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AMERICAN DENTAL ASSOCIATION
ADA News®

JANUARY 21, 2002

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VOLUME 33, NO. 2

Cash accounting OK'd

Local, state, national association efforts pay off: IRS says dentists can choose preferred method

BY CRAIG PALMER

Washington—A newly effective IRS revenue procedure, sparked by protest in Peoria, allows the nation's dentists to choose practice-appropriate tax accounting and removes a policy cloud threatening audits and classifying health services as "merchandise." The IRS conceded the rules have been "unclear" and said it

■ **Dentist from 1980 Olympic hockey team, page 10**

will no longer challenge dentists' use of cash-based accounting for tax purposes.

The new rules allow qualifying small businesses with average annual gross receipts under \$10 million and provid-

ing certain services, including health care, to use cash-based accounting.

"Previously, it was unclear whether these businesses were required to use inventories and an accrual method of accounting," said IRS announcement IR 2001-114 posted on the IRS Web site ("www.irs.gov").

The rules are effective for the 2001 tax year, said IRS Commissioner

Charles O. Rossotti, whose agency has been at a five-year policy standoff with the dental profession and in more recent years with the broader small business community and members of Congress pushing for legislative relief from administrative and tax compliance burdens of IRS-imposed accrual accounting.

See IRS, page 22

BRIEFS

Input needed: The ADA Survey Center awaits responses from the 2001 Survey of Dental Graduates.

This major survey of some 6,000 dentists is part of the Distribution of Dentists, an ADA-mandated survey of all known U.S. dentists.

To encourage the highest possible response rates, a follow-up survey will soon be mailed. It includes all 2000 dental school graduates, as well as 1999 and 1998 dental school graduates who did not respond to previous Surveys.

The questionnaire requests basic information, as well as practice location of practitioners in private practice.

Members who have questions about the survey can contact the ADA Survey Center toll-free, Ext. 2568.

San Diego meeting: The American Academy of Dental Group Practice will hold its annual conference and exhibition here Feb. 6-9.

Dedicated to growing and building group dental practices, the presentations and roundtables will also include industry leaders from a broad range of group practice models.

For more information, contact the AADGP at 1-602-381-1185 or e-mail "info@aadgp.org". ■

INSIDE



HIPAA update

Delay for electronic data transaction standards. **Story, page 24.**



Saving a life

Oral cancer survivor credits ADA campaign

BY JAMES BERRY

New York City—John Miller counts himself as a "major beneficiary" of the ADA's oral cancer awareness campaign and for good reason: it may have saved his life.

Thanks to the nationwide campaign—and the prodding of a couple of observant friends—the 27-year-old professional who lives and works in Manhattan is back on the job in the new year, having had three lesions, including one that was cancerous, removed from his tongue over the holidays.

"It worked for me," Mr. Miller (not his real name) said of the campaign that started in September in Chicago and San Francisco and has carried its message to 11 major U.S. cities in all.

■ **NY state passes oral cancer CE law, page 26**

With funding provided by OralScan Laboratories Inc., the ADA-sponsored campaign features colorful signs on billboards, taxi tops, bus shelters and other outdoor venues, all urging the public not to ignore even tiny sores in the mouth, to see a dentist and to get tested.

The campaign has remained in each target market for about four months and is scheduled to wrap up in Atlanta at the end of March.

In October 2000, John Miller noticed—but largely ignored—a small sore along the left margin of his tongue. "I figured it was probably caused by

trauma, by my tongue scraping along the sharper edges of my teeth," he said. "I've got pretty sharp teeth."

More than a year passed. A second lesion, then a third erupted on Mr. Miller's tongue. The lesions, he found, were reacting to spicy foods but otherwise caused little discomfort.

Then one day last November, his roommate was motoring through the city when he spotted a billboard from the ADA's oral cancer awareness campaign.

At about the same time, Mr. Miller's girlfriend also saw and read one of the campaign posters.

"They both stopped in their tracks," Mr. Miller said of his friends' reactions. "I listened to

See CANCER, page 27

Dental spending rises

'Stability' becoming elusive

BY CRAIG PALMER

Washington—Increases in health spending, at rates faster than economic growth, may spell "the end of an era of reasonably affordable health care cost growth," government economists said Jan. 8 in their annual report on the state of the health economy.

Health care spending in the United States increased to \$1.3 trillion in 2000, a 6.9 percent increase over the previous year, said the report by the Centers for Medicaid and Medicare Services, formerly the Health Care Financing Administration. Dental expenditures increased at a more modest 6.3 percent to an estimated \$60 billion.

The private sector covered \$57.2 billion of total dental spending in 2000, according to the report.

See SPENDING, page 25

ADA seeking e-mail addresses for database

Updates earn rave reviews

The ADA wants to expand a database of e-mail addresses that the Association is using to communicate, rapidly and regularly, with the profession.

"This tool lets us talk to our members instantaneously and inexpensively," Dr. James B. Bramson, ADA executive director, said of the e-mail system known as "ADA Update" and the Association's database, which already contains more than 30,000 e-mail addresses for dentists.

The ADA launched its electronic communications system in mid-September, shortly after the Sept. 11 terrorist attacks in New York and Washington, D.C. Just three days after the tragedy, ADA Update participants received news and information on dentistry's response to the attacks from ADA President D. Gregory Chadwick and Dr. Bramson—with follow-up transmissions on the first business day of each month thereafter.

To date, participants have received four ADA Updates on a wide range of timely topics—from lobbying successes in Washington to the lawsuit against Aetna Inc. and much more.

"Because of the terrorist attacks, we actually launched this earlier than originally planned," said Clay Mickel, the Association's Communications director. "Establishment of the database had just gotten underway, and we were still fine-tuning the software, but events moved our timetable ahead by several weeks."

ADA leaders are aggressively pushing to enlarge the Association's database of dentists' e-mail addresses. They assure the profession that the ADA has committed to a privacy policy that includes a pledge not to sell the database or to permit its use outside the tripartite—the local, state and national levels of organized dentistry. Also, participants can opt out of the system at any time.

The quickest way to provide your e-mail address to the ADA is, quite naturally, to use e-mail. Send your e-mail address to "e-mail@ada.org".

As supplements to the monthly updates, participants soon will receive "ADA Grams"—briefings on important developments, breaking news, new products and so on, each delivered as the need arises.

Since their introduction in September, the ADA Update messages have been getting rave reviews from recipients.

"[This is] the first time in 44 years I have been a member that I feel more attached to the ADA," wrote one of the dozens of dentists who've lauded the system.

Wrote another, "Thank you for beginning a new era of electronic communication. Though it may take time for the membership to appreciate this form of communication, time will prove it to be a valuable asset to our membership."

Still another dentist torched the theory that older people are less technologically sophisticated than computer-savvy young folks.

He wrote, "Your new e-mail is an easy way even for retired codgers to try to stay in the hunt. Tally ho!"

—Reported by James Berry



Seal of approval

Brookfield, Ill.—That's Banda, a female Harbor seal, having her teeth brushed at the Brookfield Zoo.

Dr. Gene Blake captured the moment when he learned about the zoo's efforts to treat Banda's periodontal disease.

Early on, you could have called Banda "non-compliant."

"She had never had her teeth brushed before," said the Schaumburg, Ill., general dentist.

"In fact, she would not even

allow anyone to touch her mouth."

To prepare her for brushing, zoo trainers used a technique known as conditioning, where they started out in small steps and provided rewards along the way.

"The whole training process took several weeks, a great deal of patience and lots of fish," said Dr. Blake.

They began simply by touching her face—for which she received a juicy fish—then touching her teeth, and moved on to brushing.

Performing that task in the photo is Liz Dombeck, one of Dr. Blake's patients. ■

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VIEWPOINT

Snapshots OF AMERICAN DENTISTRY

LAURA A. KOSDEN, *Publisher* DR. MARJORIE K. JEFFCOAT, *Editor*

JAMES H. BERRY, *Associate Publisher, Editorial* JUDY JAKUSH, *ADA News Editor*

MYVIEW

I am not a machine

Recently a journal crossed my desk, as so many do, which caught my eye. As usual, time to read it was hard to find, but eventually I got around to it, putting off some other eventual deed. The article in the journal revolved around a procedure I perform in my practice, the crown. This article told of the "10-minute crown."

After having read it, my concerns were not on how to achieve it but how doing this can affect my practice, the way dentistry is looked upon and how the value of continuing education was affecting my practice.

The most stunning realization did not hit me right away but a little bit later after having just completed a procedure and was back at my desk. I glanced at the cover of the journal and realized that yes, I could do a crown in 10 minutes; but do I want to?

The first effect I saw was what it could have on my practice. Doing a 10-minute crown would allow me to complete six crowns per hour. In a normal eight-hour day that's 48 crowns—a new record!



Mark Gaynor, D.D.S.

But then I was going to have to figure out how I was going to deliver all of them and a headache grew of the situation. Maybe I could mail them to the patients with delivery instructions.

All sarcasm aside, my main concern is the effect on the dentist-patient relationship. The outcome I see from the above situation is a lack of communication. Not getting into all of the details, the dentist comes in to the operatory, sits down, anesthetic, prep, impression, done. Bada boom, bada bing.

Where is the communication?

It has been mentioned in articles throughout the years in the journal, and most recently with Dr. [David] Borlas' [Macomb Dental Society's] Executive Director's Report, that you need to communicate.

