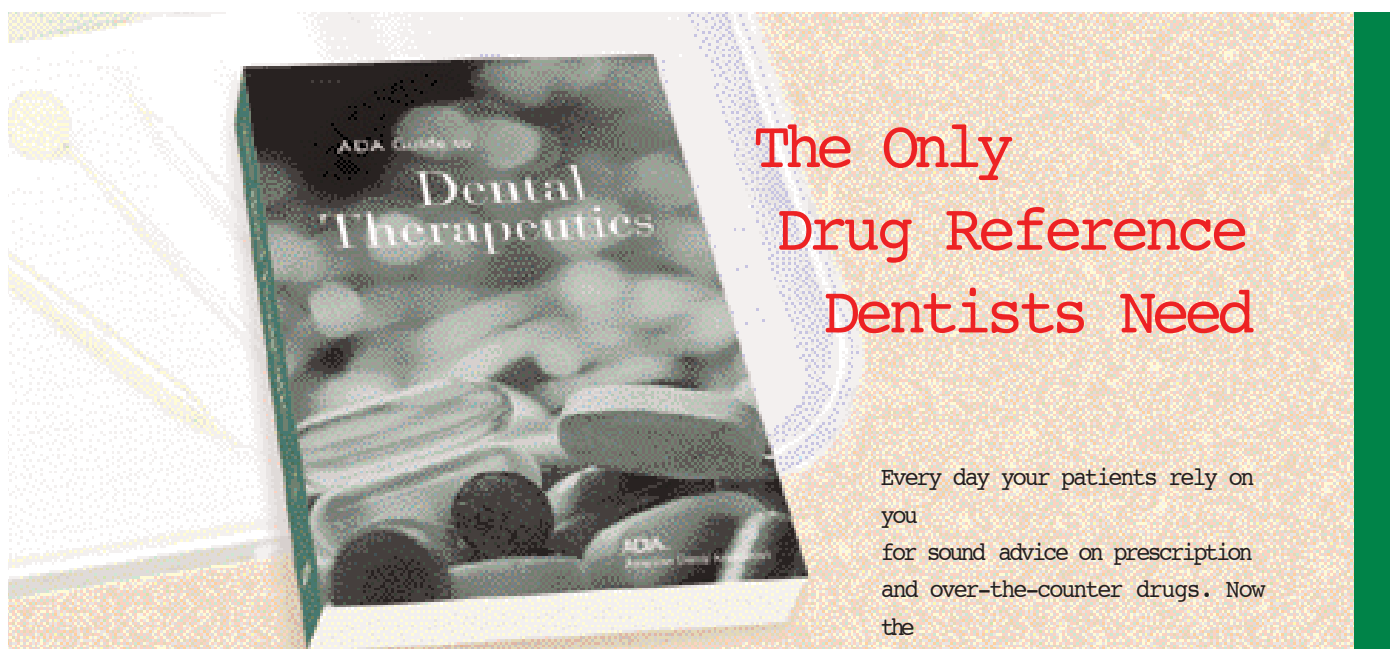


Dr. Mark Piper, Dr. Clifford Ruddle, Dr. Jane Soxman, Dr. Frank Spear, Dr. Barbara Steinberg and Dr. Daniel Sullivan.



**TIMELINE: Federal Trade Commission vs. California Dental Association**

1985	October 1990	1990	July 1993	July 1995	November 1995	March 1996	May 1996
Federal Trade Commission Bureau of Competition launches investigation to determine whether California Dental Association "may have illegally sought to restrain truthful advertising by dentists."	FTC staff tells nation's largest state dental association to "cease and desist" enforcing code of ethics and applicable state laws or face complaint charging antitrust violations.	California Dental Association refuses consent agreement with FTC on grounds code of ethics prohibits only advertising "false or misleading in any material respect."	FTC formally charges CDA with "illegally preventing California dentists from informing consumers about the price and quality of service they provide." CDA says charges obsolete or off the mark, professional advertising rules protect consumers from misleading claims.	FTC administrative law judge after San Francisco trial upholds most of FTC complaint, issues order barring CDA from enforcing ad guidelines for member dentists; CDA executive director says decision makes "no sense," promises appeal.	CDA/ADA legal counsel during oral arguments in crowded FTC hearing room urges commissioners to dismiss case. "At a minimum, reverse it and send it back for a whole new trial."	FTC commissioners by 4-1 vote order CDA to stop regulating fee and discount advertising and reinstate disciplined dentists; "We're taking this to the end and we expect a full reversal of the FTC's decision," vows CDA chief executive.	CDA wins delay from FTC on enforcement of key portions of order pending outcome of CDA appeal to courts.



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# ADA Code of Ethics prohibits false advertising

BY CRAIG PALMER

At issue in the CDA/FTC case are issues of law, ethics and communications that cut to the heart of professional regulation of advertising.

The learned professions, the courts and antitrust enforcement agencies all wrestle with the sometimes conflicting rights of patients to useful information, professionals to advertise and businesses to compete in the marketplace.

The case at hand arose when the Federal Trade Commission filed a complaint (see timeline of key actions) against the California Dental Association claiming that the CDA, the nation's largest state dental association, violated antitrust law by enforcing a provision of its code of ethics dealing with advertising.

The FTC investigation, in turn, flowed from the broader context of the commission's historic and continuing attempts to assert basic advertising principles in antitrust enforcement and negotiations with other professional organizations including the American Medical Association—that is, that consumers should have access to all but false and misleading advertising and that professional regulation tends to reduce competition in the marketplace and drive up prices.

The commission June 12 ("www.FTC.gov") ordered the Colegio de Cirujanos Dentistas de Puerto Rico, the Puerto Rico dental association, to "cease and desist from prohibiting, restricting, regulating, impeding, declaring unethical, or interfering with the advertising or publishing by any person of the prices, terms or conditions of sale of dentists' services, or of information about dentists' services, facilities or equipment which are offered for sale or made available by dentists or by any organization with which dentists are affiliated."

When legal issues in the California Dental Association case were taken to the U.S. Supreme Court, the court majority opinion in Case No. 97-1625, May 24, 1999, said, in part: "This case fails to present a situation in which the likelihood of anti-competitive effects is comparably obvious, for the CDA's advertising restrictions might plausibly be thought to have a net pro-competitive effect or possibly no effect at all on competition."

California Dental Association advertising policies in intent if not in detail currently mirror American Dental Association and other state association policy.

See CODE, page 20



August 1996	October 1997	September 1998	January 1999	May 1999
CDA charges FTC with errors of law, urges federal court to reject FTC antitrust charges "in their entirety."	U.S. Court of Appeals 9th Circuit upholds FTC order in 2-1 decision.	U.S. Supreme Court grants CDA petition, agrees to review profession's long-standing dispute with FTC over professional advertising.	CDA/ADA legal counsel argues CDA case before U.S. Supreme Court, tells justices, "All we asked for was more disclosure and verification in the ads; there is no banning of advertising here."	U.S. Supreme Court upholds FTC jurisdiction but rules 5-4 that appeals court and FTC inadequately reviewed CDA regulations, tells 9th Circuit to re-examine.

## FTC

*Continued from page one*

the principle that any dentist may advertise and that consumers are entitled to information that is neither false nor misleading," said Dr. John S. Zapp, executive director of the American Dental Association. "That encourages competition. The court's declaration to that effect should encourage professionals to continue to inform consumers appropriately and the profession to continue vigilance in assuring the accuracy and adequacy of those representations to the public."

The appeals court rejected Federal Trade Commission pleas for another chance to establish a case against the California Dental Association, signaling if not the end at least the beginning of the end of this lengthy antitrust investigation.

"We agree with the CDA that a remand for further fact-finding would give the FTC an unwarranted second bite at the apple," the court said. "We therefore remand (return the case to the FTC) with direction that the FTC dismiss its case against the CDA."

ADA Counsel Peter M. Sfikas, who argued the CDA case before both the appellate and the nation's highest courts, said the latest ruling has "significant" implications for professional associations.

"The court found that when a professional association requires verification of discounted price advertisements and quality advertisements that this was, on balance, pro-competitive and therefore, the FTC did not prove that this activity has a net anti-competitive effect," he said. "As a result, the court found that there was no violation of the antitrust laws. This means that the FTC cannot prevent a professional association from requiring a member to verify discount and quality advertising."

"This is an extremely significant case for all professional associations because the FTC in any case challenging a professional society will have to prove their case under the exacting standards of the Rule of Reason," said Mr. Sfikas.

The "Rule of Reason" is a type of analysis used by antitrust enforcement agencies and the courts to determine the competitive effects of certain practices such as advertising ethics.

An FTC spokesman said the agency had no immediate comment on the court's opinion or the order to dismiss the case.

The FTC since the 1970s has built a substantial case against professional regulation of most types of advertising, citing the American Medical Association and numerous state medical and dental associations for various alleged violations of

antitrust law or restraint of trade.

The FTC contends that limits on advertising tend to drive up prices by denying consumers information useful in comparison shopping.

The California Dental Association, like the ADA and other state dental associations, prohibits advertising that is false and misleading. The FTC began its investigation of the CDA, the largest state dental association, in 1985 and sued the CDA in 1993 alleging that CDA restrictions on discount, quality and superiority advertising effectively barred member advertising.

The 9th Circuit Court initially agreed with the FTC in a 1997 ruling taken to the U.S. Supreme Court. But the high court sent the case back for further review, faulting both the commission and the court of appeals for inadequately examining whether CDA advertising restrictions actually reduced competition among dentists.

"Our earlier look at the voluminous record before the FTC was much too quick," the 9th Circuit ruled the second time around. "Upon further review of the record we find substantial evidence that CDA's restrictions have pro-competitive attributes."

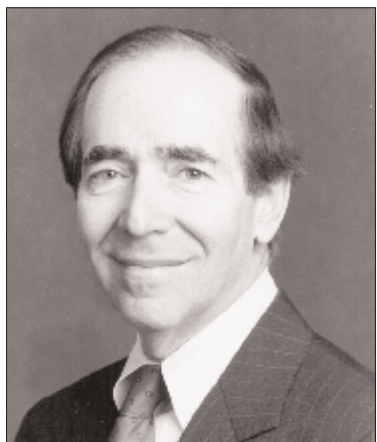
The court also said CDA advertising guidelines "substantially mirror parts of the California Business and Professions Code" and in any event do not prevent dentists from advertising or limit dentists' commercial practices.

"Nothing in the record contradicts our intuition that when a dentist advertises using an empty slogan like 'The Best Dentist in the State,' a reader learns more about that dentist's lack of modesty than anything else," the court said. "Notably, there is no evidence that CDA prevents members from making objectively verifiable quality claims in their advertisements. Thus, if an independent respected publication such as Consumer Reports were to rank the quality of various dentists in a community, we see nothing that would prevent those CDA members who performed well in such a survey from trumpeting their high rankings."

CDA requirements that dentists fully disclose information about their prices and discounts in so-called price advertising may help comparison-shopping consumers and prevent misleading claims, the court said.

The U.S. Supreme Court ruled in 1977 that a state could not ban advertising by lawyers but left the door open for regulation of advertising practices.

The 9th Circuit appellate court's opinion is available on the World Wide Web at "www.ce9.uscourts.gov". (Hit the button that links to "Appeals Courts Decisions" to reach a listing of September decisions.) ■



**Mr. Sfikas:** The ruling means the "FTC cannot prevent a professional association from requiring a member to verify discount and quality advertising."

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**\_who's up?**

In conjunction with the Michigan Dental Association, our (mid-sept.) featured online Continuing Education Lecture is Dr. Peter Dawson's: "What Every Dentist Must Know about Occlusion and TMD...and Why They Must Know It." The lecture can be accessed through [www.michigandental.org](http://www.michigandental.org).

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## Government

# Move under way to open data bank

## Rep. Bliley pushes legislation for public Internet access

BY CRAIG PALMER

Washington—Rep. Tom Bliley (R-Va.), signaling a lonely effort, said he will convene mid-September hearings on proposed legislation giv-

ing the public Internet access to the National Practitioner Data Bank, a government database of disciplinary information.

