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American Dental Association, Publishing Division

Future of Dentistry, page six ◆ Annual session highlights, page 20

AMERICAN DENTAL ASSOCIATION
ADA News®
JUNE 18, 2001 www.ada.org VOLUME 32, NO. 12

Tax relief for students

Interest deductions grow, tax penalties eliminated

BY CRAIG PALMER

Washington—The SLID slid through a window of opportunity.

The $1.35 trillion 10-year tax cut signed into law June 7 by President Bush expands student loan interest deductions and eliminates tax penalties on health service scholarships.

Dentistry claims a share of credit from the "creative" lobbying of dentists, students and schools who joined House and Senate supporters in pushing legislation to expand tax breaks related to the costs of education.

See TAX, page nine

■ **Ergonomics revisited in D.C., page eight**

HIPAA explained

ADA views regulations as work in progress

BY ARLENE FURLONG

The release of regulations en route to administrative simplification under the Health Insurance Portability and Accountability Act of 1996 is generating questions, comment and misinformation within dentistry.

Most dentists understand the goal of HIPAA—to create administrative simplification and assure portability of health insurance coverage—but don't understand how it can be implemented.

Compliance deadlines are creating motivation for doctors and other health care entities to understand what is and is not required under HIPAA and how to prepare.

As part of the efforts at administrative simplification, HIPAA requires the U.S. Department of Health and Human Services to adopt national standards for electronic administrative and financial health care transactions.

The standards will apply to all health plans, clearinghouses and providers who conduct health care transactions electronically, either

See HIPAA, page 10

Targeting oral cancer

Public awareness campaign stresses key role dentists play in detecting disease

BY JAMES BERRY

An ADA campaign aimed at boosting public awareness of oral cancer and spotlighting the dentist's role in detecting this potentially deadly disease will launch in mid-September.

Made possible through an educational grant from OralScan Laboratories Inc., the campaign will span three to four months in each of 10 selected major markets across the country, starting in September in Chicago and San Francisco. (See page 22 for complete campaign schedule.)

Campaign messages encouraging the public to see their dentist for an oral cancer screening will be delivered through a variety of outdoor vehicles—billboards, bus and bus-shelter signs, taxi tops and commuter bulletins. Campaign concepts and messages are being tested this month in focus groups of dentists and consumers in New York, Chicago and Dallas.

Preliminary messages advise consumers that "early detection of oral cancer is now possible and painless." Patients are encouraged to "see your dentist today."

See CANCER, page 22

Awareness: Members will receive a letter from ADA President Robert M. Anderton.

BRIEFS

Group requests new specialty creation

The Council on Dental Education and Licensure announced June 7 that it will consider a written request from the American Academy of Craniofacial Pain for recognition of craniofacial pain as a dental specialty.

The council will review the request at its Nov. 16-17 meeting.

Written comments pertaining to the AACP's request may be submitted by individuals and organizations before Sept. 1.

Comments should be forwarded to the CDEL in writing—by fax—to the attention of Dr. Deron J. Ohtani, CDEL chairman, at 1-312-440-2915 or by e-mail to "boehmd@ada.org". ■

ADA publishes new periodontal brochures

The ADA Catalog Sales Department is distributing some new and popular patient-education brochures to members this month.

New periodontal brochures include: Gum Disease: Are You At Risk?; Gum Disease: The Warning Signs; Periodontal Maintenance Procedures; and Preserve the Progress You Have Made.

Other products include the Periodontal Disease Flip Guide; Revised Periodontal Screening and Recording resources; and a new periodontal Quick Reference Card.

ADA members will receive free shipping on these and other periodontal products with a purchase of $150 or more through the end of July. Offer applies to periodontal products only.

In a separate mailing this month, members will receive brochures from the ADA sealant patient education series, including Benefits of Sealants and Seal Out Decay. For more information or to place orders, call 1-800-947-4746. ■

Parade stand-out: Dr. Michael G. Dunegan and his crew make Manassas, Va., home of possibly the world's largest green toothbrush and pass out similar versions for St. Patrick's Day.

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NewsUpdate

ADA renews call for UCR data

Could lead to class-action suit

By James Berry

The ADA appears several steps closer to filing a class-action lawsuit aimed at preserving the dentist-patient relationship against "unwarranted intrusions" from managed care organizations and other insurance carriers.

The Association's interest in mounting such a suit was first revealed last May, when the ADA asked members to report their experiences with the insurance industry from a broad list of alleged abuses.

Since then, the Association has narrowed the focus of its investigation, which now centers chiefly on reimbursements that undercut the dentist's understanding of "usual, customary and reasonable" fees.

"We suspect that many companies do not, in fact, have adequate support for their internal decisions to reduce fees," said ADA General Counsel Peter M. Sfikas. "We therefore hope to challenge them in court on this point."

To that end, the Association has renewed its call for members to supply information on their experiences with MCOs and other insurance firms. This time, however, the ADA seeks information on alleged underreimbursements only.

Said Mr. Sfikas, "If you have had problems with reimbursements below what you believe are reasonable rates based on an insurance company's representation that your rates exceed what other dentists charge, please let us know."

For such a report to be useful in this context, the dentist must be able to provide backup information on the dispute. About 120 members responded to the Association's clarion call in May 2000, yielding a number of cases that may have merit.

If you were among those who responded last time, there's no need to do so again. If not—and you've had an experience that might help the cause and that you can document—see the box on this page for instruction on how to report it to the ADA. ■

Contact your ADA

To contact the Association about your experiences with the insurance industry over fee reimbursements, use one of the following:

Phone: Ext. 2874 at headquarters

Fax: 1-312-440-2562

E-mail: legaldivision@ada.org

Seminar Series

Millennial approach to productivity

"Navigating the 21st Century T.E.A.M: Integrating Technology, Ergonomics, Auxiliary Utilization and Millennium Patient Care at the Chair!"

The name of the course is a mouthful, but its message is simple—work smarter, with less stress.

Sponsored by the ADA Seminar Series, the course presented by Risa Pollack-Simon aims to help the dental team create a better patient environment while increasing the bottom line.

Ms. Pollack-Simon

"The program is designed to help the dental team provide a distinctively higher level of patient care in the most efficient, comfortable and compassionate treatment environment," says Ms. Pollack-Simon.

Testimonials about the seminar from recent participants include comments such as:

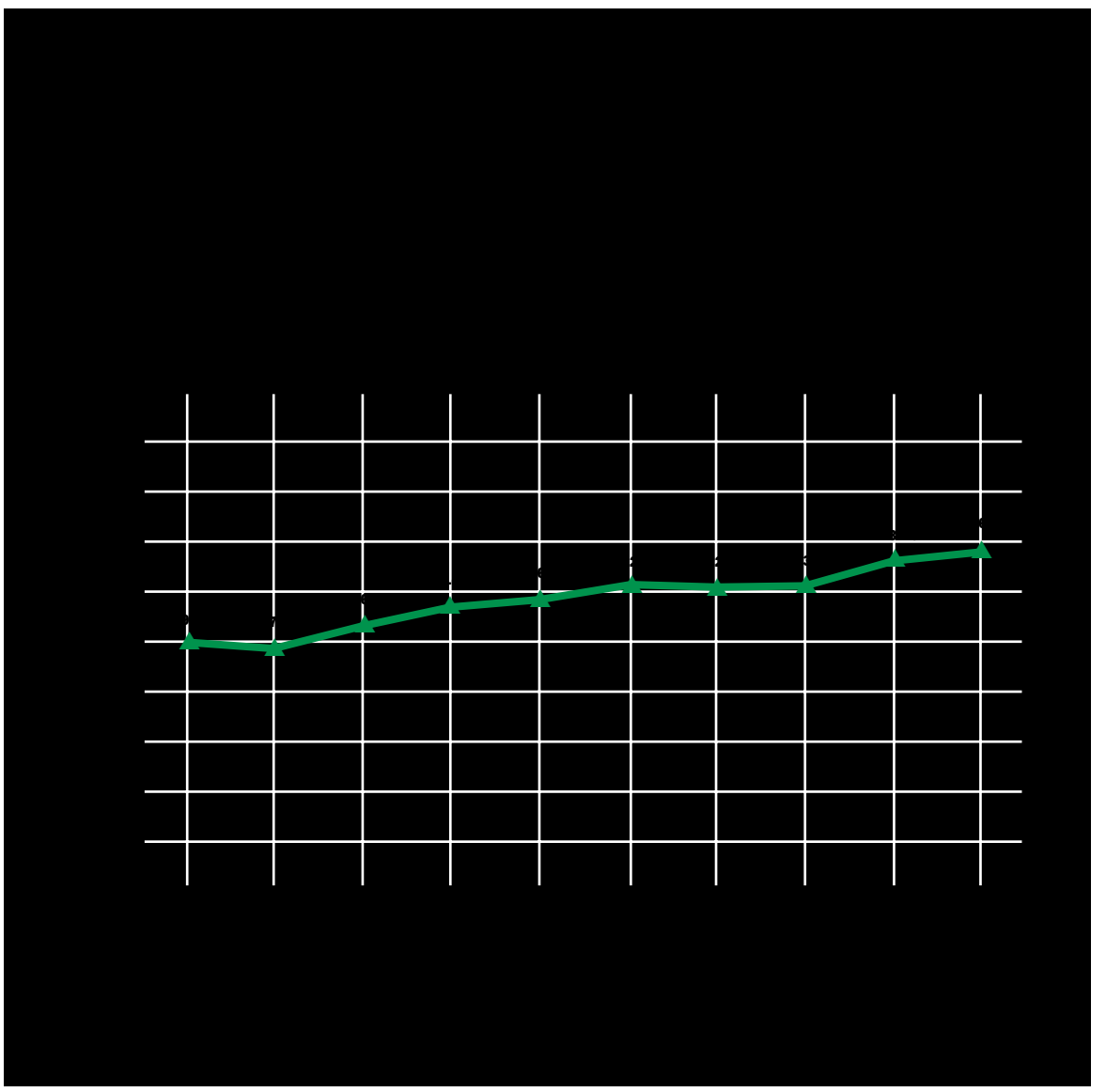
- "discusses real answers to our real problems";
- "provides good info for every member of the dental team";
- "dynamic, fun, upbeat, informative and provocative."

To schedule a seminar in your state or for more information, call the ADA Seminar Series 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.

The ADA Seminar Series is partially underwritten by the ADA Health Foundation through a grant from Sullivan-Schein Dental, a Henry Schein Company, and sds Kerr. ■

ViewPoint

Snapshots of American Dentistry



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MyView

Do women dentists practice differently?

For the past several years, I have been hearing a lot about the way female dentists work. Some say that female dentists take more time off and practice fewer days per week and fewer years overall compared to male dentists. Is there some truth to that? I don't know. I can only speak for myself and for the other female dentists who are friends of mine.

In my class, only a few female dentists went into private practice (as solo practitioners). Although the number of female students was probably one-third of the whole class, it is fair to say that close to half of those who bought their own practices were female.

Magda D'Angelis-Morris, D.M.D.

Most of us who did buy practices seem to be very satisfied with the decision we made. There is still the assumption that dentists are males and that females are assistants or dental hygienists, but this attitude is also changing, slowly.

I can fairly say that the female dentists I know, including myself, are just as driven with our careers as any male dentist I know. My female colleagues and I face the same staff problems, and the same decision-making problems as any other dentist.

An additional problem facing female practitioners is the public's assumption that all dentists are male. There are also some patients who feel they can dictate treatment to us, but maybe this situation also occurs with younger male practitioners.