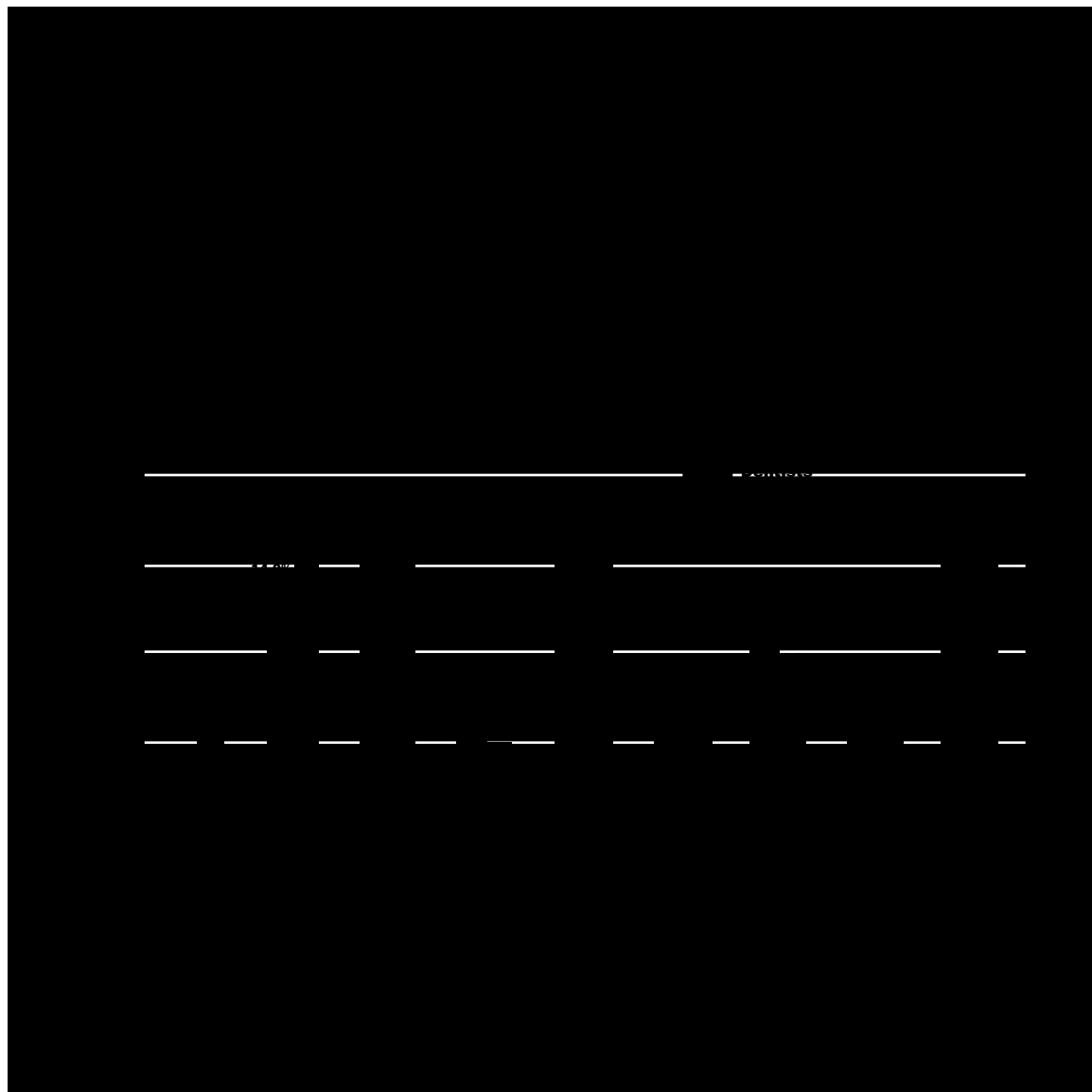
At times I have been accused by my staff of too much communication. But without it, how is the trust going to be formed between the patient and the dentist? Without communication, you have miscommunication.

A long time ago I remember seeing a news show that documented eye surgery in Russia. They lined up patients on a table and rotated it so that at each station a surgeon could perform his task. A human assembly line was born.

Is the crown prep becoming what happened there? Although a vivid imagination might foresee this, a simple crown to us could be seen as an assembly line to a patient. Something as simple as "How's your day?" or "How are the kids?" can show to a patient that you are human and not a machine.

The other realization, after having read through the article, was that I was somewhat surprised to find that many of the steps that the procedure recommended were already in place in my office. I'm not making note of this to blow my own horn, but what I did realize is that all that continuing education can pay off.

See MY VIEW, page five



LETTERS

Grateful in New York

I want to take this opportunity to thank the leadership of the American Dental Association, the New York State Dental Association and the New York County Dental Society and all the members of the dental community for their extraordinary, and totally unexpected, response to the tragic events of Sept. 11, 2001.

My office is located one block from the World Trade Center site. On the day of the attack, three members of my staff and I remained in the office until the first tower collapsed. We then managed to escape through a cloud of black dust and debris without injury.

We returned to the building a week later. We had lost all power and telephone service but, fortunately, our building suffered no structural damage. Further, transportation to the area was severely curtailed and many of our patients were relocated. Nonetheless, we reopened the office about five weeks after the attack and since then have been steadily rebuilding the practice. With your generous support, I am now confident that we will recover almost

completely and can only hope that all of lower Manhattan will one day be fully restored.

It is difficult for me to convey how much this grant meant to me personally and to my entire family. On the day of the attack, my 11-year-old daughter was ill and at home alone waiting for her caregiver to arrive from Brooklyn. My wife was at work

ship, for playing such a significant role in the restoration of my dental practice. I have always been a loyal dental association member but am especially proud to be part of such a generous and supportive community in these difficult times.

Thank you.

Alex J. Martin, D.D.S.
New York City



Text of a Sept. 11 e-mail message to Dr. Martin's wife from their 11-year-old daughter: Mom. About the bombing ... I'm scared.

I hope they find the terrorist(s). They should make the airports even more

secure. They should narrow it down to who might do it. I can't believe the Pakistanis are so happy. Just because America is on their enemy's side doesn't mean they should be celebrating any deaths!

I was so scared that dad might have gotten caught when the building(s) collapsed! I cried and prayed. Your secretary called and said that dad had called her and said that he was OK and walking home, but full of dirt, I was so happy I cried again.

Again, allow me to extend my deepest gratitude to all my dental colleagues and to you, as our leader-

See LETTERS, 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

Continued from page four

I feel much better.

I just can't wait until all of us are home, together. I was so scared and frightened that I might have lost my daddy!

Love,
Lizzy

CE needed, fun

Sounds as though Dr. J. Mark Collier ("Letters," Dec. 10, 2001, ADA News) feels getting continuing education units is oppressive.

It is not so difficult. He says he has three states to satisfy. I had four; I'm sure others have more. I recently conceded two as I'm near retirement and don't plan on practicing in those two states.

At no time have I had difficulty in attaining enough credits to satisfy all four states. Besides, getting out of the office occasionally is pleasant. It gives one an opportunity to talk to others, gain additional experience, question presenters and rejuvenate.

We may be happy that Dr. Collier is not an internist. They have to garner at least 50 hours every year, as opposed to the 20 Michigan requires of dentists. If memory serves, continuing education units became a requirement because many dentists weren't fulfilling their responsibility to get continuing education.

Many of us think of ourselves as equals to physicians. We call ourselves "Doctor." We can only call ourselves Doctor if we behave like doctors.

It is our responsibility, to ourselves as well as to our patients, to be as updated as possible in the ever-changing field of health care. If we cannot accept learning for our advancement, we do not deserve to be called Doctor.

Personally, I take great pride in being able to say to a patient, "I was taking a class in order to improve my care for my patients."

*Marshall H. Cossman, D.D.S.
Flint, Mich.*

MYVIEW

Continued from page four

Keeping up with all the new products, whether through lectures like the Macomb Dental Society All Day Seminar or just through discussions with your sales representatives, is essential in providing your patients with quality treatment.

After having sat down and written what was on my mind, I thought, "Maybe I was being too literal." But the article did induce the thought process.

The conclusion I came to was that every office cannot run the same and every dentist has his or her own way of treatment. Find what you are comfortable with, keep up to date with what is out there and remember: your patients are human, and you are not a machine.

Dr. Gaynor is the editor of the Macomb Dental Society Journal (Macomb County, Mich.). His comments, reprinted here with permission, originally appeared in the Fall 2001 issue of that publication.

Hinman meeting

Atlanta—The Thomas P. Hinman dental meeting will convene March 21-24 at the Georgia World Congress Center.

For more information, contact Sylvia Ratchford at 1-404-231-1663 or visit "www.hinman.org". ■

A patient says thanks

Being with friends taking a long speedy joy ride in a car was a familiar feeling at 15 years old. Taking the "Jaws of Life" to that same car was a less familiar feeling for most of us at that age.

Ten years ago I was in a near fatal car accident. It was a small miracle that only a few small pieces were missing from my body—my front teeth.

Dr. Karl Wash, Bensenville, Ill., was alerted the next morning of the terrible accident that had occurred. Although a very busy Saturday morning for Dr. Wash, he insisted that I come in for a complete evaluation.

Eight hours later and still hobbly, I hobbled

out of the office with two new, very thick, bonded teeth.

That was only the beginning of years of treatment: sealants and extensive bonding to additional cracked teeth.

After 10 years, it was time to make a more permanent decision—did I want to start the long process of Hollywood teeth (caps and veneers)?

After my mind was made up, I began saving and prepping for the journey. I started down the path in December with the root canals (that lasted a few months).

Then May 11 we began the final prepping (impressions and teeth shaving) and temporary bonding of the front eight teeth. Only 11 days later my teeth were ready.

They were perfectly created by The Tooth Factory, Elmhurst, Ill., and then perfectly cemented in by Dr. Wash.

I would like to thank the entire staff: Carole for keeping me honest with my flossing, Randi for listening to my family issues and making sure the tooth color was perfect, and finally Mary, who squeezes me in at a moment's notice.

But most of all, I would like to thank the man that has given me back my confidence with a beautiful smile—Dr. Karl Wash. I could not pay that staff enough for their compassion and customer service.

*Kelly Podzimek (Patient)
Elmhurst, Ill.*

It's time for NCDHM

ADA materials can help promote, educate

BY KAREN FOX

Mark your calendars: February is National Children's Dental Health Month.

