9-4-2000

# ADA News - 09/04/2000

American Dental Association, Publishing Division

Fluoridation message to Congress, page eight ◆ HRSA training funds, page 11

AMERICAN DENTAL ASSOCIATION
ADA News®
SEPTEMBER 4, 2000 www.ada.org VOLUME 31, NO. 16

## BRIEFS

### Get help online with practice questions

Every once in awhile, even a doctor needs a second opinion.

For answers to your practice management questions go to "Ask the Consultant," at "www.trojanonline.com" for advice from an experienced dental consultant, without the expense of hiring one.

"Sometimes dentists want an opinion from somebody other than a colleague," said Kathleen Johnson, the current online consultant, and a practicing dental consultant during the past 11 years.

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Endorsed by ADA Business Enterprises, Inc., to provide software that allows dentists to submit dental benefits claims electronically, Trojan Professional Services can be reached at 1-800-451-9723. ■

## INSIDE

### Real estate

The ADA on the Magnificent Mile. **Story, page 14.**

# HHS says electronic dental claims must use CDT in 2002

## HIPAA regs will standardize coding

By Arlene Furlong

*Washington*—By Oct. 17, 2002, all electronic dental claims transactions must use the currently valid version of the Code on Dental Procedures and Nomenclature, CDT, maintained and distributed by the American Dental Association.

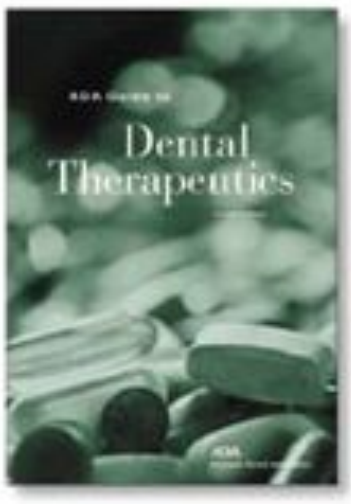
■ DR Days 'best ever,' page 22

Published Aug. 17 in the Federal Register by the U.S. Department of Health and Human Services, the regulation applies to all dentists and insurers using electronic transactions.

In addition to claims, these transactions include determination of patient eligibility, claims status and the remittance advice.

"Although most dentists and third party payers already use CDT, the implementation of these HIPAA reg-

*See HIPAA, page 11*




**River view:** Architectural splendors like the Merchandise Mart (far left) are among the spots on the many tours featured during annual session next month in Chicago. Turn to pages 18-19 for more information on tours, special events like a concert by Aretha Franklin to benefit the ADA Health Foundation and the scoop on how to register for annual session.

# New DT guide to debut at ADA session

## Second edition is bigger, better, and up to date

The second edition of the ADA Guide to Dental Therapeutics—revised and expanded from the original—will be unveiled in October during the ADA's 141st annual session in Chicago.

"It's a unique chairside reference," said Dr. Sebastian G. Ciancio, editor of both the first and second editions of the Guide. "It's the most comprehensive dental drug reference of its kind—and the only one complete enough to bear the ADA name."

■ How to order the new Guide, page 12

Through concisely written text and nearly 500 easy-reference tables, the new Guide describes more than 800 generic and 2,200 brand-name drugs used in dentistry and medicine. The second edition offers 30 more tables than the original.

It also includes:

- a new evidence-based overview of herbal medicines and dietary supplements;
- a new section on drugs with a photosensitivity side effect;
- a one-of-a-kind chapter on oral

*See GUIDE, page 12*

# England to prohibit general anesthesia use in dental offices

By Karen Fox

*London*—The decision earlier this summer by England's General Dental Council to move dental general anesthesia to the hospital has prompted concern across the Atlantic.

Many dentists in the United States believe that the ruling will have a chilling effect on England's health system.

"Prohibiting the use of general anesthesia in dental offices eliminates a problem, yes, but another problem will occur. That problem is access to care and longer waiting lists for dental care provided in the hospital, especially for children, children and adults with special needs, and those who can't afford care," said Dr. Ralph H. Epstein.

■ Florida illegal dentistry task force, page five

Dr. Epstein is a dentist-anesthesiologist, past president of the American Society of Dentist Anesthesiologists and member of the ADA Council on Dental Education and Licensure's Committee on Anesthesiology.

In July, the General Dental Council, the regulatory body of United Kingdom dentists, enacted a law stating that after Dec. 31, 2001, all dental treatment requiring general anesthesia must be performed in a hospital.

The ruling is said to preserve patient safety, following the release of a Department of Health-commissioned report, "A Conscious Decision: A Review of the Use of

*See ENGLAND, page 15*

**Welcome:** Pictured from left are Dr. John S. Zapp, ADA executive director, and George Weber, the Canadian Dental Association's new executive director, at ADA headquarters Aug. 24. Dr. Zapp hosted a day-long visit with Mr. Weber, who replaces the recently retired Jardine Nielsen. While visiting the ADA, Mr. Weber met with senior staff members in the divisions of Science, Conference and Meeting Planning, Communications, Dental Practice, Education, Information Technology and ADA Business Enterprises, Inc.

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ONLINE EXTRA

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# AtPressTime

## Study confirms link between gum health, vitamin C

People who consume less than the recommended dietary allowance of vitamin C have slightly higher rates of periodontal disease, a new study shows.

Those who consume less than the RDA of 60 milligrams of vitamin C (the equivalent of about one orange) were 1 ½ times more likely to develop severe gingivitis than those who took in three times the RDA, researchers found. They also found that tobacco use increases the risk of gum disease among patients with low dietary vitamin C.

Researchers analyzed vitamin C intake and periodontal disease indicators in 12,419 U.S. adults. Their study appeared in the August edition of the Journal of Periodontology.

Journal Editor Robert Genco said the link between vitamin C and gingival health "is likely due to vitamin C's role in maintaining and repairing healthy connective tissue, along with its antioxidant properties."

The study helps quantify a connection that has been recognized for generations. In the late 18th century, British naval ships began carrying a stock of limes that sailors would eat to prevent bleeding gums.

It was from this practice that a familiar, disparaging term for a British subject evolved. ■

## Clinics aren't meeting demand for dental care, study shows

The nation's 3,000 federally funded health clinics are meeting just 6 percent of the need for dental care among the indigent, according to a study in the September issue of Consumer Reports.

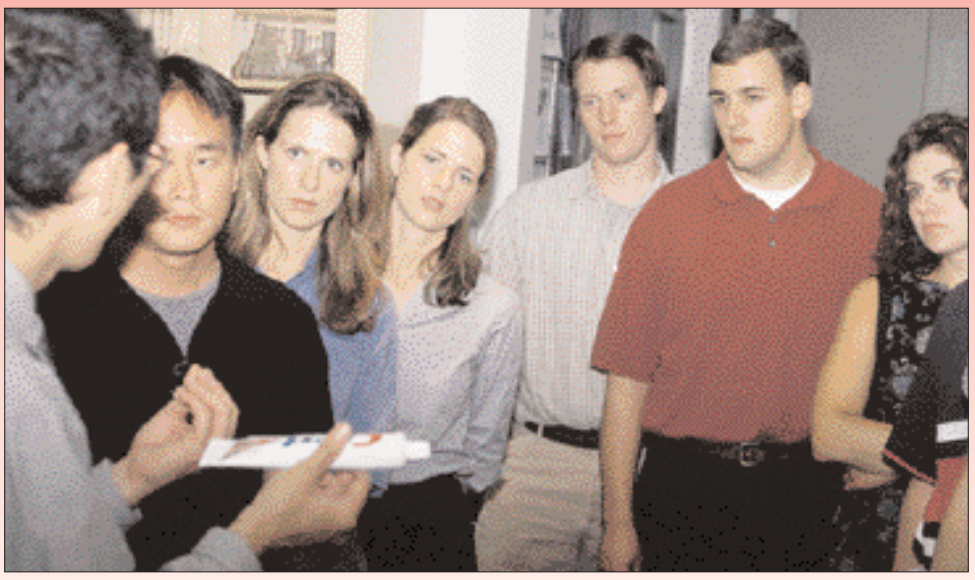
The report, resulting from a six-month investigation of the U.S. health care system, notes that "even poor people who have insurance—primarily those with Medicaid—can't get dental care."

The nine-page report concludes that many dentists are turning away Medicaid patients because the reimbursement is too low. It cites an example from the District of Columbia where "dentists receive $31 to X-ray, examine, clean and apply fluoride to the teeth of a child under 15 insured by Medicaid. They can get more than $100 from other payers" for the same services.

The report predicts that 47 million Americans will have no health insurance by the year 2005, up from an estimated 44 million uninsured today. About 20 percent of the population under age 65 currently lacks health insurance, "while the United States spends more money on health care than any other country," the report says.

The number of people seeking health care through federally funded clinics has climbed 45 percent within the past decade, and 34 percent of the nation's 5,000 hospitals say they're "under stress," which means they're operating in the red, the Consumer Reports investigation found. ■

*—Compiled by James Berry*



**Field trip:** The ADA opened its doors July 12 to more than 80 students from the Marquette University School of Dentistry's class of 2002. Funding from the Wisconsin Dental Association enabled the students to make the day-long trek to the ADA headquarters for a building tour and updates on organized dentistry from Dr. John S. Zapp, ADA executive director, and George Buckley, the American Student Dental Association executive director.

# ViewPoint

*Snapshots* of American Dentistry

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

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

## MyView

# Balancing blame and responsibility

This message begins with a disclaimer that I have never served in the armed forces and all comparisons with the real stuff are only perception. However, I have been a foot soldier and am able to relate to those who have not achieved leadership positions yet.

The first assumption about foot soldiering is that few people are satisfied to be just rank-and-file forever, even in the face of (outward) denial. Secondly, foot solders develop character and understanding which are great assets, particularly if a higher rank is reached. They have experienced the raw fields.

Thirdly, as the rules of the game change, there need to be new ideas and tactics, some of which could be provided by infusion from unexpected new quarters with possible leadership ascension.

The point is, blame for frustrations and apparent adverse trends of the profession of dentistry should be shared from the bottom up: those who do nothing and complain, and the leadership that might hold on to tired (governing) measures.

