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ADA News - 03/18/2002

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AMERICAN DENTAL ASSOCIATION
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MARCH 18, 2002 VOLUME 33, NO. 6

ADVOCATING FOR MEMBERS

ADA sues Wellpoint

Like Aetna complaint, second suit targets UCR, defends dentist-patient relationship

By James Berry

Barely seven months after filing a groundbreaking lawsuit against Aetna Inc., the ADA has struck again.

The Association March 6 filed a class-action civil suit against Wellpoint Health Networks Inc. and its affiliates in Northern Illinois U.S. District Court, Eastern Division. This new three-count complaint covers much the same legal ground and includes many of the same allegations as the Aetna suit filed last August in the same federal court.

At the heart of the new complaint, the ADA alleges in count one that Wellpoint, its affiliates and subsidiaries have undercut fees charged by "out-of-network" dentists without the data required to justify paying the lower amounts.

■ Three counts in suit, page 20
■ Database challenged, page 20
■ Examples from suit, page 20

The ADA says Wellpoint established a schedule of "usual, customary and reasonable fees" using a database that it knew or should have known was "flawed" and "unsuitable" for that purpose—an alleged breach of contract under the Employee Retirement Income Security Act of 1974, the federal law that governs group health plans.

Wellpoint Health Networks Inc., a Delaware corporation with executive offices in California and additional offices in Illinois, is one of the nation's largest publicly traded managed care companies. The Wellpoint network operates under its own name and uses a number of service marks, including Wellpoint Dental and BC Life & Health Insurance Co. The

See WELLPOINT, page 21

Wanted: dentists

State of Maine enters groundbreaking alliance with Canadian dental school

By Karen Fox

Augusta, Maine—What began as one dentist's search for an associate has turned into an alliance with a Canadian dental school that could eventually bring more practitioners to Maine.

On Feb. 4, Gov. Angus S. King signed a five-year agreement between the state's department of human services and Dalhousie University Faculty of Dentistry, a dental school in Halifax, Nova Scotia.

Under terms of the agreement, Dalhousie University consents to admit up to six students who are residents of Maine per year, providing the students meet the entrance requirements.

State officials are optimistic that prospective dental students will find cost savings in the exchange rate with Canada.

Further, they believe that after graduating from Dalhousie University those students will return to practice dentistry in Maine.

Dental school: Maine hopes Dalhousie can help boost the state's dentist-to-patient ratio.

Several factors support their plan:

- The Commission on Dental Accreditation of Canada has a reciprocal agreement with the ADA Commission on Dental Accreditation, meaning that dentists educated in Canada meet the educational requirements for U.S. licensure;
- Some students will find dental education in Canada a more affordable option;
- Halifax, Nova Scotia, is about a one-day drive from Augusta, Maine's capital city;
- Maine-sponsored funding programs support state residents attending dental schools outside the state.

While it is not uncommon for states without dental schools to support students attending schools out of state, the agreement Maine has with Dalhousie University marks the first time a state has formed an alliance with a dental school outside the United States.

Officials from the Maine Dental Association believe such alliances are a necessity for states like Maine.

According to state statistics, Maine had 584 practicing dentists in 1998.

See MAINE, page 12

ADA chart of dental materials

Turn to page eight

By Mark Berthold

Have questions, concerns or just plain confused about restorative materials? Want to know about the safety, efficacy and esthetic qualities of the various options that are available?

The ADA is here to help member dentists, your staff and your patients understand their treatment selection

See CHART, page eight

BRIEFS

Calling all new dentists: Mark your calendars—the 16th National Conference on the New Dentist takes place Aug. 15-17 at the Hilton Palacio del Rio in San Antonio. Sponsored by the ADA Committee on the New Dentist with financial support from Mentadent, the conference promises continuing education, networking, and plenty of sun and fun for the whole family. Early registration materials are being mailed in April. For hotel reservations, contact the Hilton Palacio del Rio at 1-210-222-1400. To order a conference brochure, contact the Committee on the New Dentist by phone at the toll-free number, Ext. 2779, or send e-mail to "newdentist@ada.org". Watch for more information on the conference and San Antonio leisure activity in the April 15 ADA News. ■

Photo courtesy SACVB

On the water: Touring the San Antonio River.

INSIDE

Special Smiles

Special Olympics kick off. **Story, page 24.**

Student scholarships available

Pierre Fauchard Academy seeks grant applications

Fairfield, Conn.—The Pierre Fauchard Academy Foundation is seeking applications for grants it will award in 2002 to students and programs.

In 2001, the foundation handed out $387,000 in service program grants and scholarships. The grants target financially challenged dental students who show leadership potential, volunteer dental clinics and programs offering specific services to needy patients.

Since the program began six years ago, the academy has awarded more than $1.8 million to students and aid organizations such as the Thousand Smiles and Bridge the Gap.

Last year, the PFA Humanitarian Award of $5,000 was given to the New York Dental Association for disaster relief following the Sept. 11 tragedy.

The Foundation of the Pierre Fauchard Academy was established to support grants and projects that will benefit the dental profession.

Funds for the Foundation come from the contributions of the PFA members, bequests, planned giving, memorial and honor contributions, and grants from other professional and private sources.

For more information contact Dr. Shig Ryan Kishi, PFA Foundation, 1441 Avocado Ave., #508, Newport Beach, Calif. 92660-7704, call 1-949-640-5680, fax to 1-949-721-9146 or e-mail "fpfa2@aol.com".

To learn more about the Foundation of the Pierre Fauchard Academy and the goals established for programs visit the Web site at "www.fauchard.org/fpfa/foundation.htm". ■

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AtPressTime

Dentists hail Wellpoint suit
'Proud to be a member'

Early feedback on the ADA's class-action suit against Wellpoint Health Networks Inc. suggests that members believe their Association is making the right moves in defense of the dentist-patient relationship.

"This news makes me proud to be a member of the American Dental Association," Dr. William Huszti told the ADA in an e-mail message.

■ To be included in the ADA's e-mail database, send your e-mail address to: email@ada.org

"My colleagues and I will continue to support organized dentistry, and a dues increase if necessary, to continue such a focus," added the general dentist from Highland, Mich. "It's time to restore the honor back to our profession based on merit rather than scandalous accusations and innuendo .... Keep up the fine work."

Dr. Huszti was one of more than 32,000 dentists who received an ADA E-Gram notice from the Association shortly after the Wellpoint suit was filed March 6.

Dentists who supply the Association with their e-mail addresses are included in a growing database of those receiving monthly "ADA Updates" from Association leaders, as well as unscheduled E-Gram bulletins on breaking news and other timely developments.

To be included in the Association's database, send your e-mail address to: "e-mail@ada.org".

"Finally we have some leadership that is worth our membership," exclaimed Dr. Mark Link of Springfield, Ill. "This type of action is long overdue and will go a long way to improve the quality of dental care. Bravo!"

Dr. Jack Bynes of Coventry, Conn., observed: "After 37 years of ADA membership, I'm finally seeing a proactive leadership. Go for it."

Participants in the Association's e-mail system can opt out of it at any time. Also, the ADA has committed to a privacy policy that includes a pledge not to sell the database or permit its use outside the tripartite—the local, state and national levels of organized dentistry.

Study supports perio, preterm birth link

Expectant mothers with periodontal disease are more likely to give birth prematurely or to deliver underweight babies, says a new study out of the University of North Carolina, Chapel Hill.

In the five-year study, UNC researchers, collaborating with Duke University scientists, evaluated more than 850 pregnant women separated into groups with healthy gums, mild disease and moderate-to-severe disease.

Factoring out other variables, researchers concluded that periodontal disease accounted for up to 18 percent of preterm deliveries.

"The prospective study confirms our earlier case-control studies showing that both periodontal disease and periodontal disease progression during pregnancy have an effect on the fetus," said Dr. Steven Offenbacher, director of UNC's Center for Oral and Systemic Diseases.

He said organisms from the mother's periodontal tissues can enter the bloodstream and "target the fetus," boosting the risk of preterm delivery "two-fold or greater, depending on whether there is a fetal exposure during pregnancy."

With support from the National Institute of Dental and Craniofacial Research, new research at UNC and Duke is exploring whether treating periodontal disease in pregnant women reduces the risk of premature delivery.

—Reported by James Berry

Good Samaritans: Dr. Russell Masunaga, president of the Hawaii Dental Association, and assistant Kim Koga treat a patient at the Aloha Medical Clinic on the island of Oahu through the state association's Dental Samaritans program. In February, the dental association received a $10,000 grant from the Pierre Fauchard Academy to help treat Hawaii's underserved population.

ViewPoint

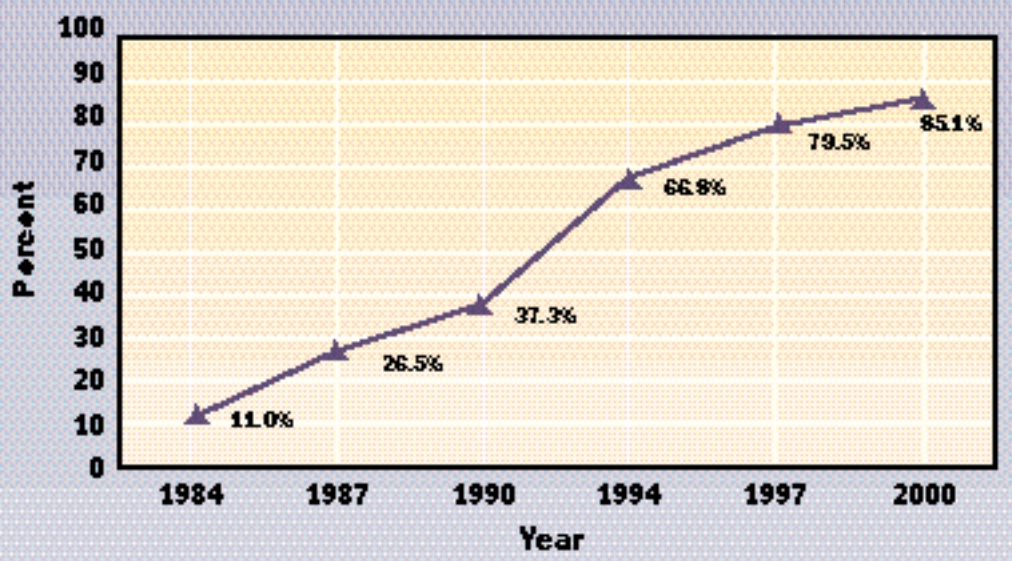
Snapshots of American Dentistry

Laura A. Kosden, *Publisher* Dr. Marjorie K. Jeffcoat, *Editor*

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

Computer age

The percentage of dentists who have computers in their practice has increased steadily since 1984—the most recent rise being 5.6 percent from 1997-2000. Some 30 percent of dentists without office computers reported in 2000 that they planned to purchase one within a year.



Source: American Dental Association, Survey Center, *2000 Survey of Current Issues in Dentistry: Dentists' Computer Use.*

MyView

A life of mentoring

The miracle is this: The more we share, the more we have.

—Leonard Nimoy

Last summer my neighbor Aaron Rusmussen told me he wants to be a dentist. A student at Eastern Arizona College, Aaron asked if he could come observe in my office to see what dental practice is like from a practical standpoint. When fall semester began, he showed up one Thursday and spent an afternoon looking over my shoulder. He came back again the next week.

Soon Aaron had become a regular. And I had become a regular mentor.

In Homer's Odyssey, Mentor was a wise and trusted friend as well as counselor to Odysseus. The term mentor has become a buzzword in business, where it refers to an advisor. A mentor commits to giving support and career advice to a less experienced person, who is a protégé, from the French word for protected.

Eric K. Curtis, D.D.S.

Most successful people have at least one mentor in their career. But mentors can be hard to come by in dentistry.

Mentoring was routine 100 years ago, when most professional training still consisted of apprenticeships. Nowadays, the efficiency demanded by high overhead costs and time-starved consumers isolates dentists and discourages the labor-intensive mentoring art. Who has time?

There are also questions of vulnerability. One of my patients asked me, "Why are you helping a future competitor?"

I also had to get used to the constant scrutiny. I regularly allow parents backstage to watch me treat their youngsters. Yet offering professional hospitality to an interested layperson like Aaron, who is not part of the practice yet, becomes part of the routine, involves a much deeper surrender of privacy. Aaron sees all my triumphs and failures, if he can recognize them.

So why mentor? For one thing, I'm flattered. Here's someone who thinks my life is worth living.

For another, I'm human. Aaron wanted my help, which is gratifying to give. "The pleasure we derive from doing favors," Eric Hoffer declared with characteristic bluntness, "is partly in the feeling it gives us that we are not altogether worthless."

What's more, mentoring forces me into useful self evaluation. Aaron's questions make me step outside my tightly wound skein of daily activity to rethink and articulate my personal philosophy.

I consider the meaning of my actions more closely when there is someone at my side whispering, "Why?"