The ADA is gearing up for the annual event through a variety of media and promotional activities.

This year's promotion utilizes images of Dudley the Dinosaur and friends with the theme: "Don't Let Your Smile Become Extinct."

As in years past, activities will be directed through the ADA's constituent and component societies.

ADA Reports

"It's our hope that members take this opportunity to go out into the schools and their communities to highlight the fact that the American Dental Association is the source for information to educate patients and children not only in February but throughout the year," said Dr. Kimberly A. Harms, chair of the Council on Communication.

NCDHM planning kits were distributed to constituent and component societies in September. ADA members are encouraged to contact their constituent and component societies to participate in activities.

In-office planning kits—with posters, brochures, videotapes, Dudley the Dinosaur toys, dental office tours guide, coloring books and more—may be purchased through



Informative and fun: Dudley and friends are back to celebrate NCDHM.

ADA Catalog Sales at 1-800-947-4746, or "www.adacatalog.com".

Additional materials for National Children's Dental Health Month may be downloaded from the ADA's Web site. Go to ADA.org and click on "Public." ■



Dr. Harms

Billboards plug NCDHM in a big way

Sacramento, Calif.—Californians will see a lot more of the California Dental Association next month.

As part of this year's National Children's Dental Health Month promotion, the CDA is blanketing the state with more than 200 ADA-produced billboards that read: "These healthy smiles brought to you by the American Dental Association and your local dental society."

Officials from the CDA say the billboards—which go up Jan. 28 and will remain posted throughout February—are just one component of their National Children's Dental Health Month promotion.

■ **"By putting billboards in [low-income] areas, we hope to draw attention to the need for regular dental care as part of an overall quality health care program."**

The ADA unveiled the billboard design in October 2000. Since then, many constituent and component societies have leased space to post the billboards for local promotions.

Dr. Terrence Jones, chair of the CDA communications committee, said many of the billboards will be posted in the state's low-income areas.

"Access to dental care is a major issue in California as in many states," he said. "By putting billboards in these areas, we hope to draw attention to the need for regular dental care as part of an overall quality health care program."

The billboard art is still available for use by ADA constituent and component societies. For more information, contact Nina Koziol at "kozioln@ada.org".

Societies utilizing the art are responsible for renting billboard space. Officials from the CDA added that they were able to secure billboard space at the decreased public service rate. ■

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APHA honors dentist

Dr. Allukian wins prestigious public health award

Atlanta—Dr. Myron Allukian has become the first dentist to receive the American Public Health Association's highest individual honor, the Sedgwick Memorial Medal, in recognition for his distinguished service in the public health field.

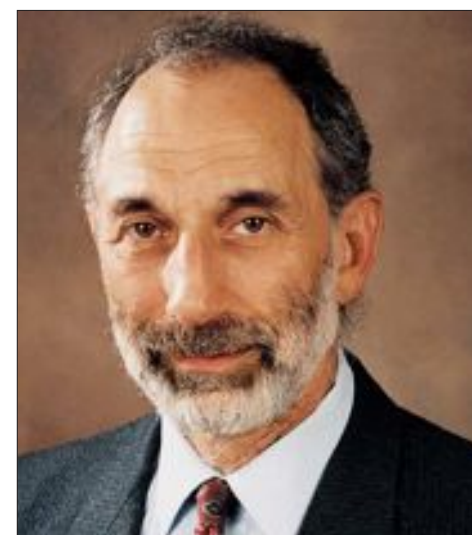
The APHA cited Dr. Allukian for his "exceptional and timeless leadership to improve oral health in the United States, to champion the rights of underserved populations and for his extraordinary record of leadership of the American Public Health Association" at its

129th annual meeting here in October.

Director of oral health for the Boston Public Health Commission and former president of the APHA, Dr. Allukian has been a dental public health advocate at the local, state and national level. He was instrumental in developing 17 health center dental programs in Boston that now log more than 100,000 patient visits a year; working to obtain fluoridation from more than 2 million people in the greater Boston area; and responding to the AIDS epidemic and the oral health needs of people with HIV by helping the

Centers for Disease Control and Prevention issue guidelines for infection control in dentistry.

He chaired the U.S. Surgeon General's Oral Health Workgroup in the 1990 Prevention Objectives for the Nation, through which he brought fluoridation and oral health concerns to the forefront of public health initiatives, and is the only person who has served on the U.S. Surgeon General's Oral Health Workgroups for the 1990s, Healthy People 2000 and 2010 National Health Objectives. ■



Highest honors: Dr. Allukian is the first dentist to win the Sedgwick Memorial Medal for distinguished service in the public health field.

- DR. WILLIAM Y. GREGG (EL TORO, CA)
- DR. MICHAEL C. FLING (OKLAHOMA CITY, OK)
- DR. JOHN E. DAVIS (PANDORA, IL)
- DR. FRANK GRAZIANO (CASTLETON, NY)
- DR. GREGGORY M. ELETERIN (CANTON, OH)
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- DR. YVONNE HINLEF (FERGUS FALLS, MN)
- DR. A.J. SMITH (SALT LAKE CITY, UT)
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- DR. ANITA TOMKINS MYERS (SPRING, TX)
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Volunteers get daily Points of Light award

Jackson, Miss.—In recognition of two decades of volunteer dentistry in the Dominican Republic, the Dominican Dental Mission Project was honored with the national Points of Light Foundation's "Daily Points of Light Award" last month.

DDMP's success story as a dental volunteer organization was profiled Dec. 28 on the Points of Light Web site, "www.pointsoflight.org."

Since its inception in 1982, the project has attracted more than 300 volunteers who have treated more than 43,000 patients in the Dominican Republic. An estimated \$6.5 million in oral health care has been donated through the program, including oral surgery, operative dentistry, amalgam and composite restorations, and fabrication of removable partial dentures to replace central incisors lost to dental decay.

"Their smiles are very important to the Dominicans," says Dr. Francis G. Serio,

■ "Replacing missing front teeth is one of our most popular and rewarding services."

founder and director of the program and professor and chairman of periodontics at the University of Mississippi School of Dentistry. "Replacing missing front teeth is one of our most popular and rewarding services."

In addition, Dr. Serio notes, eight Dominican individuals who served as "helpers" for DDMP went on to attend dental school in Santo Domingo and then returned to the area to help provide dental care to underserved areas.

The Daily Points of Light awards, initiated in 1989 by former President George Bush, honored more than 1,000 organizations, citizens and groups for their community service between 1989 and 1993.

In 1998, former President Bush and President Clinton reinstated the program, which continues with the support of President George W. Bush today. Since 1998, nearly 1,000 more honorees have received the award, which is sponsored by the Points of Light Foundation and the Corporation for National and Community Service, with financial support from the Knights of Columbus. ■

People

Remembering the 'miracle on ice'

Dentist joins former teammates from 1980 Olympic team

BY STACIE CROZIER

Brainerd, Minn.—Only 29 seconds remained. The 22-year-old right defenseman took his shot, knowing it could make or break his coun-

try's chances for a gold medal in hockey.

As the 2002 Winter Olympics in Salt Lake City approach, many Olympic enthusiasts will relive their memories of the winter games of

1980 in Lake Placid, N. Y., when the world was astounded by a "miracle on ice" performed by the U.S. Olympic hockey team to take the gold medal in ice hockey.



1976-79: Defenseman Bill Baker takes the ice as a University of Minnesota Golden Gopher before joining the Olympic hockey team.

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■ **"It was just amazing how close 20 guys could get—guys who were huge rivals before the Olympics."**

A member of the miracle team was Dr. Bill Baker, now an oral surgeon here in Brainerd. Dr. Baker, then a 22-year-old right defenseman who wore No. 6, scored a critical goal with 29 seconds left in the first-round game to reach a tie against the Swedish team. Sweden ended up with the bronze medal.

The year 1980 began in an era filled with turmoil for most Americans.

Inflation was taking its toll on the U.S. economy. The Soviets had invaded Afghanistan and 52 Americans were being held hostage in Iran.

But when this amazing group of American college student hockey players teamed up to muscle past the powerful Soviet team, then defeat Finland to take the gold, the spirits of Americans found something to cheer about.

In a fitting parallel, the miracle team will return to the ice for the first time in 22 years on Feb. 1 in Los Angeles when they face off against the National Hockey League Legends team the night before the NHL All-Star game. With this reunion, which follows the Sept. 11 terrorist attacks and a floundering U.S. economy, the team may, once again, generate American pride and patriotism.

"Being a part of that team was so exciting," Dr. Baker says. "After we beat the Finns, the feeling we shared was unbelievable. We had some time to wait between our last game and the medal ceremony, but then it started. I remember standing with the team as 'The Star-Spangled Banner' played and then we took a victory lap around the ice."

The crowd in the Lake Placid, N.Y., hockey arena went crazy in one of sport's most unforgettable moments, chanting "U-S-A! U-S-A!"

"I have so many great memories," he adds. "It was just amazing how close 20 guys could get—guys who were huge rivals before the Olympics because they played against each other and literally hated each other, that is, until we bonded. I've never been part of a team before or since that had the same bond."

See OLYMPICS, page 11

HVO launches Vietnam plan

International coalition focuses on public health dentistry training

BY STACIE CROZIER AND CLAYTON LUZ

Ho Chi Minh City, Vietnam—More than three decades after they helped establish a dental school here, the ADA is part of an international cooperative effort to help Vietnamese dentists address their country's public health dentistry needs through a new continuing education program.

Led by the Vietnamese Dental School Faculty of Odonto-Stomatology in Ho Chi Minh City, the dental public health program was developed through Dentistry Overseas. Sponsored by the ADA, Dentistry Overseas is a division of Health Volunteers Overseas, a private, non-profit organization committed to improving health care in developing countries through training and education.

■ "By supporting this important program, we believe we give our members the opportunity to perform humanitarian dental work, even if they can't physically visit Vietnam."