This assumption that dentists are male also carries over to conventions and meetings. There is the assumption that females are usually hygienists and assistants and that we do not want to hear about the latest and greatest regarding new materials and gadgets.

I have also been frustrated with this attitude in my own office. Sometimes when visitors come to my office and ask to see the doctor, and even though my name is outside the door, when I show up they still don't get it. When faced with this situation, I have been blunt by saying, "Yes, you did not expect a female doctor." I have also been nice and treated it as a joke. This is occurring less nowadays because I am getting to know more people.

I have seen some improvements regarding the way I am treated though, and I think it all depends on how you carry yourself. There still will be people who won't accept female dentists, but we cannot say that it is because of gender. There are personality issues, age issues, race issues and more. We as profes-

See MY VIEW, page five

Letters Policy

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

Letters

Reciprocity needed

As reported in the May 21 ADA News: "The University of Nevada-Las Vegas and the Arizona School of Health Sciences—a public school and a private school, respectively—plan to launch dental education programs in the next two years."

Why go through the time, trouble and expense of doing such a thing when all these states need to do is open their borders to dentists that want to relocate to the Southwest? It seems more than coincidental that Nevada and Arizona, which want to build up the number of dentists, do not allow reciprocity with other states.

Maybe the dental boards of both Nevada and Arizona should grant license recognition like their bordering states (Utah, New Mexico, Colorado, Idaho and Oregon).

If Arizona had a population increase by 40 percent in the last decade and the number of dentists has remained constant, then they should possibly ease their regulations first to attract new dentists. This should be done soon because they are looking at another decade before any graduating class is going to have an effect on the current dental population.

Sometimes the answers are right in front of you (or right around you).

Richard J. McCann, D.M.D.
Salisbury, Md.

No fond farewell

I'm pleased to see that Northwestern University Dental School is finally closing. And I would guess that I know one of the reasons why. Thirty years ago I predicted that the school would eventually encounter money problems due to lack of contributions from alumni.

I graduated from NUDS in 1971 and decided then that I would never give any money to the dental school. I still feel very negative and bitter toward the school.

My class knew early in our freshman year that more students had been accepted to our class than the school actually planned to keep. During our first year, the stress and competition to be among those who could stay was really horrible.

And the unprofessional way that my classmates and I were treated by many of the faculty members was inexcusable and unforgivable. I only hope that some faculty are still alive and realize that they are, in part, responsible for the school's closing.

David L. Williams, D.D.S.
Phoenix

Role models

I am writing in response to a letter by Dr. Michael I. Barr (June 4 ADA News) in which he reflected on his poor dental school experience. He blamed this on the faculty, stating he was "berated, belittled, [and] harassed" for four years and that "we hated most of them." He says he's quite certain many dentists would share his negative view of their experience with faculty. I disagree wholeheartedly!

I am a 1994 graduate from the University of Iowa, and I am grateful for the quality education I received. I got that education from hard-working, dedicated people who spent long

See LETTERS, page five

Letters

Continued from page four

hours in the clinic or lab, and even longer hours doing research or tutoring.

Would I want to work their hours? Would I want to watch a student give their first injection or take three hours to do a one-surface amalgam? Would I want to deal with a university bureaucracy? No, but I sure appreciate those who do.

As students, I think it is hard to fully appreciate the faculty. I would hope most dentists look at their dental school experience and appreciate the many good faculty of every school.

Of course we all had some negative experiences with some faculty just as we have negative experiences with certain patients, neighbors or the guy driving his car in front of us. But I don't think Dr. Barr's sad scenario of the educational system is fair.

I, for one, want to thank my previous faculty for a job well done. I would consider educators like Dr. Mike Finkelstein, Dr. Howard Cowen and Karen Baker not only excellent faculty members but outstanding role models for our future dentists.

Ingrid J. Schwarz, D.D.S.
Chicago

Bad experience

In his letter, Dr. Michael I. Barr cites the dental school experience as a reason for dental school faculty shortages. He is right on target.

Most dentists remember their dental school days as four years of browbeating, belittling, ridicule and constant threats of punishment or expulsion.

The faculty's attitude toward students was, "I don't know how you ever got accepted here. You don't deserve to be here, but now that you're here I guess we'll just have to do the best that we can with you. The dental profession is really going downhill when it accepts people like you."

Almost everyone from the dean on down to the janitors seemed to despise dental students. The faculty and staff acted like dental school would be a great place to work if it wasn't for the students. Where I attended school there was even some physical abuse of students.

When the way students were treated was pointed out to instructors, the response was always the same: "If you think it's bad now you should have seen what it was like when I was in school," and that was supposed to justify everything.

Indeed, there are some dentists who are so embittered that they rejoice upon hearing that their "beloved" alma mater will be closing.

After enduring this crap for four years and finally having their diplomas given to them begrudgingly, most dentists have no desire to ever see the inside of a dental school again much less be a member of the faculty.

James R. Ottem, D.D.S.
Hutchinson, Kan.

Great experience

I am a 1976 graduate of the University of California at San Francisco dental school and currently serve as a full-time faculty member at Dr. Barr's alma mater, the University of Tennessee, Memphis, College of Dentistry.

Unlike Dr. Barr, I had a very good experience in dental school, which is why, in part, I chose to pursue an academic career. I don't recall constant belittlement, but do recall being very busy and under considerable pressure to meet the various curricular requirements and having to meet high standards to receive a passing grade. I don't recall "hating" any of my professors, but recall that some faculty members, both full- and part-time, were better than others in terms of their clinical and pedagogical skills. I greatly admired some and didn't care much for others.

It is unfortunate that Dr. Barr graduated with so much anger towards his own alma mater and over a decade later feels compelled to indict the remaining dental schools based on his own experience. Like endodontic procedures and impacted third molars, everyone has a "horror story" about dental school that seems to "grow" over time. Nevertheless, I would submit that the current climate in dental schools in this country does not reflect Dr. Barr's individual experience. Equally important, an individual who would forego an academic career based solely on their perception of their treatment as a dental student is probably better suited to another career option.

Denis P. Lynch, D.D.S., Ph.D.

MyView

Continued from page four

sionals cannot please everyone no matter how hard we try.

Some patients say women are "gentler and nicer." That is not necessarily true because I have met many male dentists who are very gentle and some females who are not. Some males are very caring and some females are not. It is all relative.

Back to the amount of time female dentists work. It is true that when the time comes to start a family, yes, we have to have the babies. With careful planning, it is possible to start a family and still work full time (four days).

It is also possible to have an associate to help out. It is natural to take some time off, and maybe that is why people say we practice less. This could be true but there are many husbands and significant others who are now choosing to take care of the children and to take more time off from their work.

There are several studies comparing the hours worked by female dentists vs. male dentists, and I am sure there will be many more in the future. Better yet, how about one day not even having to bring up the issue? After a while it gets old. After all, we are all doctors.

Dr. D'Angelis-Morris is editor of the MDS Hotline, the newsletter of the Multnomah (Ore.) Dental Society. Her comments, reprinted here with permission, originally appeared in the May issue of that publication.

ADA Reports

Future report to endure

Dr. Anderton addresses constituent societies

By Arlene Furlong

"Today's peacock is tomorrow's feather duster."

Says who?

ADA President Robert Anderton, referring to the ADA presidency itself.

His comment drew a laugh from dental leaders attending the June 1 Future of Dentistry Constituent Dental Societies Conference, held at ADA Headquarters.

But his intent as keynote speaker—to illustrate by contrast the enduring nature of the Future of Dentistry report—was implicit.

Surprise: Dr. Anderton tells the FOD audience what he tells students. 'There's a price to pay for all the good things about being a dentist.'

Some 90 participants, including members of the FOD oversight committee, expert panel chairpersons, ADA-recognized dental specialties, government agencies and constituent dental society representatives, contributed to the event.

Dr. Leslie Seldin, FOD project chair, said after the conference he was pleased the leadership was complimentary and supportive of the FOD Project's efforts.

"We were encouraged by what we heard," said Dr. Seldin. "Conference input brought new ideas to the table and also supported our perceptions about directions the profession should consider."

He set the direction of the conference at the outset by telling participants, "We already know the problems. Tell us your solutions."

Constituent leaders voiced comments and concerns generated from each of the un-finalized draft chapters.

They are:

- Clinical Dental Practice and Management;
- Financing of and Access to Dental Services;
- Dental Education;
- Licensure and Regulation of the Dental Professional;
- Dental and Craniofacial Research;
- Global Oral Health.

Dr. James B. Bramson, who will take up duties as the Association's executive director in July, talked to ADA News during a meeting break. He said he supported the constituent feedback which focused on clarification. "These people are showing they want clear recommendations about where we're going," he said. "Nobody wants to leave anything up to interpretation."

At a post-conference meeting, project leaders reviewed all testimony to consider how it can be included into the final draft of the report.

The final FOD report, including the six mentioned chapters and an overview chapter containing recommendations directing the future of the profession, will be presented to the ADA House of Delegates in October. ■

Direction: 'We have to think about the career track in dentistry,' says Dr. Lisa Howard, executive board member of the Maine Dental Association.

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ULTRADENT

Government

Ergonomics negotiations resume

Bush administration announces public hearings

BY CRAIG PALMER

Washington—The Association will be at the table for another round of negotiations on ergonomics safety.

The Bush administration June 7 announced public hearings this summer toward identifying "a final course of action" by September on whether and how to regulate work-related repetitive motion injury. Forums are scheduled for July 16 in Washington, D.C., July 20 in Chicago and July 24 in California. It was the administration's first public indication of an ergonomics policy deadline.

"We are bringing everyone to the table to get this important issue moving forward and resolved," said Labor Secretary Elaine L. Chao. "Defining the best approach for ergonomic injury is not a simple process and we need everyone's voice heard in the process."

The ADA, which fought a previous government regulatory effort as "too intrusive, too costly" for dental practices, expects to testify at the new round of hearings, according to Washington office staff.

Congress repealed ergonomics regulations 10 years in the making and scheduled to take effect this year, passing a joint resolution of disapproval which President Bush signed March 20.

■ "We are bringing everyone to the table to get this important issue moving forward and resolved," said Labor Secretary Elaine L. Chao. "Defining the best approach for ergonomic injury is not a simple process and we need everyone's voice heard in the process."

The repeal legislation bars promulgation of regulations in "substantially the same form" though it does not preclude other regulatory or legislative measures from addressing work-related conditions recorded as musculoskeletal injuries by the Department of Labor and related to repetitive stress.

Legislation has been introduced to require new regulations and the administration has indicated interest in finding new ways to address the issue.

"Ergonomics injuries are real," Secretary Chao told Congress. She said the administration would proceed on the basis of six principles:

- Prevention—The approach should place greater emphasis on preventing injuries before they occur.
- Sound Science—The approach should be based on the best available science and research.
- Incentive Driven—The approach should focus on cooperation between the Occupational Safety and Health Administration and employers.
- Flexibility—The approach should take account of the varying capabilities and characteristics of different businesses.
- Feasibility—Future actions must recognize the costs of compliance to small business.
- Clarity—Any approach must include short, simple and common sense instructions.

OSHA is a Labor Department agency. ■

Tax

Continued from page one

Grassroots dentists and dental students lobbied members of Congress and tax-writing committees with letters, direct appeals and personal testimony.

The ADA and American Dental Education Association led a tax relief coalition taking the issue to Capitol Hill and the World Wide Web with traditional lobbying complemented by less traditional coffee and cyber advocacy.