"I don't have anybody but myself right now,"

the Commerce Committee chair told reporters as he announced introduction Sept. 7 of legislation to open to public scrutiny for the first time adverse action reports on physicians and dentists

filed with the data bank.

The disciplinary and malpractice payment information is used by licensing boards, hospitals and certain health maintenance organizations to evaluate health professionals. But under current law, this database is not available to the public.

The ADA, American Medical Association and other health professional organizations oppose the congressman's efforts. Practitioners argue that the raw data bank files omit key details on the reported actions and would not be helpful to consumers trying to choose doctors.

But Rep. Bliley said he has the support of business and consumer groups and expects to pick up "a number of" congressional cosponsors for his proposed Patient Protection Act of 2000 within the week. The Commerce Committee will hold a hearing on the bill the week of Sept. 18, he said.

"The bill provides patients with a fundamental new right, the right to more information about their doctors," Rep. Bliley said. "The American public currently has more comparative information about the used car we purchase or the snack food we eat than the doctors in whose care we entrust our health and well being."

As drafted, the legislation would amend the 1986 data bank law "to make the information involved available to the public, without charge, through the telecommunications medium known as the World Wide Web of the Internet" and to establish additional reporting requirements.

It would require the data bank to provide additional "supplemental information" to the public when releasing reports on malpractice verdicts and settlements, including statements indicating "that a payment made pursuant to a medical malpractice action or claim may occur for a variety of reasons which do not necessarily reflect negatively on the professional competence or conduct of the physician" and that a payment should not be construed as creating a presumption that malpractice has occurred. ■

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## Code

*Continued from page 18*

ADA policy is rooted in support for dentists' rights to advertise and consumers' rights to accurate information.

"Although any dentist may advertise, no dentist shall advertise or solicit patients in any form of communication that is false or misleading in any material respect," says the ADA Principles of Ethics and Code of Professional Conduct.

ADA advertising policies, including guidelines for dentist advertising, are under constant review not just by antitrust enforcement agencies and the courts but by the profession through self-regulation in policy directed by the ADA House of Delegates. A compilation of advertising policies consumes three-quarters of a page in the Association's Index of Official Actions.

The ADA Code of Ethics includes advisory opinions offering examples of appropriate ad disclosures for articles and newsletters published by dentists, ads that might be construed to be either false or misleading and announcements about degrees. These advisory opinions are intended as guides to dentists in communicating with the public about their services. ■



# ATTENTION PANAVIA F\* USERS - YOU'LL GET BETTER RESULTS WITH CEMENT-IT® UNIVERSAL C&B™ Resin Cementation System AND PAY LESS!!

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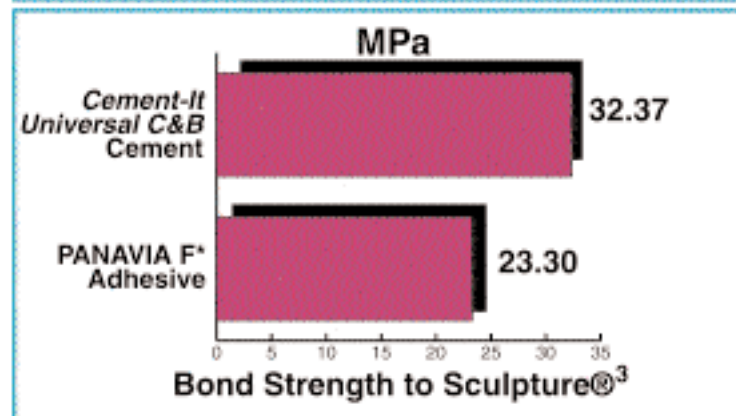
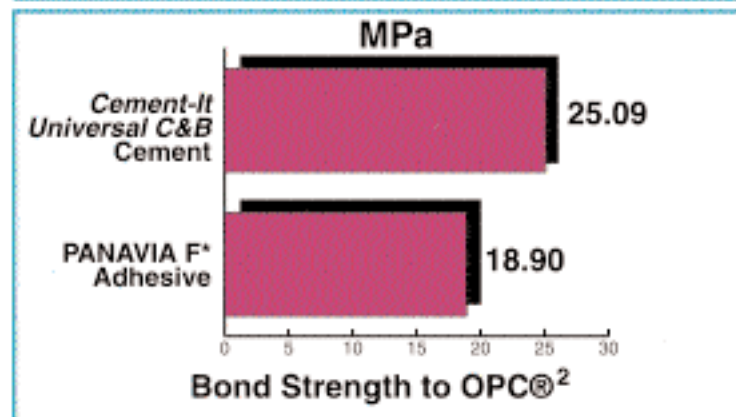
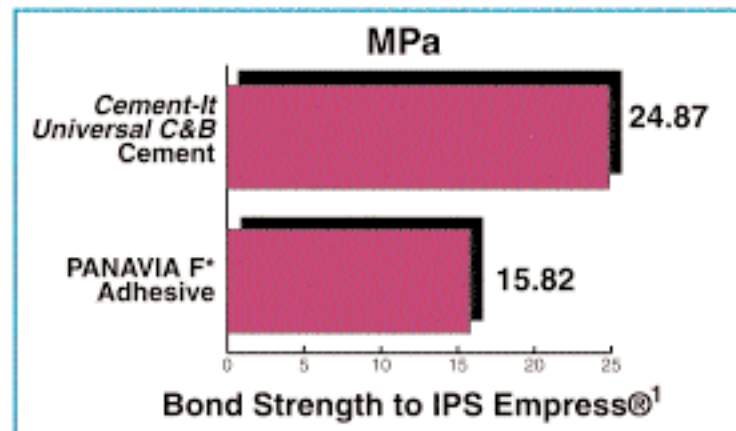
One of the reasons you are probably using Panavia F\* is because of its versatility in cementing to various substrates - ceramics, resins, metals, etc.. While Panavia F\* does do a decent job, *Cement-It Universal C&B* Resin Cementation System does a better job - a much better job!

## INDEPENDENT TESTING SHOWS CEMENT-IT UNIVERSAL C&B CEMENT TO BE MORE RETENTIVE THAN PANAVIA F\*!

The below tables contain independent research data comparing the retention of porcelain and laboratory processed composite crowns cemented with Panavia F\* and *Cement-It Universal C&B* Cement.

*Cement-It Universal C&B* Cement has tenacious adhesion with precious, non-precious, semi-precious metals, posts, Aluminum oxide and zirconium oxide.

Three tests conducted by an independent testing lab show:



Graph Data courtesy of Dr. Cornelis Pameijer.

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## ADA Reports

# ADA media blitz

## New campaigns gain ground

BY KAREN FOX

The dental profession is poised to gain increased media exposure this fall.

Plans in the works will feature consumer

health information distributed through a multi-media format that includes TV, print and the World Wide Web. In a span of just three weeks, the ADA will roll out:



**Action:** ADA Consumer Advisor Dr. Richard Price examines a patient in a frame from the ADA's new video news release "Healthy Smiles for Baby Boomers and Beyond."

- "Healthy Smiles for Baby Boomers and Beyond," a video news release and satellite media tour, which is set for distribution Sept. 21 in celebration of the ADA's Adult Oral Health Awareness campaign.

The Association launched widespread media promotion for the Adult Oral Health Awareness campaign—formerly National Senior Smile Week—at the beginning of this month. The Sept. 21 video news release and satellite media tour are designed to enhance constituent and component society promotions already under way.

The "Healthy Smiles for Baby Boomers and Beyond" video news release features Dr. Richard Price, ADA consumer advisor, who advises patients that good oral hygiene throughout life will help them avoid oral health problems that often result from the aging process.

Dr. Richard F. Mascola, ADA president, who is also featured in the video news release, tells patients that teeth are meant to last a lifetime, and today's dental technology and health-conscious society are making that a reality.

On the satellite media tour, Dr. Price and Dr. Kimberly Harms, ADA consumer advisor, will answer questions from TV stations across the country about the Adult Oral Health Awareness campaign.

- Dr. Mascola moves to the printed page with this fall's Newsweek magazine "Health and Fitness Special Section." His article, "Technology, Research to Help Shape Tomorrow's Smile," will appear in the Oct. 16 issue, which hits newsstands Oct. 9.

- "Get Connected to a New Smile," the

## Go Right to the Source

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Before you begin searching for dental product manufacturers and distributors, take along the *New Dentist's Buying Guide 2000*. The *Guide* is a full-color practice planner that puts up-to-date information at your fingertips, and makes it easy to locate the right sources for all types of dental products and services.

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■ **Cosmetic procedures are uniquely suited to a large audience's viewing, said Dr. Landman. "It's instant gratification, and that makes it interesting to watch."**

ADA's first live Webcast of a dental procedure, will help kick off ADA annual session Oct. 12.

The Webcast will feature a general dentist performing a cosmetic procedure. The procedure will be performed live on the Internet, followed by a chat session addressing patients' inquiries about cosmetic dentistry.

"People who want to improve their appearance are spending millions of dollars on other products to help them feel better about themselves, but the first thing people will notice is their smile," said Dr. Paul Landman, the general dentist who will perform the Webcast from his office at the Manus Northwestern Oral Health Center in Chicago.

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. (Central Daylight Time) on Thursday, 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 chat room 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.

Dr. Landman says cosmetic procedures are uniquely suited to a large audience's viewing.

"It's instant gratification, and that makes it interesting to watch," said Dr. Landman, who said that more than 70 percent of his practice relates to cosmetic procedures and tooth-colored restorations.

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



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

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# Dental leaders agree

## Mentoring instills professional pride

BY KAREN FOX

Washington—When he stepped up to the microphone to address the National Dental Association annual convention Aug. 4, Dr. Richard F. Mascola addressed a topic that struck a chord with the NDA: mentoring.

"If you are going to make the community grow with the profession and help young dentists become contributing members, then you have to begin mentoring people at a very young age," said the ADA president.

The NDA—the premier dental organization for ethnic minorities—invited Dr. Mascola to

speak during the NDA Foundation's Faculty Awards and Recognition Program.

The speakers who followed Dr. Mascola expounded on their own experiences with mentors.

"We clearly agreed," explained Dr. Mascola. "We must work with the young practitioners and instill in them a sense of pride and ownership of their profession."

Some leaders in organized dentistry fear that the guidance of young dentists is infrequent or incomplete.

"Not many young dentists have the opportu-

nity to spend time in a dental office," said Dr. Franklyn Scott, NDA president. "They may come by the office, but that doesn't really give them a true appreciation for the practice of dentistry."

Dr. Scott, a Philadelphia oral and maxillofacial surgeon, never had the opportunity to work with a professional mentor.

"I entered dental school, and as a minority, I had only been in a dentist's office two or three times in my life," he said.

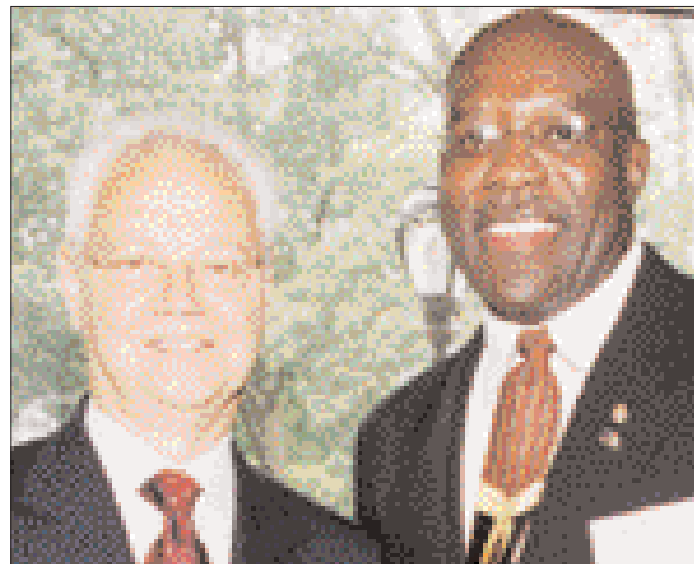


Photo by C.G. Taylor/Photogenic Services

**Presidents agree:** From left Drs. Mascola and Scott at the National Dental Association's annual convention.

# Which dentist got the better deal on insurance?

- Spoke with a Plan Specialist for objective information.
- After comparing options, chose an ADA Insurance Plan designed exclusively for dentists.
- Smiles because he knows he's paying less for more protection.

