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American Dental Association, Publishing Division

New radiograph guidelines sought, page 20 ◆ New Dentist Conference, page 21

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Ergonomics guidelines

OSHA 'stakeholder' input led to voluntary program

BY CRAIG PALMER

Washington—One year after the demise of Clinton ergonomics regulations, the Bush administration April 5 announced voluntary guidelines to reduce occupational repetitive-stress injuries "in the shortest possible time."

Occupational Safety and Health Administrator John Henshaw said his agency would begin work immediately on industry and task-specific guidelines to reduce ergonomic injuries, also described as musculoskeletal disorders.

■ **ADA hosts IRS meeting in DC, page eight**

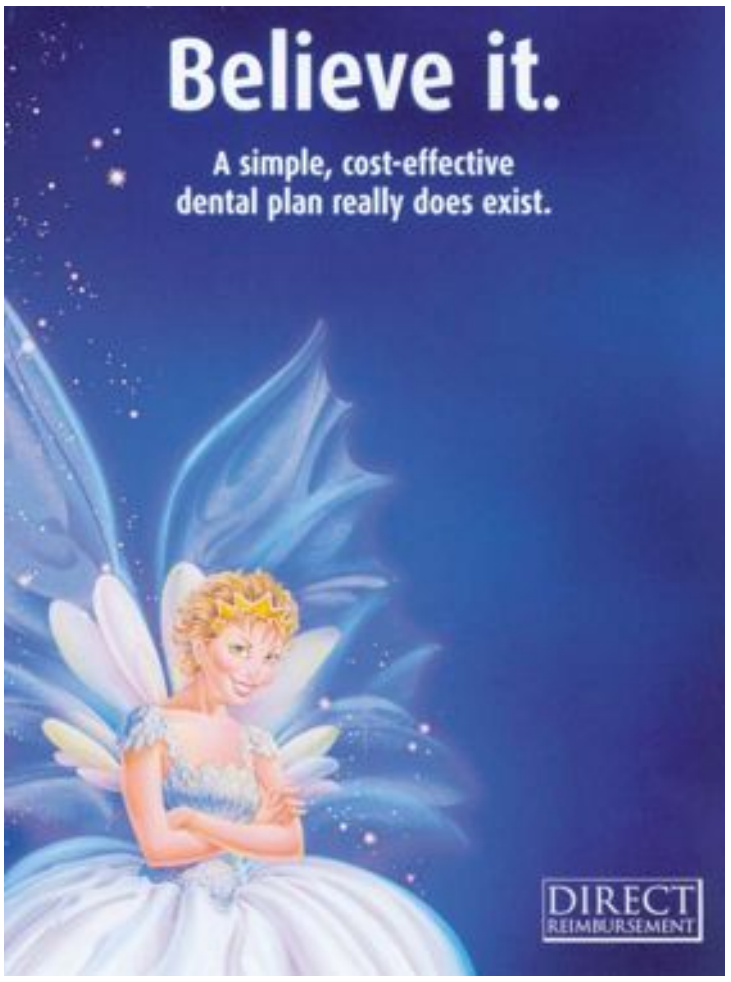
The four-phased approach includes an enforcement arm targeting "bad actor" employers under legislative authority known for requiring employers as a "general duty" to maintain safe and healthy work sites free from serious hazards, including ergonomic hazards, Mr. Henshaw said.

"Our goal is to help workers by reducing ergonomic injuries in the shortest possible time," said Labor Secretary Elaine L. Chao. "This plan

See ERGONOMICS, page 12

Enchanting

Tooth Fairy promotes direct reimbursement



BY ARLENE FURLONG

The Tooth Fairy does more than leave quarters for sleeping children at night.

This month, the popular character is conveying the benefits of direct reimbursement to some 250,000 companies.

"As a result, dentists should be expecting questions about direct reimbursement from patients," advises Dr. Charles L. Cuttino, chair of the ADA Council on Dental Benefit Programs.

The number of new DR implementations reported in 2001 to the ADA by constituent dental societies

See FAIRY, page 15

Society support: ADA President D. Gregory Chadwick (right) chats with one of the 200 dental society representatives at the ADA March 22.

The quest begins

Grassroots dentists tackle ADA membership drive

BY KAREN FOX

Launching with fanfare the program designed to boost tripartite membership, more than 200 dental society staff and volunteers attended the Kickoff Conference on Membership Recruitment and Retention March 22-23.

The conference moves the ADA closer to its ultimate goal: placing membership recruitment in the hands of the grassroots dentist.

"This program will be carried out on a one-to-one basis, not from the top down," said Dr. D. Gregory Chadwick, ADA president, who initiated the plan.