I also hope my mentoring activity will ultimately strengthen the profession.

See MY VIEW, page five

LettersPolicy

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

Caution

I, for one, view the New York State Dental Association's proposal with a wary eye ("Residency Program Equals Licensure?" Feb. 18 ADA News).

It is far more complicated than just passing legislation. It demands the state's financial commitment to maintaining programs if federal subsidies end, standardization of training programs so that experiences are uniform throughout, upgrading and or building new facilities, and recruiting and retaining career-oriented full-time faculty who will have a reasonably good guarantee that their positions will be there 25 years from the start.

The aforementioned are issues which dental schools themselves are struggling with. I am reminded of the issues surrounding the closing of Emory and Northwestern, cited by their respective universities.

Medicine draws on the entire third-party health care financial infrastructure, in part to support its postdoctoral training program. The maintenance of inpatient beds is part of what funds medical education. Medical faculty in geographic practices earn their keep, and often plow the surplus back into the hospital system.

Inpatient services do not a dental service keep. Ambulatory dental services do not enjoy the same financial resources, and are often the first to be cut when hospitals face fiscal uncertainty. I have first-hand personal knowledge of this, and it is still a bitter memory for me.

The watch word for this endeavor is "Remember the Titanic." We will all be better served in the long run if we build and launch this one with care.

Arnold Rosenstock, D.D.S.
Clinical Associate Professor, General Dentistry and Management Sciences
Kriser Dental Center
New York University
New York City

Residency is good news

Hooray for New York ("Residency Program Equals Licensure?" Feb. 18 ADA News).

As a member of the old school of residency, which was two years of military service, it was always my feeling that we as graduates needed more to truly earn the name "doctor."

Teaching airway management in a general practice residency only confirmed the necessity of an anesthesia rotation for all of us who are injecting drugs on a regular basis.

Arthur M. Greenwald, D.D.S.
Edison, N.J.

Who wins?

I am writing in reference to "Align Technology Settles Lawsuit" (Jan. 21 ADA News).

Let's see, Align Technologies is "forced" to market Invisalign to general dentists and "forced" to train and certify a minimum of 5,000 general dentists each year for the next four years (I paid $180 to attend the course).

The cost: only $200,000 in court costs, and Invisalign pays for Dr. John Richter's legal fees. I wonder, who was the real winner?

Gary D. Mundy, D.D.S.
El Paso, Texas

More on court ruling

See LETTERS, page five

MyView

Continued from page four

I have a rare chance to try on the role model mantle and expound my values and biases, including notions of balancing business with service and the importance of active involvement in organized dentistry.

By handing snippets of experience and advice on to the next generation, mentoring is a way to project myself into the future. Mentoring is a little like parenting, which Elizabeth Stone said is to "have your heart go walking around outside your body."

In The Complete Idiot's Guide to Leadership, Andrew J. DuBrin suggests several key functions a mentor ought to perform. One is giving challenging assignments. For a newcomer, just being in the dental environment is a challenge.

At first Aaron was disoriented. He was overwhelmed by the terminology: "What's a dee-oh?" he wondered.

I dusted off some really heavy books and assigned him homework. Aaron memorized dental anatomy and absorbed basic procedures. Soon he was slinging jargon with the assistants. Aaron learned how to set up and break down an operatory, how to load a carpule of lidocaine into a syringe, how to configure matrix bands and mix cement. After a while he started assisting.

Another mentoring task is career-planning advice. Aaron started out thinking he might like orthodontics. In my general practice, however, he sees more acute care cases. "I think I like oral surgery best," he says, appreciatively noting a certain E.R.-like drama to cutting and sewing up a mouth.

Aaron also likes the intricacies of root canal treatment. He watched laboratory technician Andreas Ludewig making crowns, bridges and dentures, oral surgeon Gene Toone removing wisdom teeth and periodontist Damon Don performing osseous surgery. He attended a UOP dental school alumni gathering and met Art Dugoni. I signed him up for the Arizona Dental Association annual meeting.

I set out the details of what I think Aaron will need academically, financially and psychologically to face dental school.

Line up your money sources now, I urged. Get your B.A. And don't sit for the DAT without some serious prepping. (We also discussed ways to respond when family members couldn't understand why he wanted to be a dentist.)

Mentors should be sponsors. When the time comes, I will prepare a dental school letter of recommendation for Aaron.

I was concerned that Aaron's dental adventures might be traumatic, bruising to his untried emotions.

Aaron sat in with my best patients and my worst ones, from wisecracking retirees to howling kids. He suctioned spit for jovial copper miners and mixed impression material for anxious attorneys.

It could have been too much, too soon. But Aaron loves this stuff.

The next semester he decided to expand his involvement to spend Tuesday and Thursday afternoons at the office. "Every time I come in here," he says, "I'm more interested. And I'm more motivated to do well in organic chemistry."

Aaron rolls in on the T days and goes straight to the day sheet. "Who do we have today?" he asks. His enthusiasm is contagious.

Maybe Aaron is mentoring me.

Dr. Curtis is the editor of Inscriptions, the Arizona Dental Association publication. His comments, reprinted here with permission, originally appeared in the May 2000 issue of that publication.

At the American Association of Dental Editors' annual meeting in Kansas City, Mo., last October, Dr. Curtis' editorial received a 2001 award from the William J. Gies Foundation for the Advancement of Dentistry.

Letters

Continued from page four

It appears that dentists are once again worked up about the apparent inconsistency relating to HIV-positive patients and staff.

On the one hand, we are required to treat HIV-positive patients or face legal sanctions. On the other, HIV-positive health providers may be prevented from treating patients. There is, in fact, some degree of logic behind these rulings.

As health care providers licensed by the state, we are granted the exclusive right to provide dental services to the population and are protected from competition by non-licensed individuals. As is usually the case, this privilege comes with certain legal obligations: namely, to provide service to all individuals without prejudice or discrimination.

Like physicians who deal with communicable disease on a regular basis, there is no exclusion based on the risk to the dentist. In addition, there is our professional code of ethics that obligates us to provide care even if we incur a risk in doing so. Furthermore, the fact that no dentist has contracted AIDS from patient contact makes the claims of risk specious and almost hysterical in the extreme.

On the other hand, forcing a dentist to employ a HIV-positive employee who is in direct patient contact would likely have a devastating effect on his or her practice. In reality, there is a sense of fear in the population, justified or not, that would cause patients to leave such an office. We should be thankful that the courts have ruled as they have.

As for having it both ways, how can we assure our non-infected patients that our offices are safe while at the same time refusing to treat the HIV-positive individual because he might be the source of infection that can spread to others?

Henry Pinkney, D.D.S.
Canton, Mich.

See LETTERS, page six

Health & Science

Heart, perio diseases link?

Bethesda, Md.—The National Institute of Dental and Craniofacial Research will support a three-year, $7.2 million study on the link between periodontal disease and cardiovascular disease.

The pilot study, which will be conducted at State University of New York at Buffalo and the University of North Carolina at Chapel Hill, will help determine whether NIDCR should fund a much larger, comprehensive, randomized clinical trial.

"No one in dentistry has ever attempted a study like this one before," says co-principal investigator Dr. James Beck of UNC.

"At the end of all this work, we should have an answer for dentists in private practice who say, 'What should we tell our patients who ask us if they should have periodontal disease treated to reduce their heart disease?' "

Central to the study will be 900 heart patients; those patients who had their periodontal disease treated will be compared with those who did not. Boston University, KaiserPermanente/Oregon Health Science University and the University of Maryland will also participate in the study. ■

Multi-site study: Co-principal investigator Dr. Robert Genco will coordinate work done at SUNY Buffalo.

Letters

Continued from page five

Thanks from IHS

The response to your article about the Indian Health Service in the Feb. 18 ADA News ("Dentist Lends 'Helping Hand' ") has been overwhelming.

It has generated a great deal of interest from ADA dentists in the prime of their careers that want to give back. I have had at least 60 or more phone calls and about 40 e-mail messages from dentists since Feb. 25.

It has even generated calls from dentists with sons and daughters in dental school now looking for job opportunities for their children (can't wait to get them off of mom and dad's payroll). I want to thank the ADA for their support of the IHS Division of Oral Health.

Many dentists want to know how to go about finding out where the volunteer positions exist. Since the most I have had in the last 18 months as far as volunteer placement has been about three to four dentists, we do not have a listing yet of where volunteer positions exist.

Since the need for a volunteer can vary from week to week, I am having dentists send me a cover letter stating their timetable for availability away from their practice and a C.V.

I broadcast that information immediately out to all our sites. Those sites that have a need at the time the dentist is available will call the volunteer dentist directly and discuss all the specifics of their volunteer position. Again, thank you for your support.

Timothy L. Lozon, D.D.S.
Deputy Director of Human Resources
Division of Oral Health
Indian Health Service
Rockville, Md.

Restorative references

Chart based on extensive information sources

Health & Science

A reference list for the dental restoratives chart inserted between this page and page nine follows here:

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Chart

Continued from page one

with a new Comparison of Restorative Dental Materials—inserted right into this issue (between pages eight and nine).

"This chart provides a handy reference on restorative options that dentists can use with their patients," says Dr. D. Gregory Chadwick, ADA president. "It distills the science into a credible, comprehensive and convenient source."

Take one look at the charts and you'll notice how easy it is to read the side-by-side comparison of amalgam, composites, ionomers, porcelains and casting alloys. Plenty of valuable information is presented in plain text—useful for a variety of purposes and accessible to a wide range of readers.

Printed on heavy, high-quality card stock, this durable guide is intended for your day-to-day clinical use and is designed to last.

The Comparison of Restorative Dental Materials is part of an ADA educational campaign to disseminate information for member dentists. It draws on findings of the National Institutes of Health, U.S. Public Health Service, Centers for Disease Control and Prevention, Food and Drug Administration and World Health Organization.

To view the charts, visit "www.ada.org/prof/prac/issues/topics/materials.html".

This site also contains a sample cover letter that dental societies can use to promote a better understanding of restorative materials and organized dentistry's position on their use. ■

New executive director picked to lead AAO

St. Louis—The American Association of Orthodontists has a new executive director, Thomas A. Watters, CAE.

"Mr. Watters has outstanding credentials and experience for this position," says AAO president Dr. Frederick Preis. "I believe his personality is very much in tune with the culture of the AAO."

Mr. Watters formerly headed the International Association of Administrative Professionals and has an educational background in psychology, biology, adult education and human resource development. ■

Comparing restorative materials: a cover letter

Want to promote a better understanding of restorative materials and organized dentistry's position on their use? This sample letter can accompany the restorative materials chart to help state and local dental societies in communicating with lawmakers, regulators and the media.

This letter explains that the advent of new dental restorative materials has not eliminated the usefulness of more traditional materials, and the ADA remains committed to sound science.

The sample letter can also be found online at "www.ada.org/prof/prac/issues/topics/materials.html."

Dear:

Enclosed is a copy of a document developed by the American Dental Association to help dentists explain to their patients the relative pros and cons of various materials used in dental restorations, which include fillings, crowns, bridges and inlays. In recent years, we have seen a marked increase in the development of esthetic materials, which include ceramic and plastic compounds. These materials mimic the appearance of natural teeth and are more esthetically pleasing where they will be visible.

But the advent of these new materials has not eliminated the usefulness of more traditional restorative materials. Their strength and durability make them useful for applications where they must withstand extreme forces that result from chewing, that is, in the back of the mouth. These traditional materials include gold, base metal alloys and dental amalgam.

Dental amalgam, a mixture of mercury and other metals, remains the single most commonly used filling material. Some have raised concern about amalgam because of its mercury content.

The concern is intuitive but unfounded. Although mercury by itself is classified as a toxic material, the mercury in amalgam chemically combines with other metals to render it stable and therefore safe for use in accepted dental applications.

Dental amalgam is the most thoroughly researched and tested restorative material among all those in use. It is durable, easy to use and relatively inexpensive in comparison to other materials and therefore remains a valued treatment option for dentists and their patients.

As questions have arisen about its safety related to its mercury content, they have been answered to the satisfaction of the major U.S. and international scientific and health bodies, including the National Institutes of Health, the U.S. Public Health Service, the Centers for Disease Control and Prevention, the Food and Drug Administration and the World Health Organization, among others.

The American Dental Association remains committed to providing the best possible information on oral health, based on sound science, to the profession, government and the public. In keeping with that commitment, we continue to believe that dental amalgam is one of the safe choices for patients needing restorative treatment to consider with the advice and guidance of their dentists.

If you have questions about this or any other oral health matters, please contact Mr. or Ms. _____ at the _____ Dental Society at (phone number). ■

Canada to reduce mercury waste

Ottawa—The Canadian Dental Association will "make determined efforts" to ensure that all Canadian dentists voluntarily take steps to reduce mercury waste from dental offices by 95 percent by the year 2005.

The CDA agreed, in a Memorandum of Understanding with the government, to support the objectives of the Standard on Mercury for Dental Amalgam Waste, which applies to all provinces and territories.