The U.S.A. Section of the International College of Dentists recently provided a \$25,000 grant to fund the program. Fitting perfectly into the ICD's mission, "the program should have a profound impact on the ability of Vietnam to manage its oral health care system and positively impact the health of its citizens," says Dr. Richard A. Shick, president of the U.S.A. Section of the International College of Dentists.

"By supporting this important program, we believe we give our members the opportunity to



Program funding: From left; Dr. C. Neil Kay, Dentistry Overseas Steering Committee; Dr. Charles M. Simons, U.S.A. Section-International College of Dentistry president-elect; Dr. Shick and Dr. Leff are on hand as the ICD presents \$25,000 to support the Vietnam public health program.

perform humanitarian dental work, even if they can't physically visit Vietnam."

The international collaborative effort to establish a dental public health education program will help Vietnamese dentists provide better access to care in a country that has only one dentist for every 48,000 citizens, explains Dr. Gary S. Leff, director of the ADA/HVO Vietnam dental public health program.

"The advantage of establishing this program through HVO is that it combines the expertise of U.S. dentists with the expertise of professors and dentists in the international community," says Dr. Leff. "It also provides a model for dental collaboration between research and education and between volunteer programs and university systems."

Nearly 80 percent of Vietnam's 78 million people live in rural areas, while the majority of its 1,600 dentists practice in urban areas. Although Vietnam has a national plan for oral health activities, very few rural residents have access to any dental health services.

The FOS dental public health program, now

approaching its second anniversary, offers both a two-year certificate and a master's degree from Vietnam's Ministry of Education for members of the faculty and dentists already working in the profession. These qualifications can lead to pay raises for dentists who complete the program, and classes are scheduled to enable dentists to practice full time as well as participate in the program.

The dental school hosts visiting professors each January and June to teach the core courses. Dr. Martin Hobdell, a world-renowned leader in the field and chair of the University of Texas Health Science Center at Houston dental public health department, directs curriculum development. Volunteer faculty includes dental public health specialists from Australia, Canada, Malaysia, South Africa, Thailand, the United Kingdom and the United States.

The faculty of Odonto-Stomatology provides the academic "home" for the program and handles student and local faculty recruitment and support. HVO's role is to continue to recruit ADA members as volunteers and to monitor and evaluate their effectiveness. The University of Texas continues to work closely with FOS to coordinate and monitor the program as well as to seek funding and recruit experienced teachers.

"The amount of good we can achieve now and into the future is incredible," adds Dr. Shick. "Things are going extremely well and it gives a model to do the same thing in other countries."

Want to be a DO volunteer?

Washington—With ongoing dental continuing education programs and clinics in six countries from Asia to the West Indies, Dentistry Overseas is always looking for volunteer dentists who are willing to share their time, talents and expertise.

Current program sites include:

- Bangladesh;
- Brazil;
- Haiti;
- Moldova;
- St. Lucia;
- Vietnam.

Dentistry Overseas, the dental division of Health Volunteers Overseas, is sponsored by the ADA. All Dentistry Overseas volunteers must be ADA members.

HVO is dedicated to improving the quality and availability of health care in developing countries through education. Since 1986, more than 3,100 qualified professional volunteers have served overseas to train local health care providers in anesthesia and nurse anesthesia, dentistry, internal medicine, oral and maxillofacial surgery, orthopedics, pediatrics, hand surgeons, nursing and physical therapy.

For more information on HVO programs, call 1-202-296-0928 or visit the Web site: "www.hvousa.org". ■

Dentistry Overseas is seeking volunteers to serve as didactic instructors in January and June or to develop self-study courses that students will work on independently during their two-year program. Assignments range from one to four weeks. Volunteers should be ADA members with a background in dental public health curriculum.

Dentistry Overseas also offers volunteer opportunities for its Vietnam programs in orthodontics and implant dentistry.

Volunteers are responsible for making and financing their own travel arrangements as well as their room, board and other expenses. For more information, call the HVO program department at 1-202-296-0928, visit the Web site: "www.hvousa.org" or e-mail: "info@hvousa.org". ■



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Thirty years ago in Vietnam ...

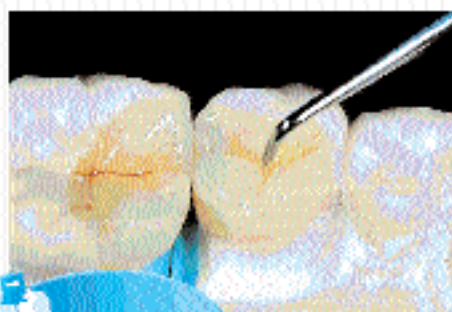
Ho Chi Minh City, Vietnam—The Faculty of Odonto-Stomatology was established in 1968 through the efforts of the ADA, the U.S. Agency for International Development and about 50 American volunteer dentists who traveled to Vietnam to teach the faculty of the fledgling institution.

The project, which went forward despite the war in Vietnam, was funded by the AID, an independent agency that provides economic, development and humanitarian assistance around the world in support of U.S. foreign policy goals.

Former ADA Executive Director Thomas J. Ginley, then the ADA's assistant secretary for the Council on Dental Education, made four trips to Vietnam between 1968 and 1973 to help develop a successful, self-sustaining program. The ADA also brought many of the Vietnamese faculty to the U.S. during those years for additional training, giving them the tools to provide care and instruction and establish firm roots for administrating the dental school.

The ADA Board of trustees lauded Vietnam dental school program director Dr. Marvin E. Revzin in a 1969 resolution that expressed "gratitude and commendation for his outstanding leadership." Dr. Revzin also received Vietnam's highest educational award for his outstanding contributions to dental education there. Dr. Revzin authored a five-year report on the complex project, which appeared in JADA in May 1972 (Volume 84, p.1049-62).

About 25 students comprised the entering class of 1968. By 1973, a class of nearly 50 new students began dental school. The ADA's long-term involvement with the school's development ended when the United States withdrew from Vietnam in 1973. ■



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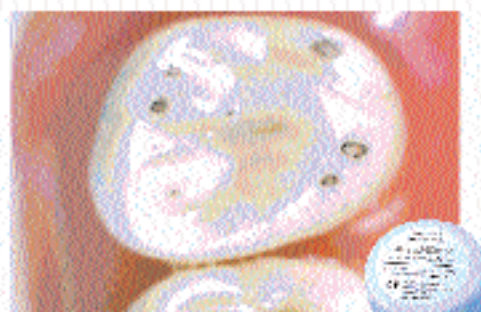


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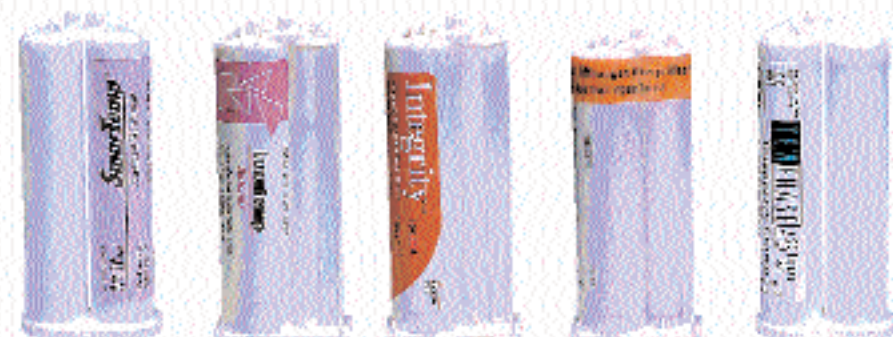
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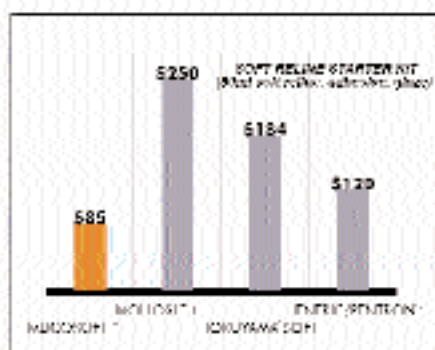
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Thanks and appreciation from the American Dental Association to all those who have contributed to the ADA American Tragedy Fund

This list provides the names of donors to the ADA American Tragedy Fund since publication of the lists of donors in the Nov. 5 and Dec. 10, 2001, ADA News and in the Jan. 7, 2002, ADA News. The fund ceased to exist on Dec. 31, 2001, and is no longer accepting contributions. At press time, the following groups and individuals, in alphabetical order, also had made contributions to this fund established by the Association to aid dentists, their families and other victims of the Sept. 11 disasters:

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Saying 'thanks'

It's time to honor dental assistants

BY ARLENE FURLONG

Could you and your dental staff benefit from something to look forward to this season?

Dental Assistants Recognition Week—March 3-9—is all the justification you need to turn a regular work week into something special.

DARW is designated by the American Dental Association, the Canadian Dental Association, the American Dental Assistants Association and the Canadian Dental Assistants' Association as the perfect time to acknowledge the versatility and talents of dental assistants.

The ADA Council on Dental Practice supports this unique opportunity to recognize dental assistants' contribution to dentistry.

"Dental assistants are amazing people," says Dr. Michael Rainwater, chairman of the ADA Council on Dental Practice. "I sit two feet from my assistant for 36 hours a week and still don't know how she manages to keep everything under control."

He illustrates how dental assistants increase the delivery of quality oral health care: "In basketball, an 'assist' is when a player delivers the ball to another player so that second player can score for the team. In dentistry, my assistant sets up the situation so that dentistry can be delivered—and the patient scores better dental health!"

Dr. Rainwater encourages dentists to take advantage of this week to cheer on their "assist leaders."

As part of DARW, a contest is held to showcase what dentists do to show appreciation. Last year's winners had a great time.

The staff of Dr. Richard J. Greenspan, Sarasota, Fla., celebrated with tiaras, roses and a special lunch.