■ **Membership recruitment resources, page 15**

"We want the ADA to be able to provide support to the state and local societies, and for states to provide support to local societies," explains Dr. Chadwick. "But the objective is to support that grassroots member who will pick up the phone and explain to the nonmember why he or

See KICKOFF, page 14

BRIEFS

Reserve your HIPAA Privacy Kit today

If you've got questions about the proposed HIPAA privacy rule, the ADA has straight answers for you in its HIPAA Privacy Kit coming this summer.

This compliance kit is geared to the needs of the practicing dentist, developed by ADA experts for you. You can reserve a copy in advance by calling 1-800-947-4746.

The Health Insurance Portability and Accountability Act of 1996 has resulted in sweeping new federal proposals for the management of patient information in many dental practices and compliance will be mandatory. To keep you current with the ever-changing HIPAA situation, the $125 kit will include an update when the rule is finalized.

■ **Privacy update, page nine**

As currently proposed, the HIPAA Privacy Rule compliance date is April 14, 2003. The ADA is committed to keeping members up to date on the rulemaking process through articles in the ADA News

See KIT, page nine

INSIDE

Washington view

Wrap-up of Leadership Conference. **Story, page 18.**

ADA News, JADA on top

Association has best-read publications in dentistry

The ADA News and The Journal of the American Dental Association are the best-read publications in dentistry in 2002, according to an independent survey.

The Focus Dentistry 2002 study by PERQ/HCI Corp. of Princeton, N.J., found that the ADA News, which is published 22 times a year, recorded an average per-issue readership score of 73 percent—9 percent better than its nearest competitor.

JADA, a monthly publication, scored 70 percent to keep its 2001 ranking as the best-read dental journal, and the second best-read publication overall after the ADA News. JADA scored even higher, at 74 percent, among dentists who've been in practice more than 15 years and 75 percent among those in practice more than 25 years.

The ADA News and JADA also were the best-read publications among dentists in practice 15 years or less, the survey showed.

The Focus survey used a randomly selected sample of 1,000 dentists taken from an ADA list of member and non-member general practitioners and specialty dentists.

Focus asks respondents about their reading habits in relation to four issues of each publication. The survey also examines reading patterns: do you read cover to cover, read articles of interest and look through remaining pages, skim or look through quickly, or read table of contents and articles of interest only?

The result is that Focus measures not only what, but also how dentists and dental hygienists read. Their answers are weighted in the survey according to a formula to produce an average issue readership percentage. ■

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ONLINE EXTRA

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AtPressTime

Human trials near for caries vaccine

Researchers at Boston's Forsyth Institute told the Boston Globe in March that they are close to human trials of a vaccine to combat dental caries.

The Globe said the scientists were preparing to meet with companies interested in sponsoring tests of an anticaries vaccine that would be "given to toddlers with a spritz up the nose."

The newspaper quoted Forsyth sources who said the vaccine has been in development for three decades, that it underwent limited tests in humans more than a decade ago, and that it is "designed to kill the bacteria that cause tooth decay," streptococcus mutans.

Such a vaccine "would be terrifically helpful to a huge population in the United States and worldwide," Dr. Dominick P. DePaola, Forsyth president, told the Globe.

Earlier trials of the vaccine, the paper noted, involved about 70 young adults who received it either in capsule form or as a topical swabbed on the inner lip. Those given the vaccine accumulated bacteria at a slower rate, the Globe reported.

The newspaper also noted that a researcher at the University of Florida, Gainesville, is exploring possible genetic modification of caries-causing bacteria.

Look for more on these topics in an upcoming ADA News.

X-Rite makes big splash on Wall Street

Wall Street Journal readers who picked up the paper's April 9 edition couldn't help noticing that the venerable business daily had a new look.

The Journal's traditional gray seriousness had given way to sprightly color graphics and tinted screens on the front page and on the first pages of inside sections.

Unless they perused the ads in the same issue, however, readers wouldn't have learned that a multinational corporation involved in the dental industry played a central role in helping the 113-year-old newspaper with its first redesign since 1942.

X-Rite Incorporated, maker of the X-Rite ShadeVision System and other products used in calibrating the color of dental restorations, was enlisted to help assure the quality of the Journal's color reproduction.

Making the most of its new visibility, X-Rite ran a full-page advertisement in the Journal's April 9 issue. The appropriately colorful ad plugged the company's work in various industries, including its role in helping "dentists and labs to create aesthetically pleasing restorations."