"The last thing we wanted to see is a different standard in each municipality," says CDA president Dr. George Sweetnam. "Even though there currently isn't any evidence of harm to the environment, there also isn't any benefit, as there is with providing a filling, so we think it is worth taking precautionary steps."

The MOU calls for voluntary compliance by individual dentists using "best management practices"—including the installation of an amalgam separator that meets criteria established by the International Organization for Standardization (ISO) or the equivalent.

Exactly how progress toward the overall goal of a 95 percent reduction from base year 2000 levels will be measured is yet to be determined.

The "Environment Canada" arm of the government will support the dental profession's voluntary efforts and undertake to "harmonize" and "streamline" federal, provincial and municipal waste-management requirements.

However, the MOU makes clear that dentists are not shielded from enforcement action by a province, territory or municipality—all of which are free to adopt stricter requirements.

Dentists who limit their practices to certain areas are exempted from compliance on the basis that they do not generate enough amalgam waste to be a concern. These areas are: orthodontics and dentofacial orthopedics, oral and maxillofacial surgery, oral medicine and pathology, oral and maxillofacial radiology and periodontics.

For more details on the MOU, visit the CDA Website at "www.cda-adc.ca". ■

JADA invites industry

Advisory board geared to cutting-edge technologies

By Judy Jakush

In a unique collaboration, The Journal of the American Dental Association has launched the JADA Industry Advisory Board to enhance its delivery of the latest in new technologies to the practitioner.

Dr. Marjorie Jeffcoat, JADA editor, said the new advisory board was currently laying the groundwork to accept submissions from industry. The advisory board is working on the details of how the process will work.

"JADA's mission is to help dentists by giving them scientifically valid information that helps improve patient care. Our colleagues in industry are full partners, collaborating with us to improve care to patients. By working together we can deliver information from a broader base," said Dr. Jeffcoat.

The editor emphasized that JADA's peer review process would apply to any dental industry submissions. "These are not intended to be advertisements but will be peer reviewed articles for the practitioner. We recognize the great strengths within industry as well as limitations related to the ability of a company to share proprietary information. For example, patent issues may affect a company's willingness to submit a study or report. We want to work with them on these types of issues to find ways to make this viable."

The advisory board is chaired by Dr. Michael Bagby, associate professor in the Department of Restorative Dentistry at West Virginia University.

"There is an onslaught of new technology in dentistry and practitioners often have difficulty understanding how these products may fit into their practice," he noted.

"The committee hopes to bring scientific information to JADA to assist the practitioner in evaluating new technologies," said Dr. Bagby.

"I am really pleased to see this new direction with the dental industry—we truly are partners in delivering the best oral health care to the American public," said Dr. D. Gregory Chadwick, ADA president. "Personally, I look forward to reading the results of this new approach."

The advisory board aims to recruit from industry important research, state-of-the-art reviews and summaries about the latest advances in technology. "This is a prime example," noted Dr. James Bramson, ADA executive director, "of what the ADA, through JADA, can do for our members that no one else can: provide the latest information in new technology while assuring JADA readers of the highest quality content through the peer review process."

The dental industry echoes the enthusiasm of the ADA representatives. "I think this is a tremendously positive first step in what I see as a new partnership between industry and the profession," said Gary Price, president and chief executive officer of the American Dental Trade Association. "We have a joint mission in making patient care better."

"Secondly, from the industry perspective, I can tell you we are thrilled to have this opportunity to assist in the provision of information. Industry members are excited about the possibility of sharing information with the dental community and finding a formal way to do that. There are many very smart people working in industry who came from the dental community. The advisory board provides a standing mechanism for input."

"Our colleagues in industry are full partners, collaborating with us to improve care to patients. By working together we can deliver information from a broader base."

The advisory board is structured to give industry representatives a rotating term. "They come in with the understanding that they don't just represent their individual companies, but industry as a whole," Mr. Price added.

The ADTA position on the advisory board is a permanent appointment.

Dr. Jeffcoat said she is particularly interested in opening the lines of communication. "If an article comes in that is time sensitive, we need to know that when it is submitted. We are always seeking ways to make the Journal better and getting new, useful information to practitioners is our primary mission. I'm excited at the work we've started and gratified to see the level of interest among the industry—we've even had inquiries from companies that don't operate in the United States."

In addition to Drs. Jeffcoat and Bagby and Mr. Price, other members of the committee are:

- Industry representatives: Dr. C. Yolanda Bonta, Colgate-Palmolive, Piscataway, N.J.; Dr. Michael Romanowicz, CollaGenex Pharmaceuticals, Newtown, Pa.; Dr. Steven Jefferies, Dentsply International, York, Pa.; Dr. David C. Alexander, GlaxoSmithKline, Jersey City, N.J.; Dr. George Tysowsky, Ivoclar Vivadent, Amherst, N.Y.; Martin J. Dymek, Nobel Biocare USA, Yorba Linda, Calif.; Sumita B. Mitra, Ph.D.; 3M ESPE Dental Products Laboratory, St. Paul, Minn.
- ADA representatives: Laura A. Kosden, publisher and chief operating officer, ADA Publishing, ADA Business Enterprises, Inc., Chicago; James H. Berry, associate publisher, editorial, ADA Publishing; and James Sandrik, Ph.D., assistant to associate executive director, ADA Division of Science. ■

Education

Recruiting new dentists to Maine

State society looks to New England dental schools for relief

By Karen Fox

Augusta, Maine—While excited about the state department of human services' new agreement with a Canadian dental school, the Maine Dental Association isn't content to sit and wait for the new dentists to flock to their state.

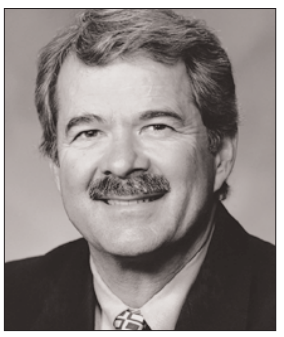
In 2000, the MDA commissioned a report on workforce issues that led to a funding allocation for a three-year recruitment project.

An ad-hoc committee then developed the framework for a plan to recruit dentists to Maine by targeting third-year students at New England-area dental schools.

"We thought the third-year students would have more flexibility in making up their mind," says Dr. Andrew "Sandy" Allen, an MDA past president and chair of its ad hoc committee on workforce issues. "By the fourth year they usually know what they're doing after dental school."

New England was a natural choice, based on geography and the concentration of dental schools in the area.

To assist in recruiting, MDA developed a new brochure titled, "Now is the Time to Practice in Maine."



Dr. Allen

They distributed the brochure with tourism information, recreational opportunities in Maine, licensure requirements, a copy of the state dental practice act and a contact list of dentists from all over the state who have expressed a willingness to communicate with new practitioners regarding practice opportunities.

Packets were also mailed to all dental schools in the United States and Canada.

MDA officials have already visited several New England-area dental schools.

Earlier this month, Dr. Allen met with students at the Harvard School of Dental Medicine and served up lobster-roll lunches—a Maine delicacy. He and colleagues discussed the practice climate in Maine and why they enjoy practicing there.

The MDA also formed a subcommittee to promote careers in dentistry, including a program that targets secondary education and focuses attention on recruiting pediatric dentists—there are currently fewer than 10 pediatric dentists in the MDA—and touted the benefits of practicing in Maine on its Web site ("www.medental.org").

"There is a second punch that we need to put into this," said Dr. W. Ross Greenlaw, a general dentist whose search for an associate led state officials to explore the alliance with Dalhousie. "We need to get a residency program in Maine. Most dentists are still reluctant to take someone right out of dental school, and if new graduates go to New York City or Boston for training, then we've lost them."

Dr. Allen believes that the MDA's efforts will be successful. Maine offers a lot to new practitioners, he says, especially its quality of life and the strength of organized dentistry.

"We have one the highest percentages of membership in state associations," said Dr. Allen. "Most dentists here are MDA members, and the dental association has a very strong continuing education program that sponsors courses throughout the winter. New dentists may be surprised, but you can come to Maine and practice state-of-the-art dentistry."

Frances Miliano, MDA executive director, said the membership is supportive of their recruitment efforts.

When asked if Maine has a shortage or maldistribution of dentists, she replied: "Put any name you want on it. There may be pockets where there isn't a shortage, but I don't think Maine dentists are upset with the term 'shortage.' "

Added Ms. Miliano: "In fact, when we were putting this recruitment campaign together, we were sensitive to the fact that our members might see this as fostering competition, so we visited our component societies and talked about what we have planned. We have yet to hear any discouraging words. Everyone says they would welcome more dentists." ■

Maine

Continued from page one

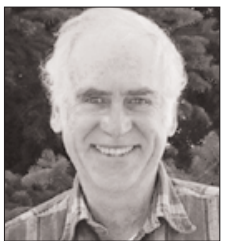
That breaks down to one dentist for every 2,127 residents—far below the national average of one dentist per 1,743 residents, according to 1996 national figures, the most current available.

The dental workforce is aging as well. Between 1982 and 1998, the percentage of dentists in Maine age 35 and younger plummeted from 23.5 percent to 6.9 percent.

One member of that demographic is Dr. W. Ross Greenlaw, a 58-year-old general dentist who has practiced in Blue Hill—population 2,390—since 1985.

His previous associate moved out of state. Finding a replacement would be a challenge.

With no dental schools, no dental practice residencies and a slower-paced lifestyle that doesn't exactly rival New York City and Boston, drawing new dentists to Maine is difficult.



Dr. Greenlaw

Dr. Cunningham

"What happens is that students go to dental school, meet their partners or spouses and don't come back. Or they do a residency in the city and you've lost them," said Dr. Greenlaw.

Instead of recruiting from cities in the northeast, Dr. Greenlaw looked north of the border.

Dalhousie University ("www.dentistry.dal.ca")—in Halifax, about 300 miles from the Canadian border—offers a four-year program in dentistry and a two-year dental hygiene program.

Dr. Greenlaw contacted Dr. Don Cunningham, Dalhousie's assistant dean for student affairs, to find out if any students might be interested in practicing in Maine one day.

After several conversations, "It was unlikely I would find someone right away, but we pursued it with the thought that maybe five years down the line we would get some people interested in coming to Maine," said Dr. Greenlaw.

Dr. Cunningham saw an alliance as an opportunity for Dalhousie's dental school to increase revenue, gain international students and expand career opportunities for dental students.

Within a year of the Dr. Greenlaw's phone call, the agreement—facilitated with assistance from the Maine Dental Association and its chair of an ad hoc committee on workforce issues, Dr. Andrew "Sandy" Allen—was in the works.

Under the agreement, the state's department of human services will help Dalhousie recruit students and promote opportunities to Maine residents. Dalhousie retains the right to decide whether to admit students to the program.

No change in state law was necessary to fulfill the agreement. Maine's dental practice act states, "One of the conditions of licensure in the state of Maine is graduation from a school accredited by an agency approved by the board. That agency is the ADA Commission on Dental Accreditation," according to Frances Miliano, Maine Dental Association's executive director.

Since 1956, the ADA Commission on Dental Accreditation and the Commission on Dental Accreditation of Canada have had a reciprocal accreditation agreement.

The commissions agree that the educational programs accredited by the other agency are equivalent to their own, and that no further education should be required for eligibility for licensure.

Drs. Greenlaw and Cunningham agree it's a win-win situation for Maine and Dalhousie.

"I think we're going to get them back [after graduation]," said Dr. Greenlaw. "Canada's system of socialized medicine and fee schedule may discourage dental students from Maine from staying in Canada, and more of our students who want to go to dental school won't be frightened off by the exorbitant cost."

"Given the way the Canadian dollar works, it's a real bonus for us and for Maine," said Dr. Cunningham, explaining that the Canadian dollar is currently worth about 60 cents on the U.S. dollar. "The annual tuition for a student going to school in Boston is in the $30,000-35,000 range in U.S. dollars. Our Canadian dollar brings that down to about $20,000 [in U.S. dollars]."

Time will tell whether the agreement with Dalhousie will pay off. Meanwhile, the MDA is in the midst of a three-year campaign to recruit new dentists. (See story, this page.)

Perhaps proving that luck plays as much a role as careful planning, Dr. Greenlaw did find an associate. Not one from Dalhousie though.

"One of my patients knew a dentist who vacationed here for nine years and had just moved to Maine," said Dr. Greenlaw. "Now he's my associate. It's funny how those things work out."

For more information on the agreement, contact Ms. Miliano at 1-207-622-7900, or e-mail to "fmiliano@medental.com". ■

Florida advertising law upheld

By Karen Fox

The U.S. 11th Circuit Court of Appeals March 6 ruled that a Florida statute regulating professional advertising is constitutional, thus supporting the state's right to regulate how dentists advertise their credentials.

The appeals court ruling overturns a March 2001 federal judge's decision that backed a Florida dentist's right to advertise credentials from the American Academy of Implant Dentistry and its sponsored board, the American Board of Implantology/Implant Dentistry, without including a statutory disclaimer statement.