"It was an exciting week," said Dr. Greenspan. "It didn't take much effort to have a lot of fun. And why shouldn't we celebrate? My dental staff makes my life much easier."

The University of Oklahoma College of Dentistry Assistants, Oklahoma City, won a first place award by honoring dental assistants with a large floral arrangement donated by the graduate periodontics residents. The six dentists at McConnell Air Force Base, McConnell, Kansas, won a second place award by treating auxiliary personnel to a bowling party, as well as lunches and dinners throughout the week.

Dental assistant students at Choffin Dental Assisting School, Youngstown, Ohio, celebrated by spreading their knowledge to others. Students gave presentations on oral health to pre-school and elementary level students, distributed oral health care products to a woman's shelter and assisted the American Cancer Society in a screening of more than 300 people at a local mall—resulting in nine dentist referrals.



Crowned: Dr. Greenspan's dental staff don tiaras and smiles.



Motivated: Dental assistant students at Choffin Dental Assisting School teach elementary school students about oral health.

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"People should enter the competition," said Cynthia K. Bradley, president of the American Dental Assistants Association. "We know a lot of people out there are celebrating."


To enter the DARW competition, dentists or their staff should describe in 100 words or less how they celebrated DARW. First place, second place and honorable mention winners will be selected from entries postmarked by April 6 in the following categories:

- dental offices with six or more assistants;
- dental offices with fewer than six assistants;
- dental assisting associations;
- dental assisting schools.

Participants should send a photo of their dental team with their entry.

For entry forms, ready-to-use ad slicks for your state publications and promotional kits call the ADA toll-free, Ext. 2895. Or, e-mail Joan Block, manager, practice management projects, at "blockj@ada.org". ■

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Dental editors gain honors

ICD 2001 Journalism Awards

Kansas City, Mo.—The International College of Dentists, U.S.A. Section, presented its 2001 Journalism Awards Oct. 11, 2001, in Kansas City just prior to the ADA annual session.

The ICD presented the awards during the American Association of Dental Editors' annual

conference in two distinctions: Division I (large, staffed publications) and Division II (smaller publications).

ICD president Dr. Richard Shick, with Drs. R.L. Smith and W.E. Hawkins, presented awards to editors of publications in these categories:

- Platinum Scroll Award for publication of the year;
- Platinum Scroll Awards for most improved publications;
- Platinum Pen Awards for most outstanding current interest articles or features;
- Platinum Pencil Awards for most creative and effective use of graphic arts and design;
- Platinum Citations for unique concepts, presentations or other unique qualities.

The editors who received awards for 2001:

Platinum Scroll Publication of the Year—Dr. C.F. Anderson, editor of Texas Dental Journal from the Texas Dental Association.

Platinum Scroll First Place Award, Division



Photo by Lagotappe Studio

Recognized: Dr. Dalin (center) receives the Platinum Pen Honorable Mention from Dr. Smith and Dr. Shick.

I—Dr. Dennis W. Engel, editor of WDA Journal from the Wisconsin Dental Association.

Platinum Scroll First Place Award, Division II—Connie Slick, editor of Pro and Contra Angles from the Rhode Island Dental Hygienists' Association.

Platinum Scroll Honorable Mention, Division I—Susan Ferry, editor of Key from the Alliance of the American Dental Association.

Platinum Scroll Honorable Mention, Division II—Dr. Raul G. Molina, editor of Newsletter of the South Florida Dental Association.

Platinum Pen First Place Award, Division I—Dr. Roger D. Winland, editor of AGD Impact from the Academy of General Dentistry.

Platinum Pen First Place Award, Division II—Dr. Jay Solnit, editor of Explorer from the Los Angeles Dental Society.

Platinum Pen Honorable Mention, Division I—Jerry Mastey, editor of DentalUM, the Alumni Journal of the University of Michigan School of Dentistry.

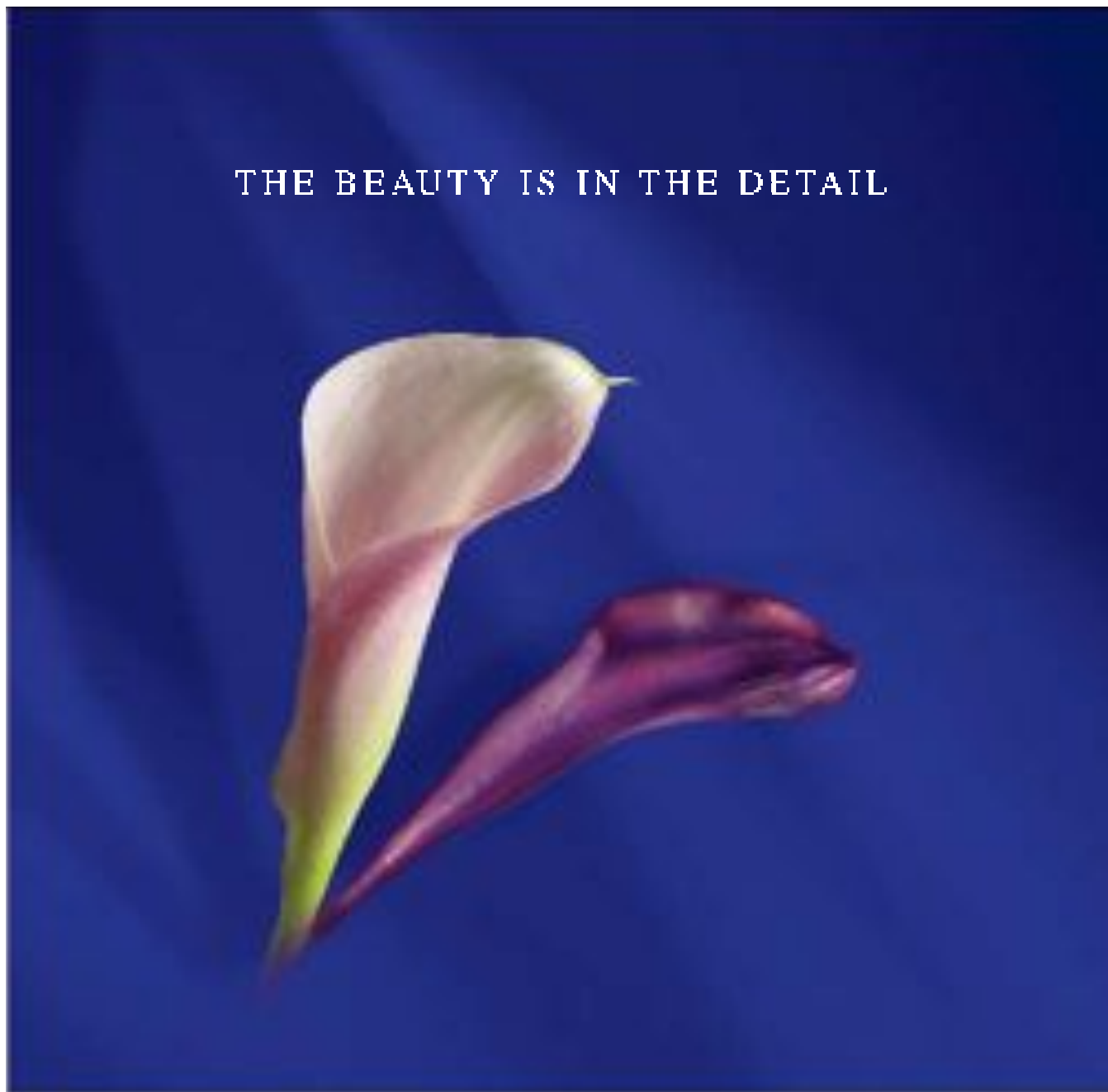
Platinum Pen Honorable Mention, Division II—Dr. Jeffrey Dalin, editor of St. Louis Dentistry from Greater St. Louis Dental Society.

Platinum Pencil First Place Award, Division I—Dr. H. William Gilmore, editor of the Journal of the Indiana Dental Association.

Platinum Pencil First Place Award, Division II—Dr. Michael Nash, editor of MDA from the Mississippi Dental Association.

Platinum Pencil Honorable Mention, Division I—Elyse Bloom, editor of Global Health Nexus from New York University College of Dentistry.

Special Citation Award—Karen Bailey, editor of Tufts Dental from the Tufts University Dental Alumni Association. ■



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Dr. Laskin wins 2001 Gies award

The American Association of Dental Editors presented awards in Kansas City Oct. 11, 2001, from the William J. Gies Foundation for the Advancement of Dentistry.

Dr. Daniel Laskin was the 2001 first-place winner of a silver plaque and \$1,000 honorarium for his editorial on upholding the rules of managed care coverage vs. ensuring appropriate treatment for patients. "Ethical Dilemmas In Managed Care" appeared in the Journal of Oral and Maxillofacial Surgery, Volume 58, Number 1341 (December 2000).

Dr. Eric Curtis took second place for his editorial on the philosophical challenges yet greater rewards of helping a future dentist. "The Mentoring Life" appeared in Inscriptions (Arizona State Dental Association), Volume 14, Number 11 (May 2000).

Dr. Milton Salzer took third place for his editorial on welcoming colleagues into the vital function of organized dentistry. "Is It Time To Be Concerned Yet?" appeared in Illinois Dental News (Illinois State Dental Society), Volume 69, Number 10 (October 2000). ■

Law

Align Technology settles lawsuit

General dentists allowed to participate in Invisalign System

BY MARK BERTHOLD

Philadelphia—Align Technology Inc., and Dr. John L. Richter agreed to a legal settlement that paves the way for all dentists to sell the

Invisalign System of removable appliances to treat malocclusion.

Under terms of the settlement reached Nov. 28, 2001, in the U.S. District Court of

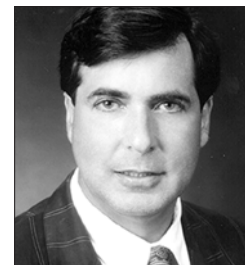
Pennsylvania, Align agreed to market Invisalign to general dentists, train and certify a minimum of 5,000 general dentists per year in the system over the next four years, and pay

over \$200,000 in court costs and for legal fees paid by Dr. Richter.