The prevailing situation, admittedly, should follow the natural evolution in technology and demographics. The public we serve has new expectations, some very irreversible. As sure as nothing in life stays the same, we need to make comparable adjustments as distasteful as they may appear (at this time).

Back to the original premise of foot soldiers and generals. There are too many disgruntled foot soldiers (sailors) lifting no fingers and perhaps dragging down the ship that is carrying the load to better shores. Then there are the unyielding generals (captains), who for sentimental reasons, welcome no changes.

**Stephen T. Quarcoo, D.D.S.**

Dentistry has not achieved its full potential, and to restore itself to the attraction of the past that is sometimes overly immortalized, the complaining must stop. Nonparticipating (political) dentists who benefit from the sweat of formal organizations advocating for preservation with very few people should resolve to lend a helping hand to the relatively committed few.

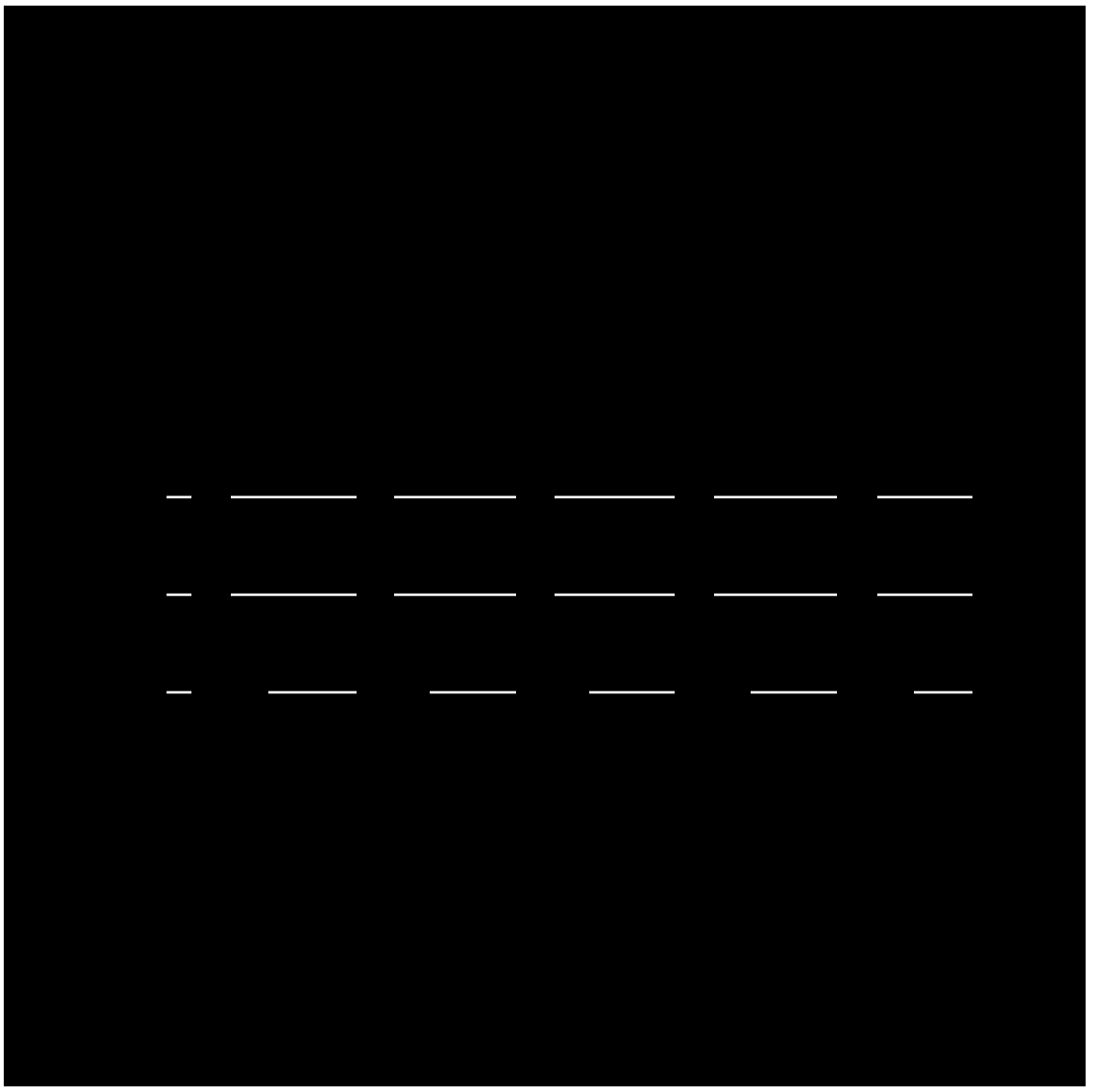
Your entry may be just what the doctor ordered (for new ideas).

Conversely, the existing leadership should vigorously recognize the need for inclusiveness, as difficult as initial recruiting might seem. The times they are a-changing.

*Dr. Quarcoo is president of the Queens County Dental Society (New York). His comments, reprinted here with permission, originally appeared in the July/August issue of the Queens County Dental Society Bulletin.*

### Letters Policy

ADA News reserves the right to edit all communications and requires that all letters be signed. The views expressed are those of the letter writer and do not necessarily reflect the opinions or official policies of the Association or its subsidiaries. ADA readers are invited to contribute their views on topics of interest in dentistry. Brevity is appreciated. For those wishing to fax their letters, the number is 1-312-440-3538; email to "ADANews@ada.org".



# Letters

## Dental auxiliaries

Regarding the graph, "Dental Auxiliaries" (June 19 ADA News), without appropriate interpretation, the graph is misleading to the point of being a disservice to the reader.

The first impression is that the number of hygienists is increasing and the number of assistants is declining, when in fact the opposite is true.

The graph only tracks graduates, whereas in the workplace there are many assistants who have not had any formal training, while hygienists can only work if they are licensed graduates. In addition, the graph does not show the effect of how many hygienists only work part time.

If the demand for dental hygienists were graphed against the supply, the shortage of hygienists would be "off the chart." Finding solutions to this shortage crisis for our members should be one of the highest priorities for the ADA and every state association.

*Victor J. Barry, D.D.S.*
*Seattle*

**Editors note:** The ADA Survey Center notes that the graph was intended to alert the profession to a changing trend in the education of auxiliaries.

Although the graph accurately represents the status of "one of the factors" influencing the workforce, it was not meant to be a comprehensive representation of the status of the auxiliary workforce in dentistry.

## Chicago pizza

The list of Chicago's best eateries provided by "several of your dental colleagues in Chicago" in the Aug. 7 ADA News managed to omit the two best pizza restaurants in Chicago, Giordano's on Rush Street and Gino's East, across from my soon-to-be-shuttered alma mater, the Northwestern University Dental School.

I still have Giordano's stuffed pizzas delivered out here by express mail to savor the best pizza in the world.

*R.A. Richards II, D.D.S.*
*Camarillo, Calif.*

**Editor's note:** One true thing about Chicago is that pizza is serious business. Come to annual session next month and ask anybody where to go for pizza: you'll get 10 answers and they'll all taste great. (See page 18 for more information on annual session.) By the way, Gino's East has moved west of the location that Dr. Richards knew.

## Credentialing

The article, "Credentials Verification Surveys" (Aug. 7 ADA News), touched a sensitive spot with me.

As mentioned in your story, some dentists (me) think the credentialing forms are excessive, intrusive and overstep their intended purpose.

For example, one company wanted me to sign a waiver that would have allowed them access to my medical history (hospitals, physicians).

I told them no and the company said it would not process the rest of the forms that were pertinent. Their

*See LETTERS, page five*

# Florida cracks down on illegal dentistry

## Dentist earns kudos for organizing effort with state government

By Mark Berthold

*Tallahassee, Fla.*—Dr. Teri-Ross Icyda received the Florida Dental Association's Special Recognition Award for his efforts to expose unlicensed dentistry in Florida.

"Illegal practitioners, whether laboratory technicians posing as dentists or pseudodentists trained in unaccredited schools—or not trained at all, are putting the public at risk of both improper and inappropriate care," says Dr. Icyda, chair of the association's Task Force on the Illegal Practice of Dentistry.

"These charlatans re-use nonsterile disposable equipment and some don't even use dental equipment," he continues. "They perform surgery and treatment on teeth that have no problems but leave decayed teeth alone."

To combat this danger, the Florida Dental Association, state government and local media are working together, Dr. Icyda explains, and the association's efforts to assemble and coordinate this team have been paying off recently.

Officials have arrested more than 38 persons for illegally performing dentistry, reported the Miami Herald. Furthermore, employees of two Miami dental offices were recently charged with Medicaid fraud and solicitation of children.

The Florida legislature, acting on bills of state Rep. Mike Fasano of Newport Richey and state Sen. Walter "Skip" Campbell of Tamarac, made the unlicensed practice of any health care profession, including dentistry, a third-degree felony. Those convicted are no longer just put on probation but now receive a mandatory year in jail and up to $5,000 fine.

**Dr. Icyda**

The legislature also increased funding for investigators, allowing their number to grow by 400 percent.

"We have been very successful in gathering information from licensed practitioners and aiding investigators to remove these people from the street," says Dr. Icyda. "And the media have brought attention to the health risks associated with care from illegal practice."

Besides operating in extremely unsanitary conditions, most offenders "practice" out of their kitchens, garages and even automobiles.

"This is not a Florida problem, it exists throughout the United States," says Dr. Icyda. "Some patients are indigent and looking for a bargain; some are immigrants who don't speak English; some are taken advantage of.

"We're trying to inform those people they don't have to settle for improper care," he continues. "They can receive good care at affordable cost from licensed practitioners." ■

# NY settles with state on Medicaid reform

By Mark Berthold

*Albany, N.Y.*—The New York State Dental Association's lawsuit against the state for violating federal access guidelines for Medicaid recipients was settled out of court.

The resolution calls for increased Medicaid reimbursement for dental services of $573 million over four years, the first significant increase since 1965.

Moreover, Gov. George Pataki has agreed to an advisory committee of NYSDA and Department of Health staff to address administrative barriers to dentist participation and patient access.