"This is a great result for the public and dentistry," said ADA General Counsel Peter M. Sfikas. "The appeals court determined that the challenged Florida statute was not an outright advertising ban on membership or credentials, as the district court order found."

Since 1999, Florida has required dentists to use disclaimers when advertising practice limitations in areas not recognized as specialties by the state.

Disclaimers are also required when dentists advertise credentials from organizations not recognized as specialty accrediting organizations by the state unless certain criteria are met, including a requirement that the credential is based on a one-year, formal graduate or postgraduate program affiliated with or sponsored by a university-based dental school.

"Disclaimers go a long way in balancing the advertiser's right to communicate with the state's interest in protecting the public," explains Mr. Sfikas.

Dr. Richard Borgner's credentials in implant dentistry failed to meet the Florida requirement, so he was required to use an appropriate disclosure statement.

Dr. Borgner filed suit against the dental board in 1999, alleging that the requirements violated his First Amendment right to free speech.

On March 20, 2001, a federal judge in Tallahassee, Fla., found in Dr. Borgner's favor and struck down the dental board's specialty advertising statute. The Florida dental board appealed the verdict.

Mr. Sfikas noted that the appeals court decision provides guidance on the evidentiary standards that states are expected to meet to sustain a restriction on commercial speech under the four-prong test articulated in the U.S. Supreme Court decision, Central Hudson Gas and Electric Corp. vs. Public Service Commission of New York.

"One aspect of this test requires the state to show that the challenged regulation advances the government's interest in a direct and material way," he explains. "The appeals court was satisfied that the state provided tangible evidence in the form of survey data that adequately demonstrated the harm that could come from the proposed advertisements without inclusion of the disclaimers, and that the disclaimers would alleviate that harm by helping consumers make better, more informed decisions about who they select as a general dentist or specialist."

Added Mr. Sfikas: "The state's disclaimers were also found to be no more extensive than necessary to serve the state's interest and not unduly burdensome." ■

■ "Disclaimers go a long way in balancing the advertiser's right to communicate with the state's interest in protecting the public."

AAP Foundation adds fellowships for educators

By Karen Fox

Educator fellowships are becoming more prevalent as the dental profession seeks new ways to increase the number of practitioners who pursue careers in teaching.

Two years ago, the American Association of Endodontists Foundation began offering educator fellowships. Four awards were presented in the program's first year; each pays full tuition plus $1,000 a month in expenses.

Late last year, the American Academy of Periodontology Foundation announced the creation of two $30,000 annual fellowship awards that will go to periodontal students with a stated career goal of periodontal education.

The AAP Foundation's fellowships are known as the "Abram and Sylvia Chasens Teaching and Research Fellowships."

"As an educator, researcher and practitioner, Dr. Chasens has had a profound impact on the profession," said Dr. L.K. Croft, AAP Foundation president. "He and his wife Sylvia understand the importance of attracting and retaining high-quality educators in periodontology."

Dr. and Mrs. Chasens established a series of three gift annuities to fund the awards.

"The profession has been good to me, and I want to give something back," Dr. Chasens said of the award. ■

Education

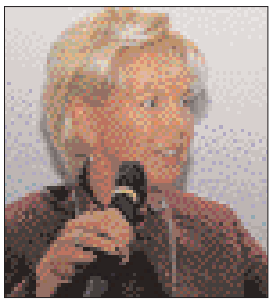
Commission seeks member input

Criteria proposed to guide future accreditation decisions

By Karen Fox

The ADA Commission on Dental Accreditation has yet to decide how it will act on a request for accreditation of dental anesthesia training programs for dentists.

However, the unusual request forces the commission to re-examine its own processes to determine how to respond to future requests for accreditation of programs in new dental education areas.



Dr. Jancar

"At this time, we're making efforts to reach out to the communities of interest and obtain comments on a list of possible criteria to guide future requests," said Dr. Susan L. Jancar, chair, Commission on Dental Accreditation. "All ADA members with an interest in the criteria are invited to submit their comments."

In January 2001, the American Society of Dentist Anesthesiologists requested that the ADA Commission on Dental Accreditation initiate an accreditation program for postdoctoral general anesthesia programs for dentists.

"This is something that is within our purview," explains Dr. Jancar. "However, there are broader implications for the commission. The first thing we should do is have some criteria we can use to evaluate and objectively be able to say 'yes' or 'no' to any group that might come forward with a similar request."

Dr. Jancar adds that the commission's mission statement "specifically states that [the commission] serves the public to ensure quality and continuous improvement of dental and dental-related education, which reflects the evolving practice of dentistry."

To that end, she explains, "We wish to encourage innovation, but with quality control."

The commission convened a committee—the Ad Hoc Committee on Feasibility of Accreditation of General Anesthesia Training Programs for Dentists—to study the issue.

Utilizing a wide range of resources, the committee concluded that accreditation review of programs in areas other than pre-doctoral dental education and the dental specialties is under the purview of the commission, as evidenced by its review of programs in advanced education general dentistry, dental practice residencies, dental hygiene, dental assisting and dental laboratory technology.

The committee believed that prior to consideration of review of any additional areas of dental education, guidelines should be developed for use by the commission in determining eligibility for inclusion in the accreditation process.

"The criteria help establish whether a discipline truly is a unique discipline within dentistry, and that it isn't just a piece of another discipline that already exists," said Dr. Ronald J. Hunt, chair of the Ad Hoc Committee on Feasibility of Accreditation of General Anesthesia Training Programs for Dentists.

The proposed criteria is being circulated for comment through June 14.

The Commission on Dental Accreditation will consider feedback from the communities of interest at its meeting in August.

ADA members are encouraged to review the criteria and submit comments to the Commission on Dental Accreditation. (See story, this page.) ■

What do you think?

The ADA wants your feedback

The Commission on Dental Accreditation received the following "Criteria for the Initiation of an Accreditation Program in a New Dental Education Area" at its Feb. 1 meeting:

1. The existence of a body of scientific dental knowledge underlying the discipline—knowledge that is in large part distinct from, or more detailed than, that of other disciplines already in accreditation review.
2. The body of knowledge is sufficient to educate individuals in an oral health field, not just in one or more techniques.
3. A sufficient number of established programs with a structured curriculum, qualified faculty and enrolled individuals that accreditation can be a viable method of quality assurance.
4. Professional organization(s) or association(s) with principal interest in the discipline.
5. Peer-reviewed publications or research in the discipline.
6. National or regional annual meetings for the discipline.
7. The programs are the equivalent of at least one academic year in length.
8. The quality of the educational program is important to the health care of the general public.

Dr. Susan L. Jancar, chair, Commission on Dental Accreditation, cautions that neither the criteria nor a decision on the American Society of Dental Anesthesiologists' request for accreditation are finalized yet.

"The Ad Hoc Committee on Feasibility of Accreditation of General Anesthesia Training Programs for Dentists spent a considerable amount of time developing the list of criteria," says Dr. Jancar. "Now it's time to get feedback from the profession. That's why we are reaching out to a wide audience for comment."

The commission requested that the proposed criteria be circulated to the communities of interest for review and comment, with responses due no later than June 14.

Final consideration of the criteria is to be presented at the commission's August meeting.

ADA members may respond with comments on the proposed "Criteria for the Initiation of an Accreditation Program in a New Dental Education Area" by postal mail or e-mail.

Send feedback to Karen Hart, director, Commission on Dental Accreditation, by e-mail to "hartk@ada.org" or mail to 211 East Chicago Ave., Chicago, 60611. ■

Government

Access boosters

Council seeks tripartite coordination on issue

BY CRAIG PALMER

Washington—The Association Council on Government Affairs, meeting in February, called for tripartite promotion of the profession's efforts to increase access to care.

The council agreed to take a lead in promoting increased Medicaid reimbursements to dentists and in working with other councils to promote the Association's access agenda.

Council-passed resolutions call for increased attention to access problems in rural areas with few dentists and to women's oral health issues.

The council called for "significantly higher" Medicaid reimbursements for dentists serving Medicaid-eligible patients in rural areas, according to a summary of the council's Feb. 1-3 meeting in the nation's capital. The council said it will work with the ADA Council on Access, Prevention and Interprofessional Relations in developing the resolution.

Pressing access: Dr. Frederic Sterritt, chair, explains the council's direction. At left is Dr. Mike Nolan, vice-chair.

The council approved an action plan on women's oral health issues to be implemented with the ADA Council on Scientific Affairs and Council on Access, Prevention and Interprofessional Relations.

"This is all about teamwork, within the Association and throughout the profession," said Dr. Frederic Sterritt, council chair. "We are talking about promoting the Association and state dental associations in the media and before state and congressional policymakers as leaders in the effort to address access problems. We are talking about working together to ensure continued recognition of the Association as the premier representative for dentistry in the national policy arena."

Photos by Anna Ng Delort

Membership in focus: Public Health Service Capt. Jim Lipton (left), Air Force Col. Frank Kyle, Army Maj. Gen. Patrick Sculley and Navy Rear Adm. Dennis Woofter meet informally Feb. 2 with the ADA Council on Government Affairs and discuss opportunities to increase the ADA member base among federally employed, uniformed dentists.

The council will take a more active role in helping the Department of State Government Affairs identify emerging issues at the state level that might warrant special attention by constituent societies, Dr. Sterritt said.

The council recommended that the ADA Council on Communications consider promoting the Association's access agenda with a targeted public relations activity and called for new lobbying materials to assist state and local dental societies in addressing issues around Medicaid financing of dental care.

In other actions, the Council on Government Affairs:

- reviewed legislation offered by Sen. Patrick Leahy (D-Vt.) at the request of CAPIR and recommended Association support for the Better Nutrition for School Children Act of 2001, S. 745, to discourage schools in the national school lunch program from selling or giving students soft drinks and other "foods of minimum nutritional value" during breakfast and lunch times;
- proposed several steps to improve council electronic communications, including use of a council Web page at ADA.org;
- passed a motion supporting implementation of a flexible spending account for federal civilian employees;
- proposed changing the council's name to Council on Legislative and Regulatory Affairs. ■

Letters sent to Congress

ADA urges action pushing patient rights legislation

BY CRAIG PALMER

Washington—Don't forget patients' rights, the Association urged Congress March 6.

"Put partisanship aside and finally deliver a comprehensive patients' bill of rights that the president can sign into law this year," Association officials said in letters to every member of Congress ("www.ada.org/prof/govt/index.html"). "We understand that your attention has been rightly focused elsewhere since September 11, but we believe an opportunity exists this session to finally enact a strong managed care reform bill."

The letters are signed by ADA President D. Gregory Chadwick and Executive Director James B. Bramson.

Both the U.S. House of Representatives and the Senate have passed patient protection legislation, "carefully crafted bills that would minimize cost increases to employers or employees," the Association said.

"The House version even includes provisions to make insurance more easily attainable for employers who do not provide health coverage to their employees." President Bush has asked Congress to give him a patient rights bill he can sign.

But patient rights has been in a legislative limbo since Sept. 11, the agenda focused on war, terrorism and economic recovery.

"We recognize that the world has changed dramatically since the House and Senate passed their respective versions of managed care reform legislation last session," said the American Dental Association. "But our patients still need a law that:

- provides dental patients the same protections as medical patients;
- allows all insured Americans to see the doctor of their choice;
- requires plans to pay claims in a timely fashion;
- provides a timely, effective and appropriate means for patients to hold health plans accountable when their decisions to delay or deny necessary care result in injury."

If Congress were to act, the next legislative step would be appointment of a House-Senate conference committee to resolve differences in the two bills. ■

Law

Details of ADA's three-count complaint

By James Berry

The three counts in the ADA's class-action civil suit against Wellpoint Health Networks Inc. are "substantially similar" to those in a complaint the Association filed last August against Aetna Inc., notes ADA General Counsel Peter M. Sfikas.

What follows are brief summaries of the three counts in the Wellpoint suit, filed March 6 in Northern Illinois U.S. District Court, Eastern Division.

Count I

Under the federal law that governs group health plans—and the terms of its contract with subscriber patients—Wellpoint must pay an out-of-network provider's actual charges, unless the company has data to justify paying a lower amount.

To establish its schedule of "usual, customary and reasonable" fees, Wellpoint, like Aetna, reportedly relied on a database formerly owned by the Health Insurance Association of America.

At the time it released its data in 1998, HIAA warned insurers that the figures were "for informational purposes only" and should not be used to calculate UCR rates.

The ADA contends that Wellpoint knew or should have known that the database—the Prevailing Healthcare Charge System, now owned by Ingenix Inc.—was "flawed" and "unsuitable" for use in developing a UCR schedule.

By underpaying nonplan dentists without reliable data to justify lowered fees, Wellpoint breached its contract under the Employee Retirement Income Security Act of 1974, the ADA says.