The latter featured coffee mugs promoting tax breaks for student borrowers ("Expand SLID Student Loan Interest Deduction") and hyperlinked banner ads ("Millions Of Americans Are Working Hard To Pay Off Their Student Loans") at "www.hillzoo.com", a Web site "By Congressional Staff ... For Congressional Staff."

ADA President Robert M. Anderton joined invited guests, members of Congress and cabinet officers for the bill signing ceremony, which was moved out of the rain to the White House East Room. President Bush signed legislation providing the individual tax relief he proposed during his campaign.

■ Dentistry claims a share of credit from the "creative" lobbying of dentists, students and schools who joined House and Senate supporters in pushing legislation to expand tax breaks related to the costs of education.

"Today we start to return ... the money of everybody who paid taxes in the United States of America," President Bush said. He called the bill signing an "historic moment" and thanked the invited political leaders, families and "representatives of millions of Americans," including small business owners.

The president's original proposal called for modest education-related tax relief not including many of the education measures approved by Congress and enacted as part of the omnibus tax and budget reconciliation package.

Key Finance Committee senators picked up the education ball and ran with it, expanding this part of the tax package and insisting on its retention through House-Senate negotiations on the final bill.

The legislation signed into law by the president:

- raises income levels at which the $2,500-a-year deduction for student loan interest phases out, from the current $40,000-$55,000 for individuals and $60,000-$75,000 for joint filers to $50,000-$65,000 and $100,000-$130,000 respectively for interest paid after Dec. 31, 2001; begins adjustments for inflation in 2003; and repeals a 60-month limit on deductions;
- eliminates the tax penalty on National Health Service Corps and Armed Forces Health Professions scholarships by making qualified scholarships eligible for tax-free treatment without regard to the recipient's service obligation, effective for awards received after Dec. 31, 2001.

The additional tax relief will benefit dental and other professional students, residents and interns and new dentists, reducing student debt loads reaching $100,000 or more for dental graduates, according to ADA congressional testimony.

See "www.house.gov/jct" for a summary of the tax law prepared by Congress' Joint Committee on Taxation. ■

Licensure by credentials

California, North Carolina consider legislation

By Karen Fox

Sacramento, Calif.—A bill in the California legislature leaves open the possibility that the state will soon offer licensure by credentials.

Under Assembly Bill 1428, dentists who hold a valid license in another state and have at least five years' practice experience will be able to practice dentistry in California without taking the state's clinical examination.

AB 1428 has moved successfully through the assembly's health and appropriations committees and is now under consideration in the senate.

Assemblyman Sam Aanestad (R-Grass Valley), an oral surgeon, introduced AB 1428.

"It's just a fair thing to do. Physicians and nurses have this freedom of mobility. Why not dentists?" he said.

Before AB 1428, two other bills were presented to the legislature. One limited licensure by credentials to dentists practicing in underserved areas, and the other would allow a limited number of Mexican dentists to provide care to underserved Latino patients in California.

"We looked at those bills and decided they were lacking in many capacities," explained Dr. Aanestad. "[AB 1428] is a very broad piece of legislation. It doesn't mandate that someone with licensure by credentials has to practice in an underserved area or indigent clinic. This bill means freedom of movement for dentists and their families."

The California Dental Association is backing AB 1428.

"We're trying to decrease state-to-state restrictions but also have a number of specific

See LICENSURE, page 12

HIPAA

Continued from page one

directly or through a third party.

The American Dental Association has commented on proposed and final HIPAA regulations on behalf of the ADA membership.

As different interpretations of HIPAA in general and the rules in particular are circulating within the profession, ADA President Robert Anderton recently sent a letter to constituent dental societies to clear up common misconceptions. The following information may also assist dentists in understanding HIPAA.

The first two published rules under HIPAA (more are in the pipeline) require:

- payers to accept standard electronic transactions and code sets by Oct. 16, 2002;
- privacy protections of individually identifiable health information by April 14, 2003.

The HIPAA law, which requires standards to be followed for electronic transmission, helps level the playing field for providers and payers by establishing a common format for electronic transactions and codes among payers. It also imposes penalties for wrongful disclosure of health information or the failure to adopt national standards.

Why is the government doing this?

The intent of the HIPAA legislation and regulations is to encourage electronic commerce in the health care industry and ultimately simplify the processes involved.

Currently, there are approximately 400 different electronic systems used for the submission of health care claims. HIPAA regulations require a single defined format and code set for various types of electronic transactions.

The ADA has supported administrative simplification and electronic transactions in health care for at least 10 years.

Does HIPAA apply to all dentists?

If a dentist chooses to conduct health care transactions electronically, either directly or through a third party, he or she is a covered entity and subject to HIPAA regulations. HIPAA does not require providers to submit transactions electronically, but does require that all transactions submitted electronically comply with the standards.

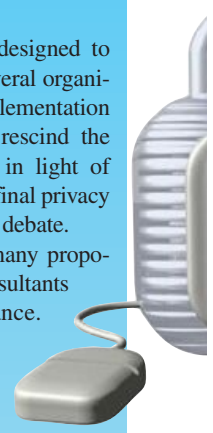
What does the first rule requiring standard transactions and code sets mean to dentists?

In the past, individual dentists had to submit transactions in whatever form each of their reimbursement plans required. Under HIPAA, payers must accept electronic transactions in the standard format using the ADA's dental procedure code—the Code on Dental Procedures and Nomenclature.

What impact will implementing the rule regarding standard transactions have on a dental practice?

A case study available at the ADA Web site shows that a typical dentist can save $200 per week using HIPAA standard electronic transactions. Although initial implementation costs may vary, estimates are two days of lost production the first year for orientation and training. The Workgroup on

Facts and fiction



HIPAA requirements are not designed to impede patient care. However, several organizations oppose their timely implementation and are attempting to delay or rescind the enabling legislation, particularly in light of requirements that appeared in the final privacy rule and are the subject of intense debate.

On the other hand, there are many proponents of the current rules and consultants claiming expertise in compliance. Consequently, you may find yourself asking:

Does HIPAA require providers to submit claims electronically?

While HIPAA requires payers to accept electronic transactions in the standard format, HIPAA does not mandate the use of electronic transactions. Payers may offer incentives to submit claims electronically, or disincentives for paper, but HIPAA does not preclude providers from filing paper claims.

Individual payers, however, may require submission of claims to designated health care clearinghouses as part of their participating provider agreements.

Will sending appointment reminder postcards result in fines or imprisonment?

Most reminder cards identify the patient, the dentist and the appointment date and time. It is unclear at this time whether simply sending an appointment reminder card without patient consent would violate the privacy rule. The ADA raised this issue with HHS in comments about the final rule.

Must operatories and waiting rooms be soundproofed to comply with HIPAA?

The final privacy regulations raise the question of whether offices must be soundproofed to prevent one patient from overhearing a conversation with or about another patient.

It is unclear at this time whether soundproofing operatories and waiting rooms could be more than what will be necessary.

The ADA told the HHS that oral communications should not be subject to civil or criminal sanctions when the dentist or the staff is engaged in treatment, payment or health care operations.

The ADA will let dentists know if and when HHS releases its guidelines on this and other matters.

Under HIPAA, must health plans report any change in participation status to the National Practitioner Data Bank?

There is no direct relationship between HIPAA and the NPDB.

The National Practitioner Data Bank was designed for reporting adverse decisions due to quality of care issues and malpractice.

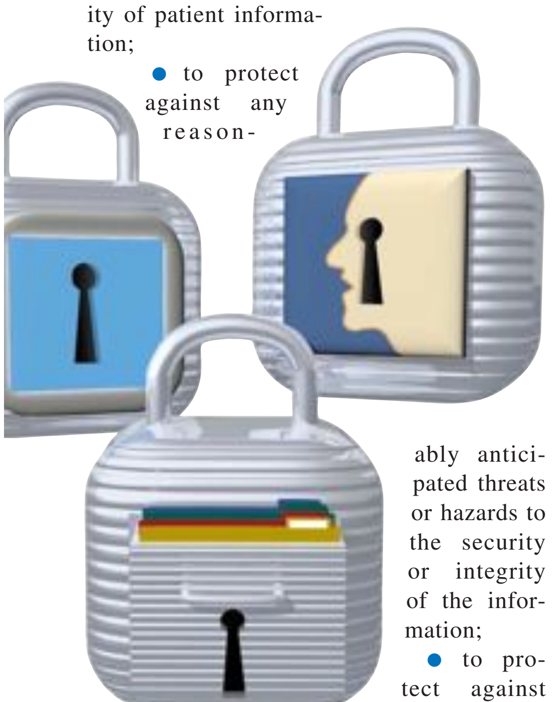
HIPAA requires reporting of adverse judgments and actions related to health care fraud and other issues, but excludes reporting of actions relating to malpractice claims. ■

Electronic Data Interchange, a group of health care professionals devoted to improving health care through electronic commerce, projects that dentists and other health care providers usually break even the first year complete electronic transactions are instituted and realize net benefits the second and subsequent years.

What security measures apply to a dental practice?

HIPAA contains a statutory security provision that does not rely on publication of the final HIPAA security rule to take effect. In other words, it's already the law. The statute requires that each person who maintains or transmits health information adopt reasonable and appropriate administrative, technical and physical safeguards:

- to ensure the integrity and confidentiality of patient information;
- to protect against any reasonably anticipated threats or hazards to the security or integrity of the information;
- to protect against unauthorized uses or disclosures of the information;
- to otherwise ensure compliance among employees or officers.



What does the second published rule, governing the privacy of patient medical information, mean to dentists?

HIPAA includes privacy and security requirements. Under HIPAA, individuals retain key control over most releases of their identifiable health information. A dentist who holds patient identifiable information would, under the rule, be required to protect this information and report disclosure incidents. Under the current rule, this applies to electronic, paper and oral information.

What should a dentist do to comply with the privacy rule?

The simple answer? It may be too soon to tell. That's because while the final rule is in effect, it is unclear in many respects and may be modified. There is no requirement that the rule be in force until April 2003. The ADA will help you to understand these requirements once HHS has indicated if and how they will be modified.

As a starting point, it is important to understand that the federal privacy rule is superceded by stricter state requirements. Consequently, it is important for a dentist to know not only the federal requirements, but also any stronger state requirements that might also apply.

Once the applicable requirements are identified, written privacy and security policies can help assure compliance. To assist dentists in this regard, the ADA plans to develop sample policies addressing the federal requirements for use by individual dental offices. These samples will provide general information for individual dentists to use in consultation with their professional advisors, such as their attorneys. Specific circumstances and state law must be taken into consideration.

■ A case study available at the ADA Web site shows that a typical dentist can save $200 per week using HIPAA standard electronic transactions.

Does the ADA support the final privacy rule?

The ADA supported the proposed rule as generally consistent with the ADA policies on confidentiality and privacy, but strongly opposes implementation of the final rule until certain issues are resolved.

The key points of concern for the ADA are: (see story, page 10, for more details)

- removal of oral communications provisions;
- removal of requirements for written consent prior to routine disclosures;
- modification of criminal sanctions to apply only to knowing and willful violations.

The ADA will be consulting with HHS and Congress to mitigate these requirements.

Who should a dentist consult about the best way to modify current practice management and train staff to meet compliance dates—and when?

There are many budding HIPAA consultants who are marketing HIPAA compliance kits and advice. Given the scope of potential changes to the final privacy rule, exactly what may be ultimately required is unclear.

Dentists should keep abreast of developments to decide how and when to best gear-up for compliance, so long as they recognize the need to comply with the final rule if it is left unchanged.

The ADA is a great source of current information and resources.