Fox is big hit in Bangor, sort of

In an April 6 editorial, the Bangor (Maine) Daily News hailed ADA News senior editor Karen Fox for her "straightforward, solid" reporting on the dental care needs in that northeastern state.

But the paper took tongue-in-cheek issue with Ms. Fox's view of life in rural New England.

Her story, which appeared in the March 18 ADA News, centered on the efforts of state leaders and the Maine Dental Association to boost the state's population of dentists through an unusual partnership with a Canadian dental school, Dalhousie University in Nova Scotia.

In a state contending with "a real shortage of care," Ms. Fox's report "couldn't have been more timely," noted the editorial.

And then came the matter of rural vs. city life.

Ms. Fox had speculated in her story that Maine might be finding it a challenge to attract dentists because of a "slower-paced lifestyle that doesn't exactly rival New York City or Boston."

Opined the Bangor editorialist, "The impression here always has been that not being New York or Boston was a plus..."

Touché. And we expect to hear from New York and Boston at any minute.

—Reported by James Berry

Grounded: Six-year-old Shasta got on the wrong flight path last December, flew into a truck and broke his upper beak.

The 59th Dental Squadron at Wilford Hall Medical Center in San Antonio is participating in efforts to make the bald eagle flight worthy again by reconfiguring his beak with a titanium implant and replacement prosthesis.

It's too early to predict success, given such factors as the light weight of the bone in the skull and the natural stresses placed on the bird's beak.

ViewPoint

Snapshots of American Dentistry

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

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

MyView

By ourselves, but not alone

"Dentists don't need more barriers to care thrown at them."—Dr. Mark Koday

"Are you dentists still putting in those poisonous mercury fillings?" We hear this question or variations of it frequently these days, as sensationalized reports of the alleged health hazards of dental amalgam continue to be thrust before the public eye by the media.

Although many dentists have stopped using amalgam for various reasons, it remains the most frequently used direct filling material by three-fourths of America's dental practitioners. Many of these dentists are getting tired of their seemingly lonely role as defenders of the science on this issue.

The use of amalgam has recently come under attack on new fronts. Anti-amalgamists have brought suit against the ADA and the California Dental Association, claiming they have deceived patients by withholding information about the toxicity of mercury in amalgam. Legislative activity against the use of amalgam in our state was a possibility this session, and anti-amalgamists have the ear of a few lawmakers in Congress and in our legislature.

Richard Mielke, D.M.D.

On the environmental front, dentists in the King County metropolitan area will be subject to stricter standards of amalgam removal from the wastewater. Water quality interests in other jurisdictions are watching with interest.

It is true that the use of amalgam is declining as the caries rate of those with good access to care is on the decline, and these patients often prefer tooth-colored restorations. For dentistry to lose a restorative material with the versatility and cost-effectiveness of amalgam without a suitable replacement would be a loss for many groups of patients and for dentists, even those who don't use it.

The dental prepayment industry, Medicaid patients, public health clinics and our senior citizens are all stakeholders in the debate over dental amalgam. I contacted representatives from some of these stakeholder groups and asked them for their perspective on the use of amalgam.

Dr. Max Anderson, dental director of Washington Dental Service, responded that WDS will continue to allow patients wanting posterior composite resin fillings instead of amalgam to pay the difference out-of-pocket for as long as amalgam is available and science continues to support its safety.

He also observed that paying for composite instead of amalgam would add to the cost of coverage for purchasers, who are seldom looking for rate increases. The implication is that if costs rise, some may drop coverage for their employees.

Carree Moore, Medicaid dental program manager, remarked, "We consider amalgam to be the most cost effective and appropriate material currently available."

Dr. Mark Koday, dental director of the Yakima Valley Farm Workers Clinic,

See MY VIEW, page five

Medicaid reimbursements

Female dentists and nonowners receive a larger percentage distribution of their annual gross receipts from Medicaid programs than male dentists and owners.

Average percentage distribution of annual gross receipts from Medicaid programs by dentist gender and ownership status

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

Letters

Where's gold?

The dental materials insert in the March 18 ADA News ("Comparison of Direct Restorative Dental Materials") misses the mark.

Shame on you for excluding one of the most valuable dental materials in the "direct" category. Direct gold is still a very important member of the acceptable dental materials, as far as I know. Just because some major dental schools have discontinued teaching it is no justification for dropping it from your list.

Beyond the members of the American Academy of Gold Foil Operators, there are many dental practitioners who would elect to have the ultraconservative gold foil placed in their own mouths thus ensuring a lifetime service of this valued standard in dental materials.

So why would we deny the value of this service to our patients? If it is because the majority of practicing dentists don't know how to use this material, then perhaps they need to be aware that there are many study clubs scattered around the United States and Canada that would be happy to help them develop those skills.