Count II

After using flawed data to reduce fees charged by out-of-network dentists, Wellpoint sent those dentists' patients an Explanation of Benefits form. The form includes reference-remark code 908, which is meant to explain why a particular fee has been trimmed from the dentist's original charge.

Code 908 states, "The fee exceeds the customary and reasonable allowance for this procedure."

Such a statement implies that the dentist's original fees were "excessive and unreasonable," says the ADA. Code 908 conveys information that is "harmful to the provider's reputation" and disparages "the value of dental services rendered" by the nonplan provider.

What's more, Wellpoint's patient subscribers had no way of knowing that the company "lacked an adequate basis for its assertion that their out-of-network providers' charges" were excessive and unreasonable, the ADA says in its complaint.

Such actions, the complaint says, constitute "trade libel," harming someone's reputation in the context of his or her profession.

Count III

The misrepresentations and disparagements alleged in the first two counts of the suit damaged the "valid contractual or business relationship[s]" between out-of-network dentists and their Wellpoint patients, the ADA says.

Wellpoint's actions qualify as "tortious interference" with those relationships, now and in the future, the Association contends.

The three dentists in the suit, representing nonplan providers allegedly harmed by Wellpoint's business practices, "lost long-standing, paying patients who, believing that their dentist attempted to charge an unusual, excessive and unreasonable fee, chose to go elsewhere or forgo treatment altogether," the ADA says in its complaint.

The Association and its class representatives seek an injunction and declaration that would stop Wellpoint from engaging in business practices allegedly harmful to out-of-network dentists.

Also sought are compensatory and punitive damages to be determined by the court. ■

How Wellpoint shortchanged out-of-network dentists, patients

By James Berry

The Association's class-action suit against Wellpoint Health Networks Inc. includes specific examples of reimbursements that the company "unlawfully" reduced from the original charges of out-of-network dentists.

A number of examples in the complaint are taken from the records of three ADA-member dentists who represent the class of nonplan providers allegedly harmed by Wellpoint's business practices.

The three dentists are Dr. Frank S. Arnold of Covington, Ga.; Dr. David W. Richards of San Diego; and Dr. James B. Swanson of Palos Heights, Ill. Dr. Swanson also is a "class plaintiff" in a complaint the ADA filed last August against Aetna Inc.

The dollar amounts cited in the ADA's lawsuit are small, but the points made are large: Wellpoint has regularly scaled back reimbursements to out-of-network dentists without legal justification.

Some examples from the suit:

- In March 1998, Dr. Arnold performed two resin-based composite restorations, identified by the CDT (Current Dental Terminology) code D2332. The Georgia dentist charged his usual fee of $130 per procedure, or $260 for both. Applying a "usual, customary and reasonable" fee schedule developed from a database that the ADA insists is "flawed," Wellpoint reduced the original charges to $113 per restoration, or $226 for both, and then paid a percentage of the

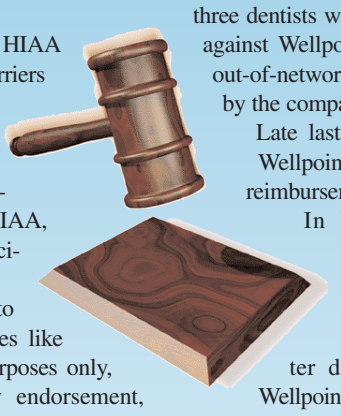
See SHORTCHANGED, page 28

Same UCR database at issue in Wellpoint, Aetna lawsuits

By James Berry

In developing its "usual, customary and reasonable" fee schedule, Wellpoint Health Networks Inc. and its affiliates relied on a database that the company knew or should have known was not suited for that purpose, the ADA says in a class-action civil suit filed March 6 against Wellpoint.

The database in question is the Prevailing Healthcare Charge System, originally developed by the Health Insurance Association of America and sold in late 1998 to Ingenix Inc., a subsidiary of United Health Group.



Before releasing its database, HIAA warned its member insurance carriers that the information the database contained was not suitable for use in setting UCR rates.

The ADA notes in its complaint against Wellpoint that HIAA, an insurance-industry trade association, issued this disclaimer: "The [PHCS] data are provided to subscribers [insurance companies like Wellpoint] for informational purposes only, and the HIAA disclaims any endorsement, approval or recommendation of the data. There is neither a stated nor implied 'usual and customary' charge."

The validity and application of this database are central issues in the ADA's federal suit against Wellpoint, as well as the complaint filed against Aetna Inc. in August 2001.

Under contractual agreements and federal law, the ADA notes, Wellpoint must pay an out-of-network provider's actual charges unless the company can "demonstrate, using valid data, that the actual charges by the treating dentist exceed the customary and reasonable allowance" for the procedures in question.

If the data used to establish a UCR fee schedule are not valid, then the schedule itself is not valid, the ADA contends.

The Association learned that Wellpoint was using the database formerly owned by HIAA through the experiences of a member dentist.

Dr. David W. Richards of San Diego is one of three dentists who have joined the ADA's suit against Wellpoint, representing the class of out-of-network providers allegedly harmed by the company's business practices.

Late last year, Dr. Richards appealed Wellpoint's decision to reduce certain reimbursements based on its UCR data. In his appeal, Dr. Richards requested all back-up or supporting data behind Wellpoint's decision.

What he got instead was a letter dated Dec. 1, 2001, from a Wellpoint customer service representative. "Please be advised that payments are made in accordance with the HIAA fee schedule," wrote the company representative. "We use data received from Ingenix, which is updated once a year and is based on actual claims data received from numerous insurance companies, and is calculated based on the providers' ZIP codes.

"We hope this clarifies the situation," the service rep added.

It did indeed. ■

Wellpoint

Continued from page one

ADA suit also names as a defendant Blue Cross of California, a wholly owned subsidiary of Wellpoint.

As of March 31, 2001, Wellpoint included about 9.8 million medical and 41.6 million specialty patient subscribers, including nearly 2.7 million subscribers in dental plans.

"This action is important because, once again, it makes the voice of the individual dentist heard," ADA President D. Gregory Chadwick said of the suit. "It sends a clear message that we are tired of being misrepresented to our patients and that we believe the dentist-patient relationship is absolutely fundamental to the practice of dentistry."

Added Dr. Chadwick, "We intend to aggressively defend that relationship for our members and their patients."

Joining the Association as plaintiffs in the suit are three ADA-member dentists: Dr. Frank S. Arnold of Covington, Ga.; Dr. David W. Richards of San Diego; and Dr. James B. Swanson of Palos Heights, Ill. Dr. Swanson also is a plaintiff in the Aetna case.

The three dentists represent the class of out-of-network providers allegedly harmed by Wellpoint's business practices over the past six years, the "class period" specified in the complaint. The dentists are identified by name in the suit and are referred to collectively as "Class Plaintiffs." The complaint includes specific examples allegedly showing how the dentists were shortchanged on fees.

■ "This case, along with our earlier one, shows that the ADA is serious about these issues, which impact patients as well as our members."

"We have determined that Wellpoint uses the same database as Aetna used in calculating UCR rates," said ADA General Counsel Peter M. Sfikas. "We pointed out in the Aetna case the deficiencies of that database. Those deficiencies are equally applicable here, in relation to Wellpoint."

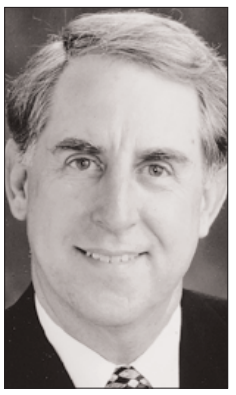
The ADA and its class representatives seek an injunction and declaration that would stop Wellpoint from "paying less than out-of-network providers' actual charges in the absence of data substantiating the appropriateness of lower amounts." Also sought are compensatory and punitive damages to be determined by the court.

The Association's 23-page complaint alleges, too, that Wellpoint libeled nonplan dentists by insinuating in an Explanation of Benefits form sent to patients that their dentists' fees were "excessive and unreasonable." Such claims, the ADA says, were made without substantiating data and therefore qualify as "trade libel," disparaging someone within the context of his or her profession.

At issue in this, the second count of the suit, is a reference-remark code in Wellpoint's EOB form, code 908. The form refers patients to code 908 for a shorthand explanation of why a particular fee has been reduced from the dentist's original charge. Code 908 reads, "The fee exceeds the customary and reasonable allowance for this procedure."

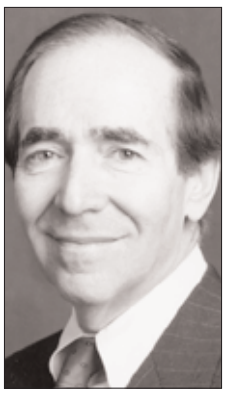
Wellpoint, the ADA says, lacks a factual basis for such a statement, which conveys "information that is harmful to the provider's reputation" and disparages "the value of the dental services rendered by members of the class."

Observes Mr. Sfikas, "This process is also unfair to subscriber patients because their contracts provide that they are to be reimbursed fully unless there is a valid UCR to justify the reduced amount. The patient, too, is getting shortchanged."



Dr. Chadwick

Dr. Bramson



Mr. Sfikas

The third count of the suit springs from the other two. Wellpoint, the ADA says, has unlawfully interfered with the contractual or business relationships between out-of-network providers and their Wellpoint patients, a violation of tort law.

"Plaintiffs have lost long-standing, paying patients who, believing that their dentist attempted to charge an unusual, excessive and unreasonable fee, chose to go elsewhere or forgo treatment altogether," the ADA says in its complaint.

Like the Aetna suit before it, the Wellpoint complaint will take time to unfold. A class-action suit can proceed only after the court has certified the class, an involved process. Also, the Association has requested a jury trial in the case.

In the meantime, the Association is exploring still other possible complaints.

"This continues our strong advocacy for dentists and members," said Dr. James B. Bramson, ADA executive director. "We intend to pursue these cases because, inherent in them, are the issues of fairness, equity and truthful communication, which dentists deserve."

He added, "This case, along with our earlier one, shows that the ADA is serious about these issues, which impact patients as well as our members." ■

Annual Session

Huge scientific program planned

Oral cancer, aging, women's issues, technology are hot topics

By Stacie Crozier

New Orleans—If you're looking for new ideas that can help "jazz up" your clinical skills, then the 143rd Annual Session of the American Dental Association is the place for you.

The ADA is gathering the hottest personalities to the "Cradle of Jazz" Oct. 19-23 to provide an in-depth review of the spiciest topics facing the profession, including technology, team building, practice building, women's leadership, aging, oral cancer diagnosis, esthetics and endodontics.

These registered clinics and participation workshops will be held at the Morial Convention Center:

- 2002 Technology Day V: Office Technology Skills, Clinical Skills and All That Jazz, Oct. 18. Delve into the latest in dental office technology, including a special program on personal digital assistants that includes everything you need to simplify your personal and professional life in the palm of your hand. A review of models, manufacturers, add-on software and hardware, integration, wireless Internet, how the team uses technology in the operatory and more will provide a wealth of information for personal digital assistant beginners as well as seasoned users.

Presenters for this all-day program will include Dr. Robert Davis, Dr. Larry Emmott, Dr. Allan J. Farman, Dr. Paul Feuerstein, Dr. John Flucke, Dr. Barry Freydberg, Dr. J. Edward Kenderick, Dr. Claudio Levato, Dr. Pat R. Little, Dr. Dale Miles, Dr. Titus Schleyer, Dr. Michael Unthank, Rick Spaulding, Ted Takahashi, Betty Weidenbach and Robert Lapp, Ph.D. (Course Code C2, includes lunch.)