Information about HIPAA is available at "www.ada.org/prof/prac/issues/topics/index.html". The ADA.org site also contains links to other HIPAA resources. If you have questions concerning the regulations that have been published, please e-mail the ADA Department of Dental Informatics at "informatics@ada.org". Or, call Dr. Robert Lapp, ADA director of dental informatics, toll free, Ext. 2750, for additional information. ■

Dr. Maas retires

Public Health Service post open

By Craig Palmer

Washington—The American Dental Association joined U.S. Surgeon General David Satcher, M.D., May 29 in applauding Dr. William R. Maas' leadership as chief dental officer of the U.S. Public Health Service.

Dr. Maas, a delegate to the ADA House of Delegates the last four annual sessions, completed a four-year appointment as CDO and retired from the PHS corps of commissioned officers May 1 after 28 years of service as a public health dentist. He retains his post as director of the oral health division of the Centers for Disease Control and Prevention in Atlanta but in a civilian rather than a uniformed capacity.

Dr. Maas said he looks forward to continuing to encourage private practice-public health cooperation toward improving access to care and reducing health care disparities. The CDC will have responsibilities with other Public Health Service agencies in carrying out recommendations of the Surgeon General's Report on Oral Health and for working with the private practice profession on infection control, disease surveillance, and community and other oral health issues.

Honors: Dr. Satcher presents Dr. Maas with a Surgeon General's medallion, the office's highest award, for his service as chief dental officer of the U.S. Public Health Service.

The Association cited Dr. Maas "for significant contributions to the oral health of the public and the profession of dentistry" as chief dental officer. Dr. Satcher presented a Surgeon General's medallion, the office's highest award, "for your untiring efforts to improve the oral health of all Americans and continuing exceptional support of the oral health initiatives of the Surgeon General."

A new PHS chief dental officer has not been named. ■

Licensure

Continued from page nine

criteria that would determine who might be licensed here in California," says Dr. Gerald Gelfand, chair of the CDA council on legislation. "Unlike previous piecemeal attempts by the legislature, this bill would not allow unlicensed dentists and physicians to practice in underserved areas."

The bill's supporters say there is opposition. "I think it's an economic consideration, but I don't think dentists in California should be afraid of competition," said Dr. Aanestad, who hopes the bill helps alleviate some of the state's access to care issues.

"We have a real undersupply of dentists in rural California. My hope is this will encourage dentists from rural America who might want to live in a rural, temperate climate to practice here," he said.

In other news, the North Carolina legislature is considering a licensure by credentials bill of its own.

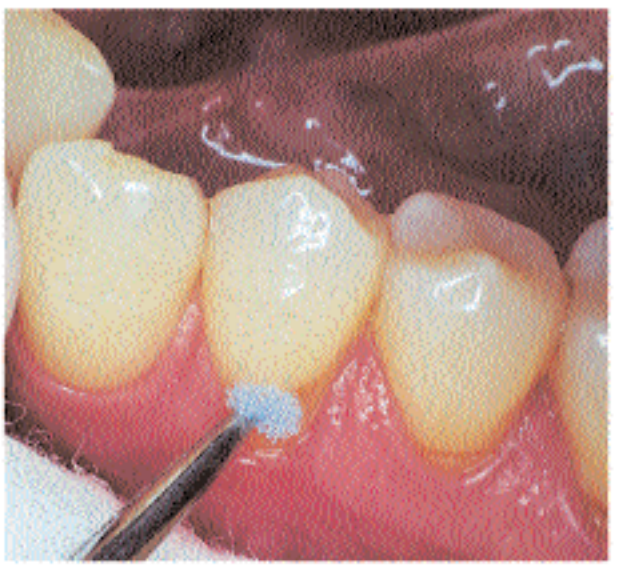
North Carolina Senate Bill 861 would license out-of-state dentists and hygienists after their credentials have been thoroughly reviewed by the North Carolina State Board of Dental Examiners.

SB 861 has moved from the senate health committee to the senate finance committee. The bill has not seen action in the state assembly. ■

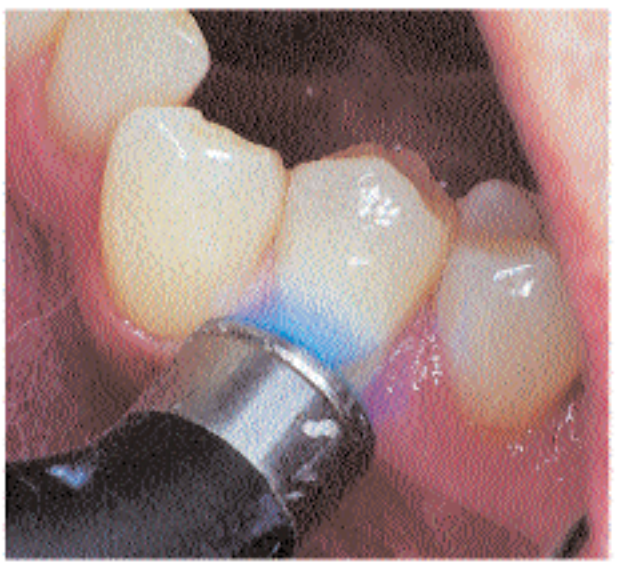
AAOMS sets Orlando meeting in September

Orlando, Fla.—The American Association of Oral and Maxillofacial Surgeons will hold its 83rd annual meeting Sept. 12-15.

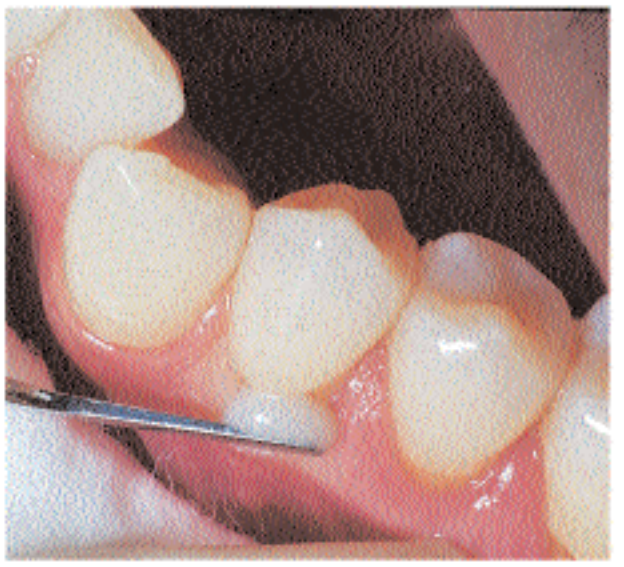
For more information, contact Cindy A. Rezulak at 1-800-822-6637 or by e-mail at "crezulak@aaoms.org". ■



1. APPLY (twice)



2. CURE



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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.***

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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.

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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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Visit Parkell at major dental meetings: Kansas City ADA (Oct 13-17)

Florida passes alternative health bill

Gov. Bush rejects requests to veto legislation

By Mark Berthold

Tallahassee, Fla.—Rejecting a last-minute plea by the Florida Dental Association and ADA President Robert M. Anderton, Florida Governor Jeb Bush on June 1 signed into law the "Complementary or Alternative Health Care Treatments" bill.

The new law revises the state Patient's Bill of Rights and Responsibilities to include the right to access any mode of treatment the patient or health care practitioner believes is in the patient's best interests.

This authorizes complementary and alternative dentists and other health care practitioners to offer such therapies in addition to or in place of conventional treatment options.

"The health care practitioner may, in his or her discretion and without restriction, recommend any mode of treatment that is, in his or her judgment, in the best interests of the patient, including complementary or alternative health care treatments, in accordance with the provisions of his or her license," the law reads.

Prior to its signing into law, the bill became a "serious concern" for the Florida Dental Association, it said in a press release.

The FDA presented Gov. Bush with a petition to veto the bill on the grounds it would "cloud the patient-doctor relationship and create a false sense of security that the patient is being informed about safe health care practices" and that "any new treatment methods should be based on valid scientific evidence before it is introduced to the public and patients as a legitimate treatment alternative."

"We made a very hard push to get the bill vetoed, but it was not to be," says Dr. Richard Chichetti, president of the Florida Dental Association. "This bill was promulgated by proponents of complementary or alternative medicine, who were backed by a very prominent Republican fundraiser."

Immediately following the FDA plea to Gov. Bush, Dr. Anderton sent a letter supporting the FDA's position and urging the governor to veto the bill.

See FLORIDA, page 17

Veto push: 'It was not to be,' says Dr. Chichetti.

StatesWatch

Georgia retirees can treat the indigent

Atlanta—Retired dentists who want to treat indigent patients in institutional settings for no monetary compensation can now do so under a special license, thanks to state Rep. Lester G. Jackson.

The dentist from Savannah wrote and was instrumental in passing the "Georgia Volunteers in Dentistry Act" that was signed into law April 19.

"Of Georgia's indigent and working poor who can't afford proper dental care, 60 percent are children," says Dr. Jackson. "In my county, Drs. Robert Cash and Felix Maher have already helped open a new free clinic staffed completely by volunteers—a model for other clinics in other counties that we're hoping will spark volunteerism."

The Georgia Board of Dentistry has full authority to issue the special licensure and waive all exams and licensure fees. Retired dentists must have current continuing education and agree to not receive compensation for services. In turn, they receive immunity from liability for ordinary negligence.

Washington hygienists may apply sealants

Olympia, Wash.—A new law says dental hygienists can apply sealants and fluoride varnishes to "low income, rural or other at-risk populations" without the supervision of a dentist only in "community-based sealant programs carried out in schools."

The measure also applies to dental assistants—under a dentist's supervision—who were employed before the law's effective date of April 19. Assistants employed after this date must fulfill certain requirements and be endorsed by the health department.

The Washington State Dental Association supported the bill as a public health measure, opting to work with legislators by adding amendments rather than fighting the bill.

"This is not a treatment measure," says Dr. Jeff Parrish, WSDA president. "It is providing access for underserved kids who probably aren't going to get this care any other way."

Illinois hygienists to administer local anesthesia

Springfield, Ill.—With proposed rules on dental hygienists' administration of local anesthesia now published, interested parties have until July 16 to submit comments before the rules are finalized.

As currently written, dental hygienists may administer local anesthesia under the direct supervision of a dentist. They must also complete 32 hours of training in administration of local anesthetics; have graduated after Jan. 1, 1999, from a program that included such coursework; or hold appropriate licensure to administer local anesthesia in another state.

"This law demonstrates our confidence in hygienists to—with additional training—take on expanded duties," says Dr. Trucia Drummond, president of the Illinois State Dental Society. "It will provide an opportunity to better serve our patients." ■

—Reported by Mark Berthold

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Nevada gambles on new bill

Odds for better access through licensure by credentials debated

By Karen Fox

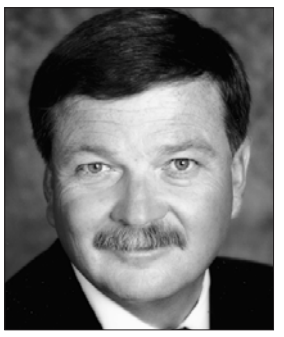
Carson City, Nev.—Despite intense lobbying efforts by the Nevada Dental Association, Nevada's governor June 1 signed into law a bill that paves the way for a unique form of licensure by credentials.

Under Senate Bill 133:

- Licensed dentists in good standing from other states with at least five years' experience can obtain a temporary license without taking Nevada's clinical examination. After two years and a good record, the temporary license becomes permanent.