"We're impressed with the governor's response: to commit a very large sum of money and convene a group to creatively improve the program and make it work," says Judith Shub, Ph.D., assistant executive director for health affairs of NYSDA. "We're excited and cautiously optimistic about opportunities to turn the dental Medicaid program around."

The lawsuit highlights the administrative woes of the Medicaid quagmire. "Dentists who stayed [in the program] until recently did not leave simply because of its financial problems," says Dr. Shub. "How the program is carried out discourages dentists from participating, and the hurdles are often insurmountable for patients trying to obtain care.

"Our hope is the advisory committee—created to be a liaison between government and doctors and patients—will help us identify problems and develop creative solutions," says Dr. Shub. "For instance, a system that works in Albany might not consider the needs of a Medicaid recipient in Brooklyn, which might prevent that patient from getting care.

"Now, feedback can be channeled into the health department to have those issues responded to," she continues. "This will give dentists more of a voice and, hopefully, that empowerment will be attractive to those who want to participate in Medicaid." ■

# Letters

*Continued from page four*

forms are 24 pages, most of which is applicable to physicians, not dentists. They are unwilling to modify them to fit dentists.

*Donald M. Smith, D.D.S.*
*Oklahoma City*

Government

# House eyes mercury vaccines

## Health officials caution against recall or abrupt withdrawal

BY CRAIG PALMER

*Washington*—House committee members pressed government health officials to remove mercury-containing vaccines for children from the market, by recall if necessary, and to extend the policy discussion to mercury in other health care products such as dental amalgam.

Government health officials, invited to testify on vaccine regulation and safety, said at the sometimes emotional July 18 hearing that they are moving as quickly as possible "as a precaution" to remove mercury-based preservatives from routine pediatric vaccines. They also said too precipitous a change could cause more harm by interrupting the vaccine supply and discouraging important childhood vaccinations than any "theoretical" risk of harm from continued use of existing vaccines.

"Vaccines against many childhood infectious diseases have prevented hundreds of millions of cases of disease and millions of deaths," said Roger Bernier, Ph.D., associate director for science for the Centers for Disease Control and Prevention's national immunization program.

While there are "intriguing similarities" between the clinical characteristics of autism and mercury poisoning and a need for more research, there are no conclusive data to establish a causal association between mercury exposure and autism or between vaccines containing mercury-based preservatives and developmental disorders and "no evidence of any harm to children of thimerosal (a preservative) in vaccines," public health officials testified.

But a panel of parents of autistic and developmentally disabled children in personal, emotional testimony questioned the safety and integrity of mercury-containing vaccines.

**■ "Vaccines against many childhood infectious diseases have prevented hundreds of millions of cases of disease and millions of deaths."**

Rep. Dan Burton (R-Ind.), who chairs the House Committee on Government Reform, and other committee members said the government isn't moving quickly enough to respond to "concern among parents and others regarding vaccines and autism." Reps. Helen Chenoweth-Hage (R-Idaho) and Henry Waxman (D-Calif.) asked government witnesses why mercury-containing vaccines are still on the market. "We're asking you to do more than analyze it," Rep. Chenoweth-Hage told the government witnesses. Rep. Connie Morella (R-Md.) said the level of concern among parents requires continued investigation of the issue "using the best scientific research available."

"How long will children continue to receive mercury-containing vaccines if there is not a recall?" Rep. Burton repeatedly asked officials representing agencies charged with protecting the public health, including the CDC, Food and Drug Administration and Environmental Protection Agency. He told reporters after the hearing that he would continue to push for a vaccine recall.

"We all know that mercury is a toxic substance," said the Indiana congressman, chairing a hearing on mercury and its uses in medicine, particularly as a preservative in certain vaccines for children. "Are we taking unnecessary risks?" Rep. Burton said a grandson received vaccines for nine different diseases in one day and may have been exposed to harmful levels of mercury.

*See MERCURY, page eight*

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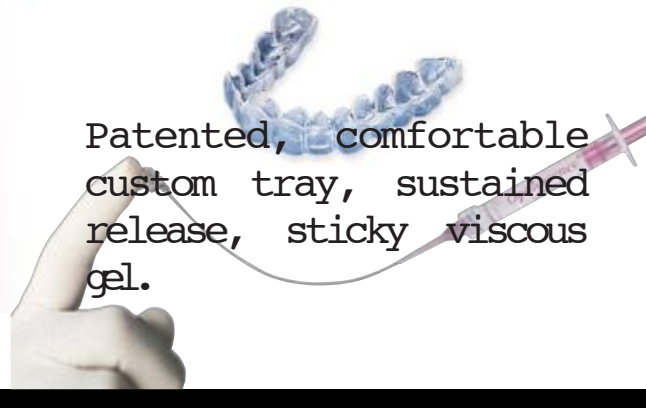

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# ADA testifies for fluoridation

## Negative conclusions based on pseudo-science, misinformation

By Craig Palmer

*Washington*—The American Dental Association urged Congress to cast a critical eye on "pseudo-scientific literature" in reviewing the safety and effectiveness of community water fluoridation.

"In the case of water fluoridation, an abundance of misinformation has been circulated," the professional organization of dentists told a Senate subcommittee in a statement submitted for the July 13 hearing record. "After 50 years of research and practical experience, the preponderance of scientific evidence indicates that fluoridation of community water supplies is both safe and effective."

Government

Calling fluoride "nature's cavity fighter," the Association said community water fluoridation prevents tooth decay and cuts health care costs. The full statement is available online. Water fluoridation is the process of adjusting the natural level of fluoride to a concentration sufficient to protect against tooth decay, which is a recommended range of 0.7 to 1.2 parts per million.

A Senate subcommittee on fisheries, wildlife and water heard testimony in June from Environmental Protection Agency officials and representatives of state and municipal water systems on the 1996 Safe Drinking Water Act and EPA regulation of such contaminants in drinking water as arsenic and radon.

One invited witness, J. William Hirzy, Ph.D., called on Congress to open a new round of hearings on fluorides in drinking water, the first since 1977, in light of what he said were more recent scientific findings suggesting human health risks from water fluoridation. Dr. Hirzy represents a union of EPA headquarters employees which opposes fluoridation. He indicated during questioning that his views conflict with official EPA policy. Sen. Bob Smith (R-N.H.), who chairs the full Environment and Public Works Committee and who appeared at the hearing, said that a number of his constituents "have voiced concerns about negative health effects associated with fluoride in drinking water," although he did not specify his or constituent concerns.

The American Association for Dental Research, in a separate statement for the hearing record, told the subcommittee, "It is well known that generally accepted scientific evidence, judgments made from innumerable published studies, continue to support the safety and benefits of community water fluoridation." The official hearing record remained open for two weeks after the hearing, closing July 13.

The ADA statement was signed by the organization's two top officials, Drs. Richard F. Mascola, president, and John S. Zapp, executive director.

"From time to time, the safety and effectiveness of water fluoridation has been questioned," the Association said. "None of these charges has ever been substantiated by generally accepted science. It is important to review information about fluoridation with a critical eye.

"With the advent of the Information Age, a new type of 'pseudo-scientific literature' has developed," the Association said. "The information is not always based on research conducted according to the scientific method, and the conclusions drawn from research are not always scientifically justifiable." ■



# Mercury

*Continued from page six*

"We have also been contacted by many individuals who have concerns about mercury in dental amalgams," Rep. Burton said in a hearing-opening statement. "While this is not a focus of today's hearing, it certainly warrants discussion as well. How is it that mercury is not safe for food additives, but it is safe in our vaccines and dental amalgams?" he said. The Food and Drug Administration regulates vaccines, dental amalgams and other mercury-containing products.

The ADA, in a news release distributed at the hearing, said dental amalgam is considered a safe, affordable and durable material used to restore the teeth of more than 100 million Americans. "Dental amalgam has been used for more than 150 years and, during that time, has established an extensively reviewed record of safety and effectiveness," the ADA said in the statement, which is posted at "www.ada.org/prac/position/amalgam.html".

"Although mercury is found in the environment, in food and in household products, exposure to mercury is of concern and, when possible, should be avoided," FDA's William Egan, Ph.D., told the committee. In the case of vaccines, the risk of devastating childhood disease such as whooping cough, bacterial meningitis, tetanus, polio and diphtheria "far outweighs the minimal, if any, risk of exposure to levels of thimerosal or mercury in vaccines," he testified.

Thimerosal, an ethylmercury containing preservative used since the 1930s, is added to some vaccines because of its effectiveness in preventing bacterial contamination and infections in people receiving vaccines. A joint statement on thimerosal in vaccines, prepared by the American Academy of Family Physicians, American Academy of Pediatrics, Advisory Committee on Immunization Practices and the U.S. Public Health Service is available at the CDC Web site. ■

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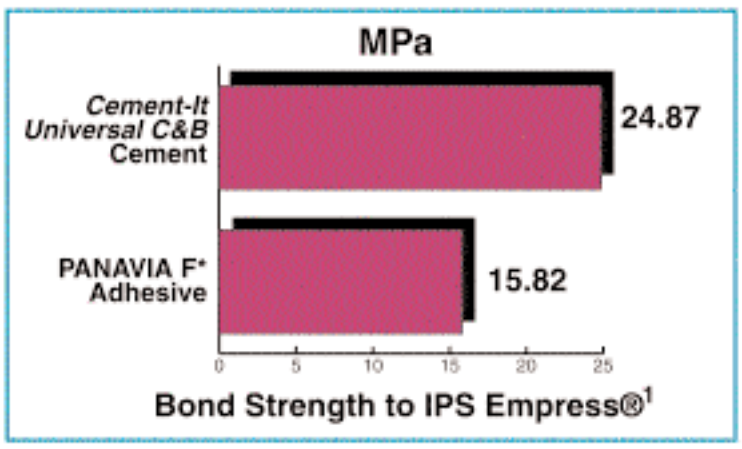