- Sat through a sales pitch from a commissioned agent.
- Chose the insurance plan his accountant recommended.
- Smiles because he thinks he got a good deal.

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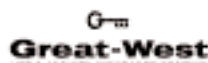
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In his 18 years of practice, Dr. Scott said he has mentored more than 200 students.

"We realize the importance of what we call 'hands-on mentoring'," said Dr. Scott. "That is, having young students come into the doctor's office and giving them a true idea of what the practice of dentistry is all about. They need to spend time here and come back for more visits."

More than 1,500 people attended the 87th NDA annual convention held here Aug. 4-9. ■

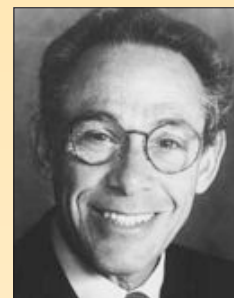
## ADA Seminar Series offers course on treating children

"What's the matter with kids today?"

Have you ever asked yourself or somebody else that question?

"If you think kids are different than they used to be, you're probably right," said Dr. Marvin H. Berman. "But the world is also different today."

As a pediatric dentist for nearly four decades, Dr. Berman has seen it all. And what he notices each day is that changes in society, family structure and the general way in which parents bring up children today can make it



**Dr. Berman**

difficult to provide treatment.

"What children need is a dose of confidence," he says.

In his presentation, "Pediatric Dentistry: Are We Having Fun Yet?" Dr. Berman presents the methods used by dentists around the world to enable treatment to be provided for even the most "reluctant" children.

Learn about:

- giving a painless local anesthesia injection;
- applying techniques for introducing the drill, taking bite-wing radiographs and the control of gagging;
- improving communication and compliance for dealing with difficult parents;
- benefiting from practical tips on eruption guidance, sealant rationale, pulp therapy and the management of trauma.

Dr. Berman is the principal dentist in a practice in Chicago, as well as a health reporter and consumer advisor for the American Dental Association.

For information, call ADA Seminar Services, toll-free, Ext. 2908. Information about the seminar is also available at "www.ada.org". See Seminar Series on the Continuing Education page of the Web site. ■



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Traditional soft relines carry a hefty lab fee. Worse than that, they force your embarrassed patient to surrender the prosthesis for a week or more.

Chairside soft relines are more convenient, but they aren't exactly inexpensive. For example, a single 50ml cartridge of one soft reline material (Mollosil Plus®) will cost you \$214. (Tokuyama® SoftRelining® is a bit less expensive, but still runs more than \$150.)

At just \$79 for the complete kit, MucoSoft is the first chairside silicone reline system economical enough for all your prosthetic patients. The kit gives you enough material to reline about 10 lower dentures.

### Stays soft longterm ... resists peeling

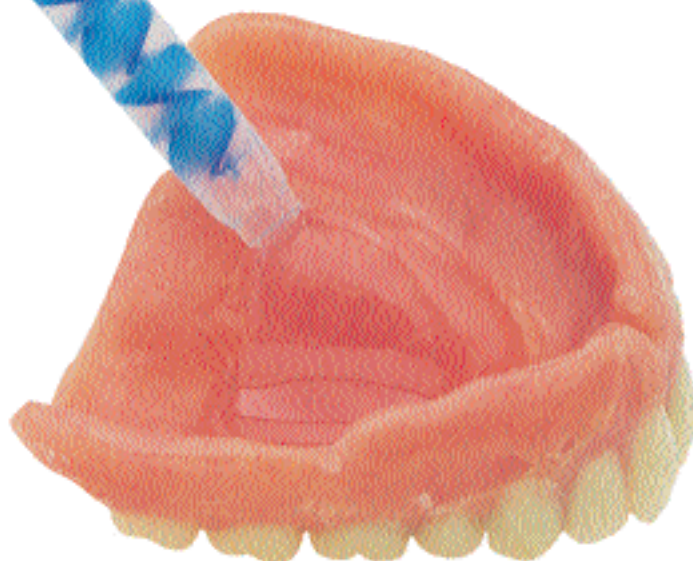
Unlike acrylic-based soft relines, MucoSoft's silicone elastomer won't stiffen with age, so the denture retains its cushioning resilience. Its hydrophobic formula reduces water absorption (less discoloration and odor) and includes special resin additives for tear-resistance.

The proprietary MucoSoft bonding liner is built around a new molecule we synthesized in our Farmingdale lab (patent pending). It chemically grafts the soft reline material to the old acrylic denture base to resist peeling and leakage. (MucoSoft does not adhere to nylon Flexite® or Valplast® dentures.)

### Restore comfort and stability in just 20 minutes

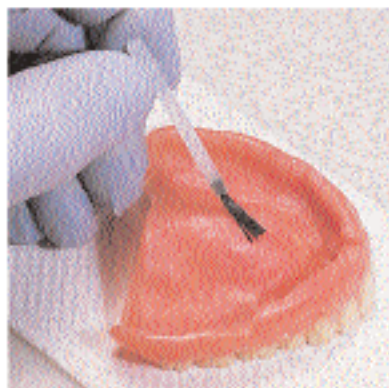
Reline a denture with MucoSoft is almost as easy as taking an impression. After relieving the old denture base to create some room, apply the MucoSoft Bonding Liner and let it set for a couple of minutes.

Using your impression gun, express MucoSoft into the prosthesis and seat it in the mouth. After border-molding, have the patient hold centric while the reline sets. There's no heat. No taste. And the reline is out of the mouth in just 5 minutes.

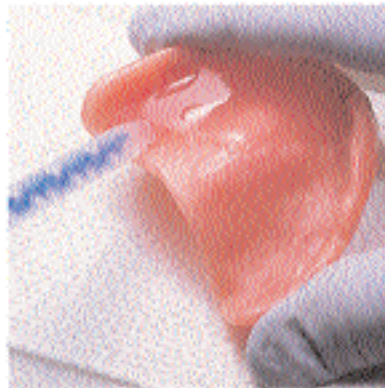


Then trim the excess material. The brush-on glaze included in the kit lets you seal the trimmed surfaces. The translucent silicone assumes the shade of the denture base.

By the way, all MucoSoft components are completely interchangeable with those of Mollosil Plus and Tokuyama Soft. (Their adhesive works with our silicone. Our adhesive works with their silicone.) So you won't waste the leftovers when you switch to MucoSoft.



1. Apply MucoSoft Bonding Liner



2. Express MucoSoft Silicone



3. Insert Until Set



4. Trim & Glaze

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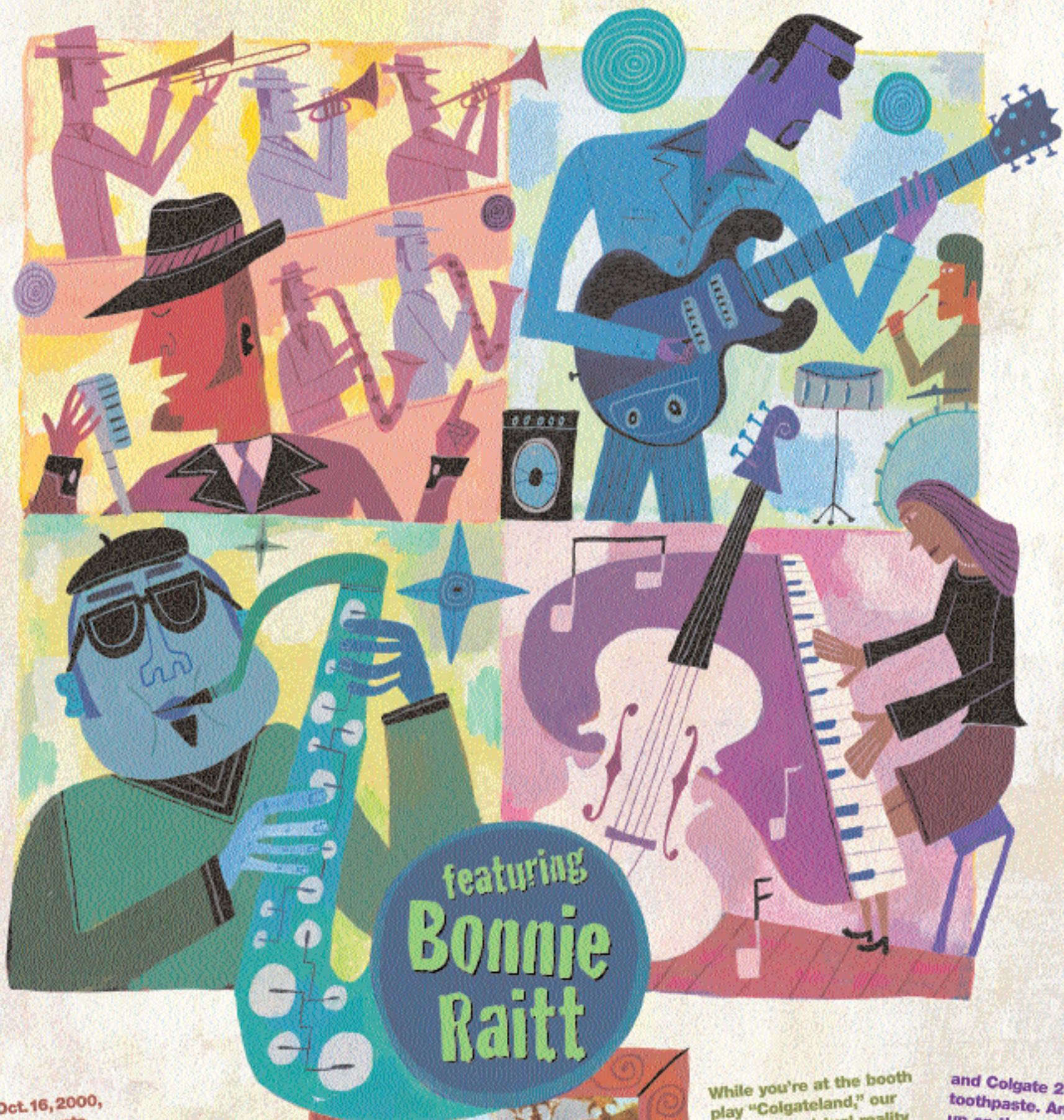
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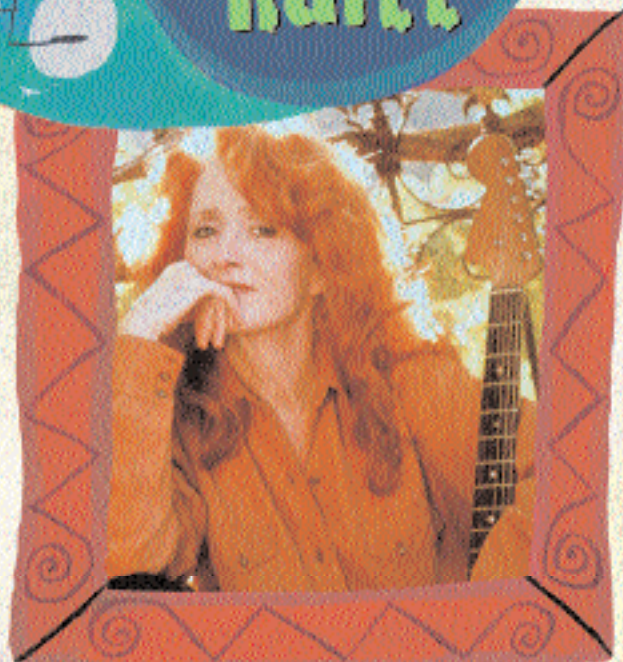
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**Annual Session**

**Add Health Screening Program to your session 'to do' list**

BY MARK BERTHOLD

This year's annual session will again offer a free and comprehensive health screening to all registered dentists; latex hypersensitivity and confidential hepatitis B and C screenings will be available for dental assistants and dental hygienists.