- Team Building Conference VII, Making It Easy in the Big Easy, Oct 18 and 19. The two-day registered clinic will provide a fast-paced, interactive program on practice management strategies like conflict resolution, problem solving, motivation and initiative, marketing and more. Presenters will include Dr. Mark Hyman, Dr. Roger Levin, Alyce Cornyn-Selby, Ph.D., Robert Gray, Cathy Jameson, Ph.D. and Naomi Rhode. (Course Code C3, includes lunch both days.)
- Oral Cancer Conference: I Think I Found It ... Now What Do I Do? Oct. 19. Is your office prepared to handle the oral health needs of cancer patients? This brand new and important course will help your entire team learn about detection and diagnosis of oral cancer, as well as the management of treatment complications of any type of cancer, such as mucositis, xerostomia, osteoradionecrosis, caries and oral infection. Dr. Denis Lynch, Dr. Susan Calderbank, Gloria Tuttle Fischer, Dr. Merry Sebrink and Dr. Dennis Ulewicz will present this all-day registered clinic. (Course Code C9, includes lunch.)
- ADA Women's Leadership Conference and the Business of Dentistry, Oct. 20. From women's health issues to leadership, vision, management and finance, this registered clinic will focus on personal and professional success. Featured speakers include Dr. Cynthia Brattensani, Dr. Linda Niessen, Dr. Jacinthe Paquette, Dr. Bette Robin, Dame Margaret Seward, Dr. Cherilyn Sheets, Dr. Barbara J. Steinberg and television journalist Terry Savage. (Course Code C15, includes lunch.)
- ADA Aging and Oral Health Conference, Oct 21. Do you routinely take blood pressures in your office? Is your team prepared to meet the special needs of aging patients? What are the esthetic considerations in treating the aging patient? This registered clinic will focus on medical risk assessment and specialized treatment needs of patients in this growing population. Dr. Paul C. Belvedere, Dr. Linda Niessen, Dr. Greg Folse, Dr. Gretchen Gibson and Dr. Randy Huffines will present this all-day clinic. (Course Code C23, includes lunch.)
- Clinical Communication for Improved Esthetics in General Dentistry, Oct. 19 and 20. This workshop will focus on motivating patient acceptance, enhancing communication between patient and team and combining new conservative techniques with the latest technologies and materials for successful outcomes. Dr. Tom Trinkner, Dr. Peter Rinaldi, Dr. Roger Levin, Larry Wintersteen, Jason Kim and Matt Roberts will present this two-day participation workshop. (Course Code W3, includes lunch both days.)
- Direct Composite for Wet-Gloved Dentists, Oct. 19. Dr Paul C. Belvedere will present this half-day participation workshop in morning and afternoon sessions. (Course W8.)
- Hands-on Probing, Root Planing and Instrument Sharpening: An Evidence-based Approach, Oct. 20. Dr Kenneth Backman and Dr. Robert Faiella will present this half-day participation workshop in morning and afternoon sessions. (Course Code W17.)
- Endodontic Instrumentation Expertise, Oct. 21. Dr. John T. McSpadden will present this all-day participation workshop. (Course Code W20, includes lunch.)
- The Cutting Edge of Esthetics: Where Form Meets Function, Oct. 21 and 22. Dr. Jay Anderson, Dr. David Latz, Dr. Gloria McNeill and Dr. Loyle "Buzz" Raymond will present this two-day participation workshop. (Course Code W23, includes lunch both days.)

More information and registration forms for these ticketed courses will be available in the annual session 2002 Preview, which will be distributed in May. To request your preview, call the annual session toll free number, 1-800-232-1432 or e-mail "annualsession@ada.org". ■

New schedule set for session

New Orleans—This year's new annual session schedule will include a day of pre-sessions, four full days of continuing education and three full days of technical exhibits.

Mark your calendar so you and your staff can make the most of your annual session experience!

The scientific program will be held Saturday, Oct. 19 through Tuesday, Oct. 22 with pre-sessions on Friday, Oct. 18. This year's annual session will offer nearly 200 continuing education courses for dentists, staff and guests to reenergize your team and update your clinical skills. More than 60 ticketed courses will focus on the hottest issues in dentistry today, including new technologies, team building, aging, women's issues, finance, esthetics, endodontics and much more plus 130 or so open sessions will provide an array of educational opportunities. Choose from 3 two-day in-depth workshops, several all-day courses, half-day sessions and presentations by distinguished speakers.

Technical exhibits will be open Saturday, Oct. 19 through Monday, Oct. 21. Schedule your itinerary so that you and your staff can compare products, see demonstrations and make decisions about your practice's needs. The exhibits will open immediately following the Distinguished Speaker Series general session each morning at 9 a.m. and remain open until 5 p.m. each day.

The annual session Preview, which will be distributed in early May, will contain a daily planner to help you plan your course attendance, technical exhibit schedule and special events. ■

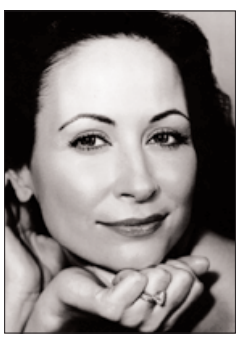
Linda Eder to grace ADAHF benefit

New Orleans—Broadway diva and recording artist Linda Eder will showcase her electrifying vocal talents here during annual session in a special concert to benefit the ADA Health Foundation.

Linda Eder … In Concert, an evening of standard ballads and music from the Broadway stage, will be held Sunday, Oct. 20, at the Saenger Theater. This special event is sponsored by ADA Business Enterprises, Inc., and generously underwritten by a grant from Citibank, an ADA Member Advantage provider.

While growing up, the famed chanteuse admits she was uninspired by contemporary pop and rock music, preferring the style of Barbara Streisand and American standard tunes like "Over the Rainbow."

After graduating from high school, Ms. Eder began her career performing in nightclubs with a classmate and pianist. She spent a 12-week stint as the winner of the television show "Star Search" and starred on Broadway in the smash hit musical "Jekyll & Hyde."



Ms. Eder

Tickets for this special event and benefit are $45. Transportation will be provided from all official ADA hotels. For more information or to order tickets, watch for the annual session 2002 Preview, which will be distributed in early May. To request your preview, call the annual session toll free number, 1-800-232-1432, or e-mail "annualsession@ada.org". ■

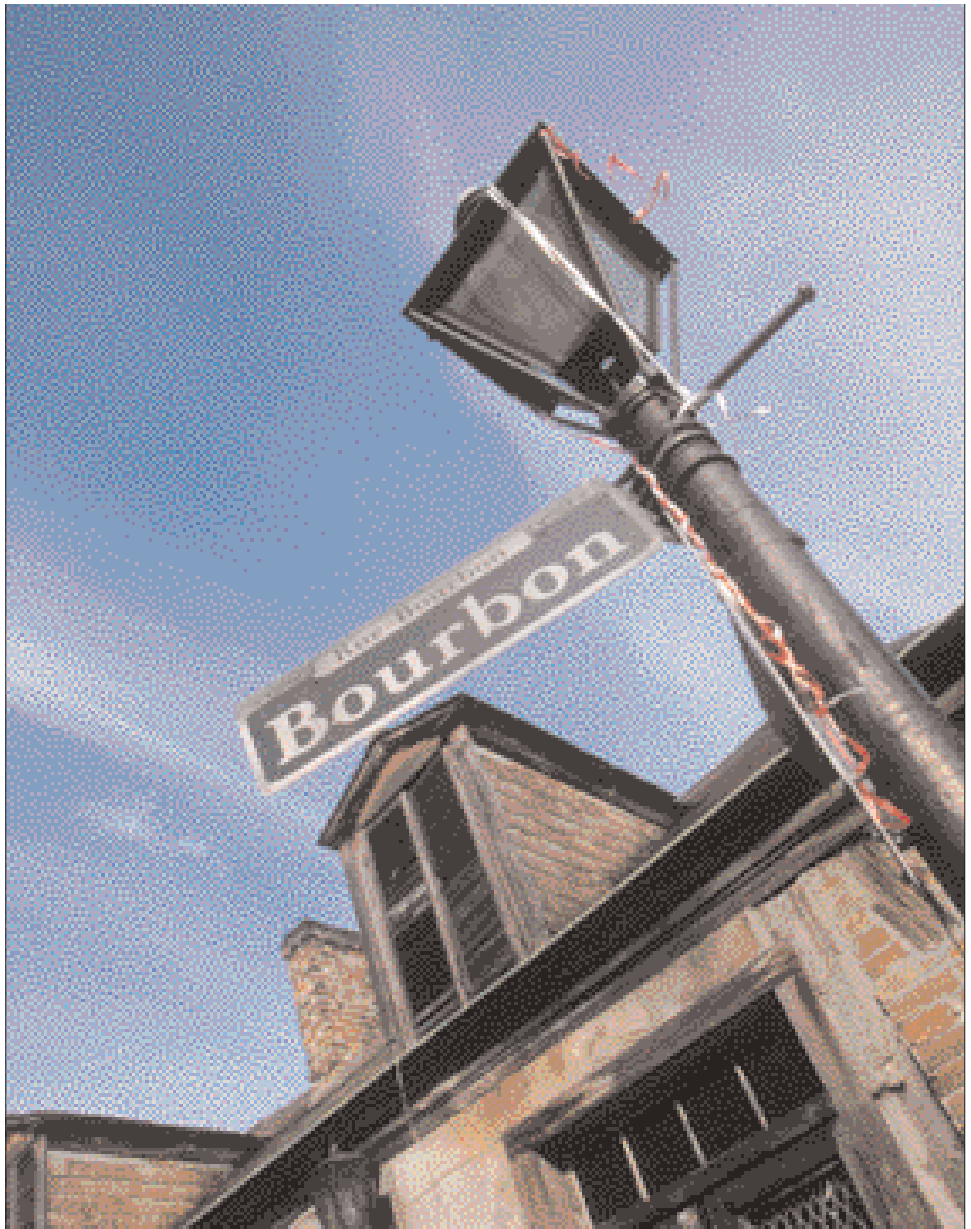


Photo by Richard Nowitz

Pirate place: One of the oldest buildings in the French Quarter, Jean Laffite's Blacksmith Shop was a reputed front to store and sell plundered goods where the band of pirates posed as blacksmiths. Today it's a famous New Orleans bar.

Photo © Wien Tourismus Board/Maxum

Worldwide waltzing: One of the FDI's special events during the 90th World Dental Congress will be a Viennese Ball to be held Oct. 4 at the Hofburg Imperial Palace in Vienna, the former winter residence of the ruling Hapsburgs.

Vienna to welcome 90th FDI World Dental Congress

Vienna, Austria—In October, the 90th FDI World Dental Congress will welcome dental professionals and their families from around the world to the heart of Europe—Vienna, Austria.

Bordered by eight other countries—the Czech Republic, Germany, Hungary, Italy, Liechtenstein, Slovakia, Slovenia and Switzerland—Austria is an Alpine country about the size of the state of Maine, where natural beauty blends with ancient castles and spires to provide breathtaking views at nearly every angle.

Vienna, the capital of the Hapsburg Empire and the cultural hub of the world for hundreds of years, served as the home and inspiration for world leaders, scholars, artists and classical composers like Franz Schubert, Wolfgang Amadeus Mozart and Johann Strauss. This graceful city is renowned for its fabulous architecture and luxurious shopping opportunities. Its sumptuous cuisine includes German, Bohemian, Hungarian, Italian and Balkan influences as well as its immortalized pastries and coffees.

The World Dental Congress scientific program, to convene at the Austria Centre Vienna, will include pre-congress courses on Oct. 1 in restorative dentistry, orthodontics, endodontics and more. The scientific program, from Oct. 2 through Oct. 5, will feature nearly 70 courses in 30 different topic areas, as well as the concurrent Hungarian Arkövy Conference. On Oct. 6, the International Society of Computerized Dentistry will present a post-congress conference highlighting the latest developments in dentistry and computers by international experts in the field. All scientific and educational programs will be conducted in English, with simultaneous interpretation in French, German, Spanish and Japanese for selected sessions.

From Oct. 2-Oct. 5, the congress will also feature a world dental exhibition of the latest dental materials, equipment and consumer products that will include more than 450 booths in three exhibit halls.

The FDI will also host a variety of social events, including the Opening Ceremony at Austria Centre, an event that will combine the traditional roll call flag waving with traditional Austrian entertainment; an Austrian Heurigen Night of folk music and dance at the Benediktinerhof, a former Bavarian monastery; and a Viennese Ball at the Imperial Palace, the winter residence of the Hapsburgs, with fabulous Austrian waltzes. FDI excursions and four special pre- and post-congress tours sponsored jointly by the ADA and the FDI USA Section have also been arranged to provide U.S. dentists with terrific opportunities to experience Vienna and the surrounding countries of Central Europe. (See story, page 30.)

For more information or to register for the FDI World Dental Congress, visit the FDI Web site: "www.fdiworldental.org", call the FDI/USA section at the ADA toll-free number, Ext. 2727 or e-mail "hernj@ada.org". ■

ADA post-session tour will explore U.S. Southwest

New Orleans—Explore the cultural mystique and natural beauty of Texas and New Mexico by taking the ADA's post-convention tour Oct. 23-31 that will explore the American Southwest.

The nine-day, eight-night excursion departs from New Orleans following annual session. Enjoy the unique flavor of one of the United States' most unique regions, including the beauty of historic Spanish missions and Native American grounds, the excitement of cowboy country and an authentic dude ranch, and the wonder and technological achievement of the aerospace industry.

The adventure will include stops in Houston, home of National Aeronautics and Space Administration's Johnson Space Center; a cowboy ranch in Fort Stockton, Texas; historic San Antonio; the famous Chisholm Trail; Roswell, New Mexico, the UFO capital of the world; the Carlsbad Caverns; Santa Fe; and Albuquerque.

For a detailed itinerary or a tour brochure, contact Attache-Tour Planners International in Toronto by calling toll-free (from the U.S.) 1-888-745-5555 or 1-416-962-3580; or email "fstclair@attache.ca". ■

Photo courtesy of the Alamo

Remember the Alamo: The ADA's post-convention tour will explore famous sites in the American Southwest, including the Alamo in San Antonio, Texas.