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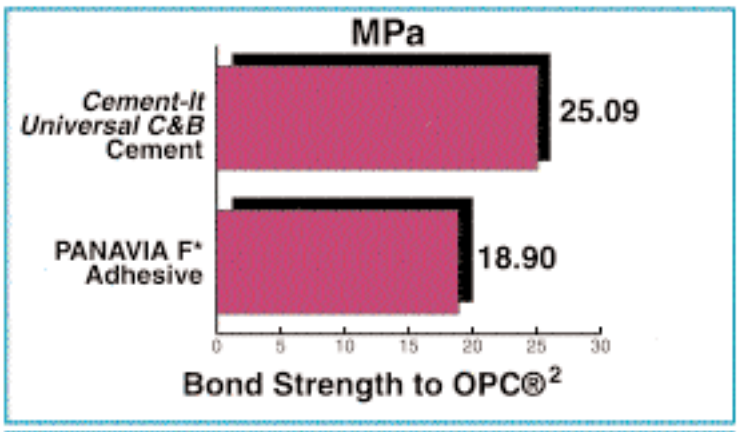


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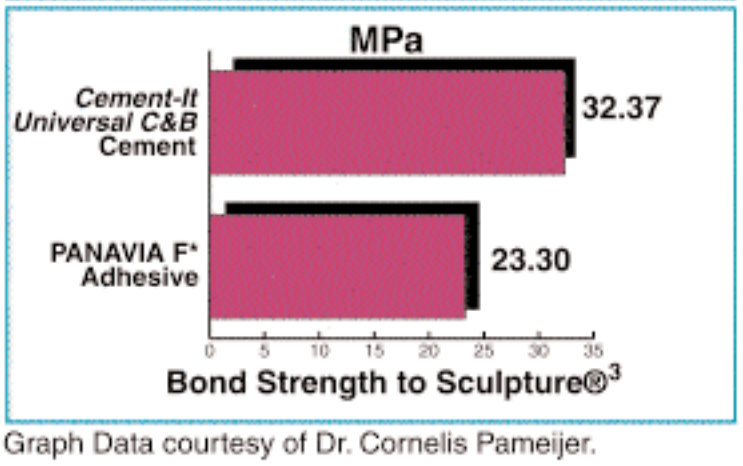


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Graph Data courtesy of Dr. Cornelis Pameijer.

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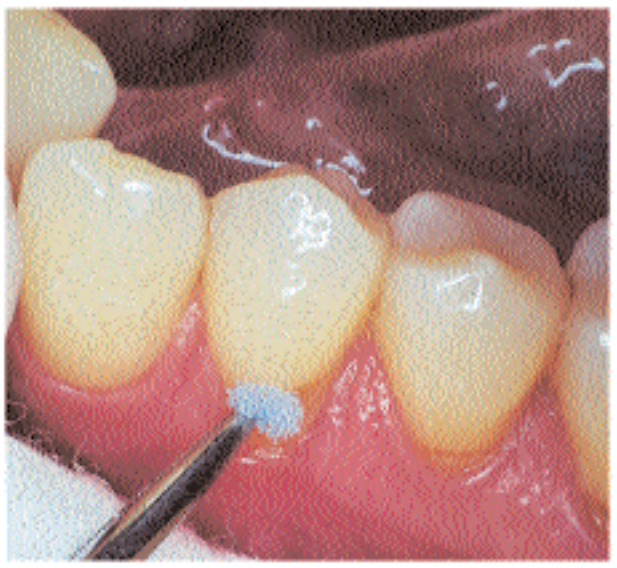
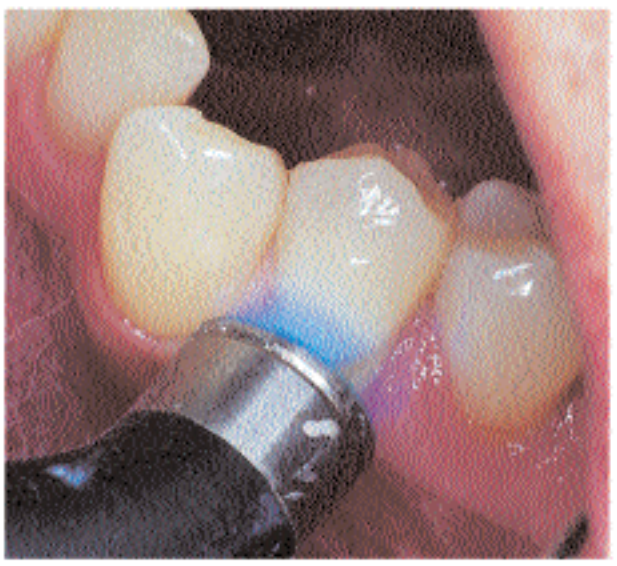
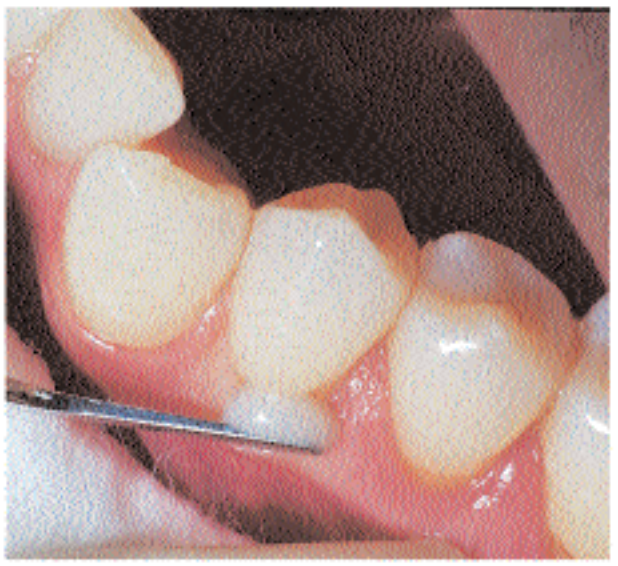


1. APPLY (twice)



2. CURE



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

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

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

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

## The secret in the sponges

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

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

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

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

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


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

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

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

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

Like all of Parkell's 4-META-based adhesives, Touch&Bond comes with a 3-month money-back trial. Simply pay within a month, and if you decide it's not what you're looking for, call us anytime during the trial. We'll have the remaining material picked up at our expense and we'll give you all your money back ... including the shipping charges.

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

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Government

# HIPAA

*Continued from page one*

ulations will eventually eliminate non-standard codes and inappropriate interpretations of standard descriptors," said Dr. Michael Vaclav, chair of the ADA Council on Dental Benefit Programs. "This is a step in the right direction."

The rule was included in the first national standards for electronically reporting dental and other health care procedures, as mandated by the Administrative Simplification provisions of the 1996 Health Insurance Portability and Accountability Act. The new Standards for Electronic Transactions call for a standardized format for all electronic transactions throughout the health care industry.

The ADA has long encouraged use of common claims data standards and has actively encouraged association members to use electronic transactions.

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

The government estimates that adopting a standardized format for electronic health care transactions will achieve a net savings to the health care system of nearly $30 billion over the next 10 years, as well as streamline the processing and payment of health care claims.

**■ "I estimate that use of electronic transactions with all my insurance companies will save me $200 per week."**

In a statement issued Aug. 11, President Clinton said current billing forms that are often "incomprehensible, inconsistent and duplicative" can result in higher premiums and lower quality of care. "Today's action is a win for patients and health care providers alike," he said.

Currently, different insurers require various electronic and paper forms and codes from providers filing claims. And despite the new standards, all providers of health care, including dentists, can still file paper claims or use a clearinghouse to convert and transmit electronic transactions.

"When all insurers are required to accept these standard formats, we expect a significant increase in electronic transactions and corresponding cost savings for our members," said Robert Lapp, Ph.D., ADA director of dental informatics.

CDT will be reviewed on a regular basis and revisions made in compliance with the 1996 HIPAA law, James Y. Marshall, director of the ADA Council on Dental Benefit Programs told an HHS advisory panel July 13.

Changes that took effect in January 2000 include 74 new procedures codes, 20 revised nomenclatures, 51 revised descriptors and deletion of eight former codes.

Under HIPAA, HHS is required to ensure that all standardized code sets are updated as needed and that there are efficient, low-cost mechanisms for distribution of the code sets and their updates. Free distribution of standard code sets is not required by the statute. ■

# Grants aim to boost access

## HRSA awards funds to train general dentists

By Craig Palmer

*Washington*—The Department of Health and Human Services Aug. 23 announced more than $1.8 million in grants to 11 hospitals and dental schools for training general dentists in the school year just starting.

"There is a growing disparity in oral health status among Americans today," said Claude Earl Fox, M.D., administrator of the HHS Health Resources and Services Administration. "These grants will help institutions train the dental providers of tomorrow who will improve access to oral health for more Americans."

The newly awarded funds supplement a July 21 award by the HRSA of $615,305 in grants to five dental schools to train pediatric dentists. The announcement is available at "www.hrsa.gov/newsroom". The HRSA expects to award an additional $1.5 million for general practice and pediatric dental training for the following school year and is accepting applications for those grants through Sept. 8. (Application materials are available at "bhpr.hrsa.gov/Grants2001/dentres.htm".)

The grants announced Aug. 23 will be used to plan, develop and operate general dentistry residency training and advanced education programs preparing dentists to:

- provide a broader range of clinical services;
- meet the dental care needs of older, handicapped and medically underserved persons;
- practice in urban and rural underserved areas;
- coordinate and integrate dental care with physicians and other health care providers.

"The need for primary care dentists remains great in many areas of the country," said Sam S.

*See GRANTS, page 22*

# Guide

*Continued from page one*

manifestations of systemic agents;

- a special section on drug-related issues affecting dental practice, including substance abuse, tobacco-use cessation and infection control;
- drug category descriptions that bridge the gap between simple drug dictionaries and pharmacology textbooks;
- a complete listing of all products that bear the ADA Seal of Acceptance, an assurance that the products have met the Association's standards of safety and effectiveness.

"A major strength of this book is that it was written by academicians and clinicians in a team approach," said Dr. Ciancio, professor and chairman of the Department of Periodontology, State University of New York at Buffalo. "Authors were selected for their expertise and reputations in dental therapeutics, and all the material was reviewed by the ADA Council on Scientific Affairs."