Government

- Another category of license—a restricted geographic license—allows dentists and hygienists to practice in rural and underserved areas of Nevada if the county commissioners or a federal-qualified or nonprofit health clinic requests that the Nevada State Board of Dental Examiners waive the requirement for taking the state's clinical exam. Dentists with restricted licenses may not engage in private practice, but after three years they are eligible for full Nevada licensure.



Dr. Glover

- The state board of dental examiners, in licensing specialists, will accept specialists who have earned diplomate status. Specialists will be required to limit their practice to their licensed specialty.

Proponents upheld SB 133, which takes effect Oct. 1, as necessary in order to bring more dentists to the state to care for underserved populations.

But the "temporary licensure leading to full licensure" provision concerns NDA officials. Not taking the Nevada clinical exam, they say,

See NEVADA, page 27

Florida

Continued from page 14

"The definition of complementary or alternative health care treatment does not take into account the overall safety of the patient," Dr. Anderton wrote. "Also, effectiveness is not defined in regard to the underlying diagnosis. For example, an alternative treatment may be effective at treating or, even worse, masking a symptom but ineffective at treating the systemic condition."

According to the law, the legislature's intent was to enable citizens to make informed decisions and choose from all health care options by allowing practitioners to offer complementary or alternative treatments under the same requirements, provisions and liabilities as conventional treatment methods.

However, "this law that Gov. Bush signed lowers the standards of ethical practice, allows unscientific and non evidence-based treatments to be pandered upon the public under the guise of alternative or complementary 'health care,'" says Dr. Chichetti. "And whereas the public assumes that laws governing health care should prevent quackery, this law invites it."

The law also states that practitioners must inform patients of the nature of their complementary or alternative treatment and the benefits and associated risks so patients can make an informed decision, and the practitioner's relevant education, experience and credentials.

Licensees must abide by existing practice acts and may not modify or change their scope of practice.

In spite of this, Dr. Chichetti maintains the medical and dental boards will now be in a "very difficult position" proving substandard care. "The boards must now prove a negative, that is, they must prove something doesn't work," he says.

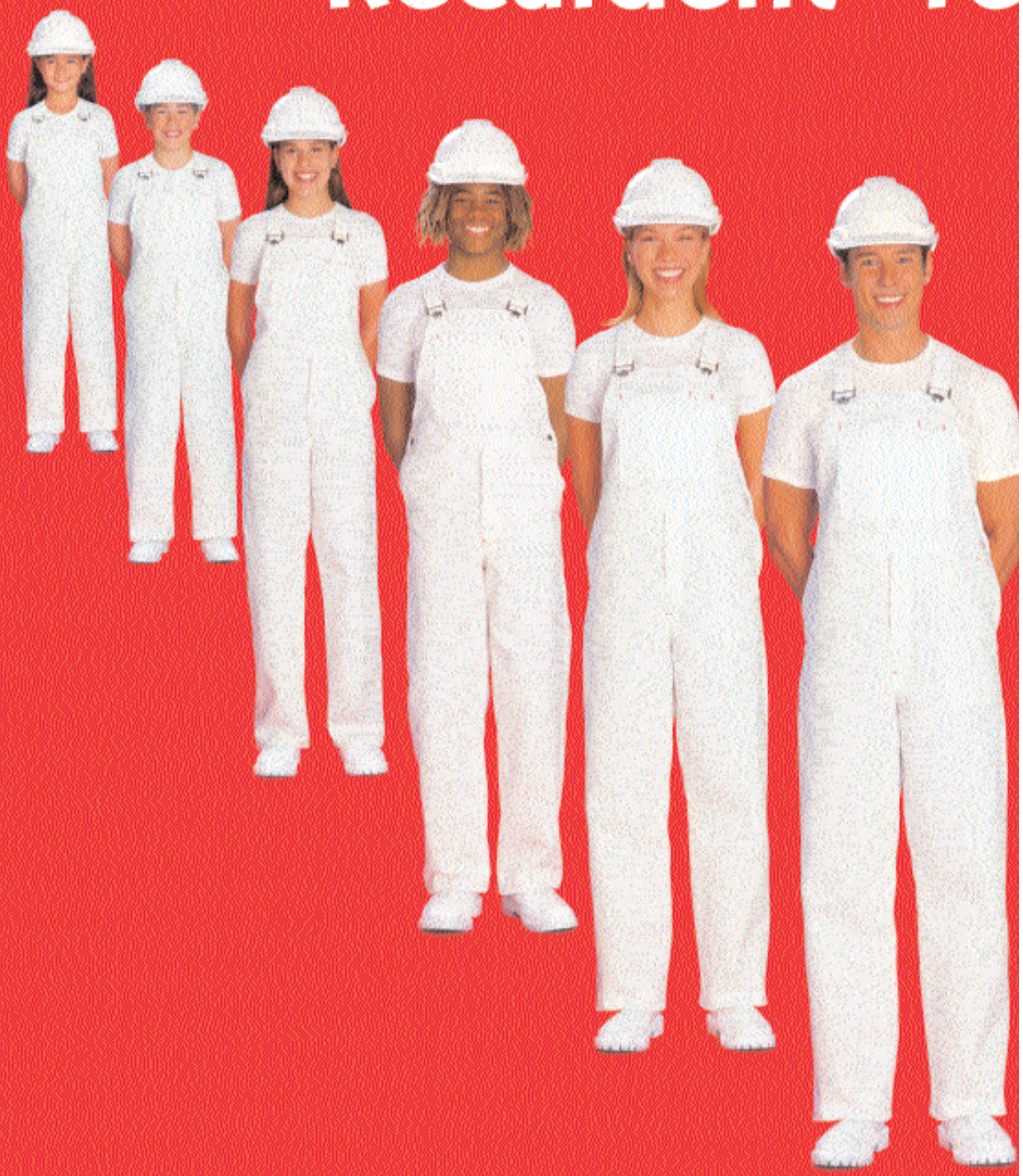
"The premise of CAM is completely counter to modern medical science, in which therapies and treatments must be scientifically proven to be safe and effective," he adds. "Government approval of the whole concept puts us back a couple hundred years."

Dr. Anderton added that though the bill may appear as freedom of choice, it is actually "governmental intrusion in the doctor/patient relationship, which has always been founded on trust."

He also quoted from the ADA Code of Ethics: "A dentist, who represents that dental treatment recommended or performed by the dentist has the capacity to cure or alleviate disease, infection or other conditions, when such representations are not based upon accepted scientific knowledge or research, is acting unethically."

The bill is now a law and in effect, Dr. Chichetti notes, but adds, "We have contacted the Florida board of dentistry about suggestions on possible rules to prevent the public from getting taken advantage of or deceived." ■

Recaldent™ re



Plaque bacteria convert dietary sugars into acids, stripping the teeth of calcium and phosphate in the process known as demineralization. Saliva naturally aids the rebuilding of tooth enamel by delivering calcium and phosphate back to the teeth. However, the consumption of sugars in the diet will inevitably push this process in favor of demineralization, leading to dental caries and tooth decay.

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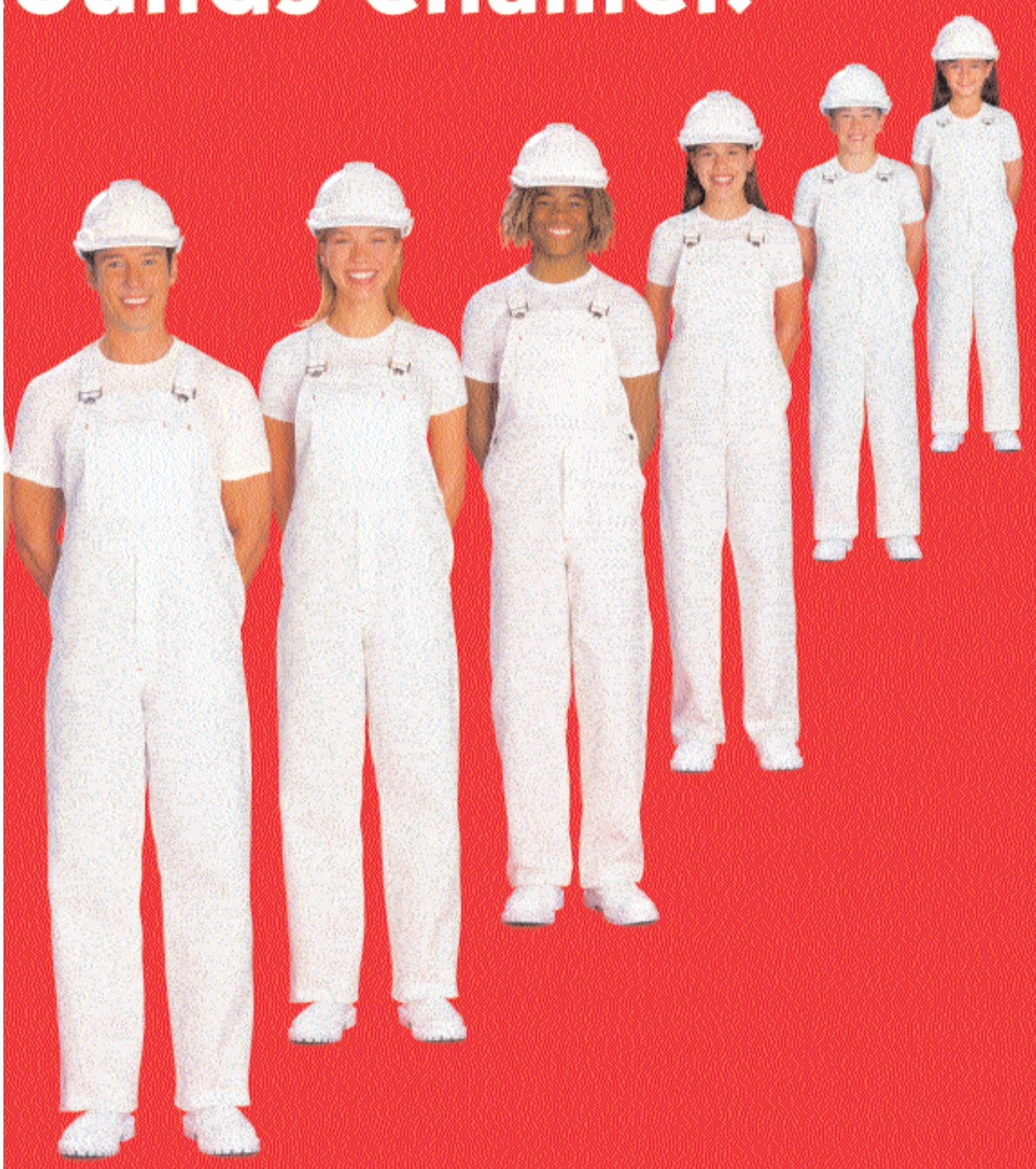

available form, inhibiting demineralization and promoting remineralization. Further damage of the tooth enamel by acid is reduced, and subsurface lesions in the enamel can actually be repaired.[1-4] In other words, Recaldent™ is a breakthrough product that helps look after your patients' hard working teeth.

References: 1. Harper DS, Osborn JC, Hefferren JJ, Clayton R. Caries Res. 1986;20:123-130. 2. Reynolds EC, J Dent Res. 1997;66:1120-1127. 3. Reynolds EC, J Dent Res. 1997;76:1587-1595. 4. Reynolds EC, J Spec Care. 1998;18(1):8-16.

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Annual Session

Hands-on spells success

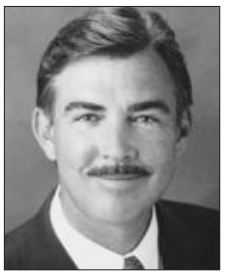
Scientific session offers pearls of practice

Kansas City, Mo.—The 2001 annual session has something for everyone.