Good reason to smile

Special smiles may reach 20,000 athletes this year

By Stacie Crozier

In less than a decade, the treatment of one special needs patient has blossomed into a growing program that alerts dentists and the public to the oral health needs of the mentally retarded and works to increase access to care for these special needs patients.

This year's program will reach an estimated 15,000 to 20,000 Special Olympics athletes who will receive dental screenings and lists of dentists in their communities who can provide follow-up care.

The seeds of the program were sown in 1993, with one special needs patient and one dentist, says Dr. Steven Perlman, the global clinical director of Special Olympics Special Smiles. That was when Dr. Perlman was recruited to provide dental care for a special needs patient whose name is familiar to many Americans: Rosemary Kennedy.

Ms. Kennedy, sister of the late president John F. Kennedy and Massachusetts Sen. Edward Kennedy, needed extensive dental care. Her caregivers had petitioned her sister and guardian, Eunice Kennedy Shriver, for permission to remove all of her sister's teeth.

Mrs. Shriver, a longtime advocate for the mentally retarded, recruited Dr. Perlman to treat her sister and try to save her teeth. Mrs. Shriver told him that although she'd spent her whole life trying to improve the quality of life for the mentally retarded, she had never given much thought to their oral health needs.

"She invited me to come to Washington and spend a couple of hours teaching her and others at the Kennedy Foundation about oral health care for special needs patients," says Dr. Perlman. "Then she asked me what I wanted to do to address the issues."

Dr. Perlman pitched a pilot program to screen Special Olympics athletes during their 1993 event in Boston, working with Boston University dental school.

"It was a tremendous success," he says. "And in 1994 we had eight dental screening events, and in 1995 we had 12, and it just continues to grow. It grows week by week."

Special Smiles was officially recognized and adopted by Special Olympics Inc., in 1997.

The success of Special Smiles, adds Dr. Perlman, has enabled Special Olympics to expand its mission to enhance the fitness and self-esteem of the retarded by offering vision, hearing, nutrition and fitness screenings that help athletes attain a higher quality of life. A recent surgeon general's conference on health disparities and mental retardation set a blueprint for multidisciplinary action.

Preventive practice: Special Smiles volunteer dental hygienists provide individualized instruction on brushing, rinsing and flossing.

In 2002, Special Smiles will host 68 events in the United States, as well as about 20 international events in Europe, Asia, Africa and South America.

"People across the nation and around the world recognize huge disparities with regard to access to dental care for the mentally retarded," he says. "Parents and caregivers have globally identified access to quality dental care as the No. 1 problem they face."

Special Smiles volunteer dentists and hygienists receive on-site training before the event. They can also earn continuing education credits for participating or receive pre-event training to serve as an event coordinator. Special Smiles also encourages dental students and hygiene students to participate in order to raise their awareness and comfort level when working with special needs patients.

Besides getting a thorough dental screening, athletes who participate in the program are taught how to brush and floss effectively and how to eat healthy foods that protect their teeth and their overall health. Athletes and parents/caregivers also receive a list of dentists and clinics in their area who have experience treating

2002 Special Olympics Special Smiles Events

Date	Location	Coordinator	Phone Number
March 23	Grand Rapids, Mich.	Lisa Darrow, RDH	1-616-243-3757
	Jackson, Miss.	Dr. Neva Eklund	1-601-984-6100
April 13	Glendale, Calif.	Dr. Katie Curry	1-818-366-8180
April 20	Lee's Summit, Mo.	Dr. John Haynes	1-816-235-2117
April 26	Memphis, Tenn.	Dr. Sanford Fenton	1-901-448-6206
April 27	Tampa, Fla.	Dr. Anthony Wong	1-407-299-3131
	Berkeley, Calif.	Dr. Allen Wong	1-415-720-4609
May 3	Phoenix	Dr. Jerry Caniglia	1-602-542-2946
	Elyria, Ohio	Jacolynn Fisher, RDH	1-440-282-3141
May 4	Houston	Dr. Adam Wolff	1-713-664-8548
	Edwardsville, Ill.	Dr. Deborah Schwenk	1-618-474-7129
	Philadelphia	Joan Gluch, RDH	1-215-898-8429
	San Antonio	Dr. Stephanie Roberts	1-210-567-3429
	Columbia, S.C.	Dr. Carlos Salinas	1-843-792-2489
May 5	Suffolk County, N.Y.	Dr. Debbie Cinotti	1-516-741-2345
May 11	Chappaqua, N.Y.	Dr. Pat Seagriff	1-914-493-8138
May 16	Stillwater, Okla.	Dr. Kevin Haney	1-405-271-5579
May 17	Billings, Mont.	Cheri Seed, RDH	1-406-444-0276
	Ames, Iowa	Dr. Rhys B. Jones	1-319-369-7730
May 18	Auburn, Ala.	Dr. Maureen Pezzementi	1-205-934-1004
	Latrobe, Pa.	Mary Kay Huesdash, RDH	1-724-925-4288
	Santa Clarita, Calif.	Dr. Katie Curry	1-818-366-8180
May 23	Chicago	Dr. Fred Margolis	1-847-537-7695
May 24	Omaha, Neb.	Dr. Gary Westerman	1-402-280-5001
May 25	Hammond, La.	Charlotte Connick, RDH	1-504-619-8561
May 31	Fargo, N.D.	Dr. Lance Behm	1-701-839-4440
May 31 or June 1	Ft. Lewis/Tacoma, Wash.	Dr. Christine Tweedy	1-206-937-6481
May 31 - June 1	Mt. Pleasant, Mich.	Jacqueline Tallman, RDH	1-517-335-8909
May 31 - June 2	Honolulu	Dr. Karen I. Hu	1-808-832-5710
June 1	Atlanta	Debbie Douglas, RDH	1-770-926-4353
	New York	Jill Fernandez, RDH	1-212-998-9653
	Richmond, Ky.	Dr. Gina Higgins	1-859-269-2667
	San Diego	Cynthia Simpson, RDH	1-858-576-1700, Ext. 4802
	Albuquerque, N.M.	Lisa Esparza, RDH	1-505-323-1300
	Kingston, R.I.	Dr. Shirley Spater	1-401-444-5995
	Raleigh, N.C.	Dr. Rick Mumford	1-919-715-6471
	Ft. Collins, Colo.	Dr. Courtney College	1-303-467-8888
June 1-2	Ewing, N.J.	Dr. Martin Giniger	1-973-972-7347
	College Park, Md.	Dr. Ronald Chenette	1-410-706-7116
June 7	Stevens Point, Wis.	Dr. Neil Luebke	1-262-791-6502
June 7-8	Newark, Del.	Dr. Greg McClure	1-302-266-6312
June 8	Durham, N.H.	Marcia Kayser, RDH	1-603-547-3311, Ext. 227
	Middlebury, Vt.	Dr. Stephen Pitmon	1-802-862-5052
	TBD, W.V.	Dr. Richard Meckstoth	1-304-293-5912
	New Haven, Conn.	Dr. Alex Mantel	1-203-222-1444
	Richmond, Va.	Dr. Matt Cooke	1-804-828-0791
	Orono, Maine	Dr. John Frachella	1-207-941-0259
June 14-16	Anchorage, Alaska	Dr. Michael Koropp	1-907-338-8999
June 15	Buffalo, N.Y.	Dr. Vincent Filanova	1-518-842-2611
	Cambridge, Mass.	Stacey McNamee	1-617-638-4778
	Long Beach, Calif.	Dr. Jennifer Holtzman	1-818-506-7298
June 21	Minneapolis	Carol Dahlke, RDH	1-763-586-9977
June 28	Normal, Ill.	Alicia Shrier, RDH	1-309-663-7339
June 29	Columbus, Ohio	Dr. Ed Sterling	1-614-292-3160
July 6	Eugene, Ore.	Dr. David Lester	1-541-686-9372
July 23	TBD, Ark.	Dr. Lynn Mouden	1-501-661-2595
Oct. (date TBD)	Boise, Idaho	Jennifer Clayton, RDH	1-208-342-0315
Nov. 2	Philadelphia	Dr. Joan Gluch	1-215-898-8429
Nov. 16	Portland, Ore.	Dr. Phyllis Beemsterboer	1-503-494-8801
	Lansing, Mich.	Dr. Mike Shapiro	1-734-671-8414
Nov. 30	Waukesha, Wis.	Dr. Neil Luebke	1-262-791-6502
TBD	Gainesville, Fla.	Dr. Paul Burtner	1-352-392-2946

special needs patients, goody bags with a toothbrush, toothpaste and floss provided by the program's corporate sponsors and, in some cases, free mouthguards for those who participate in high-contact sports.

Dr. Perlman is a busy pediatric dentist who also treats special needs patients and has been an associate clinical professor of pediatric dentistry at Boston University for 26 years. He estimates that mainstream dentists could treat 90 percent of mentally retarded patients in their offices.

"A lot of dentists didn't have hands-on experience with this aspect of dentistry in dental school, and that can make them feel apprehensive," he says. "We break down the barriers by gathering the athletes and their families and dental care providers together in a fun and relaxed atmosphere, where a dentist sees the whole person in action, rather than a mentally retarded individual in a clinical setting who might be nervous or scared."

He notes that many of his patients travel long distances to receive treatment at his office in Lynn, Mass., most likely passing by many dental offices and clinics along the way. But the organization of Special Smiles programs in communities nationwide is prompting many local and state coordinators to compile comprehensive listings of dentists who treat special needs patients.

Special Smiles coordinator Dr. Carlos Salinas has compiled a directory of South Carolina dentists who treat special needs patients. The directory lists some 400 dentists in the state, both alphabetically and geographically. The directory also has special sections that list dentists by specialty, by types of services offered and special needs patients they can accommodate in their offices and whether they provide hospital-based care.

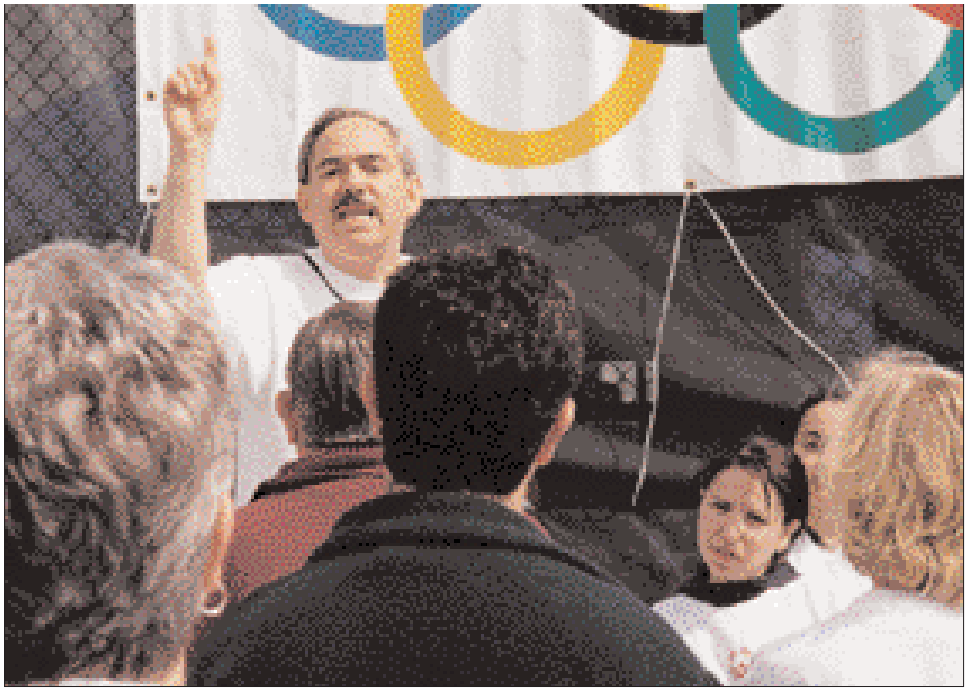
"This directory will facilitate referring patients to the closest dentist whose services and facilities best suit their needs," says Dr. Salinas. "In the past, people who made referrals often had no way of knowing whether there was a dentist close by who could treat special needs patients."

Involvement in Special Smiles and the development of the directory resource in South Carolina is part of a multifaceted state health initiative to help reduce oral health disparities among children and individuals with medical, mental and physical disabilities.

For the last three years, Dr. Salinas, professor and director of the Division of Craniofacial Genetics and the Craniofacial Anomalies and Cleft Palate Team at the Medical University of South Carolina dental school, has also hosted outreach programs that offer continuing education in treating special needs patients. More than 700 South Carolina dentists and dental team members have participated in the program so far. Another component of the program provides dental school students with educational and clinical opportunities that help develop awareness of the needs of population groups that are often affected by access issues.

"There are lots of dentists who can treat patients with special needs," Dr. Salinas says. "By emphasizing education and communication, we spread the word among our colleagues and help special needs patients find better access to quality oral health care."