The American Academy of Gold Foil Operators or the Academy of Operative Dentistry would be more than happy to assist interested parties in locating an operating study club in their area.

Robert C. Keene, D.M.D.
Etna, N.H.

Editor's note: The Division of Science responds, "The authors would have preferred a chart inclusive of all available options, but for practical reasons were limited to the most commonly used materials.

"A more comprehensive list would certainly have included direct gold, compomers, fiber-reinforced resin systems, CAD-CAM materials, pressed ceramics, glass infiltrated sintered ceramics and a host of additional options. Our intention was to present useful information on the materials most commonly employed by the profession. We thank Dr. Keene for making our readers aware of a credible source of information on one material that we were unable to include."

Also, the ADA News thanks those who have called and written pointing out a proofreading error in the insert: "noble" metals was misspelled. The ADA News regrets the error.

Patient privilege

It is promising to read that a recent decision by the Illinois Appellate Court found that dentists are to be included by the state's physician-patient privilege statute, stating that "dentistry is a branch of surgery" ("Illinois Court Rules on Confidentiality of Dental Records," Feb. 4 ADA News).

However, one must realize that this court's interpretation is by far the exception and not the rule.

In most jurisdictions today, dentists are distinguished from physicians for purposes of the patient-privilege, thereby exposing the identities, ailments and intimate discussions of the dental patient (and not the medical patient) to the purview of the court.

The quality of dental care delivered hinges upon information flow

See LETTERS, page five

Letters Policy

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

Letters

Continued from page four

from the patient that is uninhibited and forthright. Furthermore, a dental patient has as much a need to keep his intimate discussions confidential regarding his HIV status, for example, as does a medical patient.

Legally distinguishing a dentist from a medical physician, with respect to the privilege exception, undermines the sanctity of the dentist-patient relationship.

For the dentist-patient relationship to remain effective, and the quality of care delivered to remain optimum, dental patients must be able to speak uninhibitedly to their dentist, without concern that what is said may be used against them in a court of law. The physician-patient privilege advances this objective.

While the Illinois Appellate Court's decision is promising, one must realize that the Illinois Supreme Court, the state's highest court, could overturn this decision tomorrow.

A more preferable result, however, would come by lobbying the state legislature for inclusion of dentists in its physician-patient privilege statute via legislative amendment. To date, there are only 12 states that have included dentists into their respective patient-privilege statutes.

Eric Weinstock, D.M.D., J.D.
Brookline, Mass.

Editor's note: According to the ADA Division of Legal Affairs, Dr. Weinstock is correct in saying that a dentist-patient privilege has been recognized in only about a dozen states. It is also true that the Illinois Supreme Court could overturn the Illinois appellate court ruling discussed in the Feb. 4 ADA News. However, dentists should keep in mind that other laws may prohibit them from disclosing certain sensitive information, such as a patient's HIV status, under any circumstances including legal proceedings.

For example, in Illinois the AIDS Confidentiality Act provides that no person may disclose the results of an individual's HIV status, unless one of a few exceptions applies. There is no exception for disclosure in response to a subpoena or court order. This topic will be discussed in detail in the "Dentistry & the Law" column in the May 2002 issue of JADA.

HIV ruling

Responding to the letter writers who perceive an apparent double standard in "Appeals Court Backs Ruling in HIV Case" (Jan. 7 ADA News), it's not your imagination.

There really is a double standard. Laying aside all arguments and personal opinions about the degree of risk of disease transmission or the efficacy of universal precautions, consider a portion of the judge's written decision in Bragdon vs. Abbot a few years ago. The Supreme Court upheld the decision in 1998 with a 5-4 ruling against Bragdon.

The judge recognized that cuts were inevitable, that cuts can transmit disease and that gloves don't prevent cuts. He also recognized that, consistent with such thinking, health care workers with HIV had previously been barred by the courts from performing invasive procedures.

See LETTERS, page six

MyView

Continued from page four

stated, "Amalgam is clearly the choice for the large restorations we so often do. The low-income population is woefully underserved already. Dentists don't need more barriers to care thrown at them."

Dr. Robert Gross, founder of the WSDA Access Program for seniors and the disabled, has been involved with dental care for the elderly for many years. He noted the benefit today's seniors have received over their lifetimes from the use of amalgam and stated that it remains the most practical material for them now from the standpoint of cost, convenience and soft-tissue compatibility.

Although the science often does not support their activities, overzealous regulators, uninformed lawmakers and over-achieving sensationalist journalists are threatening to take one choice of dental restorative material away from our profession and our patients.