Compliments of the ADA Health Foundation, the 36th Health Screening Program is designed to monitor dentists' oral and systemic health.

"The ADAHF Health Screening Program is one of the crown jewels of this organization," says Dr. Anthony R. Volpe, ADAHF president.

"The ADAHF Board of Directors unani-

**Dr. Ray Cohlma Sr.**

*Continued from page four*

**Volunteer posts/elective offices held in organized dentistry**

Oklahoma County Dental Society, president; Oklahoma State Dental Association, president; Delegate to the ADA; Oklahoma Dental Office Systems, president; ADA Council on Dental Benefits

**What are the three most critical issues facing dentistry today?** Recruitment and retention of professional dentists;

third-party contracts and administration; compromising of Code of Ethics and professionalism.

**What are your three main goals if elected?** To be an effective representative of our members; to promote the ideals of our association as to our professional ethics and conduct; to address membership recruitment and retention questions.

**What are your main qualifications?** As past president of local and state societies and having served on the ADA Council on Dental Benefits, and currently an ADA delegate, I feel I have the ability to listen and to work with the Board and to help attain quality dentistry.

**Why do you want to be an ADA officer?** Dentistry has been good to my family and me. It is a privilege to give time and effort promoting good dental care for the public.

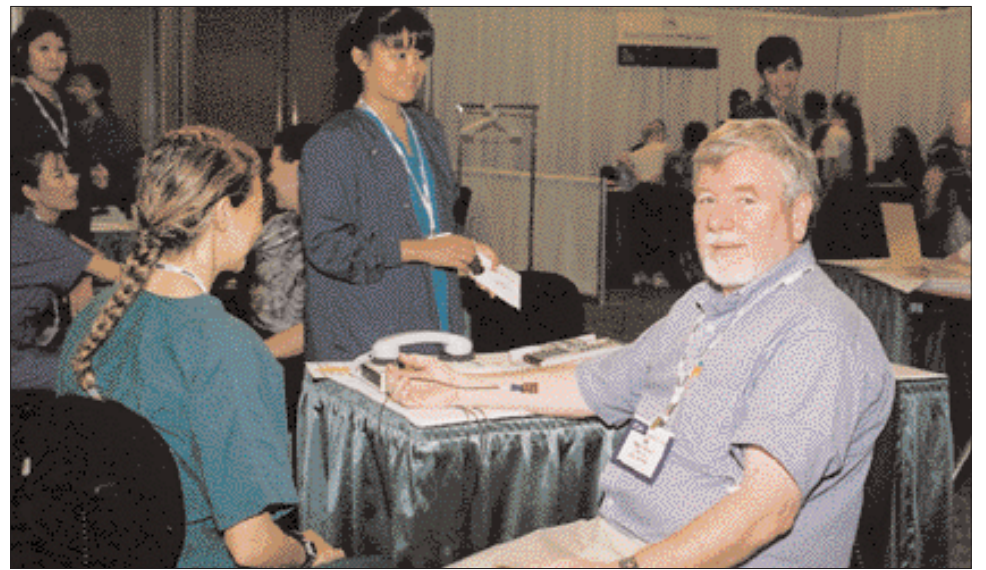
I believe in professional dentistry and feel fortunate to have instilled this "old-fashioned" philosophy in my two sons; they understand that this philosophy will always be the answer to good oral health and the public's high respect of our profession.

mously and enthusiastically embraces this program. We encourage registered dentists, hygienists and assistants to actively participate and take full advantage of this important health screening."

In addition to the personal benefit of learning the state of their health and detecting the signs and symptoms of any existing disease at an early stage, dentists who take the health screening will also contribute information to what has become the largest national database on the physical health of the dental profession.

This database has heightened awareness and helped reduce the occupational risk associated with clinical care. Moreover, it serves as the basis for the formulation of numerous dental practice policies intended to make dental offices safer for patients and dental care providers.



See SCREENING, page 28





**Heart sound:** Dr. William Brown, a general dentist from Killen, Ala., undergoes electrocardiogram testing at last year's screening program in Hawaii.


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## Annual Session

# FDI luncheon to celebrate Asian cuisine next month

The USA Section of the FDI World Dental Federation will hold its annual FDI luncheon Oct. 6 at the Asian restaurant Vong, 6 W.

Hubbard St., Chicago, starting at noon.

The FDI luncheon, held each year during the ADA annual session, will celebrate Malaysia, the site of the FDI World Dental Congress. Kuala Lumpur, Malaysia's capital, will host the session Sept. 27-Oct. 1, 2001.

The luncheon will feature a menu celebrating the cuisine of Asia. A combination of carefully crafted French technique blended with the bold and earthy flavors of the Far East, Vong offers cuisine that earned chef Jean-Georges Vongerichten rave reviews from Gourmet magazine.

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

Round-trip shuttle transportation will be provided between McCormick Place South (site of the ADA annual session) and the restaurant. ■

## Screening

*Continued from page 27*

The ADAHF Health Screening Program will be located in South Hall, A2 at McCormick Place. Completion of the entire screening will require one or two hours, depending upon the time of day, and each section is optional. All registered dentists attending this year's meeting are invited to participate.

The hours of operation are as follows:

- Oct. 14-16, 8 a.m.-3:30 p.m.
- Oct. 17, 8 a.m.-noon

Screening areas will include: Bisphenol A; blood pressure and weight; carpal tunnel syndrome screening; cholesterol, HDL and LDL; clinical chemistry; head, neck and oral examination; hepatitis B and C markers; latex hyper-

sensitivity; resting electrocardiogram; and urinary mercury. A 14-hour fast prior to the clinical chemistry area is recommended to assure the most accurate results.

For further information, please call Marcia Greenberg at the toll-free number, Ext. 2535. ■



## Volunteers needed to assist with screenings

Become a part of the Health Screening Program's 36 years of tradition, share the pride of a truly great achievement of dentistry and assist with performing the head, neck and oral screenings of the program.

All ADA member dentists are invited to volunteer for either a half- or full-day shift on any date (Oct. 14-17) that the Health Screening Program will run. As a gesture of thanks to dentists who can participate, the ADAHF will refund their annual session registration fee.

To volunteer, contact Marcia Greenberg at the toll-free number, Ext. 2535 or e-mail her at "greenbergm@ada.org". ■

### Dr. Terry Grubb

*Continued from page four*

Dental Society

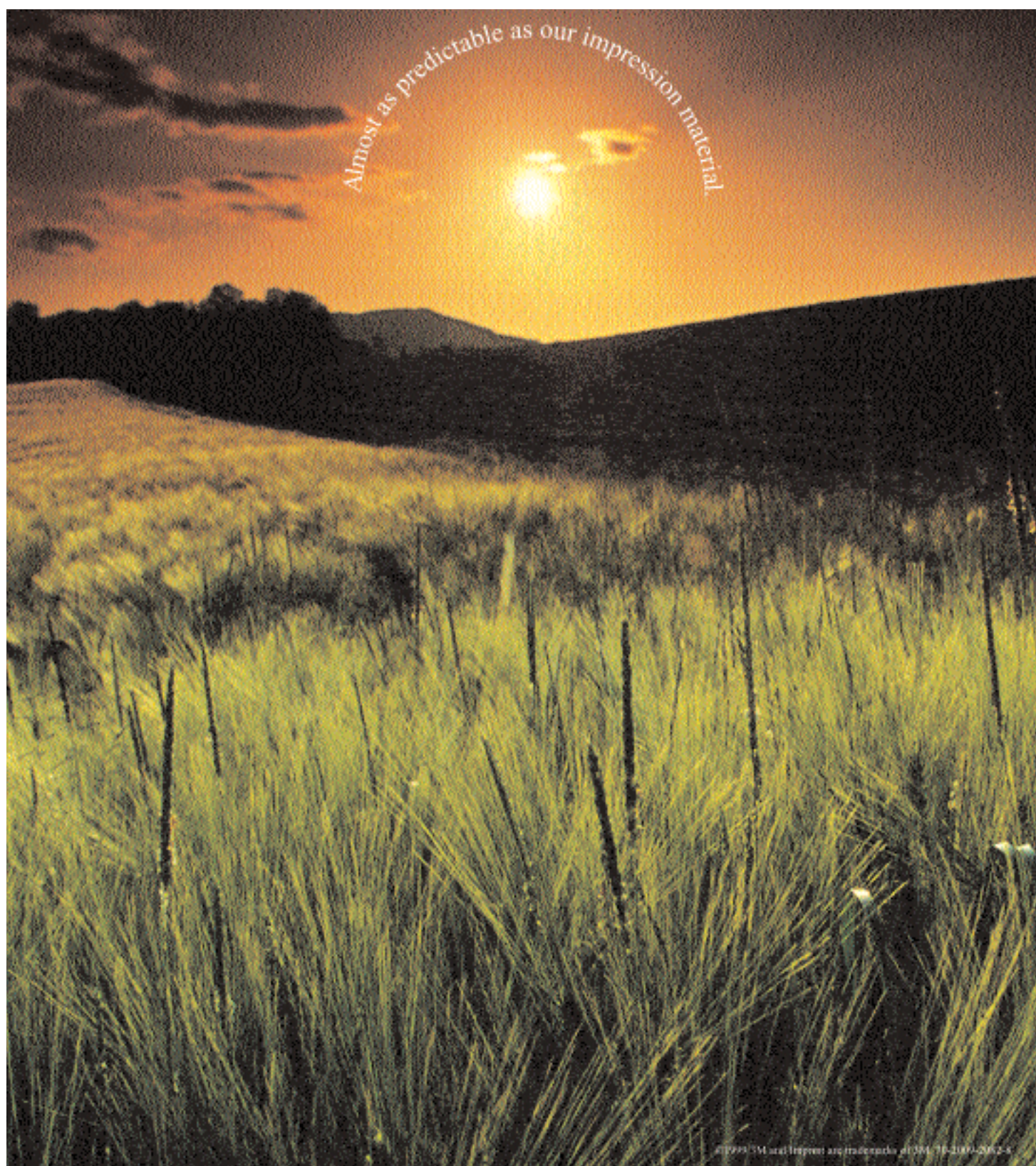
**Volunteer posts/elective offices held in organized dentistry** ADA Council on Access, Prevention and Interprofessional Relations, chair; Washington State Legislative Joint Select Committee on Oral Health; Washington State Dental Association, president, legislative director; State Task Force on Health Care Resource Plan

**What are the three most critical issues facing dentistry today?** Preserving a strong dental care delivery system without unwarranted interference, with diagnosis and quality patient care key to the doctor-patient relationship. Maintaining the ADA's position as a premier professional association that meets the needs of current and potential members. Promoting oral health to the public and increasing access to dental care.

**What are your three main goals if elected?** Serve membership and House of Delegates as representative to the Board of Trustees; apply my skills, abilities and experience in moving ADA affairs forward; and serve our profession by promoting the ADA's strengths.

**What are your main qualifications for the office you seek?** A strong commitment to leadership and a desire to serve; significant experience in legislative affairs and the political process; a substantial knowledge of access to care issues with a broad background in this area; the ability to work collectively to achieve positive solutions.

**Why do you want to be an ADA officer?** Extensive experience in volunteer service has taught me that as individuals we do make a difference. My background and qualifications would serve our membership and the ADA well in fulfilling the responsibilities of the office and helping achieve that vital difference.