**Dr. Ciancio:** The ADA Guide results from a 'team approach.'

The first edition of the ADA Guide, introduced in February 1998, was widely hailed as a major achievement. After its release, renowned dental scientists and practicing dentists were asked to review the first edition with a critical eye.

ADA Publishing, the division of ADA Business Enterprises Inc. that produces the Guide in cooperation with the Council on Scientific Affairs, also received a crop of unsolicited letters from readers testifying to the merits of the book.

In one such letter, Dr. Carle Kibbitt of Chicago described the original Guide as "a wonderful reference—clear, concise, thoughtfully arranged, quick to use and attractive." Dr. Barney McKee of Susanville, Calif., said the Guide was simply "excellent," adding that he appreciated "all the time and effort that went into its publication."

Said Dr. Ciancio, "We listened carefully to all comments and incorporated many of the recommendations into the second edition."

Colgate Palmolive Co. has agreed to purchase copies of the second edition to be distributed as gifts to all U.S. senior dental students. Colgate did the same with the first edition.

"We are delighted that Colgate is helping the ADA to provide important resources to the young men and women who represent the future of the dental profession," said ADA President Richard F. Mascola. "Colgate is to be commended for its generosity and support."

The ADA Guide is scheduled to be updated every two years, with a third edition due in 2002. Dr. Ciancio said such updates are essential for dentists to stay current on the medications that they prescribe and that their patients use.

"Information about drugs changes so rapidly that a reference like the Guide becomes outdated within a couple of years," he said. "That's why we've committed to revising the book every two years—to ensure that dentists have the most current information possible in order to provide for their patients." ■

## How to order the new guide to therapeutics

Though the second edition of the ADA Guide to Dental Therapeutics will officially debut at annual session in Chicago next month, orders for the new Guide are being accepted now.

You can order the Guide by phone, by mail or through the Association's Web site. The price is $44.95 for ADA members, $64.95 for non-members, plus shipping and handling.

Your ordering options:

- phone—call 1-800-947-4746;
- online ordering—check the ADA's Web site at "www.ada.org";
- U.S. mail—see the advertisement and order form in this issue of the ADA News, page 18. ■

# Proposed specs ready for comment

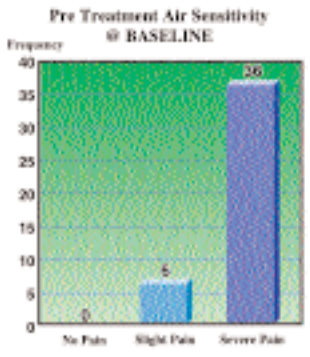
The Accredited Standards Committee MD156 has approved for circulation and comment the following proposed specifications:

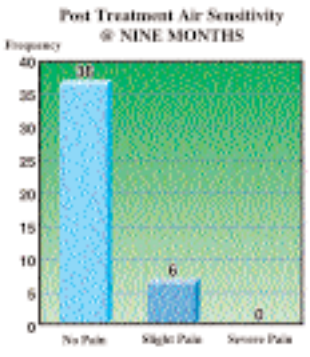
- Proposed Revision to ANSI/ADA Specification No. 28 for Root Canal Files and Reamers, Type K for Hand Use;
- Proposed Revision to ANSI/ADA Specification No. 71 for Root Canal Filling Condensers (Pluggers and Spreaders);
- Proposed Revision to ANSI/ADA Specification No. 73 for Dental Absorbent Points;
- Proposed Revision to ANSI/ADA Specification No. 76 for Non-Sterile Natural Rubber Latex Gloves for Dentistry;
- Proposed Revision to ANSI/ADA Specification No. 80 for Color Stability Test Methods;
- Proposed Revision to ANSI/ADA Specification No. 103 for Non-Sterile Poly Vinyl Chloride Gloves for Dentistry.

For free copies of the above documents call the ADA toll free number, Ext. 2506 or 2533. ■

# A CASE FOR ALL-BOND® ROOT SURFACE DESENSITIZER

In an independent study, six treatment modalities were tested to determine their effect on dentin permeability and morphology. Of the treatments tested, **ALL-BOND** ROOT SURFACE DESENSITIZER alone showed the greatest reduction in permeability.[1]





In another study, patients with pre-treatment air sensitivity continued to experience elimination or reduction up to nine months after treatment with **ALL-BOND.**[2]

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1. *Effect of Dentin Desensitizers and Dentin Bonding Agents on Dentin Permeability. AJD 2000. Vol.13, Issue 1. Jain, P., Reinhardt, J.W., Krell, K.*

2. *Polymeric Sealing of Dentinal Tubules to Control Sensitivity. AADR. 1992. Abstract #798. Iannone, John A., Gwinnett, A. John. School of Dental Medicine SUNY at Stony Brook.*

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# ADA's solid investment

## Headquarters shares ZIP code with Chicago's top real estate

*Editor's note: This is the final installment of a two-part series examining the history of the ADA Headquarters.*

BY CLAYTON LUZ

The 23-story headquarters of the American Dental Association was formally dedicated Feb. 27, 1966.

In 1962 the Association had purchased the site of 211 E. Chicago for $27 a square foot at a time when comparable acreage went for $45 per square foot. The Association clearly had struck a bargain. Land was the best investment, said Greek philosopher Aristotle, because there was only so much of it.

The building's construction had taken three years, from November 1963 until November 1966.

Designed by chief architect Alfonso J. Carrara, who had worked and studied in the atelier of Frank Lloyd Wright, the building featured two unique structural elements. The first was the installation of a 55-foot by 11-foot transfer girder weighing 100,000 pounds. The girder eliminated the intrusion of any columns within the second floor auditorium.

The second feature was the building's service core, the "busiest" element in the structure because it houses the elevators, washrooms, ventilation ducts, piping and electrical risers. This vertical element in the center of the building is a nearly hollow 47-foot square reinforced concrete column that supports, or carries, the ends of the floor beams and serves as the structure's prime resistance to lateral wind forces. The column carries a total load of 47 million pounds, which is distributed to nine caissons situated under the building.

Whatever its interior structural dynamics, the new ADA Headquarters rose impressively along the Magnificent Mile. Visible from street traffic, the building's face is comprised of precast concrete columns made of exposed aggregate crystal quartz, solar bronze glass and the aluminum window frames.

The Feb. 27 dedication featured keynote speaker Dr. John W. Gardner, secretary of the U.S. Department of Health, Education and Welfare. Dr. Maynard K. Hine, ADA President, presided over a ceremony that included appearances from national and international dental leaders, members of the dental industry, state and local government officials.

Dr. Gerald D. Timmons, an ADA past president, designated a time capsule for encasement in a south column of the building's front. The Board of Trustees recorded a wish to have the time capsule opened in 2009, the sesquicentennial anniversary of the ADA.

The ADA became home to a host of allied dental organizations, including the American Association of Dental Schools, American Dental Hygienists' Association, American Society of Oral Surgeons, International Association for Dental Research and American Academy of Periodontology.

With its resplendent new vestment standing tall at 211 E. Chicago for the world to see, the Association truly became the epicenter of dentistry.

By 1974 the five-year-old John Hancock Center had cast one of the world's taller urban shadows over the newly constructed and hugely popular Water Tower Mall, one block away from ADA headquarters. Paces away, the Magnificent Mile had developed into a street of dreams, complete with horse-drawn carriages clopping alongside street traffic, top-hatted hotel porters beckoning guests inside, caramel corn sweetening the air and street musicians sailing their tunes out over the Chicago River from the Michigan Avenue bridge.

The winds off Lake Michigan—nature's air cleaner—keep the city breathing fine, but in 1991 those same winds brought with them change for the Association.

The most compelling reason for change stemmed from the city's building code, which had specified the use of asbestos as a fire retardant when the ADA building was constructed. Subsequently, numerous state and federal regulations were promulgated governing exposure to asbestos. To keep existing tenants and continue attracting new ones, the asbestos would need to be abated.

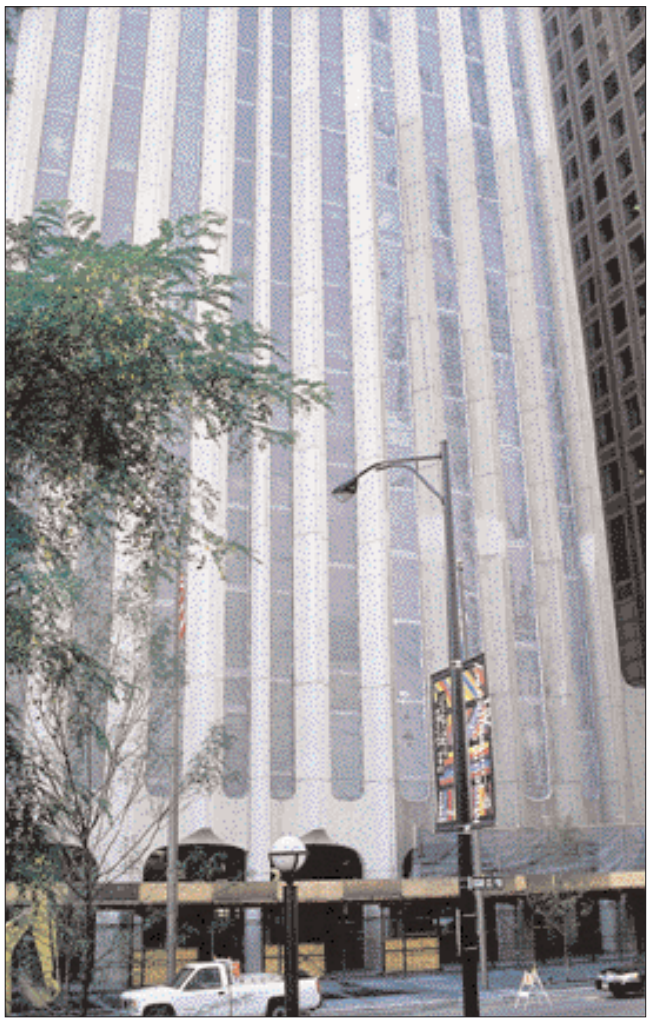
Through no fault of its own, the ADA building found itself needing a horseshoeing (remember, this used to be a livestock and prairie town).