The stakeholders must look down the road, envision life without amalgam and think about how we can all work together to educate those who have the capability to remove this choice from those whose health would benefit from its use.

If we lose this one, the next battle may be over composite resin. Questions concerning the safety of this material were raised when it was noted that chemicals in the resin mimicked the hormone estrogen. The material under scrutiny was dental sealant resin, and the implication was that growth and development could be affected and the risk of breast cancer increased.

The alleged dangers were subsequently shown to be overblown, yet it is surprising that the alarmist media have not exploited this issue. The state of California, however, has listed composite resin alongside of amalgam as a dental material that "contains chemicals known to cause cancer, birth defects or other reproductive harm." Imagine dentistry without composite restorations, sealants and resin-retained porcelain and ceramic restorations.

If reliable scientific studies show amalgam—or any dental material—to be unsafe, let us cease using it immediately. Until that happens, if it ever does, let us not simply hand to others the decision of what materials we should use. Our profession must take the lead, gather our fellow stakeholders and assert our authority as the experts on dentistry.

Dr. Mielke is the editor of the WSDA News, the publication of the Washington State Dental Association. His comments, reprinted here with permission, are excerpted from the September 2001 WSDA News.

Letters

Continued from page five

To address the obvious inconsistency that previous court rulings created for him in his ruling against Bragdon, the judge determined that the relationships between the health care worker and the patient, and the patient and the health care worker, were "inapposite."

He clarified his position by stating that the patients were helpless to protect themselves against the possible carelessness of an infected health care worker. Conversely, if an uninfected health care worker cut him- or herself and became ill, it was out of an act for which he/she at least bore responsibility.

It is all part of the judge's written decision and is available to those who wish to access that decision.

Stephen D. Carter, D.D.S.
Snellville, Ga.

More about HIV

The letters by Drs. Joel Hauptman and Stuart Coleton asking about James Berry's report, "Appeals Court Backs Ruling in HIV Case," ("Letters," Feb. 18 ADA News) begs the question: If universal precautious are effective, and not treating the patient with HIV/AIDS is discriminatory, then why the court decisions on the Waddell case (allowing Mr. Waddell's removal because of HIV status)?

The answer is simple: Universal precautions are not effective (most HIV transmissions come from percutaneous injury in occupational settings) and the interpretation of the Americans with Disabilities Act is changing.

The other good news is that the Centers for Disease Control and Prevention has never reported a documented case of HIV transmissions from a patient to a dental worker.

Ellis J. Neiburger, D.D.S.
Waukegan, Ill.

Sippy cup under attack

The fact that caries has increased dramatically in recent years, particularly among preschool children, I think at this point is indisputable.

As with most such things in dentistry, certainly the increase will prove multifactorial and our research community will assign statistical significance to each of the many factors.

As a private practitioner in pediatric dentistry for the past 25 years, I am convinced that one of the major contributors to this increase walks into our office daily in the hands of virtually every toddler—the "sippy cup."

Although my standard of proof in private practice may pale in comparison to that of academia, I think that when you reduce caries to its simplest terms—bacteria plus sugar yields acid that produces caries—the link is obvious.

Sippy cups have evolved from a tool to prevent spills to a form of "super pacifier." Children are allowed to wander around, sometimes all day long, with an on-demand supply of juice, soda or any other sugary liquid.

Although parents for the most part are fully aware of the dangers of prolonged bottle feeding, few make the connection that the same dangers can exist with prolonged and frequent sippy cup use. Just as with the bottle, sippy cups themselves are harmless, but their convenience has spawned usage habits that are a problem.

Until recently, the dangers of sippy cups have been mostly ignored by both our profession and sippy cup manufacturers in general. Although I am happy to report that at least one manufacturer, Easiflow, has now begun providing detailed usage and warning information, there is a long way to go on the education front.

I would encourage my colleagues to investigate the possibility of sippy cup habits causing problems among their young patients and I would encourage our Association to consider becoming actively involved in ensuring that the public is aware of the potential problems of improper sippy cup usage.

John R. Updyke, D.M.D.
Austin, Texas

Editor's note: The ADA Council on Access, Prevention and Interprofessional Relations says that while there is not a large body of research on the relationship between the use of training cups, or "sippy cups," and the risk for dental caries, the frequent exposure to fermentable carbohydrates is a risk factor for caries.

The ADA's policy, "Statement on Early Childhood Caries," notes: "Unrestricted, at-will consumption of liquids, beverages and foods containing fermentable carbohydrates (for example, juice drinks, soft drinks, milk and starches) can contribute to decay after eruption of the first tooth. Children should be encouraged to drink from a cup by their first birthday. At-will, frequent use of a training cup should be discouraged."