If there's one thing you can count on, it's 3M™ Imprint™ II Heavy Body/Light Body Impression Material System. This unique heavy-bodied tray material and high-flow, drip-resistant wash result in consistently accurate and detailed impressions even under moist conditions. And design innovations like the new 3M™ Dispenser,



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*Build More Than a Restoration. Build a Reputation.*

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advanced hybrid composite*

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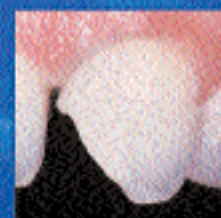
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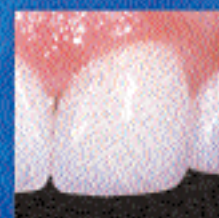
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Fractured Tooth



Restored Tooth

Esthetics so good, they'll think you walk on water.



# Can you do all this with your present adhesive?

“Adhesive dentistry” includes a lot more than cosmetics. In fact, Amalgambond®-Plus and C&B-Metabond® can actually change the way you practice ... give you treatment options you've never had before.

Nelson Gendusa, DDS  
Director of Research

## Repair fractured teeth in minutes.

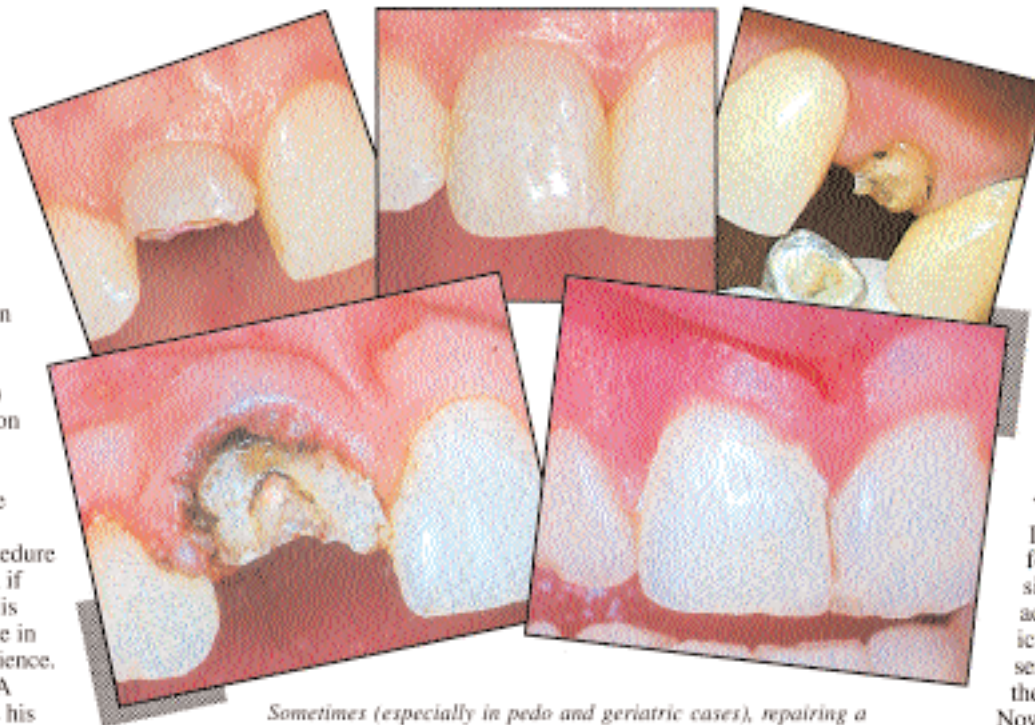
An unscheduled patient rushes in on the busiest day of the year with a fractured tooth wrapped in a tissue.

If you're lucky (no frank exposure) and smart (you keep C&B-Metabond on hand), that emergency won't make a shambles of your schedule.

Because you can simply cement the tooth back together.

In many cases, that 20-minute procedure is all the treatment required. But even if you decide something more extensive is in order, you can send the patient home in comfort and reschedule at your convenience.

One dentist we met at a recent ADA meeting referred to C&B-Metabond as his “insurance policy in the refrigerator.”



Sometimes (especially in pedo and geriatric cases), repairing a fractured tooth is as simple as cementing it back together.

## Eliminate pins from your practice.

Self-threading pins are a pain to handle. They're time-consuming. They can cause crazing and post-operative sensitivity. And there's always the chance of penetrating an unsuspected pulp-horn. And the more pins in your restoration, the greater the danger.

Amalgambond-Plus grafts the amalgam directly to the tooth. You don't need retentive pins, so there's zero chance of crazing. And instead of causing sensitivity, Amalgambond-Plus actually prevents it (more about that in a minute.)

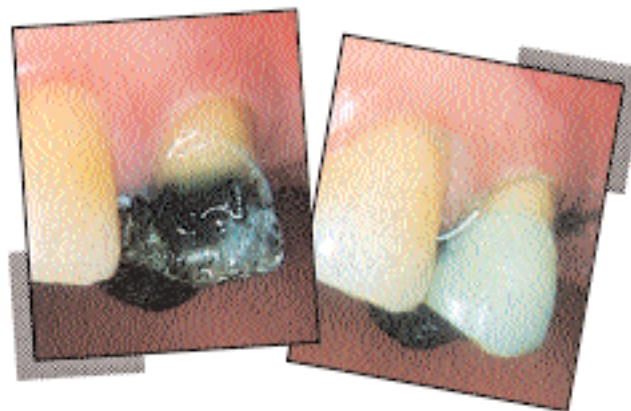
And nothing bonds amalgam-to-dentin like Amalgambond. A number of studies have shown that in non-retentive preps, it holds its own



When this pin-amalgam was lost (notice the broken pin), the dentist replaced it with an adhesive amalgam bonded with Amalgambond. No pins. High retention. And no sensitivity.

quite nicely against as many as three pins.<sup>1,2,3,4,5</sup> (Incidentally, the adhesive in a bonded amalgam restoration costs about the same as a single self-threading pin.)

## Rebuild fractured cusps with amalgam or composite.



After brushing the fractured surfaces with Amalgambond, simply rebuild the broken cusp with your favorite composite or amalgam.

Amalgambond and C&B-Metabond give you a number of options for repairing broken cusps.

For example, if the patient brings the fragment, you may decide to simply cement it back in place with C&B-Metabond.

Or you can brush Amalgambond or C&B-Metabond onto the vertical wall of the old restoration and the exposed dentin and then rebuild the cusp in composite or amalgam. Ask for our Special Report #41

## Desensitize dentin in minutes.

Brush Amalgambond onto hypersensitive cervical dentin to provide immediate relief. It's fast. It's economical (a single mix will treat an entire quadrant of hypersensitive teeth.) And it's extraordinarily effective.

A study at New York University Dental School found that this simple treatment achieved a significant reduction in sensitivity 90% of the time.<sup>6</sup>

Now if 4-META adhesives without a restoration are that effective in treating chronic hypersensitivity, just imagine how they can reduce complaints of post-operative sensitivity when you bond a deep amalgam restoration or cement a gold inlay.<sup>7,8</sup>



For most patients, relief from sensitivity is immediate and long-lived.

## Protect crown preps during temporization.

A typical crown preparation exposes more than 2 million tubules ... microscopic highways for bacteria and their toxins leading straight to the pulp. So if your temporary crown leaks (and it will), the pulp is vulnerable.

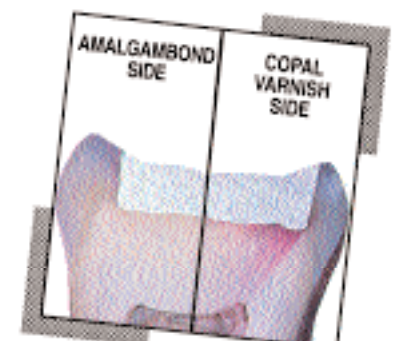
Simply brush Amalgambond onto the preparation and let it cure before you cement the provisional restoration. The 4-META monomer penetrates the dentinal surface and polymerizes to create an acid-resistant hybrid layer. A biologic seal ... almost like synthetic enamel.

Though bacteria will almost certainly penetrate the temporary crown margin, they won't penetrate that hybrid layer. Ask for Special Report #27.<sup>9</sup>

## Throw away your liners, bases and varnishes.

Forget what they told you in dental school.

Fourteen years of clinical research have shown that 4-META-based adhesives are kind to the pulp.<sup>10,11,12</sup>





(In fact, Japanese clinicians have been using Amalgambond and C&B-Metabond for direct pulp caps since the late '80's!)

So you don't need to "protect" the tooth with a layer of calcium hydroxide, glass ionomer or varnish. Not even the floor of deep preps near the pulp. 4-META adhesives seal the tooth far better and far more permanently than any traditional varnish or liner.<sup>14</sup>

If the preparation isn't actually bleeding, just go ahead and bond to it.

## Preserve vitality of broken-down teeth with bonded cores.

With 4-META-based adhesives, you generally don't need pins, posts, and other traditional forms of mechanical retention. Even when the tooth has virtually no clinical crown, you can often avoid elective endodontic therapy.

Take a look at the photo above. Years of bulimic purging had rendered the posteriors totally non-retentive. (There wasn't even enough lingual structure to support a Tofflemire!)

Using copper bands as matrices, the dentist rebuilt the posterior with bonded amalgam. Then several months later, after gradually opening the bite, he converted the restorations to cores by prepping the teeth for full crowns. Result: the patient was spared the expense and trauma of 15 posterior root canals.

That's the kind of flexibility 4-META adhesives offer the imaginative dentist. Ask for Special Report #40.



Cores bonded with Amalgambond can eliminate the need for posts or pins.

## Prevent hopeless crowns from loosening.

This is what C&B-Metabond does better than any other cement in the world.

When the preparation lacks resistance and retention form, C&B-Metabond saves the day by bonding crown to tooth structure. In fact, a number of studies have found that the retention of the bonded casting actually exceeds the cohesive strength of the tooth. (When the researchers attempted to pull off the crown or inlay with a testing machine, it came off with chunks of dentin still bonded to it.)<sup>15,16,17</sup> Ask for Special Report #36.

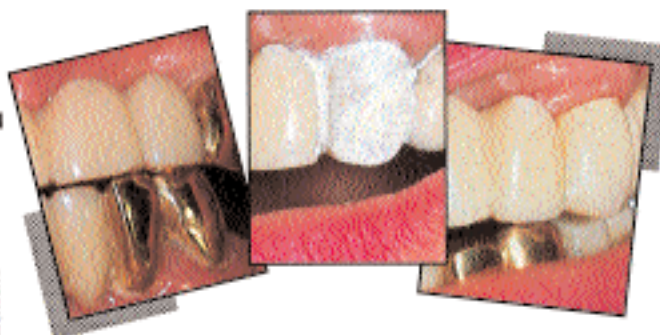


Nobody sets out to cut a teepee preparation. But sometimes you just can't avoid it. When your preparation is less than ideal, C&B-Metabond is the cement.

## Recement loose crowns ... for good.

Once a crown loosens, it tends to loosen repeatedly. Unless, of course, you recement it with C&B-Metabond.

## "Westernize" a Cold War smile in one appointment.



Just abrade the metal. Apply C&B-Metabond, then veneer with any composite.

The smile that looked just fine in Soviet Union, made this emigre feel like a foreigner when she moved to the West. But the cost of new bridgework was out of the question.

So her dentist simply air-abraded the gold shell crowns, applied a thin adhesive layer of C&B-Metabond and then built direct composite laminates. Simple. Fast. Economical. Ask for Special Report #15

## Prevent short endodontic posts from loosening.

Nothing retains endodontic posts like C&B-Metabond. Not glass ionomer. Not specialized cements like Boston Post Cement.<sup>8</sup> Nothing.