Keeping the structure competitive in the leasing market was a key element in the Association's decision in 1992 to undertake a major renovation of the building with regard to tenant space and certain common areas. The project had its germination in a 1991 study that assessed the extent to which the potential hazard existed in the building. Survey results indicated that asbestos removal was needed before any major remodeling of the property could begin.

The 1992 House of Delegates approved Resolution 35H-1992, which increased membership dues by $55 for four years, from 1993 to 1996 to fund the renovation project, of which about 70 percent represents remodeling and the remainder asbestos-related costs.

While renovation at the headquarters proceeded, the Mag Mile was becoming ever more magnificent as the 1990s witnessed unprecedented downtown commercial and residential growth. Disney moved in its mouse ears and Borders Bookstores opened, well, its borders across the street from that polo-playing playboy, Ralph Lauren, whose Michigan Avenue store became the designer's flagship location. And just this spring, the Park Hyatt, 67 stories of luxury hotel and residential units within shouting distance of the ADA building, joined the city's skyline.

The area was certainly improving, in terms of retail commerce, but it was also flourishing esthetically as well. The city had earmarked nearly $200 million in "city beautiful" funds as part of Mayor Daley's quest to realize the city's Latin motto: "City in a Garden" (*Urbs in Horto*).



**ADA today:** The outside of the building is currently undergoing a thorough cleaning. Notice the darker area on the lower right, contrasted against the newly brightened concrete columns.

Back at 211 E. Chicago, the approved headquarters tenant redevelopment project continued as expected. As of June 2000, only the 13th floor, dock and garage, lobby and some mechanical space remained to be abated within the tenant budget structure. The 12th floor has been abated but is awaiting renovation upon securing tenants for space.

Long-term operational savings have been realized with the improvement of the infrastructure of the building, namely the electrical, plumbing, heating, ventilation and air conditioning systems as each tenant floor was renovated. Fire/life safety and sprinkler systems, handicap accessible restrooms, new lighting and ceiling fixtures and other interior finishes were installed.

The cost of the tenant redevelopment project will require $23.4 million, which reflects increases related to the effects of inflation on labor and material costs; competitive market conditions that resulted in requests for higher tenant allowances to build-out space; inclusion of the science floor and the expanded definition of mechanical areas to include previously concealed conditions.

By June 2000, spending on renovations totals $18.7 million, leaving an estimated cost to complete of $4.7 million. To the extent that these projections prove to be accurate, without consideration of future interest earnings, a sum of at least $2.5 million could conceivably be available towards the cost of abatement and renovation of Association-occupied space, an allocation to the Restricted Reserve fund or other uses as directed by the House of Delegates.

The benefits derived from the tenant redevelopment indicated that similar gains could be enjoyed from renovating existing ADA space as well. The Board of Trustees at its June 2000 meeting reviewed a preliminary report on the estimated range of future costs associated with the abatement and construction of the ADA facilities. The ADA Master Space Plan proposal became the framework for development of facility standards to meet the future organizational needs and space utilization goals of the Association and its subsidiary.

At the tender age of 36, the ADA Headquarters has become a brand-name fixture in the tony Chicago commercial real estate market, as well as serving as a 23-story monument to improving oral health care the world over.

The Master Plan proposal that would help the Association maintain its prominence is designed to maximize the functionality of space while recognizing workplace ergonomics and continuing advancements in technology. Through the introduction of universal standards and facility management, future maintenance of the Association-occupied space will be more manageable and cost-efficient against the building's operating budget.

The Board has recommended approval of the Master Space Plan proposal to abate and renovate the remaining ADA occupied floors in the headquarters building, as proposed under a six-year phased project schedule beginning Jan. 1, 2001, with an estimated completion date of Dec. 31, 2006.

The Board further recommended, also for House consideration this year, funding the project via a special assessment of $45 annually for six years, from 2001-2006. ■

## 'Family' stands sentry to ADA

If you're a frequent visitor to the ADA Headquarters, you've seen the work countless times: a large three-figure bronze sculpture situated in the building's west outdoor lobby, an area designated as the "War Memorial Court."

"Family" is a 15-foot tall abstract work designed by Chicago-born sculptor Joseph J. O'Connell. The piece represents a mother and father hovering protectively over their child, who seems focused on that most common of childhood toys—a ball.

The sculpture was installed May 10, 1969, in the Memorial Court, which honors the names of the 160 dentists who have lost their lives in our nation's wars.

In October 1964 the Association commissioned Mr. O'Connell to develop the statuary. The sculptor worked on the figures for about two years. Each one is more than twice life-size; the statue of the father is 15 feet tall and weighs 8,000 pounds. Mother and child are proportionately smaller and weigh 5,000 and 3,000 pounds, respectively.

The artist worked from plaster models, eventually shipping sections from his home in St. Joseph, Mich., to a foundry in Detroit, where the sections were cast and then welded.

Mr. O'Connell, who carved statues, doors and panels for churches throughout the United States, died Oct. 20, 1995, at age 68. ■

## ADA schedules building tours

During annual session in Chicago, the ADA will hold an open house at Headquarters, Oct. 13-16, daily from 2-4 p.m.

Invitations are recommended to attend the open house and will be available at McCormick Place, South Building at the ADA Membership Booth (No. 4807), during exhibit hours and in the Delegate Registration Area near Grand Ballroom S100 on Level 1.

On Oct. 13 only, invitations will be available at the session registration area at McCormick Place, South Building. Shuttle bus service between McCormick Place and the ADA headquarters building will be available from 1:45-4 p.m. on open house days only. Shuttle schedules may be obtained at ADA hotels and at the session registration area at McCormick Place, South Building. ■

Education

# England

*Continued from page one*

General Anaesthesia and Conscious Sedation in Primary Dental Care,"—"www.doh.gov.uk/dental/conscious.htm"—which is highly critical of the safety of general anesthesia administered by the country's National Health Service dentists.

Ten years ago, England's GDC began taking steps to restrict the use of general anesthesia in dental practices, when the first of several government-commissioned expert committees developed policies related to the protection of patients.

This year's Department of Health report concluded that those policies were not implemented comprehensively or consistently; high quality practice had not been provided; and standards have not always been rigorously monitored or enforced.

In 1998, the GDC imposed further restrictions on dentists by issuing guidelines stating that general anesthesia should be "given only by suitably medically qualified anaesthetists," which resulted in a substantial reduction in the use of general anesthesia for dental treatment.

Eight deaths associated with general anesthesia in dental practices occurred from 1996-99—five including children—and the ensuing investigations led the GDC in July 2000 to announce its decision to ban dental-practice general anesthesia.

Patients waiting for hospital-based dental treatment in England are already feeling the pain. In the first year after the GDC issued its 1998 restrictions, "the number of patients waiting 13 weeks or more for first outpatient appointment rose by 18 percent," according to the Department of Health report.

**"In the cases of which I am familiar, when the guidelines have been followed, there has not been any severe morbidity or mortality related to the administration of anesthesia," said Dr. Epstein.**

In addition to longer waiting periods, dentists in the United States say the crackdown on anesthesia in dental practices could lead to dentists performing more expedient procedures or compromised treatment plans; increased patient discomfort due to untreated dental disease; and increased health system costs for dental procedures performed in the hospital.

"For people in acute need of treatment, they are simply not going to get the treatment that is best for their oral health," said Dr. Joel Weaver, a dentist-anesthesiologist and associate professor in the Department of Oral and Maxillofacial Surgery at the Ohio State University College of Dentistry.

Though the GDC did not outline a plan to develop an infrastructure to support hospital-based dental care, it set Dec. 31, 2001, as the deadline for allowing dentists to provide general anesthesia in dental practices.

Until then, dentists who administer general anesthesia will have to be registered and inspected to ensure they have properly trained staff, appropriate equipment and the ability to deal with patients who suffer adverse reactions.

England's ban comes at a time when some U.S. dentists are under increasing scrutiny for providing deep sedation or general anesthesia for dentistry following several well-publicized cases involving anesthesia-related deaths in dental offices.

All states regulate the use of general anesthesia in dental practice. Patient safety in dental offices is maintained, said Dr. Epstein, by following ADA-issued guidelines and policy statements related to the use of conscious sedation, deep sedation and general anesthesia.

The ADA has been proactive in developing and revising guidelines on a regular basis to protect patient safety. (See story, page 16.)

In addition, state dental associations have been active in developing guidelines—many of which emulate the ADA's guidelines—for general anesthesia, which are often incorporated into state laws and regulations.

**Anesthesia in the states, ADA guidelines, page 16**

"In the cases of which I am familiar, when the guidelines have been followed, there has not been any severe morbidity or mortality related to the administration of anesthesia," said Dr. Epstein.

More recently, the ADA has stepped up its efforts to maintain general anesthesia as the practice of dentistry as well as medicine. Three resolutions relevant to sedation and anesthesia will go before the 2000 House of Delegates in October.

Resolution 30 is the proposed revision to the "Guidelines for the Use of Conscious Sedation, Deep Sedation and General Anesthesia for Dentists," and Resolution 31 is the proposed revision to the "Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry."

Res. 30 and Res. 31 are the results of the ADA's process of further amending the guidelines to ensure they remain current to maintain standards of care and patient safety.

Resolution 14B pertains to the dentist's right to administer general anesthesia. The CDEL believes the statement would be helpful to those constituents and interested parties seeking the Association's position on the administration of anesthesia by dentists. This statement will also allow the Association to affirm its support for the right of dentists to administer anesthesia services to dental patients.

Res. 14B would be separate from but consistent with the ADA's existing four-page policy statement, "The Use of Conscious Sedation, Deep Sedation and General Anesthesia in Dentistry." ■

# Anesthesia regulations vary by state

By Karen Fox

With comprehensive guidelines and state laws supporting the right to provide general anesthesia and state regulations governing its use, a federal ban on general anesthesia in dental offices is not likely to occur in the United States.

But it is possible that a state could prevent qualified dentists from administering general anesthesia in dental offices. Such a situation almost occurred in Pennsylvania two years ago.