"I'm very satisfied with the outcome of the case and happy that the Invisalign system will now be available to all dentists in the United States," says Dr. Richter.

Full text of the settlement is currently available on the "What's New" page at the Web site "www.kohnswift.com".

"We are confident that the settlement is consistent with our emergent corporate initiative to broaden our distribution to general practice dentists in the U.S.," said Align chief executive officer Zia Chishta.



Dr. Richter

■ "I'm very satisfied with the outcome of the case and happy that the Invisalign system will now be available to all dentists in the United States," says Dr. Richter.

The agreement ends a class-action lawsuit brought in February 2001 by Dr. Richter on behalf of all non-orthodontist dentists.

Dr. Richter made the allegation that Align had violated federal antitrust laws and related state laws when it restricted sales of Invisalign only to orthodontists—effectively preventing general dentists from obtaining the product. ■

Align reports new alliances

Santa Clara, Calif.—Align Technology Inc. reports the following activities in 2001:

- In September, Inline Orthodontics of Atlanta began offering dentists membership in a program that refers patients to the Invisalign product;

- Also in September, Align agreed to train and certify members of the American Orthodontic Society in using the Invisalign System;

- In October, Align partnered with Discus Dental of Culver City, Calif., which agreed to provide training, certification, marketing and clinical support in the Invisalign System to general dentists in the U.S. and Canada. ■



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ADA Seminar Series adds courses

Expand your horizons through the nine new course offerings added to the 2002 ADA Seminar Series.

The seminars were developed to help practitioners thrive in a changing environment by taking better control of their practices and enhancing dental care for their patients.

"There is something for every dental team member—dentists, dental hygienists, assistants and office staff—in these courses," said Dr. Michael T. Rainwater, chairman of the ADA Council on Dental Practice.

New seminars and presenters are:

- "Making Clinical Efficiency a Reality," Dr.

Joseph A. Blaes;

- "Dental Materials and Techniques for the Clinical Dental Assistant," Dr. Joseph A. Blaes;

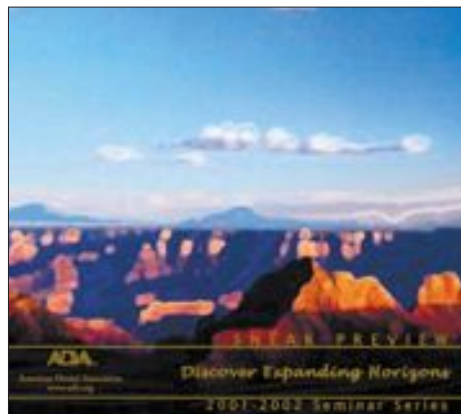
- "Non-Surgical Perio," Dr. Timothy G. Donley;

- "Esthetics: The Art of Anterior and Posterior Restorations," Dr. Jimmy Eubank;

- "Advancing Technologies in Oral Surgery for the General Practitioner," Dr. Richard F. Jackson;

- "Vital Principles for Excellent Veneer and Crown Restoration," Dr. Brian P. LeSage;

- "Interceptive and Minor Orthodontics," Dr. Fred Margolis;



- "Female Patient Considerations in Periodontal Therapy," Dr. Joan Otomo-Corgel;

- "Communication and Marketing: Gaining the Competitive Edge to Achieving Excellence," Jo Ann Pulver.

The ADA Seminar Series is partially underwritten by a grant from Sullivan Schein, a Henry Schein company and 3M ESPE.

For more information about the ADA Seminar Series, call toll-free, Ext. 2908 or go to Education and Career Resources in the Dental Professionals section of ADA.org. Click on ADA Seminar Series listed under continuing education. ■

Missouri ruling on state review stands

BY ARLENE FURLONG

State boards should be able to review treatment decisions made by medical or dental directors of insurance plans.

That's the ADA's viewpoint and the standing decision by the Missouri Supreme Court.

The U.S. Supreme Court recently denied a physician's request to review the decision made last spring. The Missouri court ruled that the state medical board could review the medical necessity determinations the physician made as a medical director. The ruling said that the state law permitting this review was not preempted by the federal Employee Retirement Income Security Act.

The question of whether state licensing boards may review "medical necessity" determinations by physicians and dentists working for insurers or health plans has come up in various states. If the U.S. Supreme Court had agreed to hear the case, it could have resolved the question.

However, ADA Chief Counsel Peter M. Sfikas commented that it was not surprising that the Supreme Court declined to review this case. "The physician in this case maintained that the state law allowing the state medical board to review his medical necessity decisions was preempted by ERISA," Mr. Sfikas observed. "However, the physician's ERISA preemption argument was not particularly persuasive.

"U.S. Supreme Court precedents have established that the question of whether ERISA preempts a state law depends on whether the law relates to, has a connection with or refers to an employee benefit plan," Mr. Sfikas noted. "The physician failed to demonstrate the requisite relationship between the state law at issue and an employee benefit plan." (See Mr. Sfikas' article, "ERISA preemption at issue," in the November, 2001 issue of JADA.)

The Missouri Supreme Court case is in accordance with Association policy, which provides that dental consultants should be licensed in the state in which their services are utilized. "If a dental consultant is licensed in the state in which he or she renders opinions on the necessity of dental services provided to a patient, then the consultant's treatment decisions may be subject to review by the state dental board," Mr. Sfikas stated.

Following a resolution by the ADA 2001 House of Delegates, the ADA Legal Division is seeking information from members about dental plan consultants who are not licensed in the states in which they are consulting—a practice in direct conflict with Association policy on third-party payers' use of consultants. ■

Tripartite Timeline of Professional Advocacy

1996 (unspecified dates) IRS audits "quite a few" Illinois dentists, challenges their use of cash-based method of accounting;	1997/1998 (specific dates unavailable) Peoria dentists fight back, appeal IRS accrual-based accounting demands;	1997/1998 (various dates) Illinois State Dental Society, ADA seek legislation allowing dentists to choose appropriate tax accounting system;	May 8, 1998 ADA "strongly endorses" tax code amendment to permit cash accounting;	May 18, 1998 American Medical Association supports ADA-initiated cash-accounting legislation;	June 24, 1998 Rep. Don Manzullo (R-Ill.) introduces first ADA-proposed legislation in U.S. House of Representatives;	July 16, 1998 IRS technical advice memorandum OKs cash accounting for one dentist, others appeal accrual accounting;	Feb. 5, 1999 ADA government affairs council urges reintroduction of legislation to allow cash-based accounting for dentists;	Feb. 16, 1999 ADA endorses Rep. Manzullo's reintroduced Accounting Fairness for Dentists and Physicians Act;	Feb. 22, 1999 ADA says other dentists challenged by IRS for using cash-based accounting;	Nov. 22, 1999 U.S. Tax Court finds IRS accrual accounting policy in health care "offends meaning of term merchandise";	Feb. 23, 2000 IRS pledges new guidance on small-business accounting methods;	April 5, 2000 ADA urges legislative relief from IRS tax accounting rules;
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Government

IRS

Continued from page one

"This is another way in which we're making it easier for small-business owners to comply with the tax laws, so that they can spend more time being successful in their businesses," said Commissioner Rossotti.

The profession's leaders immediately hailed a tripartite "advocacy success" generated by protesting Peoria dentists who took their case to the Illinois State Dental Society and, through ISDS, to the ADA, representing three levels of professional organization.

Organized dentistry carried the dispute to the IRS and Capitol Hill where angry lawmakers from both sides of the political aisle blasted IRS "test casing" of dentists to force tax reporting of crowns and bridges as merchandise. The U.S. Tax Court in a 1999 ruling cast a critical eye on IRS policy that health services constitute "merchandise" requiring accrual accounting.

"The ADA took the lead to bring this issue to the attention of Congress and the IRS," ADA President D. Gregory Chadwick and Executive Director James B. Bramson told Association members in a Jan. 2 electronic communication. "We got this issue on the



Ongoing interchange: Dr. Chadwick (center) meets last May with Dale Hart (left), deputy commissioner, small-business/self-employed division of the IRS and IRS Commissioner Rossotti. Dr. Chadwick was among ADA representatives invited to an IRS commissioner's meeting honoring the self-employed small-business owners.

agenda and pushed it through successfully."

"We took this issue to the ADA on behalf of a couple of dentists in Peoria who were being audited and were potentially subject to large fines and penalties," said Robert A. Rechner, Illinois society executive director. "We pressed a key congressman to listen and take action, and we have ultimately won a victory for all dentists in the nation."

After a 1996 audit of "quite a few dentists" in Peoria, several switched at IRS insistence from traditional cash accounting to a more complex

accrual system based on inventory and accounting for such "merchandise" as bridges, crowns and dentures. IRS agents challenged one dentist's use of cash-based accounting, the Association told Congress. The IRS asserted the dentist had income-producing inventory, which required use of the accrual method.

But two dentists "refused to cave in" and disputed their audits, according to their tax attorney, fomenting an evolution in tax policy. The dentists asked that their names not be used in the ADA News.

"The ADA deserves a tremendous amount of credit for this small-business victory," Rep. Don Manzullo (R-Ill.) told the ADA News. "We started a few years ago battling the IRS over its pilot program to require dentists to use the unfair accrual method of accounting. We not only eliminated the pilot program but convinced the IRS that the accrual method was wrong for other small-business providers.

"IRS Commissioner Rossotti showed true leadership in recognizing this unfairness and making this remarkable policy change that will help hundreds of small businesses in America," the congressman said. Rep. Manzullo, a small-business subcommittee chair, led a House fight to clarify IRS policy and is credited by the ADA and ISDS with leading support for a legislative remedy.