Foreign service deadline nears for nominations

Last Call! Nominations for the Certificate of Recognition for Volunteer Service in a Foreign Country, a program of the Council on ADA Sessions and International Programs, need to be postmarked no later than Monday, April 15, for consideration this year.

A constituent or component dental society, federal dental service or dental school must nominate qualified recipients. The Certificate of Recognition honors those who have volunteered at least 14 days of their time to perform dental services in a foreign country.

For more information or to request nomination forms, contact the Center for International Development and Affairs, extension 2726. But, please do so quickly. ■

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Government

ADA hosts IRS summit

Agency offers advice to small businesses

By Craig Palmer

Washington—IRS Commissioner Charles O. Rossotti came to the ADA Washington office April 2 to deliver a message of a user-friendly agency "here to help" dental and medical practices as small-business taxpayers and to alert associations to tax scams that target and sometimes victimize health professionals.

Accompanied by Internal Revenue Service small business and criminal investigation officials, the commissioner stayed an hour and engaged the health professions in a "tax compliance" dialogue focusing on:

- the agency's Web site and print education materials for small business and self-employed taxpayers including tips for new practices to "get your business off to a successful start";
- tax fraud and tax schemes involving health professionals including "130 doctors convicted on various tax and money laundering financial crimes" over the last three years.

Representatives of 17 national health organizations attended the meeting hosted by the ADA, which has engaged in joint lobbying with other health organizations on tax issues and has worked with IRS staff in recent years to improve tax agency-professional communications. ADA leaders cite improved communications and professional advocacy as instrumental in recent IRS decisions allowing dentist "cash accounting."

Commissioner Rossotti presented himself to the health professions community as the son of small business entrepreneurs who "recognizes the problems people have with the complexities and technicalities of the tax code."

In moving to improve IRS education and communication with small-business taxpayers, the agency is introducing:

- improvements at the IRS small-business Web site including plans for profession-specific information;
- CD-ROM guides to "get your business off to a successful start" and "help you understand business tax issues";
- an annual Tax Calendar for Small Business: a near-daily listing of tax reminders with April 15 notes for individuals, partnerships, corporations and payroll tax depositors.

Mr. Rossotti also urged associations of health professionals to "help your members avoid getting sucked in by unscrupulous promotions, alleged tax-free schemes" to shelter money in off-shore and domestic tax-avoidance accounts. "If it's your income, you have to pay taxes on it," he said.

Promoters often advertise at investment or tax seminars, through local media or on the Internet, said Mr. Rossotti. "If the promotion sounds too good to be true, it may be an illegal tax avoidance scheme." The agency's criminal investigation

See IRS, page nine

IRS targets tax avoidance schemes

By Craig Palmer

Washington—Sound too good to be true?

Then it probably is, the Internal Revenue Service told health professional associations April 2. IRS officials at an ADA-hosted meeting unveiled a portfolio of electronic and printed materials as part of the tax agency's outreach to small business and self-employed taxpayers. Among the materials available at the IRS Web site at "www.irs.gov", is "Too Good to be True" guidance on recognizing illegal tax avoidance schemes.

"Is this tax promotion asking me to: Underreport my income? Intentionally omit income? Overstate the amount of my deductions? Keep two sets of books? Make false entries in my books and records? Claim personal expenses as business expenses? Claim false deductions? Hide or transfer assets or income?

"If you answered yes to any of these questions, then you are probably involved with an illegal tax avoidance scheme," said the IRS. ■

Compliance questions

HIPAA deadline nears, but rules aren't final

By Craig Palmer

Washington—Assume new patient privacy rules are in effect (they're not—yet) and you give a patient a toothbrush or a tube of toothpaste. Are you marketing a product, "a purpose of which is to encourage recipients of the communication to purchase or use the product"?

This isn't a question just for lawyers, regulators or ADA staff, though it is that. In fact, it's one of many privacy "issues" still unsettled as the government urges compliance by next spring with regulations in metamorphosis.

Here's where we are on national standards for privacy of individually identifiable health information: The government wants advice, again.

"The Department of Health and Human Services believes that these types of communications are allowed under the exception to the definition of 'marketing' in the Privacy Rule, and therefore would continue to be allowed under the proposed modifications. The Department is interested in comments identifying specific types of communication that should or should not be considered marketing."

That's one explanation for certain marketing issues raised by proposed patient privacy regulations, which the government proposes to further change before they take effect.