"Following an anesthesia-related fatality in which ADA guidelines were not followed, a bill was introduced in the Pennsylvania legislature which would have required all general anesthesia for children's dentistry be performed in a hospital setting," said Dr. Ralph H. Epstein, a dentist-anesthesiologist, past president of the American Society of Dentist Anesthesiologists and member of the ADA Council on Dental Education and Licensure's Committee on Anesthesiology.

**Education**

Pennsylvania House Bill 1394 called for written informed consent—including a description of the procedure, its risks and possible alternative treatments—prior to the administration of general anesthetic and set standards for the state board to follow in promulgating regulations for a dental office inspection program for anesthesia permit holders.

But the section of the original version of HB 1394 stating that "dental procedures requiring the use of general anesthesia on a pediatric dental patient must be performed in a hospital setting" was removed from the bill after Pennsylvania Dental Association members provided expert testimony explaining the need and demand for safe office-based general anesthesia.

Pennsylvania HB 1394 is still pending approval in the legislature.

"With the death of any patient, especially children," said Dr. Epstein, "lawmakers and the public react very emotionally. If guidelines are not followed and severe morbidity or mortality result, individual states could end up responding to the emotions of the situation and enact laws preventing qualified dentists from providing general anesthesia."

California, Ohio and New York are states that have moved to enact regulations to ensure the safer administration for oral conscious sedation. Twenty-three states have laws that require health insurance plans to cover hospital costs and the cost of administering general anesthesia to children in hospitals, or in a few states, dental offices.

It remains to be seen how the ruling on general anesthesia will impact England's health system, but some dentists believe such a law here would be devastating.

"If the same thing were to happen in this country, it would likely increase the cost of treatment by eliminating efficient and cost-effective care in the dental office," said Dr. Joel Weaver, a dentist-anesthesiologist and associate professor in the Department of Oral and Maxillofacial Surgery at the Ohio State University College of Dentistry.

"Patients might have to travel long distances to a hospital where dental equipment is available for the full spectrum of dental care," he said.

"What happens in this country, since dentistry is not a priority in hospitals, there is less time reserved for dental cases, which are usually pushed to the afternoon. The appointments are arranged so poorly that it affects patient care. You end up having children who wait until the afternoon for dental care without eating or drinking anything all day. The stress on the entire family can be overwhelming," said Dr. Epstein.

"The advantages of having dental treatment done in the dental office is that it's less expensive, there is easier access for family members, the wait for treatment is shorter and dentistry in a private office is a priority, so patients can be treated early in the morning," he explained. "The dental equipment and supplies are more appropriate for dental-office delivery in the private office, too, and special needs patients are not as fearful in a dental office as they are in the hospital."

Prohibiting dental office anesthesia eliminates a cost-effective alternative as well.

"By providing dental anesthesia in the office, it is estimated that the cost can be 50 percent less than the care in the hospital," said Dr. Epstein. "If a patient or a family member has to lose a full day of work or two days of work because they must have dental treatment done in the hospital, what is the cost to society?" ■



## ADA guidelines, policies listed

Current ADA guidelines and policy statements related to conscious sedation, deep sedation and general anesthesia include:

- "Guidelines for the Use of Conscious Sedation, Deep Sedation and General Anesthesia for Dentists," the educational and practice guidelines for the use of conscious sedation and general anesthesia ("www.ada.org/prac/careers/cs-guide.html").
- "The Use of Conscious Sedation, Deep Sedation and General Anesthesia in Dentistry," a policy statement revised and adopted by the 1998 House of Delegates, addressing the issue in four areas: education, risk management, state regulation and research ("www.ada.org/prac/careers/cs-useof.html").
- "Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry," which were revised and approved by the 1999 House of Delegates, detailing student requirements, prerequisites the didactic curricular content and the sequence of instruction ("www.ada.org/prac/careers/pain-toc.html").
- "Dental Anesthesia: Providing a More Comfortable Dental Visit," a patient-education brochure, is available through the Department of Salable Materials at 1-800-947-4746. ■

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**Self-Cure Resin** (*Flow-It* Self-Cure Flowable Composite) **22.2 Mpa***

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Annual Session

# Special events make session special

## Aretha Franklin, Second City comedy featured this year

By Clayton Luz

Everyone knows there's nothing like home cookin', and lots of it.

Sweet Home, Chicago at the 141st ADA Annual Session offers you a bountiful buffet of the best in dentistry with trimmings that'll have you singing the blues with a smile on your face.

Scheduled Oct. 14-18, with pre-session Oct. 13, dentistry's premier meeting presents not only renowned experts speaking on the art and science of dentistry as well as the latest dental technology and services, but a schedule of special events and tours that will make memories for years to come.

"This is the one meeting that has it all," says ADA President Richard Mascola. "This is truly one of the biggest and best dental meetings."

Annual session officially begins Oct. 14 with an opening ceremony featuring a formidable homegrown talent list that includes the Second City comedy troupe; Koko Taylor, the queen of the blues; Walt Whitman and the Soul Children of Chicago; Mullane Dance Academy, a superb Irish dance company; and the notorious Brooze Brothers and their Big Fun Band.

One special event you won't want to miss is an Evening with Aretha Franklin, the Queen of Soul, scheduled Oct. 15 at 8 p.m. in the landmark Chicago Theatre. Seating is reserved so order your tickets now.

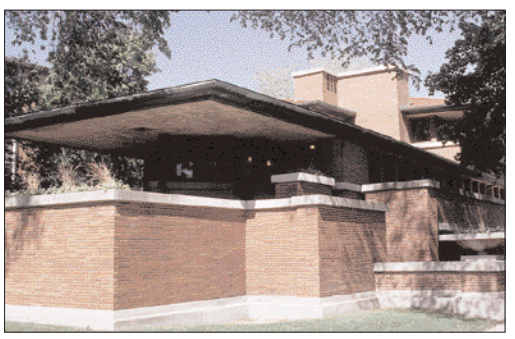
Sweet Home, Chicago, also features some of the world's finest architecture, which you can experience first-hand at a number of session tours.

**Koko Taylor:** Will perform at the ADA's Oct. 14 opening ceremony.

The following tours are filling quickly, so register today:

- 100 Years of Chicago Architecture—Coach and Walking Tour (A1, A2)—Travel afoot and by coach past Chicago architectural treasures such as the Monadnock, Reliance and Manhattan buildings. Witness 100 years of architectural genius from William LeBaron Jenney, Louis Sullivan, Harry Weese, Helmut Jahn and, of course, Frank Lloyd Wright;
- Architectural River Cruise and Walking Tour (C1, C2, C3)—Cruise along the Chicago River and view world-famous buildings such as the Wrigley Building, Sears Tower and the Lyric Opera Building. Afterwards you'll set out on dry land for an "up close and personal" with many of the landmarks just viewed from the river;
- Chicago Panorama Tour (K1, K2, K3, K4, K5, K6)—Explore Chicago's great street—State Street—as well as LaSalle Street, the Magnificent Mile and Lake Shore Drive. You'll also view Buckingham Fountain, Monroe Harbor and Planetarium Point. At Hyde Park, site of the 1893 World's Fair, you'll view the Museum of Science and Industry and the University of Chicago campus where Frank Lloyd Wright's Robie House is featured, along with Rockefeller Chapel;
- Field Museum-Kremlin Gold (P1, P2)—A fascinating exhibition drawn from Moscow's Kremlin Museums featuring 100 masterpieces including diamond- and sapphire-encrusted chalices of the tsars, Faberge eggs and other treasures of the Russian culture;
- Frank Lloyd Wright in Oak Park (Q1, Q2, Q3)—Oak Park hosts a treasure trove of the influ-

*See SPECIAL, page 19*



**Robie House:** Visit one of Frank Lloyd Wright's houses on ADA Tour U1.

# Continuing education through hands-on learning

By Clayton Luz

The challenge of evaluating management and clinical technologies and how to shop for them is met head-on during the scientific session at annual session.

"Simplifying Shopping for Technology for the Dental Practice" is one of the more than 180 educational sessions set for the 141st Annual Session of the American Dental Association in Chicago, Oct. 14-18, with pre-session beginning Oct. 13.

Registered workshops will convene in the South Building at Chicago's McCormick Place, the country's largest convention center. Up to 32 hours of courses will be offered for continuing dental education credit during session.

In "Simplifying Shopping for Technology for the Dental Practice" (PW17A/B), Dr. Barry Freydberg will try to clear up the confusion that often surrounds technology purchases.

"With all the recent and ongoing unexpected mergers and acquisitions within the dental technology industry, selecting which management system, digital camera, electronic radiograph system or image management software can be a daunting task," says Dr. Freydberg.

"Understanding where dental technology is heading in the future will help you to decide what makes sense now," he adds.

Other participation workshops include:

- "Making the Most of Your Image: Practical Radiographic Concepts" (PW1A/B)—Dr. Dale A. Miles will introduce simple concepts to improve film placement for both intraoral and panoramic radiography. He also will discuss panoramic image acquisition and offer an overview of panoramic anatomy.

"We'll also be using a workbook that will feature the same black and white image that appears on-screen," explains Dr. Miles. "This will help participants identify errors and how to correct them, to visually see what clues appear on the film and, overall, help them with error identification."

- "Air Abrasion for Conservative Dentistry" (PW4A/B)—Drs. W. Stephen Eakle and Dennis Buhler will discuss how "drill-less" dentistry and a reduced need for local anesthesia with air abrasion offer practice building opportunities for the modern dental practice. The speakers will cover clinical applications for air abrasion and participants will practice on extracted teeth;
- "Anchors and the Complete Mandibular Overdenture: Let's Do It!" (PW13A/B)—Drs. Daniel D. Epstein and Philip L. Epstein will show participants how to use a mandibular typodont with three roots and one implant fixture embedded, a complete mandibular denture fitted to the typodont and four overdenture anchors as well as the Flexi-Post, O-SO, Paragon implant and Zaag. Participants will also prepare the typodont and then place each of three root anchors into each of the typodont roots and the implant into the embedded implant fixture. Program includes a demonstration model for overdenture therapy;
- "High-quality, Time-saving Adhesive Dentistry" (PW19A/B)—Dr. Paul C. Belvedere will offer a hands-on workshop bridging the gap between "hearing it" and "doing it." Participants will learn to manipulate and place numerous matrix systems. Each matrix system is designed to facilitate a different restorative problem, both posterior and anterior. ■

## How to register, obtain tickets

There are many ways to access complete details and registration forms for the ADA 141st annual session. Obtain full descriptions of registered clinics, participation workshops, free open attendance courses, exhibitor listings, hotel and travel options, exciting tour possibilities and convenient child care programs:

- Visit "www.ada.org/session".
- See the May 15th ADA News.
- See the July issue of the Journal of the ADA.
- Request a copy of the official Preview by calling 1-800-232-1432 or 1-312-440-2388.