The wide array of hands-on offerings will provide the practicing dentist with new practical information, which can be comfortably applied when he/she returns to the office, says Dr. J. Steven Tonelli, 2001 program director.

"Participants will have the opportunity to study with notable clinicians such as Dr. Steven Buchanan, who offers an excellent and unique hands-on experience in root canal therapy with the use of clinical microscopy and rotary instruments," Dr. Tonelli states. "Another noted clinician, Dr. Thomas McDonald, will offer two courses on temporary fabrication. He will present a beginner's course for auxiliary staff and an advanced temporization course designed for the experienced auxiliary staff or the dentist looking to improve his or her skills."


Dr. Tonelli

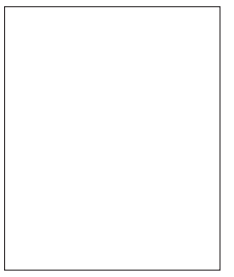

Dr. Buchanan

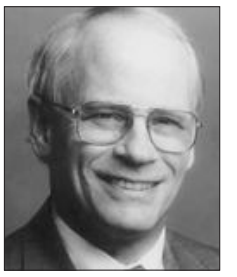

Dr. McDonald


Dr. Misch


Dr. Nayyar


Dr. Presswood


Dr. Brucia


Dr. Baab

Dr. Tonelli adds that Dr. Carl Misch, of the Misch Implant Institute, will offer a didactic and hands-on program on implant placement which is designed to give the practitioner valuable practical information. He says participants will prepare implant osteotomies for a mandibular molar and premolar.

"And Dr. Joseph Massad will give you an experience in denture fabrication which will help answer those challenging clinical situations," says Dr. Tonelli, adding that Dr. Massad's unique approach to denture fabrication will provide you with practical denture tips.

The 2001 program director says that if you're looking to discuss and learn about the art and science of cosmetics and function, Dr. Ron Presswood's course is the ticket. The course is designed to teach the attendee how to successfully diagnose, prepare and deliver excellent anterior cosmetic restorations, says Dr. Tonelli.

For clinicians interested in exploring the latest in fixed restorative dentistry, Dr. Arun Nayyar's workshop will review new clinical procedures and materials.

"Each exercise," Dr. Tonelli explains about Dr. Nayyar's presentation, "is designed with an emphasis on efficient, streamlined procedures suitable for today's dental practices."

Adhesive dentistry will be the focus of Dr. Jeffrey Brucia's workshop. This workshop, says

See HANDS-ON, page 21

Participation workshops

Your chance to learn new techniques

By Clayton Luz

Kansas City, Mo.—At annual session, participation workshops mean exactly that.

Participation—more than 30 hands-on workshops will offer a wide-range of learning opportunities for every member of your dental team.

Workshop—enhance your clinical skills and you'll not only improve patient care, but you'll also increase your bottom line.

There. Now get to work registering for this year's participation workshops bonanza!

Below are some workshops available at this year's session.

Courses are listed by date, times, title, code, presenter, preregistration cost and onsite cost in parentheses:

● **Oct. 13:** 9:45 a.m.-12:15 p.m., continues 1:45-4:15 p.m.—"Achieving Clinical Excellence in Esthetic Posterior Restorations" (PW1), Dr. Jeffrey Brucia, $250 ($295); "Keys to Successful Posterior Composites" (PW3), Dr. Ronald Maitland, $250 ($295); 9:45 a.m.-12:15 p.m.—"Tooth Whitening: A Practice and Marketing Opportunity" (PW4), Dr. George Freedman, $175 ($195); 9:45 a.m.-12:15 p.m., repeats 1:45-4:15 p.m.—"Oral Surgery Workshop for the General Practitioner" (PW5A/B), Dr. Robert R. Edwab, $200 ($250 onsite); "Evaluation and Prevention for the Perimplant Patient" (PW6A/B), Dr. Robert Eskow, Valerie Sternberg-Smith, $150 ($195); "Art of Mixing Dental Cements and More" (PW7A/B), Ellen Gambardella, Rita Johnson, $150 ($195); "Better, Errorless Full-Mouth X-Ray Technique" (PW8A/B), Drs. Jack Hadley, Thomas Schiff, $150, ($195); 1:45-4:15 p.m.—"Bonded Post and Cores" (PW10), Dr. George Freedman, $175 ($195).

● **Oct. 14:** 9:00 a.m.-11:30 a.m., repeats 1:30-4 p.m.—"Better, Errorless Full-Mouth X-Ray Technique" (PW8A/B), Drs. Jack Hadley, Thomas Schiff, $150, ($195 onsite); 9-11:30 a.m., continues 1:30-4 p.m.—"Quick and Simple Troubleshooting Denture Techniques" (PW13), Dr. Joseph Massad, $250 ($295); 9-11:30 a.m., repeats 1:30-4 p.m.—"PowerPoint for Professionals" (PW14A/B), Dr. Dale Miles, $175 ($225); "It's About Time to Get on the Cutting Edge" (PW15A/B), Judy Bendit, $150 ($195); "Can You Grasp This? Ergo-Solutions!" (PW16A/B), Barbara Dawidjan, Donis Tatro, $150 ($195); "Make a Great Impression, Manipulation of Elastic Impression Materials" (PW17A/B), Ellen Gambardella, Rita Johnson $150 ($195).

● **Oct. 15:** 9-11:30 a.m., repeats 1:30-4 p.m.—"Safe, Sane and Remunerative Office Oral Surgery" (PW21A/B), Dr. Myer Leonard, $200 ($250); "New Techniques, Materials and Concepts for Everyday Crown and Bridge" (PW22), Dr. Arun Nayyar, $250 ($295); 9-11:30 a.m., repeats 1:30-4 p.m.—"Improve Your Partials: Simple Materials, Techniques and Design Principles" (PW23A/B), Dr. M. Nader Sharifi, $275 ($325); "Changing Concepts of Ultrasonics: A Participation Workshop (PW25A/B), Cynthia Fong, $150 ($195);

See WORKSHOPS, page 23

Hands-on

Continued from page 20

Dr. Tonelli, will provide detailed insights into the total spectrum of adhesive dental treatment, with an emphasis on gaining a thorough understanding of both direct and indirect posterior esthetic restorative care.

And Dr. David Baab will teach participants two grafting techniques, free gingival grafts as well as sub-epithelial connective tissue grafts. "You'll learn incision making, site preparation and suturing or both of these techniques," says Dr. Tonelli.

For more information, contact the Council on ADA Sessions and International Programs, 211 E. Chicago Ave., Suite 200, Chicago 60611-2658; call 1-800-232-1432 or 1-312-440-2388; or e-mail "annualsession@ada.org".

Register now at "www.ada.org/session", which also features regular updates on annual session events. ■

Pain group to meet Sept. 6-9 in Virginia

Arlington, Va.—The American Academy of Pain Management's annual clinical meeting will convene here Sept. 6-9 with more than 100 faculty, 70 exhibits and 30 continuing education credits.

To register for "Pain Management: A Challenge for the New Millennium," contact Richard Weiner, Ph.D., at 1-209-533-9744 or e-mail at "aapm@aapainmanage.org". ■

Test message: These posters and the version on page one are not yet finalized, pending the completion of focus group studies.

Cancer

Continued from page one

ADA officers and trustees approved the campaign proposal in April and heard an update on it at their June meeting last week. The Association is working with state and local dental societies in the target cities to generate media attention and to develop public relations activities centered on the campaign.

A letter from ADA President Robert M. Anderton describing the campaign will be mailed in advance to all Association members.

"During the campaign," says Dr. Anderton in the letter, "you may find your patients asking about oral cancer screening after seeing advertisements or media coverage."

To help member dentists communicate with patients on oral cancer, the Association will publish an ADA News insert in August. The mix of materials to be included in the insert hadn't been settled at press time. Some possibilities: oral cancer discussion points, an office planning guide and a poster for in-office display.

Also, as the campaign launch date nears, the Association will establish a repository of oral cancer information on its Web site, "www.ada.org". Materials provided on the site will include research articles, information for patients and a range of other items.

"I hope you are as excited as I am about the good this campaign can do for the public and the profession," writes Dr. Anderton in his letter to the membership.

OralScan—which is funding the campaign but isn't mentioned in ads that bear the ADA logo—markets OralCDx, a computer-assisted method for analyzing an oral brush biopsy. ADA officials point out that the public awareness campaign promotes oral cancer screening—it does not promote OralCDx or OralScan Laboratories.

OralCDx was the focus of a cover story in the October 1999 issue of The Journal of the American Dental Association.

The JADA article presented results from a double-blind study of 945 patients screened for oral cancer at multiple sites across the country. Findings from the OralCDx tests of oral lesions were confirmed later by scalpel biopsy.

"In 945 patients, OralCDx independently detected every case of histologically confirmed oral dysplasia and carcinoma," with a false negative rate of zero, wrote Dr. James J. Sciubba, principal author of the JADA report and a member of the collaborative study group that tested OralCDx.

The computer-assisted brush biopsy, he wrote, "appears to determine the significance of an oral lesion definitively and [to] detect innocuous-appearing oral cancers at early, curable stages."

More than 30,000 new cases of oropharyngeal cancer are reported each year. The disease kills about 8,000 U.S. citizens annually, making it more deadly than cervical cancer, malignant melanoma and Hodgkin's disease. Tobacco use and excessive alcohol consumption are major risk factors for oral cancer, but about 25 percent of victims neither smoke nor drink.

The federal Centers for Disease Control and Prevention in March 1994 reported that just 14.3 percent of patients from a sample of 12,035 U.S. residents said they had ever been screened for oral cancer—though it's likely that a percentage of them had been screened but didn't know it.

Other studies show that 5 to 15 percent of dental patients routinely present some type of oral lesion. Most of these are benign; about 6 percent are not.

Mark Rutenberg, president and chief executive officer of OralScan, says he hopes the ADA campaign will generate "lesion awareness" in patients and dentists alike.

The OralScan executive sat in on the dentist and consumer focus groups on the campaign. He noted that some campaign themes played better than others with the target audiences. The final messages, ADA officials say, will reflect the feedback received.

The campaign messages are strong because they have to be, says Mr. Rutenberg, "because we're competing for people's attention with everything else they see."

Watch for updates on the campaign in future issues of the ADA News and on ADA.org, the Association's Web site. ■

Oral cancer campaign schedule

The ADA's oral cancer public awareness campaign will target 10 major U.S. cities, run three to four months in each city and roll out according to the following schedule:

Chicago (September-November)
San Francisco (September-December)
Seattle (October-December)
New York (October-January)
Philadelphia (October-December)
Kansas City (October-December)
Miami (October-December)
Houston (October-December)
Denver (October-December)
Boston (November-February). ■

Office accreditation

JCAHO program covers variety of office-based surgery practices

BY CLAYTON LUZ

Oakbrook Terrace, Ill.—The Joint Commission on Accreditation of Health Care Organizations has begun awarding accreditation to office-based surgery practices.

Oral and maxillofacial surgeons' offices, endoscopy suites, plastic surgery practices, podiatric practices and laser surgery centers are among office-based surgery practices eligible for accreditation under the new quality evaluation program.

The commission, which provides accreditation services in more than 40 types of ambulatory care organizations, developed the new standards in consultation with dental and medical practitioners, professional organizations and consumer advocacy groups.

Dr. Whiston

The JCAHO's office-based surgery standards were established specifically for single sites of care where up to four dentists, physicians or podiatrists provide surgical services.