The ADA is reviewing the proposed modifications and will provide written comments to HHS, said Dr. Peter S. Hasiakos, associate executive director, division of dental practice. "Our focus is on how this will affect dental offices."

For now, and as the proposed regulations stand, and as the regulators explain the intent of the latest proposed regulations, you would not necessarily be marketing a product in a "communication" with a patient, which is considered to be a "communication" for regulatory purposes, when you give a patient a floss sample. You can still give a patient a toothbrush or a tube of toothpaste. For that matter, you can still send appointment notifications using patients' names and mailing addresses without violating anyone's privacy.

The proposed rules are not intended to impede "certain common health care communications such as disease management, wellness programs, prescription refill reminders and appointment notifications that individuals expect to receive as

See HIPAA, page 10

Kit

Continued from page one

and on Today's News on ADA.org. And the Privacy Kit is the tool you can use to train your staff and develop your own office's privacy procedures under the HIPAA standards and guidelines. It will include a CD-ROM with easily customizable forms and policies for your office.

Note: The U.S. Department of Health and Human Services on March 27 proposed changes to the final HIPAA privacy rule. The initial ADA Privacy Kit will reflect these changes. If HHS makes different changes or no changes, Kit subscribers will be issued an update from the ADA.

For online HIPAA information from ADA.org, go to "www.ada.org/prof/prac/issues/topics/hipaa/index.html". ■

IRS

Continued from page eight

chief, Mark Matthews, described recent investigations and convictions of health professionals as "willful, deliberate, multi-year tax avoidance schemes, not the kind you slide into."

Dale Hart, deputy commissioner, IRS small business and self-employed division, said tax court judges "aren't interested in hearing [that] this is what the promoter told me to do."

The IRS officials urged associations to be watchful of promotions "through your conventions," marketing "a week-long seminar in the Cayman Islands, for example, and you come down for a week-long tax evasion is what it really is." These officials said they were not targeting any particular off-shore site for investigation and insisted that "our top priority is the promoters" of these schemes.

"We can give you guidance, but we can't give you a list of them," Ms. Hart told the health association representatives.

Also represented at the ADA Washington office meeting were the American Medical Association, American Academy of Ophthalmology, American Academy of Pediatrics, American Osteopathic Association, Medical Group Management Association, American Society of Clinical Pathologists, American Academy of Orthopaedic Surgeons, American College of Physicians, College of American Pathologists, American College of Emergency Physicians, American Society of Association Executives, American Academy of Podiatric Medicine, American Dental Education Association, American Society of Nephrology, American Physical Therapy Association and the American Veterinary Medical Association. ■

HIPAA

Continued from page nine

part of their health care to continue unimpeded," according to HHS. In any event, a "promotional gift of nominal value" would not require the patient authorization that might otherwise be required for "a marketing communication."

Overheard snippets

The proposed rules, as modified, would appear to encourage continued routine conversation of dentist and patient, doctor and professional staff, even "the snippet of conversation" that might be overheard by another patient without requiring reconfiguration of the dental operatory "to ensure absolute privacy," provided certain precautions are taken. The rules likewise would not prohibit dentist discussion of patient treatment with other doctors.

At least that's the intent, say Bush administration health officials, offering another version of proposed "Standards for Privacy of Individually Identifiable Health Information," which still are scheduled to take effect next year.

These are among issues, real or perceived, that government regulators say they resolved (well, mostly, public comments invited on certain issues) in the latest version of proposed HIPAA regulations. HIPAA is shorthand for the 1996 Health Insurance Portability and Accountability Act, which requires HHS to adopt national standards for electronic administrative and financial health care transactions including regulations to protect patient privacy.

"These are common-sense revisions that eliminate serious obstacles to patients getting needed care and services quickly while continuing to protect patients' privacy," HHS Secretary Tommy Thompson said in announcing "proposed modifications" of the standards aimed at protecting the privacy of personal health information.

HIPAA Hawks

HHS under successive administrations has proposed, revised, issued, reviewed, delayed, modified and now further clarified the regulations, Congress occasionally sputtering in the wings but lacking ambition or will to orchestrate this erratic dance of regulation beyond striking the tune.

The American Dental Association has been actively involved in the process since its inception, by law and in the interests of dentists involved in direct patient care and custodians of patient health information.

HIPAA names the ADA as one of four advisers the government must consult in developing standards for health plans and providers transmitting health information electronically. The Association supports patients' privacy rights, and in many respects the HIPAA regulations reflect long-standing ADA policy on confidentiality and privacy, Executive Director James B. Bramson told Congress March 14.