The Aug. 21 ADA News ran the complete registration form for ticketed courses. ■

# Special

*Continued from page 18*

ential architect's works. Among the buildings you'll see is Unity Temple, Wright's first public building, and the master's own home of 20 years.

And bring the kids, too. The ADA/Colgate Kid Camp will turn your annual session into a family affair. Managed for the fourth consecutive year by ACCENT on Children's Arrangements Inc., a nationally recognized professional company, the camp provides a safe environment with developmentally appropriate programs for children six months to 12 years of age, including the following field trips for your little ones:

- A "Sense-sational" Experience—At the Field Museum of Natural History;
- Fish, Fins and Fun—At the John G. Shedd Aquarium;
- Day of Discovery—At the Museum of Science and Industry. The fun includes a special Omnimax Theatre presentation.

Camp ADA field trips are available to children six years of age and older at the rates noted on the form, which include transportation, admission and lunch.

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

# Marketplace

# Business savvy

## SUCCESS delivers the key

In its 18th year, the ADA SUCCESS practice management program offers strategies and tips to junior- and senior-level dental students about the business aspects of owning and operating a dental practice.

The seminar covers practice options, associateship considerations, managing money and practice financing, office staffing, dental prepayment plans, dental practice marketing and other topics.

Students attending the seminar will receive the guidebook, "Starting Your Dental Practice: SUCCESS Seminar Manual." Senior dental students later will also receive a book from the ADA's Practice Management Series, "Starting Your Dental Practice: A Complete Guide."

Dates and locations for the 2000-2001 SUCCESS seminar season follow:

- Oct. 2, at University of Louisville with University of Kentucky;
- Oct. 13, University of Pennsylvania;
- Oct. 24, Southern Illinois University;
- Oct. 28, at University of Detroit Mercy with University of Michigan;
- Nov. 1, Medical College of Georgia;
- Nov. 4, at University of California, San Francisco with University of the Pacific;
- Nov. 8, Howard University;
- Nov. 16, Virginia Commonwealth University;
- University of California at Los Angeles;
- Nov. 21, University of Connecticut;
- Dec. 7, Marquette University;
- Dec. 15, Tufts University;
- Jan. 19, University of Pittsburgh;
- Jan. 20,University of Southern California;
- Jan. 26, Case Western Reserve University;
- Jan. 30, Loma Linda University;
- Feb. 1, Creighton University;
- Feb. 16, University of Puerto Rico.

Sponsors of the 2000-2001 SUCCESS Seminar series include A-dec Inc.; CNA Insurance Companies and Brown and Brown Insurance; DENTSPLY International; The Equitable Life Assurance Society of the United States, New York; Great-West Life and Annuity Insurance Co.; John O. Butler Co.; The Pankey Institute; Patterson Dental Supply Inc.; Proctor and Gamble Co.; Sullivan Schein Dental, a Henry Schein Company; Ultradent Products Inc. and Warner Lambert Company. ■



## Fraternity sets schedule for C.E. and reception

*Charleston, S.C.*—Psi Omega dental fraternity has scheduled its annual continuing education course and reception for Oct. 15 in Chicago.

Dr. James A. Rivers will speak on "Secrets to Making Dental Implants the Restoration of Choice."

The course is free to members and $125 for non-members. Registration deadline is Oct. 1.

For more information, contact the Psi Omega Fraternity by phone at 1-843-556-0573 or write to the fraternity at 1040 Savannah Highway, Charleston, S.C. 29407. ■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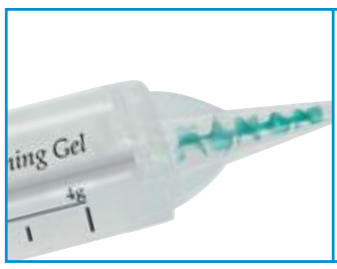


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ADA Reports

# DR Days change with the times

## Plan's flexibility will attract broader range of participants

By Arlene Furlong

"It was the best DR Days yet."

That's what Dr. Mary Krempasky Smith, vice-chair of the ADA Council on Dental Benefit Programs, said about DR Days 2000, "New Voices, New Approaches."

Dr. Richard Mascola, ADA president, welcomed more than 130 dentists, brokers, consultants, third-party administrators, and component and constituent ADA staff from 33 states to the Aug. 4-5 conference at ADA headquarters.

Participants shared their experiences implementing DR during the daily sessions and cultivated relationships at the informal networking reception.

"It's good to get to know each other on a personal basis," said Dennis Riedmiller, a broker and conference speaker from Cincinnati. "The ideas emerging from the conference are way ahead of the curve," he added.

As DR evolves, so does acceptance of the concept.

"We can customize it to fit employers' needs," said Dr. John Cunningham, a California dentist and third-party administrator. "DR can be modified to promote access to care," he said, for example, by including an assignment of benefit option. "Otherwise lower-income people may stay out of the office."

Ms. Sarah Laughlin, benefits manager at Norm Thompson Outfitters Inc, Hillsboro, Ore., said maintaining the same level of coverage while implementing slight modifications in the DR model increased DR utilization there.

**Thinking ahead:** DR Days' ideas highlight new approaches for increasing participation.

"Although we initiated our plan on a straight DR model, we realized it was difficult for our lower-income employees to pay for more costly services upfront."

The company changed the plan design, so that now employees are reimbursed according to actual payments made, rather than according to a previous schedule. The company pays 100 percent of the first $100 spent by the employee on dental care, 80 percent of the next $500, and 50 percent of the next $2,000, regardless of the type of treatment delivered.

As Dr. Michael Vaclav, chair of the Council on Dental Benefit Programs, pointed out, "We have seen new elements introduced to the DR concept, like assignment of benefit, or administration by a third party. As long as the dental plan still meets the ADA's definition of DR, we're comfortable with the variations."

**Brainstorming:** Drs. Mary Krempasky Smith (left) and Richard Dvarskas of Wolcott, Conn.

The ADA's definition of direct reimbursement is "a self-funded program that reimburses an individual based on a percentage of dollars spent for dental care and allows patients to seek treatment from the dentists of their choice."

With 10 years of insurance industry experience and two years under her belt as a dental benefits consultant for the CDA, Mary Jo Kaminishi realized something was wrong in California.

After meeting with many of California's brokers, Ms. Kaminishi identified one of the biggest problems: the attitudes of some of the brokers.

She learned that some DR brokers were cut from a different cloth than others. "If client satisfaction was the broker's first priority, they were implementing" DR plans. If commissions were, they weren't, she said.

The CDA reduced the number of brokers in its network from 50 to 30 and increased DR sales.

Ms. Kaminishi borrowed a quote from Albert Einstein to illustrate her point: "If you do the same thing over and over again, how can you expect a different result?"

The conference concluded with the announcement of the winners of the first annual Direct Reimbursement Broker Incentive Awards, sponsored by the Council on Dental Benefit Programs.

This year's top winner was Brenda Rodela, a broker from California, who sold more DR plans than any other participating broker between Sept. 1, 1999 and June 30, 2000. Dr. Vaclav announced plans for a second DR Broker Incentive Award, which the CDBP will award at DR Days 2001.

DR Days 2001 is scheduled for Sept. 7-8, 2001. ■



# Grants

*Continued from page 11*

Shekar, M.D., HRSA associate administrator for health professions. "These grants address that need by increasing the number of dentists providing comprehensive oral health care in rural and underserved areas."

The HRSA administers dentistry and other health professions education and training grants funded under Title VII of the Public Health Service Act.

Grants totaling $1,831,973 for residency training and advanced education in the general practice of dentistry were awarded to:

- University of Connecticut, Farmington, $138,365;
- University of Colorado Health Sciences Center, Denver, $208,972;
- Howard University, Washington, D.C., $96,946;
- University of Kentucky Research Foundation, Lexington, $148,816;
- Advocate Health and Hospitals Corporation, Chicago, $173,081;
- University of Mississippi Medical Center, Jackson, $59,671;
- Research Foundation, State University of New York, Amherst, $208,338;
- Nassau Health Care Corporation, East Meadow, N.Y., $261,842;
- Bronx-Lebanon Hospital Center, New York, $115,646;
- New York Methodist Hospital, New York, $170,491;
- New York University, New York, $249,805. ■

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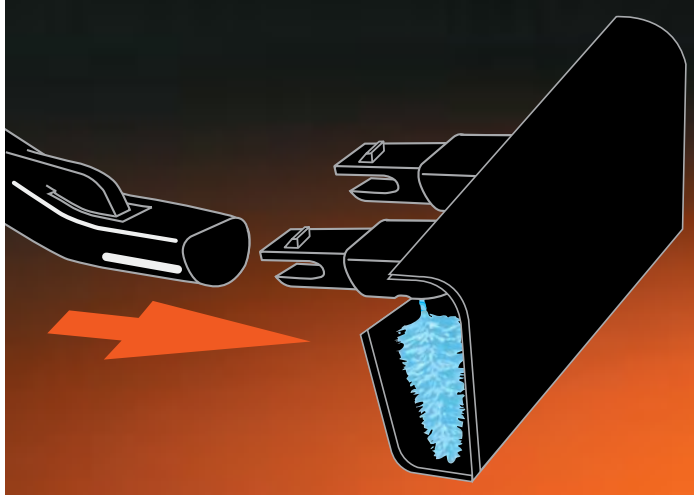

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