Linda Kelley Peterson, executive director, Ambulatory Care Accreditation Program, says changes in the health care system in the areas of reimbursement and technology "mean that more and more patients are undergoing complicated procedures in office-based surgery settings."

Last year more than 8.3 million surgeries were performed in an estimated 41,000 office-based surgery sites.

The JCAHO's new office-based surgery standards emphasize issues that affect patients and their care, Ms. Peterson says. The standards evaluate issues such as medication and anesthesia, safety, practitioner credentials, staff competency and customer service.

"The JCAHO accreditation program will standardize expectations for patient safety and quality, as well as provide patients with information on care to help them make decisions," says Ms. Peterson.

Dr. David A. Whiston, a past president of the American Dental Association and a member of the JCAHO board of commissioners, says the accreditation will benefit practitioners and, most importantly, their patients.

"There's a demonstrable link between accreditation efforts and improvement in quality of care," says Dr. Whiston, "For example, in the office-based surgery practice improvements in quality, patient safety would lead to decreased complication rates, enhancements of quality of outcome and patient satisfaction."

"Dental practitioners may also choose to use the accreditation for competitive reasons," Dr. Whiston adds. "The ultimate outcome or bottom line is the JCAHO's value of consultation and accreditation has value, which improves quality of care. And that benefits all patients."

A California medical surgery center that provides services for patients requiring oral and maxillofacial/cosmetic conditions became the first facility to achieve office-based accreditation March 15. The practice was awarded accreditation after an on-site evaluation against 146 standards that addressed key patient safety and quality performance expectations.

Since then, five more practices have earned accreditation.

Office-based surgery centers interested in information about becoming accredited should contact Ms. Peterson by phone at 1-630-792-5198 or Mike Dye, associate director, Ambulatory Care Accreditation Program, at 1-630-792-5259. ■

AAE names new executive director

The American Association of Endodontists named James M. Drinan executive director June 7.

He succeeds Irma S. Kudo, who has served as the AAE's chief officer for the last 21 years.

Mr. Drinan comes to AAE from the American Association of Orthodontists, where he served as associate executive director since 1994. He begins his tenure with AAE July 1.

"The AAE is a first-class organization," Mr. Drinan said of the 6,000-member association. "Having worked 13 years with dental specialty organizations, I have had the opportunity to see how the AAE works. I've been very impressed with the presence of endodontists in the ADA, with their initiatives in evidence-based endodontics and dental faculty recruitment and retention, as well as with the impressive success of their $15 million foundation."

A native of Boston, Mr. Drinan received his law degree from Chicago's DePaul University in 1981.

"I am extremely pleased Jim has accepted the position of executive director. He is a highly qualified professional who will be a welcome addition to the AAE family," Dr. Jeffrey W. Hutter, AAE president, stated. ■

Workshops

Continued from page 21

"Excellence in Obtaining Alginate Impressions" (PW26A/B), Ellen Gambardella and Rita Johnson, $150 ($195).

● **Oct. 16:** 9-11:30 a.m., continues 1:30-4 p.m.—"Predictably Successful Endodontics II" (PW27), Dr. Donald Yu, $250 ($295); "Multiple Hard-and-Soft Tissue Lasers" (PW28), Dr. Robert Convissar, $225 ($275);

"Radiosurgery—A Safe, Simple and Profitable Alternative to Traditional Surgery" (PW29), Dr. Jeffrey Sherman, $250 ($295); 9-11:30 a.m., repeats 1:30-4 p.m.—"Articulator Comparisons for Esthetics and the Worn Dentition" (PW30A/B), Drs. Paul Epstein, Stanley Shustak, $175 ($225); "Dam It, It's Easy! Education Programs" (PW31A/B), Mary Costello, $150 ($195); "Hands-On Probing, Root Planing and Instrument Sharpening: An Evidence-Based Approach" (PW32A/B), Drs. Kenneth Backman, Robert Faiella, $150 ($195); "Occlusal Splint Therapy: Rationale, Indications and Fabrication" (PW33A/B), Dr. Henry Gremillion, $250 ($295). ■

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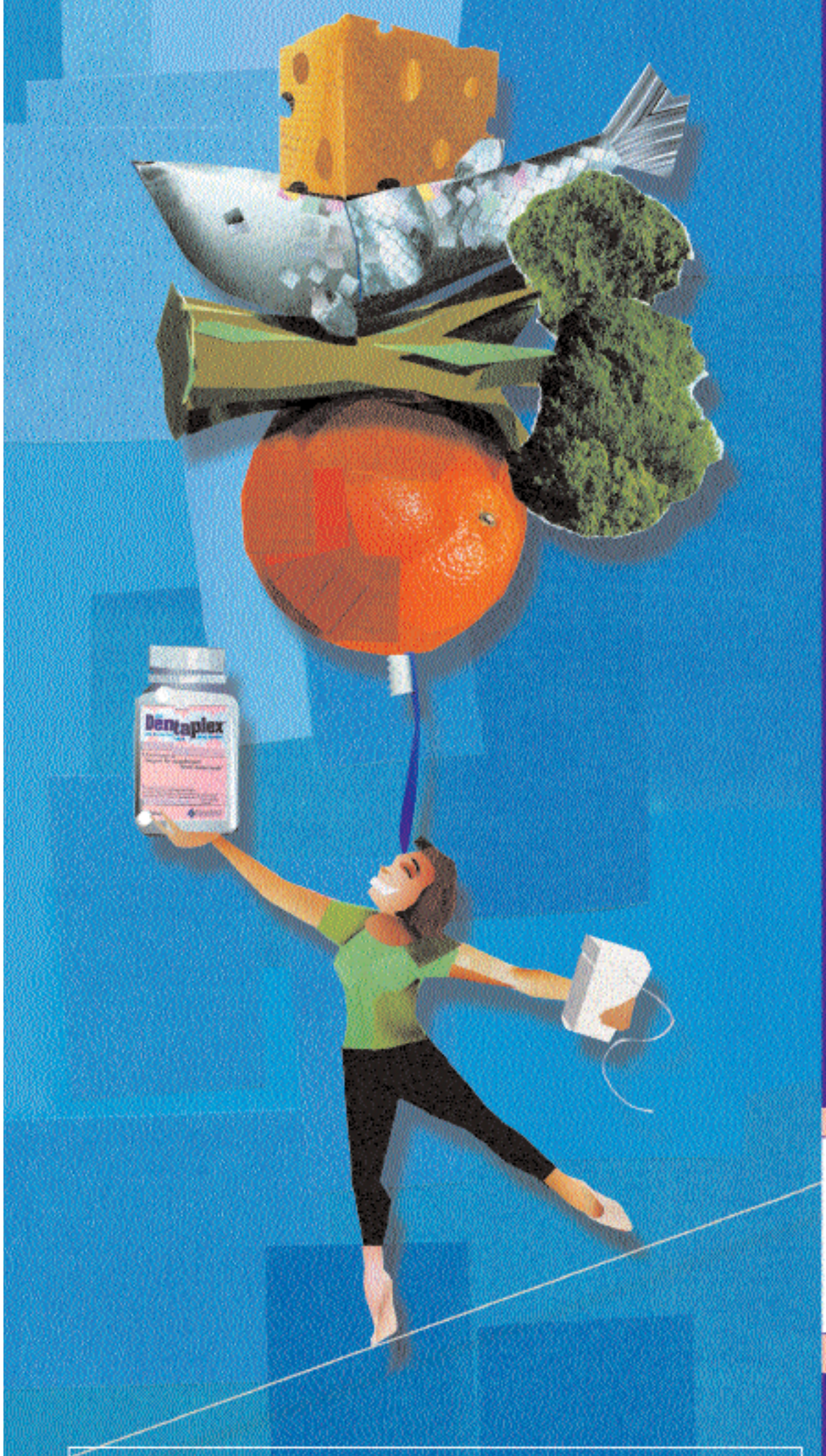

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1 Nishida M, Grossi SG, Dunford RG, Ho AW, Trevisan M, Genco RJ. Dietary vitamin C and the risk for periodontal disease. *J Periodontol.* 2000;71:1215-1223. **2** Nishida M, Grossi SG, Dunford RG, Ho AW, Trevisan M, Genco RJ. Calcium and the risk for periodontal disease. *J Periodontol.* 2000;71:1057-1066. **3** Garewal HS, Meyskens FL Jr., Killen D, et al. Response of oral leukoplakia to beta-carotene. *J Clin Oncol.* 1990;8:1715-1720. **4** Leggott PJ, Robertson PB, Rothman DL, Murray PA, Jacob RA. The effect of controlled ascorbic acid depletion and supplementation on periodontal health. *J Periodontol.* 1986;57:480-485. **5** Spiller WF Jr. A clinical evaluation of calcium therapy for periodontal disease. *Dent Digest.* 1971;77:522-526.

ADA assists abroad

Eastern European country to benefit

By Clayton Luz

Washington—The organization Health Volunteers Overseas continues to expand its mission to offer education and training resources to dental care providers in developing countries.

The Dentistry Overseas Division of HVO has started a teaching and training program in the Republic of Moldova.

Sponsored by the American Dental Association, the program will be hosted by the State University of Medicine and Pharmacy, Stomatological Department, in the Moldovan capital of Chisinau (formerly spelled Kishinev).

The Republic of Moldova is slightly larger than Maryland and occupies 13,000 square miles between Ukraine and Romania. It claimed independence from the Soviet Union in 1991. Bordering west Romania and flanking east and west Ukraine, the Republic of Moldova has a population of about 4.3 million, making it one Europe's more populated countries.

Dr. Stephen Mackler, a North Carolina resident who helped establish similar dental volunteer programs in Bangladesh and Zimbabwe, is the program director for the Moldova site.

Dr. Gary Leff, chairman of the Dentistry Overseas HVO steering committee, also is working with Dr. Mackler to implement the program.

Dr. Mackler first visited Moldova about four years ago when conducting a fact finding mission about the country's health care system.

"Wherever I travel overseas, I say, 'can we make a marriage, an opportunity for advancement in oral health?'" he says.

"They were interested and eager to learn about oral health prevention and treatment," Dr. Mackler notes about the dental practitioners and dental students he met during his trip. But the country's decade-long transformation to a sovereign state after generations of communist rule has slowed efforts to improve the country's overall health care system.

"Theoretically they could talk about a lot of things," says Dr. Mackler, "but from a material perspective, dental practitioners and students don't have the resources yet."

A minimum of four volunteers per year is needed for assignments lasting from one week to one month. Housing is available at local hotels or in apartments in residential neighborhoods. Volunteers are responsible for the cost of housing.

The dental program seeks to support faculty and students at the State University by training them in restorative dentistry, periodontics, prosthetics, oral and maxillofacial surgery, orthodontics and dental public health as well as other areas of dentistry through lectures and clinical demonstrations.

Dr. Mackler says the program is a "compound program" that educationally combines didactic learning with hands-on clinical experience.

"Senior dental students or faculty members are teamed with HVO dental volunteers," Dr. Mackler explains. He says that orphanages are common site visits. There, children receive dental treatments such as prophylaxis, restorations and sealants. The state has about 140 orphanages.

"What's exciting," says Dr. Mackler, "is the concept of community participation or helping your fellow man. Under communist rule, volunteerism and building one's community were activities assumed by the state." The ADA HVO program in Moldova seeks to help oral health professionals and dental students develop their giving spirit, he says.

One program goal is to collaborate with the Moldovan Ministry of Health to develop oral health promotion and disease prevention programs such as teacher workshops for oral health programs, sealant and fluoride rinse programs and public health education courses to dental students.