"Chairman Don Manzullo's efforts on behalf of several dentists were in direct response to IRS assertions that Illinois dentists should use the accrual method," ADA's president at the time, Dr. Robert M. Anderton, told a joint House-Senate small business roundtable April 4, 2001. "Congressman Manzullo spearheaded the effort to clarify this interpretation," said Mr. Rechner, the ISDS executive director.

Legislation may be moot now that the IRS has acted administratively, according to ADA lobbyists and congressional proponents of various legislative remedies.

But Sen. Christopher S. "Kit" Bond (R-Mo.), ranking minority member of the Senate Small Business and Entrepreneurship Committee, hasn't closed the door on legislation despite his expressed support on the committee's Web site for this "momentous step forward" in IRS small business tax policy ("sbc.senate.gov/republican/cash_accounting.html").

"It will significantly simplify the lives of service providers like dentists and veterinarians, who must use some merchandise as part of the service they provide," the senator said.

But in a letter to administration treasury and tax officials, he said the IRS rules as issued, even though effective immediately, are just proposals. "We are concerned that a Revenue Procedure does not afford the same permanence that a formal regulation would provide," Sen. Bond told the Bush administration. "Accordingly, we ask you to consider taking the additional step of issuing this guidance as a regulation in the near future." A committee Republican spokesman added, "We have every confidence the IRS will issue this as a final regulation. If it does, there won't be any need for legislation."

Data from the 2000 Survey of Dental Practice, the most recent year available, indicates average gross billings for all private practicing owner dentists of \$483,360 in 1999, the ADA Survey Center reported. The Association's "best estimate" from the data is that fewer than 1 percent of private practice dentists have annual gross billings of \$10 million or more. Dentists collected an average of 95.5 percent of what they billed that year, according to the same survey.

The new IRS policy makes certain distinctions in eligibility on the basis of corporate status and

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April 5, 2000 Bipartisan House members blast IRS "test casing" of dentists to force accrual accounting;	April 27, 2000 IRS issues guidance allowing dentists with less than \$1 million in annual receipts to use cash method of accounting;	May 4, 2000 Congressional small-business chairs urge Treasury, raise ceiling to \$5 million;	May 4, 2000 Illinois State Dental Society congratulates Rep. Manzullo for continued efforts to change tax accounting system;	Feb. 16, 2001 Association "strongly endorses" legislation to allow cash accounting for businesses grossing \$5 million or less;	April 4, 2001 ADA president tells House-Senate small-business committees, IRS accounting requirements "unfair, unwarranted";	May 7, 2001 IRS commissioner tells ADA president-elect, "I'm looking forward to getting this issue taken care of";	May 14, 2001 Association president-elect tells IRS commissioner, "accrual method not appropriate for most dental practices";	Aug. 27, 2001 ADA-led 32-group coalition urges all members of Congress, extend cash accounting to more small businesses;	Oct. 31, 2001 IRS promises ceiling increase by year's end;	Dec. 26, 2001 IRS Notice 2001-76 raises ceiling to \$10 million effective for 2001 tax year;	Jan. 2, 2002 ADA leadership tells member dentists, "We got this on agenda, pushed it successfully."
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Rep. Manzullo



Sen. Bond



Mr. Rechner



Dr. Bramson

the services provided by qualifying businesses. But the "practical impact" of the \$10 million test is that it will apply to dental practices in all forms of organization, said ADA Counsel Peter M. Sfikas.

The policy includes provisions allowing for automatic change to the cash method for qualifying businesses.

IRS will accept public comments on the proposed revenue procedure through March 1. ■

More information available from IRS

BY CRAIG PALMER

Washington—The Internal Revenue Service requires business taxpayers to choose an accounting method to report income and expenses when first filing returns. A subsequent change in accounting method requires IRS approval. There are two basic accounting methods:

- Cash accounting reports income received during the tax year and usually deducts expenses in the tax year they are paid;

- Accrual accounting generally reports income when earned even though payment may be received in a later year; expenses are deducted in the tax year they are incurred.

The IRS "small-business and self-employed community" ("www.irs.gov/smallbiz/index.htm") page on the agency's Web site provides more information on tax accounting methods; search the page for "accounting methods."

Also, the new IRS policy on cash accounting is available at the IRS Web site ("www.irs.gov") in Revenue Bulletin No. 2001-52. To retrieve, go to Tax Info for Business, scroll to Internal Revenue Bulletins, select IRB 52 dated Dec. 26, 2001. ■

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Electronic claims rule postponed

Extension increases administrative costs for dentists, patients

BY ARLENE FURLONG

Legislation granting a one-year extension to comply with new standards for electronic data transactions will help payers more than dentists.

The new legislation postpones the Oct. 16, 2002, deadline issued under the Health Insurance Portability and Accountability Act of 1996, but only for health care entities that submit a compliance plan by that date.

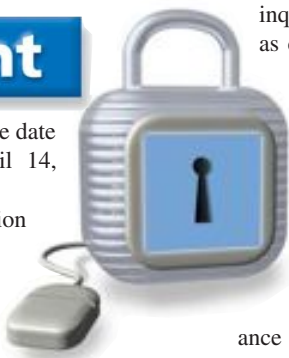
The plan must include specifics about the expected budget, work plan and testing schedule to demonstrate how compliance will be

Government

achieved during the following year. (The date for HIPAA privacy compliance, April 14, 2003, remains unchanged.)

The Association opposed the extension for a number of reasons:

- many member dentists are already capable of using electronic transactions for eligibility and claims status



inquires and responses, as well as claims, to reduce administrative expenses;

- most have practice management systems that can transmit and receive electronic transactions;

- dentists using compliant systems won't have to file for an extension.

"Preparation of a compliance plan is more complex than

actual compliance for most dentists," said Dr. James Bramson, executive director. "Most members already use the Code on Dental Procedures and Nomenclature and already rely on their practice management vendors and clearinghouses for conversion of electronic transactions to HIPAA-required standard formats."

The ADA Department of Dental Informatics suggests dentists ask their vendors if they will be ready for HIPAA standard transactions by Oct. 16, 2002, either directly or through a clearinghouse. If the answer is no, the dentist has the option of seeking a compliant vendor or filing for an extension, unless the Association is successful in obtaining an exemption from this requirement.

While payers are required to accept standard electronic transactions, dentists can continue to submit paper claims under HIPAA, if they so choose. Dentists who do submit dental claims electronically will be required to use the ADA Code published in CDT-version 2000 and use a vendor that can produce HIPAA-standard transactions, or file an extension request.

"Many payers claimed they needed additional time to adopt HIPAA-standard electronic transactions and code sets and convinced

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■ **"It's unfortunate that not everyone will be ready by the original compliance date," said Dr. D. Gregory Chadwick, ADA president.**

Congress to extend the deadline," said Dr. D. Gregory Chadwick, ADA president. "It's unfortunate that not everyone will be ready by the original compliance date. Extending the use of proprietary transactions and code sets increases administrative costs to our patients."

The ADA News learned at press time of at least two major practice management vendors planning to convert codes and transactions to the HIPAA standard directly or through the use of a clearinghouse, such as WebMD, by the deadline.

Dentrix Dental Systems Inc. is now in the process of testing transaction standards for compliance. "We will provide HIPAA-compliant transactions and code sets before October 2002 to all of our customers who submit claims electronically through their national information services electronic claims link within the Dentrix program," said Kay Barton, manager of national information services. "We will be ready for any partners who might be ready."

Scott Leeper, vice president of electronic services for PracticeWorks, says the company is compliant within the practice management system and that translation services will occur at the clearinghouse level.

PracticeWorks' in-house clearinghouse provides service to more than 50 percent of PracticeWorks customers, according to Mr. Leeper, and will be compliant "well before the deadline." "We're relying on our clearinghouse associates to complete transactions for the remainder of our customers," he said.

ADA members can direct questions about electronic transactions related to HIPAA to the Department of Dental Informatics. Call the toll-free number, Ext. 4608, or e-mail "informatics@ada.org". Or, peruse the electronic transactions portion of the Web site at "www.ADA.org/goto/HIPAA". ■

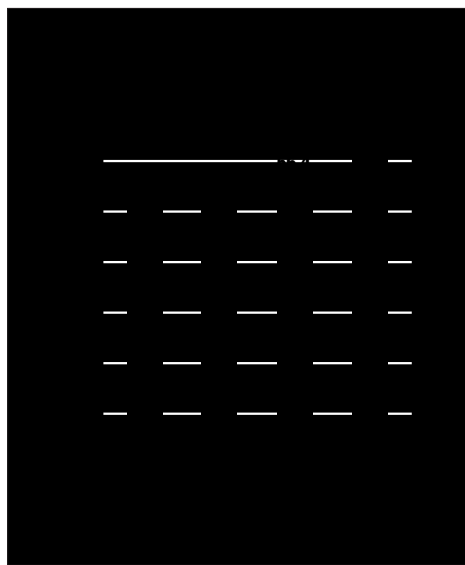
For more information, contact the Council on Scientific Affairs, American Dental Association, 211 East Chicago Avenue, Chicago, IL 60611, 312-440-2500, ext. 2840, or visit ada.org/prof/psac/seal

Spending

Continued from page one

Medicaid and to a far lesser extent Medicare covered most of the \$2.8 billion public expenditure. The dental spending estimates are relatively unchanged from previous CMS national health expenditure estimates.

It is in overall health spending trends that CMS economists see “the first sign that the nine-year stability in health spending’s share of GDP may be coming to an end.” Health spending growth in 1999 and 2000 slightly outpaced the growth in gross domestic product, the report said. The authors are in the National Health Statistics Group, Office of the Actuary, at the CMS in Baltimore. Their report, “Inflation Spurs Health Spending in 2000,” will be published in the



■ “The acceleration in health care costs will likely continue.”

January/February issue of Health Affairs, a health policy journal.