In fact, studies have shown that when it's bonded with C&B-Metabond, a low-stress parallel post demonstrates the extraordinary retention previously found only with high-stress screw posts that can potentially fracture the root.<sup>18</sup>

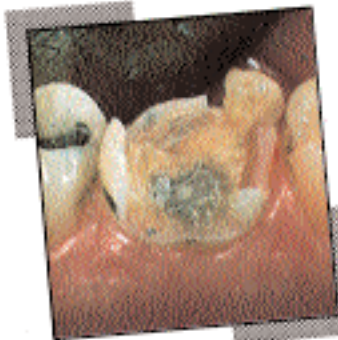
And just like the crown-retention studies mentioned above, C&B-Metabond not only proved stronger than the other cements, it also proved stronger than the tooth. In 8 out of 10 cases, the testing machine broke the sample before it could break the bond between post and root.

So when short or curved roots limit the length of your post, C&B-Metabond is the cement of choice.<sup>19</sup> Ask for Special Report #3

## Splint cusps weakened by large intracoronal preparations.

A wide MOD preparation is one of the worst things that can happen to the structural integrity of a tooth. Without a marginal ridge, cusps are free to flex.

If the prep is particularly wide or deep, you can restore much of the tooth's original strength by bonding the cusps to the restoration with a 4-META adhesive ... (Amalgambond for amalgam or composite ... C&B-Metabond for a cast inlay.)<sup>20,21</sup> Ask for Special Report #42



Because they're bonded to the restoration with Amalgambond, the cusps enclosing this wide restoration will be significantly less fracture-prone.

"For 18 years I was a pin user ... BIG-TIME. But in the year and a half I've been using Amalgambond, I haven't touched a single pin."

Gregory C. Calleia, DDS -  
Wheaton, IL

## And 4-META adhesives are also terrific for conventional adhesive dentistry.

Though we don't emphasize the traditional applications in our advertising, Amalgambond is a terrific dentin bonding agent for direct composite restorations and porcelain laminates.

And Maryland Bridge fans, please note: C&B-Metabond chemically bonds to unetched metal retentive wings. After sandblasting, you can try-in and cement at the same appointment.

But if that's all you're using adhesives for in your practice, you're not even scratching the surface of adhesive dentistry.

## Try Amalgambond and C&B-Metabond risk-free.

Try Amalgambond or C&B-Metabond for yourself. If you decide it's not for you, simply call us any time within 3 months. We'll have whatever remains of the material picked up at our expense. We'll give you all your money back (including the original shipping charges.) And we'll thank you for trying it.

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- Please send me an Amalgambond-Plus Starter Kit for dentin bonding composite and amalgam restorations, and bill me \$165 plus shipping.
- Please send me C&B-Metabond Adhesive Cement for crowns, posts, repairs, etc. and bill me \$250 plus shipping.
- I'm a skeptic. Please send me an annotated bibliography documenting Amalgambond and C&B-Metabond.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

References: 1. Imberry TA, et al. Fracture resistance of amalgams retained by amalgambond, pins and amalgam pins. J Dent Res. 72:Spec. Abstr #227, p 132, Mar 93. 2. Messing R. The effectiveness of a 4-META adhesive system vs conventional mechanical methods for restoring fractured cusps. Army Dental Corps Research, 92. 3. Imberry TA, et al. Amalgambond, Amalgambond Plus, and Pins in retentive for amalgams. J Dent Res. Abstr #953, p 221, Mar 94. 4. Fischer GM, et al. Amalgam retention using pins, boxes and Amalgambond. Amer Jour Dent. 6:4, p169-212, Aug 93. 5. Burgess JC, et al. Fracture resistance of complex amalgams. J Dent Res. 72:Spec. Abstr #228, p 132, Mar 93. 6. Calamia JR, et al. Effect of Amalgambond on cervical sensitivity. J Dent Res. 71:Spec. Abstr #216, p132, Mar 92. 7. Aboush YEF, Hooper SM. In vitro and in vivo bonding of metal to dentin using 4-META resin. J Dent Res. 72:4, Abstr #160, p705, April 93. 8. Christensen GJ. Should we be bonding all tooth restorations? Jour Amer Dent Ass. 125:193, Feb 94. 9. Suzuki S, et al. Pulpal response after complete crown preparation, dentinal sealing, and provisional restoration. Quint. Int 25:7, p477-84, July 94. 10. Matsuura T, et al. Histopathological study of pulpal irritation of dental adhesive resin. J Jpn Prosth Soc. 31:418-427, 1987. 11. Katoh Y. Histopathological reaction of the pulp in direct-capping of adhesive resinous material. J Dent Res. 73:Spec. Abstr. #1530, p293, Mar 94. 12. Tsunoda Y, et al. Pulp Response of adhesive resin. J Dent Res. 73:4, Abstr #100, p608, April 94. 13. Masaka N. Safety of Superbond for dental pulp. Nippon Dental Review. Jy 91 - Feb 92. 14. Cox CF, Suzuki S. Re-evaluating pulp protection: calcium hydroxide liners vs. cohesive hybridization. J Amer Dent Ass. 125:7, p623-631, Jy 94. 15. Eakle WS, et al. Retention strength of gold inlays with resin cements. J Dent Res. 70:Spec. Abstr #994, p390, April 91. 16. Hunsaker KJ, et al. Retentive characteristics of dental luting agents. J Dent Res. 71:Spec. Abstr #140, Mar 92. 17. Gorodovsky S, et al. Retentive strength, disintegration, and marginal quality of luting cements. J Prosthet Dent. 68:2, p269-274, Aug 92. 18. Standlee JP, Caputo AA. Endodontic dowel retention with resinous cements. J Prosthet Dent. 65:6, 913-917, Dec 82. 19. Akou MN, Lorey RE. Tensile retention of posts using various cement-bonding agents. J Dent Res. 68: Spec. Abstr #5, Jw 89. 20. Boyer DB, Roth L. Fracture resistance of teeth with bonded amalgams. Amer Jour Dent. 7:4, 91-94, April 94. 21. Christensen GJ, et al. Influence of Amalgambond on cuspal fracture resistance of molar teeth. J Dent Res. 70:Spec. Abstr #279, p300, April 91.



# Three candidates vie for ADA treasurer

The ADA House of Delegates will elect a new treasurer this fall to replace outgoing Treasurer Dr. Rene Rosas of El Paso, Texas.

Under rules adopted by the House in 1999, campaigns for the ADA office of treasurer are limited to candidates' visits to district caucus meetings during annual session. Candidates are prohibited from distributing election material, advertising via public communication media, raising funds or conducting electioneering activities.

Brief biographies of each candidate follow (in alphabetical order):

● Dr. Mark J. Feldman, an endodontist in Garden City, N.Y., is the current chair of the ADA Council on Insurance and an ADA delegate. He is vice president of the New York State Dental Association and member of its executive committee and board of governors. He serves the Nassau County Dental Society as chair of the finance budget and audit and insurance committees, and teaches at New York University.

Dr. Feldman has served the ADA as chair of the Reference Committee on Budget and Business Matters; the NYSDA as secretary-treasurer and chair of both the finance budget and audit committee and insurance council; and the NCDS as president and treasurer.

● Dr. Alan E. Friedel, a general dentist in Hallandale Beach, Fla., is an ADA delegate. He is chair of the Florida Dental Association's association affairs council and is liaison to its for-profit FDA Services. He serves the East Coast District Dental Society as 2nd vice president, chair of the membership committee and member of the long-range financial plan committee; and teaches at the



Dr. Feldman



Dr. Friedel



Dr. Maggio

● Dr. Frank A. Maggio, a periodontist in Elgin, Ill., is the American Dental Political Action Committee's liaison to U.S. Representative Dennis Hastert (R-Ill.). He is a board member of the ADA Health Foundation and National Foundation of Dentistry for the Handicapped, immediate past chair of the Illinois State Dental Society committee to reduce dental school debt and teaches at the University of Illinois, Chicago.

Dr. Maggio was the ADA 8th District trustee from 1994-98 and served on the ADA Board of Trustees' budget and finance committee. He was ISDS president and member of the dental care plans and finance committees, and president and treasurer of the Fox River Valley Dental Society.

Dr. Rosas, whose second term as ADA treasurer will end in October at annual session, was the ADA 15th District trustee from 1991-95 prior to being installed as ADA treasurer in 1996. ■

## Dr. D. Gregory Chadwick

*Continued from page four*

### in organized dentistry

North Carolina Dental Society, president; Second District Dental Society, president; ADA delegate; delegation chair; ADA Board of Trustees; Dental Foundation of NC, president

**What are the three most critical issues facing dentistry today?** Unwarranted interference in the doctor-patient relationship and in treatment decisions by third parties and government. A declining membership market share that ultimately threatens our effectiveness. The crisis in dental education brought about by rising costs, faculty shortages and other issues that will have a negative impact on quality dental education and ultimately the future of our profession.

**What are your three main goals if elected?** Vigorously promote policies that improve the public's oral health by maintaining the autonomy of the dental profession by responding to unwarranted challenges to the doctor-patient relationship. Develop programs to reverse the declining market share by not only attracting new members but delivering worthwhile programs and first-rate customer service to our members so they perceive value and view membership as fundamental to successful practice. Develop policies that, first, acknowledge the crisis in dental education and, second, work with the dental education community to address those challenges.

**What are your main qualifications?** As a full-time practicing dentist, with plans to continue practicing for many years, I understand our issues first hand and have a vested interest in our future. Experience as liaison to the Council on Government Affairs, Council on Dental Benefit Programs and the Council on Communications has reinforced my appreciation for the importance of the councils and member input. Serving on the dental information technology committee and as chair last year, has reinforced my understanding of the importance of technology and change to our profession and the ADA. Participating in the Association's strategic planning process for five years and the oversight of the Future of Dentistry project has given me a vision of the future. Leadership at all levels of the tripartite has given me the experience and knowledge to serve as president-elect.

**Why do you want to be an ADA officer?** Serving as president-elect affords the opportunity to make a difference in shaping the future of our profession. Our leaders must have a thorough understanding of the issues and be willing to face those issues—especially the tough ones—and take action. While doing so our positions should not only be based on fact and conviction, but also reflect the values of our profession. I view this as an opportunity to serve our Association and help shape our profession's future.

## Dr. Chris Mangos

*Continued from page four*

### Volunteer posts/elective offices held in organized dentistry

ADA delegate; ADA consumer advisor; Missouri Dental Association, trustee and president; Missouri Dental Board, president; CRDTS examiner

**What are the three most critical issues facing dentistry today?** We must proactively block all unwarranted intrusions sought by third parties, government rules and agencies, and all others into the dentist-patient relationship. We must maintain a strong, diverse and open membership in the ADA by offering valuable member services and improved communications with dentists. We must address the shortage of dental office personnel that affects all of us.

**What are your three main goals if elected?** It is crucial to keep ADA policies strong and keep the delivery of dental care in the hands of the dentist. We should never allow the unwarranted intrusion by third parties and government to dictate the course of treatment. We must foresee the everyday problems of the wet-gloved dentist and gear our science, technology, education and legislation to meet these ever-changing needs. All dental organizations must work together under ADA leadership. To effectively increase membership, we must enact programs that demonstrate the ADA's great value to every dentist. We must aggressively address the shortage of hygienists, assistants and office personnel; implement programs at the middle and senior high school levels to promote careers in dentistry; and pursue the establishment of more educational facilities and scholarships.

**What are your main qualifications?** I have a wide range of experience and leadership at all levels of organized dentistry and in dental education, licensure, testing and government relations. I served as an ADA Consumer Advisor, promoting oral health care issues in the print and broadcast media. I have extensive experience working with financial institutions, endowment funds and foundations. I serve as Trustee for my county health department. As a full-time practicing dentist, I have a deep understanding of the pressures, responsibilities and issues that face our profession on a daily basis. I am well-prepared and action-oriented, and believe in an open, honest approach to solving our profession's problems. This is no place for a personal agenda; I listen to our members and dental leaders and will pursue a course of positive action.

**Why do you want to be an ADA officer?** Because of my education, experience, and involvement in this profession, I know that I understand the issues and can communicate them. I want to be the one who promotes the ideals and objectives of our profession to the legislature, to the public and to our members.