The program also aims to help Moldovan oral health professionals learn more about international health issues, encourage their attendance at health conferences and increase membership in international health organizations.

For more information about volunteering with the HVO dental program in the Republic of Moldova or its other sites in Bangladesh, Brazil, Haiti, St. Lucia or Vietnam, contact HVO by phone at 1-202-296-0928 or e-mail "info@hvousa.org".

See MOLDOVA, page 26

Helping: (from left) Dr. Mackler visits Moldova with fellow North Carolinian Dr. Jeff Weiss, North Carolina Army National Guard; Dr. Simeon Adam, chief dental officer, Moldovan Military; and the chief of family practice residency at Moldova Medical School (unidentified).

Strong tooth: The designer bike rack is a local landmark in Portland.

Expanded functions?

Tooth of steel shows potential

Portland, Ore.—No, that's not a new genetically engineered tooth model. It's simply good patient relations in bicycle friendly Portland.

Dr. Ron Selis didn't expect that his designer bike rack would become a local landmark and marketing tool for his practice.

"I have one or two patients a month who tell us they saw our tooth bike rack, that's why they thought of coming here," said the general dentist.

The bike rack stands at the intersection of two major thoroughfares in northeast Portland.

"From day one, it's been well used by patients and people coming to other businesses in the area," said Dr. Selis.

One of his patients, a bicyclist and city employee, directed him to the designer, Merrill Denney with Creative Metalworks ("merrill@creativemetalworks.cc" or 1-888-BIKE-RAX).

Dr. Selis has been told it's the only one of its kind in the state. ■

There's still time to register for summer forensic conference

"Forensic Dentistry 2001: A Symposium with Workshops" will get interested dentists in on the ground floor of a wide range of topics and methods of forensic dentistry. The conference convenes July 19-21 at ADA Headquarters in Chicago.

Dr. Donald M. Kerr, assistant director, laboratory division, of the Federal Bureau of Investigation will preside as keynote speaker.

"To effectively and efficiently provide quality forensic services to the law enforcement community, it is essential for the laboratory to maintain liaison with all components of the forensic community," said Dr. Kerr. "I'm delighted at the opportunity to address the ADA."

For more information about the conference, contact the ADA's Council on Dental Practice at 1-312-440-2895 or e-mail Dr. Don Collins at "collinsd@ada.org". ■

WHO seeks dentist

Geneva, Switzerland—The World Health Organization is seeking a dental officer to serve in its headquarters office.

The individual must hold a dental degree from a "recognized institution with specialization in epidemiology and public health."

WHO is seeking a candidate with experience in community projects on oral health with at least five years' experience in international health/oral health programs or research and work in developing countries related to health/oral health.

The dental officer will develop strategies for the prevention of oral diseases.

Applications are due July 13. The WHO job notice can be found on the Internet at "www.who.int/per/vacancies/phq01_045e.htm". ■

Moldova

Continued from page 25

Health Volunteers Overseas is a private, nonprofit, non-sectarian volunteer organization dedicated to improving the availability and quality of health care in developing countries through training and education.

The organization was founded in 1986 and has grown to include nine specialty divisions: dentistry, anesthesia, nurse anesthesia, internal medicine, nursing, oral surgery, orthopedics, pediatrics and physical therapy. ■

Nevada

Continued from page 17

could lead to a diminished quality of dental care in the state.

Further, the provision undercuts the bill's intention of increasing access to care.

"Nevada's critical areas of need—which are the rural communities and underserved populations—will not benefit from this at all," said Dr. Joel F. Glover, chair of NDA's legal and legislative affairs committee.

"The temporary licensure provision removes any incentive for anyone to come to Nevada to work in a specific geographical area, because they basically achieve the same thing without having to contractually agree to go to a rural clinic or Head Start clinic," he explained.

"Dentists will ask themselves, 'Why should I get a license that limits me to a specific location or limited specialized area of practice when I can get a license to practice anywhere I want?' "

At first, the NDA backed an original proposal that allowed licensure by credentials for dentists practicing in specific geographical areas. The Nevada State Board of Dental Examiners wrote those amendments to the state dental practice act.

"We supported that," said Maury Astley, NDA executive director. "At least the state had some oversight of those who were not taking the exam."

■ "Nevada's critical areas of need—which are the rural communities and underserved populations—will not benefit from this at all," said Dr. Joel F. Glover, chair of NDA's legal and legislative affairs committee.

SB 133's most significant proponent was Nevada's culinary union, which represents the state's 50,000 employees in the gaming, restaurant and resort industry.

In lobbying the legislature, supporters of SB 133 cited 1998 ADA statistics that show Nevada ranks last in the ratio of dentists to patients and claimed that survey statistics indicate long waiting periods for dental appointments.

NDA disagreed. On May 25, the Las Vegas Sun published results from an informal survey that indicated an average wait to see a dentist in Clark County, Nev. ranged from three days to as long as two weeks. Most dentists were willing to see patients with emergencies as soon as the next day.

However, the wait for a cleaning with a hygienist was significantly longer: one to three months.

The NDA attributes the real problem with access to care to be the culinary union's low reimbursement—which Mr. Astley says is about 65 percent of the usual and customary fee—and the high rate of no-shows for appointments.

"That was culinary's argument, that there aren't enough dentists in Nevada," said Dr. Glover. "They say credentialing will fix that. But the real reason dentists don't work with culinary isn't because there aren't enough dentists, it's the low reimbursement rate."

The NDA amassed its members and lobbyists to fight the provision for temporary licensure, but the opposition became heady when the culinary union enlisted the support of the Nevada Resort Association, the state's gaming industry lobby.

"The culinary union has a lot of influence with the gaming association. Gaming has to work with culinary because they have to keep those maids, bartenders, waitresses and maintenance people at work," said Dr. Glover.

Whether SB 133 leads to an influx of dentists moving to Nevada remains to be seen.

According to the ADA Council on Dental Education and Licensure's 1998 Survey on Licensure by Credentials, 19 states with the authority to grant licensure by credentials reported an average of 31 applications for such licensure a year for the years 1993-98.

Regardless, Mr. Astley said that many NDA members believe the quality of dental care in the state will suffer as a result of SB 133.

"About 60 percent of the dentists who take our exam pass it," he said. "One dentist stated it very well: Would you want the 40 percent who failed our test to work on you?"

With the provisions of SB 133 set to expire in four years, Dr. Glover said the NDA will closely monitor the bill's implementation procedures, study its effects and prepare to return to the legislature and say, "This is what the bill has done and what it hasn't done."

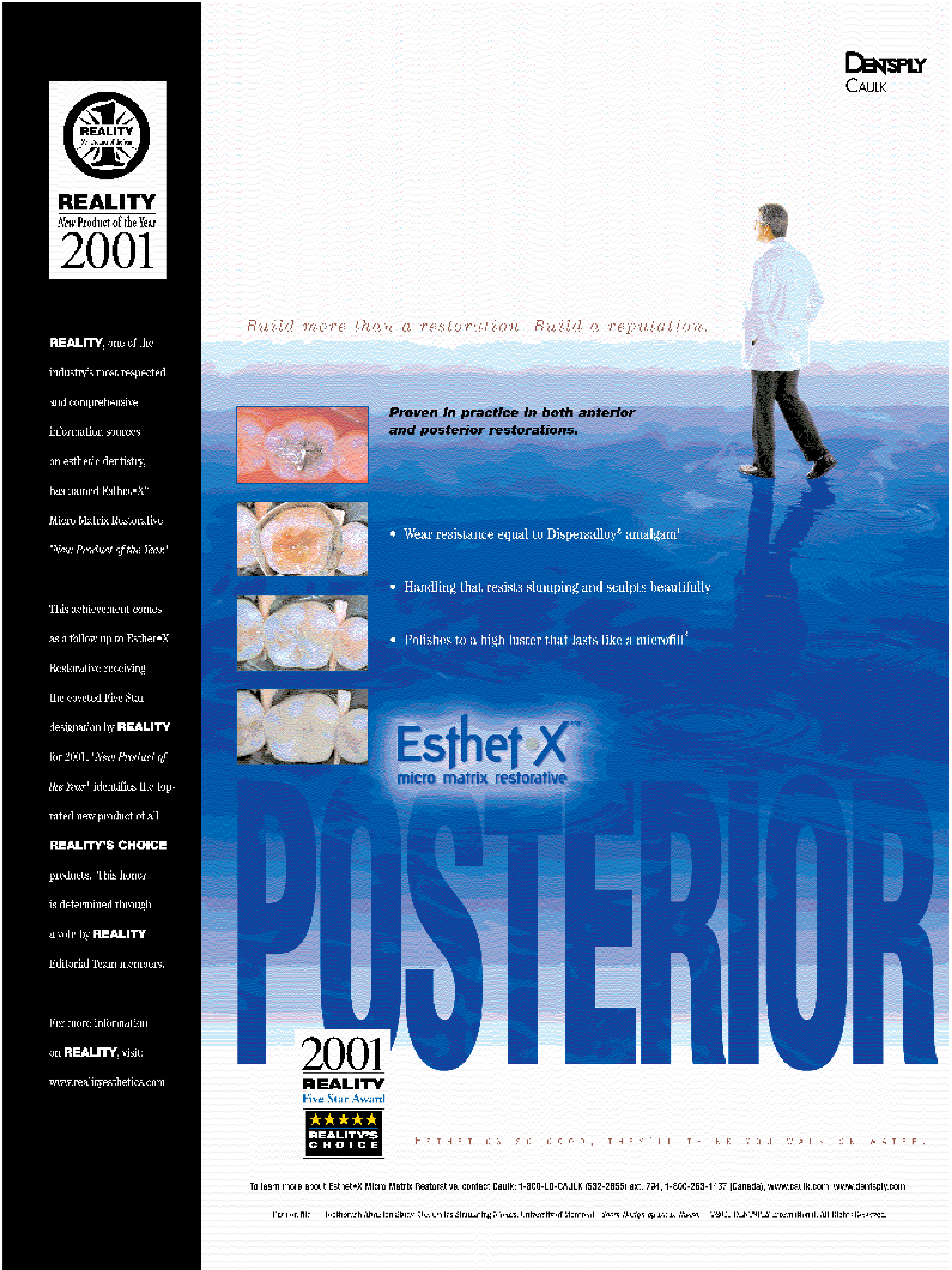
"But in turn," he said, "We are going to have to work with these underserved populations to try and help them get some dentists to perform services."

Dr. Glover will encourage the NDA executive committee to work with the communities of interest to set up programs to determine areas of highest need. "We didn't do that," he said. "We haven't really worked well with the communities of interest that were seeking dental care, such as the rural communities and Medicaid patients."

NDA officials say they are hopeful that the first wave of University of Nevada–Las Vegas School of Dentistry graduates will have a positive impact on access to care in the state.

The UNLV School of Dentistry plans to accept its first class of dental students in the fall of 2002, with the first graduates expected to finish school in 2006. During the recent legislative session, the state also appropriated $20 million to the dental school and its residency program.

With state support, UNLV intends to provide dental services to the majority of the state's underserved populations. ■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2001
REALITY, one of the industry's most respected and comprehensive information sources on esthetic dentistry, has named Esthet•X® Micro Matrix Restorative "New Product of the Year."
This achievement comes as a follow up to Esthet•X Restorative receiving the coveted Five Star designation by REALITY for 2001. "New Product of the Year" identifies the top-rated new product of all REALITY'S CHOICE products. This honor is determined through a vote by REALITY Editorial Team members.
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