“The acceleration in health care costs will likely continue,” the report said. “This stands in sharp contrast to recent reports of a sluggish U.S. economy. (See Today’s News, “www.ada.org/prof/pubs/daily/0111/1127nber.html”.)

Pressure will mount on both public and private payers to finance accelerating health care costs out of decelerating incomes and revenues.

“Fewer employers may offer health insurance, and the recently unemployed are often left

without coverage. Shrinking tax revenues will likely force government to evaluate health care priorities at a time when the need for coverage is rising.” If the trends continue, providers of health care services are likely to receive more compensation for their services, “although some of that will be retained by insurers,” and consumers to pay more, the authors predicted in a Jan. 7 media teleconference.

Available data for 2001 indicate that GDP growth decelerated as health care employment, medical inflation and premium growth escalated, according to the report. The accelerating health insurance premium growth “may signal the gradual end of what researchers call managed care’s one-time impact on slowing spending growth.”

A press summary of the report is posted at the CMS’ Web site, “www.cms.hhs.gov”. ■

New resources on women’s health available

Arlington, Va.—Two new publications that feature oral health resource information for those who work in maternal and child health are now available.

The Women’s Oral Health Resource Guide focuses on the unique oral health needs of women at every stage of life and includes descriptions of agencies and organizations that can serve as resources. The MCH Program Interchange: Focus on Oral Health Volume VI includes an annotated bibliography of the most recent materials related to the oral health of children, adolescents and families.

Each publication lists journal articles, reference books, reports, surveys, manuals, guidelines, standards and curricula developed by federal, state and local agencies as well as professional associations and organizations and corporate programs.

Copies of these publications are available by calling the Health Resources and Services Administration at 1-888-ASK-HRSA or at “www.mchoralhealth.org/OHRsrc.html”. For more information, call the oral health resource center at 1-703-534-7802, Ext. 450. ■

New OSHA record-keeping rules in effect Dental offices exempt as ‘low hazard’

Dental offices are exempt as “low hazard” workplaces from new record-keeping regulations issued by the Occupational Safety and Health Administration that took effect Jan. 2.

Dentists are exempt from recording and reporting work-related injuries and illness and keeping sharps injury logs under the new rule, but could be required under other OSHA regulations to provide access to employee medical records, post OSHA notices and comply with bloodborne pathogens, hazard communication and other record-keeping requirements, according to OSHA officials.

However, even exempted employers including dentists may be asked in writing by either OSHA or the Labor Department Bureau of Labor Statistics to keep illness and injury records for one year for survey purposes. ■

N.Y. moves on oral cancer

Law requires CE for dentists

BY KAREN FOX

Albany, N.Y.—Dentists in New York are now required by law to take coursework about the prevention and detection of oral cancer.

Gov. George Pataki signed the law—spearheaded by the New York State Dental Association—in September 2001.

Chapter 237 of the Laws of 2001 requires New York-licensed dentists to earmark no fewer than two hours of their mandated continuing education to a course about tobacco products and oral cancer.

Coursework must cover:

- the chemical and related effects of tobacco;

- usage of tobacco and tobacco products;

- the recognition, diagnosis and treatment of the damaging oral health effects of tobacco and tobacco products—including but not limited to cancers and other diseases.

It's a one-time requirement, but officials from the New York State Dental Association say the law will have a positive impact on public health.

"The heightened awareness that this education will bring to all dentists who take it will



Dr. Feldman

hopefully result in some earlier detection of oral cancer lesions," Dr. Mark J. Feldman, NYSDA president and ADA treasurer, said. "I think dentists are the primary screeners for oral cancer. There usually aren't symptoms, so when we go into a mouth to do a routine cleaning, we'll pick up something that patients don't even know they have."

In the weeks following the bill's passage, the state's department of health approved a \$150,000 grant for the New York State Dental Foundation to conduct a professional education and public awareness campaign to warn against the damaging oral health effects of tobacco and tobacco products.

A portion of those funds will be used to provide free oral cancer detection and prevention courses for New York dentists and hygienists, which are taking place now through October.

The New York legislation coincides with the ADA's national oral cancer awareness campaign that encourages consumers to see their dentists for an oral cancer screening.

Made possible through the generous support of OralScan Laboratories Inc., the campaign is designed to raise awareness of oral cancer and focus on the dentist's role in detecting the disease.

The oral cancer awareness campaign began in September 2001 and runs through March—targeting 11 cities nationwide through a variety of outdoor media, including billboards, bus and bus shelter signs, taxi tops and commuter bulletins.

Dr. Feldman added that the success of the New York law in the midst of the national campaign exemplifies the strength of the tripartite.

"The ADA has the national public awareness campaign, the New York State Dental Association secured the funding for the free courses for members and the courses are given through the state's component societies," he said. "This is a great example of how the tripartite works together to benefit the profession and the public, doing what each does best."

For more information on the New York law, contact the New York State Dental Association at 1-518-465-0044, or go to "www.nysdental.org". ■

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Soon to come is a new "bargain" area with discontinued and overstocked ADA products at great savings. Watch the site for details.

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ADAcatalog.org is available to ADA members only at this time, but will be available to non-members in February 2002. A link from the site provides access to a special international online catalog for dental professionals around the world.



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Are you Yankee bound? Check out ADA booth

Boston—If you're attending the Yankee Dental Congress, make plans now to visit Booth 2006-2008.

There you'll find the ADA Catalog Sales Department and its display of popular patient education resources, practice management products and more.

Check out demos of continuing education videos, CDs and DVDs, or take the opportunity to order any last-minute materials for National Children's Dental Health Month. All those who place orders on site will receive free shipping.

Excerpts from the ADA's latest publication, "Dental Office Design: A Guide to Building, Remodeling and Relocating," (not yet available for distribution) will be on display, too. The book may be ordered at the booth and will be shipped when available—with no shipping charges.

The Yankee Dental Congress takes place Jan. 31-Feb. 3. Go to "www.yankeedental.com" for more information. ■

Cancer

Continued from page one

them, but you just don't want to believe the worst. Maybe this wasn't simply my teeth causing this, but I still wanted to believe that it was."

Finally convinced that he had to act, Mr. Miller made an appointment to see a dentist he'd visited more than a year before, Dr. Vasiliki Batalias, a periodontist who spoke to the ADA News with her patient's consent.

"There was a two-centimeter lesion on the lateral border of his tongue," Dr. Batalias recalled of Mr. Miller's condition. "It was whitish and very dense—leukoplakia. There were also two pedunculated lesions—one at the base of the tongue and one distal to it—that were more ulcerated. That made me worried."

Dr. Batalias referred her patient to an oral and maxillofacial pathologist at Long Island Jewish Medical Center.

"He looked at me for about 30 seconds and said, 'I don't believe this is being caused purely by your teeth,'" Mr. Miller said of that day.

The O & M pathologist performed scalpel biopsies on the lesions and found one to be malignant.

On Dec. 19, Mr. Miller was wheeled into an operating room at New York's Memorial Sloan-Kettering Cancer Center. In addition to removing the malignancy, tests were performed to ensure that the cancer had not spread to the lymph nodes. It hadn't.

Mr. Miller spent three days in the hospital and returned to his office a couple of weeks later.

"It was Christmas week, so I didn't need to go back to work right away," he remembered. "The timing couldn't have worked out better.

My speech was clearly impacted pretty significantly because my tongue was so swollen and my jaw was sore. But if I'd needed to go back to work that following Monday, I could have."

The ADA learned of Mr. Miller's experience through an e-mail sent to the

Association by his mother. "My gratitude for your oral cancer information campaign has no boundaries," she wrote, in a message later shared with dental leaders at the local, state and national levels.

Using capital letters and exclamation points, she added, "IT MAY HAVE SAVED MY SON'S LIFE!!"

Clay Mickel, associate executive director for Communications, responded to Mrs. Miller for the Association. "On behalf of the ADA," he wrote, "I want to thank you for sharing your son's experience with us. It's proof that we did the right thing."

The oral cancer awareness campaign, winding toward its early spring conclusion, has been greeted with kudos and some criticism from the profession. Reactions from patients have been largely positive.

Dr. Trucia Drummond, a general dentist in Chicago and a past president of the Illinois State Dental Society, said she's had a number of patients comment on the campaign.

"They'll remark that they're so glad that I do the exam because they saw this billboard at the 'L'-stop or wherever," said Dr. Drummond, referring to the city's elevated-train stations.

"It made them aware this was important," she added. "More than one patient—I would say three to five patients, which is a lot—have commented in a positive way that it [the campaign] made them aware of it [oral cancer]."

Such feedback suggests the campaign is achieving its vital, though limited objectives: to boost awareness of oral cancer, which claims the lives of 8,000 Americans each year, and to get people to see their dentist.

And as John Miller says, it worked for him. ■

Council on Communications honors editors' achievement

BY MARK BERTHOLD

The ADA Council on Communications bestowed its first annual Distinguished Dental Editor Award on the late Dr. Roger H. Scholle as well as Dr. Elizabeth A. Ward and Dr. Norman Becker.

Dr. Jan Feldman, Dr. Howard Mark, Dr. Peter Lubisich, David Foe and Dr. Leonard Modugno each won a Dental Editor Service Award.

Dr. Scholle was editor of CDS Review of the Chicago Dental Society, Dr. Ward was edi-

tor of the Missouri Dental Journal and MDA Focus, and Dr. Becker is editor of the Journal of the Massachusetts Dental Society.

Dr. Feldman was editor of the Rhode Island Dental Association; Dr. Mark for the Connecticut State Dental Association; Dr. Lubisich for the Clark County Dental Society in Washington; Mr.



Foe for the Michigan Dental Association; and Dr. Modugno for the Stark County Dental Society in Ohio.

The Distinguished Editor Award recognizes tripartite editors who have brought exceptional credit to their society, dental journalism, the dental profession and organized dentistry. The Dental Editor Service Award recognizes continuous service by tripartite editors in five-year increments. ■

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