## Dr. Patrick S. Metro

*Continued from page four*

### Board of Oral and Maxillofacial Surgery

### Volunteer posts/elective offices held in organized dentistry

Ohio Dental Association, president; ADA delegate; ADA Council on Annual Sessions and International Programs, chair; 1996 Orlando ADA-FDI World Congress, general chair; International College of Dentists, regent

**What are the three most critical issues facing dentistry today?** Eliminating unwarranted government and third party interference in doctor-patient treatment decisions. Improving the ability of the underserved to receive quality, affordable oral health care ("access").

Stopping the erosion of our membership base and limiting its potential effect on advocacy and the budget.

**What are your three main goals if elected?** Push for legislation that promotes more meaningful patient-protection reform and greater access to quality, affordable oral health care. Focus ADA resources on programs that serve the contemporary needs of dentists in an effort to attract more to membership and to stabilize the budget. Increase member involvement and interaction in order to take advantage of our strength as a membership-driven association.

**What are your main qualifications?** I bring a proven record of assertive leadership, on national and international levels, that can address the challenges of the ADA's highest office. My extensive experience with the ADA budget and a thorough knowledge of membership needs will keep management decisions focused. My tenure on the ADA Finance Committee, the Administrative Review Committee and as an ADA council chair has given me the background and broad knowledge to manage the complexity of the budget demands facing the Association.

My public presentation and communication skills are the cornerstones to my leadership style. I have served as an expert witness in the legal system for over twenty years. I am very comfortable in front of a microphone and responding to the most aggressive of interviewers. I have served as president, general partner and director of various business enterprises outside the field of dentistry. Through these activities, I have developed an understanding and respect for comprehensive and sound business management.

**Why do you want to be an ADA officer?** I share a vision of the future that is common to the members of our Association. I have the passion, commitment, experience and skills to lead our Association on the path to fulfilling its vision. It is my desire to utilize these capabilities to their fullest on behalf of my colleagues and the Association.

## Annual Session

### Register now and pick up materials at McCormick

Did you miss the registration deadline for annual session in Chicago?

Register by Sept. 30 and simply pick up your registration materials on-site at McCormick Place, South Lobby.

For complete registration information about the 2000 ADA annual session, you have four convenient options:

- visit ADA.org at "www.ada.org/session";
- see the May 15 and Aug. 21 issues of ADA News;

- see the July issue of the Journal of the American Dental Association;

- Request an official Preview be sent to you by calling 1-800-232-1432 or 1-312-440-2388; or by e-mailing your request to "annualsession@ada.org". ■

### Kid Camp offers child care during session

The ADA/Colgate Kid Camp is being managed for the fourth consecutive year by Accent on Children's Arrangements Inc., a nationally recognized professional company that provides a safe environment with developmentally appropriate programs for children six months to 12 years of age.

ADA/Colgate Kid Camp will be located at the Hyatt Regency McCormick Place, which is connected to McCormick Place. The center will be open Oct. 14-17, 7:30 a.m.-5 p.m. daily.

For more information contact the ACCENT staff at 1-504-524-0188 or by e-mail at "production@accentoca.com". ■

### Take a virtual stroll down the exhibit aisles

By logging on to the ADA Virtual Session Site 2000 at ADA.org, you can familiarize yourself with North America's largest convention center before annual session starts Oct. 14, with pre-sessions Oct. 13.

The ADA Virtual Session Site allows you to walk the virtual aisles and search the 700 some exhibitors at McCormick Place South Building by name and product category.

You can also create a personal itinerary, with your list of must-see exhibitors, and print a floor plan to bring with you to McCormick Place. ■





**If he ever sneaks out in the middle of the night,  
it'll just be for more toothpaste.**

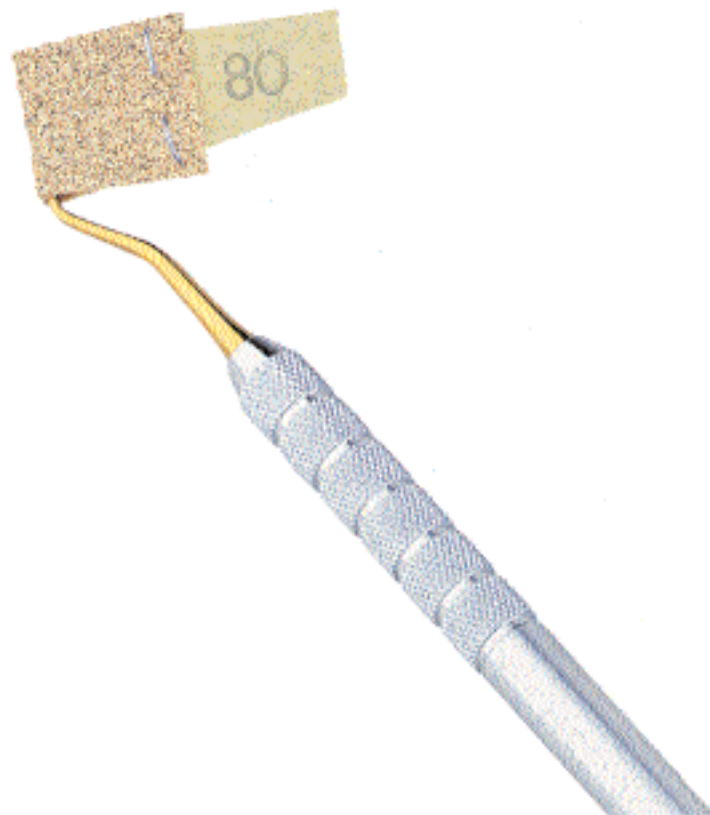
The **sonicare**<sup>®</sup> sonic toothbrush cleans with a combination of 31,000 brush strokes per minute and gentle sonic waves. **sonicare** also removes nearly twice as much plaque between teeth as a manual toothbrush! It's a one-two punch that gives your patients a clean feeling so unique, it'll 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.



**sonicare**<sup>®</sup>  
It's not just a better toothbrush.  
It's a better checkup.

1. Tritten CB, Armitage GC. J Clin Periodontol. 1996; 23:641-648. For a sampling of the more than 40 published studies on **sonicare**, please call 1-800-676-SONIC.





## THERE'S AN EASIER WAY

Improving adhesion with abrasion has never been easier than with the **ACCU-PREP™ DELUXE** Sandblaster from BISCO. Adhesion to metals, porcelain, acrylics and composites will improve when surface area is increased by as much as 80% using the **ACCU-PREP DELUXE**.



The **ACCU-PREP DELUXE** is constructed of high quality stainless steel making it fully autoclavable and ideal for intraoral use.

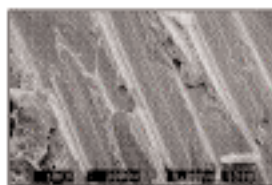
The **ACCU-PREP DELUXE** hooks up easily to any operatory unit and operates on standard hand-piece pressure of 40 psi. **ACCU-PREP DELUXE** has been awarded a 5-star rating by *REALITY*.

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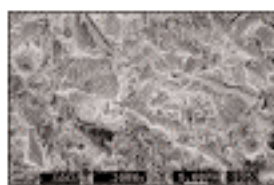
D. F. Cincione, L. Stojkovich, and B. Suh; Metal Adhesion and All-Bond® 2 System. *Esthetic Dentistry Update*, Vol. 4, No. 2 April 1993



### Surface Area Comparison<sup>1</sup> SEM of non-precious alloy casting (2000x)



*Bur Roughened*



*Sandblasted  
w/ACCU-PREP  
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**Annual Session**

**ADA Store stocks new wares for session in Chicago**



**Official shirt:** Exclusive design for the 2000 annual session.

Just steps from the annual session convention floor, ADA members will find the shopping mecca that is the ADA Store.

Whether you're interested in catalog products, dental-themed clothing, golf or toys, there is something in-store for you.

This year's hot-ticket item is the official annual session shirt: a long-sleeved combed cotton polo shirt, in sports gray or navy, emblazoned with the annual session crest.

Designed just for ADA members, the shirt is the perfect weight and style for Chicago's fall weather.

Cost is \$39.95, plus \$5.95 shipping, and each shirt purchase includes a coupon good for \$5 off your purchases at the ADA Store.

If you would like a shirt mailed to you before annual session, call 1-800-947-4746 and place



your order before Sept. 27.

The ADA Store is well-stocked with clothing this year, including polos, long-sleeved twill shirts and Hanes Beefy T-shirts embroidered or screened with dental designs.

If you missed your chance to purchase Hawaiian scrubs in Honolulu last year, you'll want to pick them up in Chicago. Scrubs are available in royal blue and purple solid colors, too.

Dudley the Dinosaur—and his little sister Dee Dee—make great ADA souvenirs. You'll find Dudley and Dee Dee plush toys at the ADA Store; what better way to commemorate your annual session visit?

Golf enthusiasts will want to check out the ADA Deluxe Tournament Golf Pack: a thick, luxurious golf towel with the ADA logo, three Titleist ADA balls, tees, a ball marker and divot repair tool.

Other unique gift items in the ADA Store include a variety of handmade dental-themed jewelry, toothbrush pins, ADA logo and caduceus pins; baby tooth bank; baby tooth finder; and toothpaste and Chicago skyline collector boxes.

Of course, the ADA Store would not be complete without an array of catalog items. Practice management titles and reference materials will be available, along with copies of Chicken Soup for the Dental Soul.

With any purchase at the ADA Store, you'll receive a free 15-minute phone card.

The ADA Store at McCormick Place will be open the following hours:

- Oct. 13, noon-5 p.m.
- Oct. 14, 8 a.m.-5 p.m.
- Oct. 15, 8 a.m.-5 p.m.
- Oct. 16, 8 a.m.-5 p.m.
- Oct. 17, 8 a.m.-2 p.m. ■

**AADA sets special events**

The Alliance of the American Dental Association will sponsor three free informational seminars Oct. 16, 1:30-3 p.m., during the ADA annual session at the Chicago Marriott, 540 N. Michigan Ave. The seminars are listed below with room assignments in parentheses:

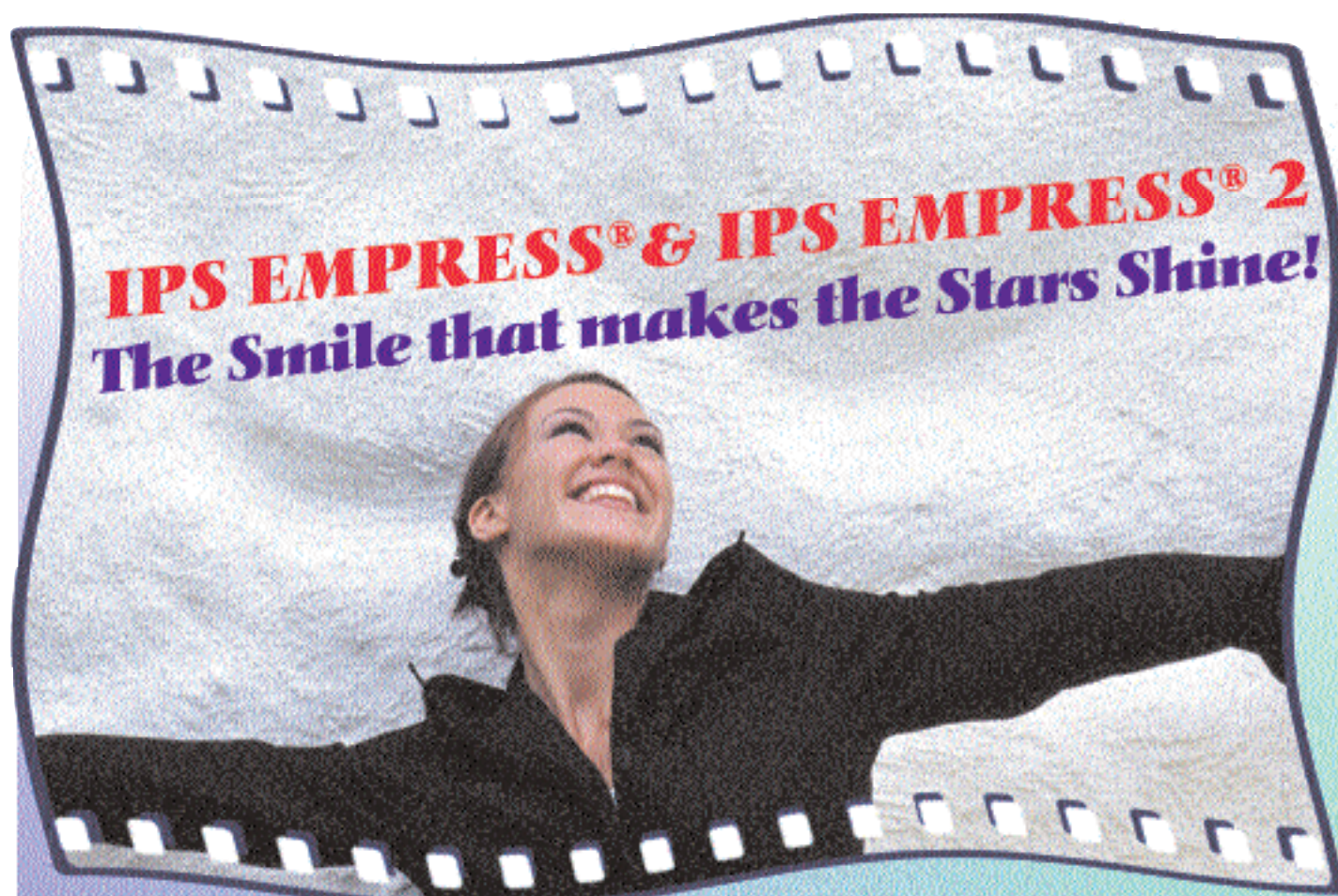
- "The 5 W's—Who, What, Where, When, Why?" Joan Huisinga will discuss how your organization can focus on attracting, retaining and satisfying members (Los Angeles Room);
- "Everything You Need To Know to Be An Awesome Editor" Mary Byers will speak on

writing newsletters, how to develop a theme and how to schedule work (Scottsdale Room);

- "How To Get Home Before Midnight" Marjorie Vinzant Weber, a registered parliamentarian, will show how to take care of business in half the time (Miami Room).

The AADA Saks Fifth Avenue Special Event is set for Oct. 15, from 10 a.m.-noon, and will feature a fashion show, private shopping and brunch before the store opens to the public. Although nearly sold out, contact the Alliance for registration information.

For more information call the AADA using the ADA toll-free number, Ext. 2865. ■



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# Spreading their wings

## Dentists fly to help the needy at home, abroad

BY CLAYTON LUZ

Dentist and licensed pilot Al Posey says he felt "18 feet tall" after he flew roundtrip from his hometown in Enid, Okla., to Houston a few years ago.

It wasn't the actual flying of the plane that elated him. He'd been flying for 15 years already.

When he stepped back onto the tarmac at Woodring Municipal Airport in Enid, he wasn't greeted by pomp and circumstance but something considerably more solemn: a mortuary ambulance. Then he helped with transferring from his plane to the ambulance what he'd flown to Houston for: a small casket containing the body of a 3-year-old child who'd been killed in an automobile accident.

"The family needed to get their baby home for memorial services," recalls Dr. Posey. "Both parents were badly injured, had no money and were still in the hospital there in Houston. So my wife and I flew to Houston, picked up the [child's] body and flew it back home."

In addition to Dr. Posey's services, the local mortuary donated its ambulance and provided the family with memorial services.

"I got a nice phone call from the father," he says. "Made me feel 18 feet tall."

Dr. Al Posey is one of 315 dentists who belong to the Flying Dentists of America, an educational, charitable and social organization for dentists who share a passion for both aviation and dentistry.

All members are licensed pilots.

"I became aware of FDA while in Guatemala," says Dr. Posey, an FDA member



**Dr. Posey:** Shown treating patients during a trip to the Dominican Republic.

since 1995. Before joining the FDA the retired general practitioner flew mission flights throughout the world. While in Central America he noticed in an aviation magazine an FDA advertisement seeking volunteer dentists. "They were needing to scare up some participants to treat some of the folks in Belize. So I answered the ad," he recalls of his start with the Flying Dentists of America.

The association, which boasts 315 members, conducts weekend fly-ins at locations throughout the United States and Canada. National meetings feature clinical courses, aviation programs and family activities.

Charitable activities include yearly missions to underserved countries such as Guatemala, Belize and Jamaica.

"The nearest available dentist is over a day's walk away and the people don't have money for



**Ready for take-off:** Members of the Flying Dentists of America are licensed pilots. The organization, which numbers 315 dentists/pilots, celebrates its fortieth anniversary this year.

### ■ Another way to fly: skydivers, page 10

treatment," says Dr. Posey of the missions. "Their only dental care depends on us coming back next year."

Many FDA members such as Dr. Posey are involved in their local community with organizations such as Angel Flight, which provides air transportation for patients needing medical care.

Dr. Chuck Pierson, a general practitioner from Wichita, Kan., has been an FDA member since 1992 and a licensed pilot since 1983. The Angel Flight Program, he explains, allows children to be treated at medical treatment who otherwise wouldn't be able to fly because of financial constraints. Or sometimes, he adds, the toll

of driving far distances to receive medical treatment may be too hard on a patient.

"I'm just amazed at the quality of these guys," Dr. Pierson says about his comrades. "I find that pilots have a lot in common, same as dentists. I find both groups interesting, outstanding people. When you get a group of dual passions, that's when you can learn a lot and really enjoy their company."

Dr. Posey says his work as a volunteer dentist and pilot is "payback" for a life rich with accomplishment, professionally and personally.

"I am one of the luckiest sons of guns in your life. I was able to attend a university and a dental school. I have a wonderful wife and two kids, a great practice. It's payback, that's what we're all about."

The Flying Dentists of America will meet Oct. 14 at the Hyatt Regency Hotel after 5 p.m. in Skyway Room 261 during the ADA annual session in Chicago.

For more information about the Flying Dentists of America, contact Dr. David Camp by phone at 1-319-752-1840 or visit Web site "www.iserv.net/~fda". ■

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## Introducing— New York State Dental Association

*Albany, N.Y.*—The constituent society known as the Dental Society of the State of New York for more than 100 years is now the New York State Dental Association.

The New York legislature—which formed DSSNY in 1868—approved the name change during the 1999 session. The organization formally introduced their new name at the NYSDA annual meeting in June.

In a July 24 news release, NYSDA officials say the name change "better reflects its affiliation as a constituent of the American Dental Association."

The NYSDA represents more than 13,000 dentists in 13 component societies.

The NYSDA's web site—currently at "www.dssny.org"—will soon change to "www.nysdental.org". ■



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irritation

It could look like an irritation

ulcerated

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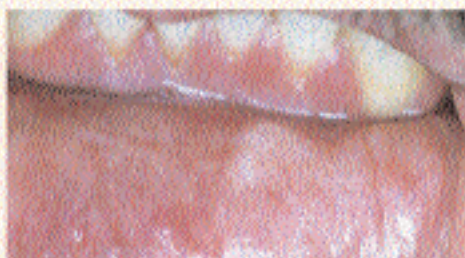


It could be red

red

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It could be white



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<sup>†</sup>Based on 40 new or recall patients/dentist/week and:  
1) Burzynski NJ, Firriolo FJ, Butters JM, Sorrell CL. *J Cancer Educ* 1997; 12:95-9.  
2) Bouquot JE. *J Am Dent Assoc* 1986; 112:50-7.  
3) Malaivalla AM, Silverman S, Mari NJ, Bilimoria KF, Smith LW. *Cancer* 1976; 37:1882-6.  
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# IRS targets PACS

## Federal campaign law directs state, local committees to file

BY CRAIG PALMER

Washington—Dental PACs are among thousands of state and local political action committees scrambling to report to the Internal Revenue Service under a newly enacted campaign finance disclosure law.

"We just became aware of the necessity of filing this form and as such completed it quickly," Timothy W. Clark, executive director of the New Jersey Dental Political Action

### Government

Committee told the IRS in a statement dated July 31 and posted on the Internet at "www.irs.gov/bus\_info/eo/8871.html" with more than 11,000 other disclosure statements from organizations supporting candidates for

political office and other causes.

But ADA officials questioned the necessity of any state dental PAC having to file "duplicative, burdensome" reports under proposed IRS rules implementing the new law.

"The ADA believes the IRS should grant state committees that currently file disclosure reports with state authorities an exclusion from the requirements of this proposed ruling," ADA President Richard F. Mascola and Executive Director John S. Zapp said in Sept. 8 comments on the IRS regulation. The comments are available at the ADA Web site, "www.ada.org".

Some statements filed with the IRS under the new law are more elaborate than others in describing the organization's purpose.

Dental PACs in Alabama, Illinois, Kansas, Louisiana, Maine, Maryland, Michigan, Oregon, Pennsylvania, Washington state, Wis-

consin and Virginia and at least one insurance PAC, the Delta Dental Plan PAC, also filed statements posted by the IRS. The Massachusetts Dental Peoples Committee and Massachusetts Dentists Interested in Legislation filed separate statements from the same address but disclosed no affiliations.

But in the initial confusion of IRS regulation and controversy over the reach of the legislation signed into law July 1 by President Clinton, thousands of state and local PACs may have missed a filing deadline or are unaware of the new law or uncertain whether to file new disclosure statements. Some organizations may have filed reports not yet released by the IRS.

The ADA, other associations and the American Society of Association Executives are seeking administrative and legislative relief from the new disclosure requirements. ASAE asked the IRS to exempt organizations already reporting to state regulatory agencies.

The new law requires public disclosure to the IRS by certain political groups organized under Section 527 of the Internal Revenue Code. The American Dental Political Action Committee and state dental political committees are Section 527 organizations. However, ADPAC will not be required to register and report to the IRS because it reports to the Federal Election Commission, according to a legal opinion sent by the ADA to state and selected local dental association executives.

State and local political committees of dental associations that raise more than \$25,000 must register and report to the IRS, the legal advisory said. The new law's disclosure requirements do not apply to organizations required to report to the FEC. ■

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- **Numerous Experts.** It takes 165 professional dental consultants, 17 scientific council members and 11 staff scientists to proclaim oral care products safe, effective and worthy of the ADA Seal.

ADA.org Internet Address:  
<http://www.ada.org>

For more information, contact the Council on Scientific Affairs, American Dental Association, 211 East Chicago Avenue, Chicago, Ill. 60611, 312-440-2500, ext. 2840.

## UCR

*Continued from page 10*

the dentist as well as the patient," he said. "By the same token, the lawsuit we're contemplating also would benefit both dentist and patient by helping to curb the unwarranted intrusions of insurance companies on the dentist/patient relationship."

Staff in the Legal Division say reports from the membership have tapered off in recent weeks, but they continue to roll in—and are still being accepted, processed and investigated.

Reports arrive by phone, fax, e-mail and the U.S. Postal Service. They're logged in and recorded on a "Complaint Intake Form" by an "Intake Attorney," who interviews the dentist over the phone.

The intake form records the nature of the complaint, the name of the insurance carrier and includes a narrative summary of the complaint. But the key questions are these: Can the dentist document his or her complaint? And does he or she know of anyone who could corroborate the complaint?

By the middle of last week, the Legal Division had processed 105 complaints from across the country, including 17 from California alone. The complaints are wide ranging, though most center on UCR reimbursements and allegations of late payment.

"On the late-payment complaints, we have to make sure that a 'clean claim' was submitted to the carrier," said Mr. Sfikas. "That usually requires a lot of back-and-forth discussion with the dentist. We also have to take into account state laws on late payments—not all states have such laws."

If all goes as planned, the ADA will have decided by this time next month whether to proceed with a lawsuit. So watch for another update. Soon. ■



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