The Special Smiles Web site offers more information on its program and has a national directory of dentists who treat special needs patients. To check the directory, to add your practice to the list or to access the booklet, A Guide to Good Oral Health for Persons with Special Needs, visit "www.specialsmiles.org". ■



Orientation: Dr. Fred Margolis, Special Smiles coordinator in Chicago, welcomes volunteers to the 2001 event last May.

Oral health screen: Dr. Angela Wolfman, a Loyola dental school resident in 2001, performs an exam.

Dentists as 'partners'

Profession needs to work to eliminate disparities

By Craig Palmer

Memphis, Tenn.—Dr. Sanford Fenton says he's involved and hopes to further engage the Association and the profession in the surgeon general's call to partnership.

"I have been providing dental services for persons with developmental disabilities for over 27 years and training students and residents in providing dental care for persons with mental retardation for more than 25," he said.

Dr. Fenton is emerging as a spokesperson for the recent report from the U.S. surgeon general's Dec. 5-6 conference on health disparities and mental retardation. He chaired a conference workshop and has discussed the report's findings with the National Oral Health Information Clearinghouse Coordinating Panel and at a recent University of Tennessee Health Science Center conference. Dr. Fenton outlined his ambitions for partnership for the ADA News.

The NOHIC, a service of the National Institute of Dental and Craniofacial Research ("www.nohic.nidcr.nih.gov"), provides oral health information for "special care" patients.

"The American Dental Association is in a unique position, due to the large number of dental professionals represented by the organization, to serve as a strong advocate for the strategies developed during the conference," said Dr. Fenton. The conference report is a blueprint for improving the health of persons with mental retardation.

"The Association can serve as an advocate for adequate reimbursement levels for health care services and improved training of future health care professionals, two issues that surfaced in the eight (conference) workgroups as major reasons for the observed health disparities."

The conference found "glaring deficiencies that must be addressed" in the health status of children and adults with mental retardation, "an injustice this community has too long endured" in the words of Surgeon General David Satcher, M.D.

What does the report mean to the dental profession?

Photo by Anne Ng Delort

Dr. Fenton: The ADA can "serve as a strong advocate" for special needs patients.

"The profession must assume the responsibility for ensuring that the dental health care needs of persons with mental retardation are met," Dr. Fenton replied.

"This will involve some significant changes in the curriculum of our academic institutions and residency training programs to expose all students to both didactic and clinical instruction in the dental management of persons with mental retardation.

"The profession must challenge the insurance industry and public assistance programs to provide adequate reimbursement for dental services for persons with mental retardation, due to the added time and personnel often necessary to safely complete treatment."

Dr. Fenton's ambitions for response would engage the ADA House of Delegates, appropriate Association councils and publications, other professional dental organizations and education institutions, policy makers, advocates and MR families.

He's that passionate that he envisions a national conference of dental leaders mapping strategies to reduce health disparities among persons with retardation and "significantly improve access to care for this population."

Dr. Fenton chairs the Department of Pediatric Dentistry & Community Oral Health at the University of Tennessee College of Dentistry. ■

Native American oral health report shows greatest need among the young

By Craig Palmer

Washington—Among the youngest, tooth decay is rampant. Tooth loss among the elders is a major problem.

American Indian and Alaska Native dental patients experience more tooth decay and periodontal disease, more oral disease than the general population, according to a new Indian Health Service report on the oral health status and treatment needs of Native Americans. The report at the IHS Web site ("www.ihs.gov/MedicalPrograms/Dental/Index.asp") is a third look by the agency since 1984 at patients served by IHS, urban and tribal dental clinics.

"In contrast to the majority of those residing in the United States, dental caries and periodontal disease remain both widespread and serious in the AI/AN population," the report said.

The IHS collected information on some 13,000 patients ranging in age from two to 96 and will share the findings with tribes, Congress, the American Dental Association, public health planners and others interested in the oral health of American Indians and Alaska Natives. Licensed dentists and dental hygienists completed the examinations.

The Association annually advises Congress on funding for IHS dental activities and will offer recommendations later this year as Congress takes up fiscal year 2003 appropriations. Additionally, the ADA Council on Government Affairs is planning the council's biennial site visit this summer to selected IHS dental facilities and will report its findings to the Indian Health Service. Over the past 30 years, the ADA has worked in partnership with the IHS dental program to improve the oral health of American Indians and Alaska Natives.

"Good oral health is essential to improving overall health and well-being," Health and Human Services Secretary Tommy G. Thompson said of the new report. "Two decades ago the survey showed that the percentage of untreated tooth decay for Indian adolescents was 84 percent, and today it is 68 percent. This is still a rate almost three times greater than that of non-Indian adolescents, and this report will help us target our efforts to address the disparities in oral health affecting American Indians and Alaska Natives."

The IHS is an agency in Thompson's Department of Health and Human Services. Secretary Thompson last summer toured health facilities on Native American reservations in Michigan, Wisconsin and South Dakota.

Survey comparisons indicate that the oral health of Indian people has improved in some age groups and worsened in others, said Michael H. Trujillo, M.D., assistant U.S. surgeon general and IHS director. "Dental disease is a significant health problem for Indian people of all ages, but the magnitude of the problem is greatest among very young children," he said. "Age-specific prevention programs can produce positive results."

■ "This report will help us target our efforts to address the disparities in oral health affecting American Indians and Alaska Natives."

The IHS said that:

- Nearly 32 percent of Indian adults aged 35-44 have advanced periodontal disease compared to 12 percent of adults in the general population.
- Some 76 percent of preschool children aged 2-4 have experienced tooth decay compared to 18 percent of all U.S. children.
- Among 2,066 adults 55 and older, about 2 percent had an oral lesion the dentist believed needed a biopsy; 21 percent had lost all their natural teeth.
- Among adults of all ages, there is a slight decline in decay rates, and adults are losing fewer teeth to dental disease and trauma.

Because the survey looked at dental patients, it may not be representative of the native population, the report said. ■

Asthma-caries link suspected

Medications lead to xerostomia, say South Carolina researchers

Charleston, S.C.—If a patient uses medications to control asthma, you may need to more aggressively monitor his dental health as well.

Researchers at the Medical University of South Carolina decided to examine whether there was a connection between the two most common causes of absenteeism among school children—asthma and caries.

In 655 patients between ages 1 and 15, they found that the numbers of decayed, missing and filled teeth were significantly higher in those who had been diagnosed with asthma. Almost one in five of patients studied (125) were diagnosed asthmatics.

Investigators suspect that asthma medications like albuterol can contribute to xerostomia, making individuals who use asthma medications more susceptible to caries and periodontal disease.

The preliminary study, presented as a scientific paper at the American Association for Dental Research annual meeting in March 2001, was one part of a major health initiative in South Carolina. Lead investigator Dr. Carlos Salinas, professor and director of the Division of Craniofacial Genetics and the Craniofacial Anomalies and Cleft Palate Team at the MUSC dental school, also heads a program to bring dental care to individuals with special health care needs.

"In a follow-up study, we examined data from 65 more patients and found similar results," Dr. Salinas says. "We need to continue to look at this. The patients we studied originally were patients at our dental school clinic, not a totally random sample. We want to examine whether socioeconomic issues also affect the data, but our preliminary results show we definitely need to take a closer look."

He hopes expanded research will allow researchers to compare caries in patients with different levels of clinical severity of asthma as well as patients in different geographic and socioeconomic environments.

Dr. Salinas notes that children with asthma who had the highest caries rates tended to be those who were young, usually under age 5.

"A pulmonologist told me that would be consistent with the patterns he sees in pediatric asthma patients," Dr. Salinas notes. "Use of albuterol to control acute asthma tends to decrease as kids get older and as many as 75 percent of children who had asthma when they were younger than age 5 will outgrow it."

According to the ADA Guide to Dental Therapeutics, xerostomia is an oral manifestation associated with albuterol. ■

FDA approves oral mucositis gel product

Goldaming, U.K.—Gelclair, a product for managing pain from oral mucositis, has received 510K approval from the Food and Drug Administration.

Gelclair creates a film barrier within the mouth, according to manufacturer Sinclair Pharmaceuticals Ltd. This barrier is designed to shield underlying nerve endings from stimulation to reduce pain.

Early studies have shown Gelclair to be an effective product in controlling oral pain and thus enabling patients to eat and drink more easily, according to Sinclair.

Approximately 40 percent of chemotherapy patients experience mucositis. ■

Shortchanged

Continued from page 20

reduced amount under the terms of its subscriber contract.

- In August 2000, Dr. Richards performed a periodontal scaling and root planing in one quadrant of the oral cavity of a patient with dental coverage from a Wellpoint affiliate, BC Life & Health Insurance Co. Citing code D4341, Dr. Richards charged his usual fee of $200 for the procedure. Applying its UCR schedule, the insurer reduced the charge to $146 and paid a percentage of that lowered fee.
- In July 2000, Dr. Swanson billed a Wellpoint patient his usual fee of $30 for two bitewing radiographs, using the code D0272. Wellpoint reduced the fee to $25. The company also trimmed Dr. Swanson's fee for a periodic oral examination (code D0120) from $27 to $26.

In these and other examples cited in the ADA's complaint, Wellpoint reportedly told the patients involved that their dentists' charges had been reduced because the original fees "exceed[ed] the customary and reasonable allowance" for services rendered. ■

Tour the Old World with the FDI

By Stacie Crozier

Vienna, Austria—Those attending the FDI World Dental Congress in October have four exciting opportunities to enjoy the magnificent sights, sounds and tastes of central Europe by taking a pre- or post-congress tour sponsored by the ADA and the FDI World Dental Federation.

All four excursions include time to explore Vienna, the capital of the Hapsburg Empire and the cultural center of the world for many centuries. Visitors can enjoy the musical atmosphere of the city—from the heritage of Mozart and Strauss to the Vienna Boys choir, which still entertains visitors and residents today; the wonders of the Spanish Riding School and its Lipizzan white stallions; and the magnificent architecture like the Baroque Belvedere Palace or Schonbrunn Palace. And of course, don't forget to set aside some time to savor the incomparable pastries and beverages available at the city's many coffeehouses.

- "From Bavaria to Bohemia," is a pre-congress tour that explores the natural beauty of Bavarian mountains and lakes, medieval settlements, historic castles and cathedrals, and includes a visit to one of the world's most renowned festivals—Oktoberfest.
- The pre-congress tour, "Cruising the Danube River," features a journey down one of Central Europe's most famed waterways.
- "A Taste of Europe," is a pre-congress tour that lets travelers partake of a sample of the attractions of Munich and Bohemia by motorcoach and on foot.
- A post-congress adventure, "A Journey Through Time in Central Europe," will explore the best of Bohemia, from the Czech Republic to the Berlin Wall.

For a detailed itinerary or a tour brochure, contact Attache-Tour Planners International in Toronto by calling toll-free (from the U.S.) 1-888-745-5555 or 1-416-962-3580; or e-mail "fstclair@attache.ca." ■

StatesWatch

Florida may privatize dental board

Tallahassee, Fla.—The Florida Dental Association is pursuing legislation to privatize the state dental board's management, administrative and legal functions.

"We would like to see the board in control of the disciplinary process, investigation and proceedings, along with day-to-day duties and the trust fund from fees paid in by dentists," says Dr. Donald Cadle Jr., FDA president. "We want to control how those expenditures are spent—not pooled with other state boards and then prorated back to each board."

The association proposes outsourcing and the transfer of investigative and prosecutorial services to the state department of health. Current members of the board would remain in office.

"Ultimately, this will allow the board to better perform its duties, especially in regard to patient protection," says Dr. Cadle.

NY TOOTH DR
State adds new vanity plates

Albany, N.Y.—Ham radio operators, move over: members of the New York State Dental Association now have their own license plates.

The newly created automobile plate features the NYSDA logo, the D.D.S. or D.M.D. degree stacked vertically and the tag line "Doctor of Dentistry." The special plate costs $39.50, $20 of which goes toward a NYSDA Foundation fund for dental education and outreach programs.

"This is a highly visible way for our members to show their support of organized dentistry, as well as their commitment to helping our foundation develop dental education and public access programs," says Dr. Mark Feldman, NYSDA president.

Tennessee eyes dental practice act

Nashville, Tenn.—The Tennessee Dental Association supports companion bills SB 2726 and HB 3203, which call for amending several sections of the state dental practice act.

Highlights of the proposed changes include: adopting the ADA definition of dentistry, expanded duties for dental hygienists and assistants and specific dental office standards for anesthesia and sedation.

The bills would also empower the state board of dentistry to grant licensure by criteria and, to facilitate this, develop its own examination (instead of the Southern Regional Testing Agency test) for dentists seeking licensure in Tennessee.

"The TDA's House of Delegates had already passed expanded duties, the ADA's definition of dentistry and licensure by criteria, so we want the bill to go through the legislature," says Dr. Stephen Brooks, president of the TDA. "I feel that it will go through this time because [the amendments] will ultimately help the state of Tennessee with its TennCare program."

—Reported by Mark Berthold