The ADA legal, technical and policy staff working on these issues have taken to calling themselves "the HIPAA Hawks" (as they capitalize themselves). The Hawks are focusing these days on the privacy regulations, which are just one set of national standards under development, others including security, claims attachment and provider identification standards.

Good faith efforts

Patient privacy rules are scheduled to take effect for dentists and other custodians of patient health information April 14, 2003, one day shy of a year from ADA News publication of this report. Mark it on your calendar: Privacy rules take effect for most dentists and other custodians of patient health information including hospitals, physicians, pharmacists and other providers of health care services. That's probably not going to change even if they change the regulatory language again.

If the rules take effect as proposed on March 27, without further change, dentists would have to give patients notice of the dental practice privacy policies and make "a good faith effort" to get written acknowledgment of notification. But what if the patient doesn't sign in spite of best efforts?

"An individual's failure or refusal to acknowledge the notice, despite a covered entity's good faith efforts to obtain such signature, would not interfere with the provider's ability to deliver timely and effective treatment," said a lengthy preamble to regulatory language published in the print and electronic Federal Register, the official record of government regulatory activity. (Available online at "www.hhs.gov/ocr/hipaa".)

"Failure by a covered entity (such as a dental practice) to obtain an individual's acknowledgment, assuming it otherwise documented its good faith effort, would not be considered a violation of the Privacy Rule."

The pending proposal would allow dentists to obtain patient consent to use and disclose protected health information for treatment, payment or health care operations "if they choose" and "complete discretion" in designing a consent process but would not require consent.

"As a result, these proposed standards would leave complete flexibility to each covered entity," HHS said. "Covered entities that chose to obtain consent could rely on industry practices to design a voluntary consent process that works best for their practice area and consumers."

Clarity

Other proposed changes are intended to clarify the intent of the rules. "For example, a primary care provider who is a covered entity under the Privacy Rule may send a copy of an individual's medical record to a specialist who needs the information to treat the same individual," the notice said. "No authorization (by the patient) would be required."

Selling a practice? The revised rules "clarify" that the intent is to allow transfer of patient records with sale, transfer, merger or consolidation of a practice in accord with any other laws that may apply and to prevent the privacy rule from interfering with necessary treatment or payment activities, HHS said.

The proposal would give dentists and other custodians of patient health information an additional year beyond April 14, 2003, to renegotiate current contracts with business associates for compliance with the new privacy rules. Dentists negotiating new contracts with business associates must make them HIPAA-compliant by April 14, 2003, no additional year available.

HIPAA privacy: It's coming. Compliance deadline: April 14, 2003. ■

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OSHA's ergonomics guidelines focus on voluntary compliance

By Craig Palmer

Washington—The Occupational Safety and Health Administration decided to issue "guidelines" in lieu of a new ergonomics regulation.

OSHA defines guidelines as a tool to assist employers in recognizing and controlling hazards. The guidelines will be voluntary. Failure to implement a guideline will not by itself be a violation of the "general duty clause" of the Occupational Safety and Health Act, the agency said. The law says employers have "a general duty" to maintain safe and healthy work sites free of recognized serious hazards.

OSHA will develop industry or task specific guidelines for a select number of industries, not yet announced, taking into account injury and illness incidence rates.

OSHA will not focus enforcement on employers who are making good faith efforts to reduce ergonomic hazards.

There will be compliance assistance in the form of training grants, development of compliance assistance tools and the forging of partnerships with employer groups. OSHA will create a national advisory committee to advise on research gaps. ■

Government

Ergonomics

Continued from page one

is a major improvement over the rejected old rule because it will prevent ergonomics injuries before they occur and reach a much larger number of at-risk workers."

Mr. Henshaw declined at a news conference announcing the guidelines to identify either tasks or industries but said the first guidelines would be issued this year. He cited the input of "stakeholder" groups, organization and individual comments last summer as important in developing a new approach to ergonomics policy. The American Dental Association offered testimony and written comments on ergonomic issues related to dentistry at an OSHA forum July 24 at Stanford University.

"We know one size doesn't fit all," Mr. Henshaw said. "We'll build on best practices already developed. And we want to use the best available science in dealing with ergonomic injuries."

These types of injuries do not always happen in the workplace, and sorting out where they happen is difficult, OSHA acknowledged.

"The determination of whether any particular MSD is work-related may require the use of different approaches tailored to specific workplace conditions and exposures," OSHA said in a statement of frequently asked questions. "Broadly speaking, establishing the work-relatedness of a specific case may include taking a careful history of the patient and the illness, conducting a thorough medical examination, and characterizing factors on and off the job that may have caused or contributed to the MSD."

■ "We know one size doesn't fit all. We'll build on best practices already developed."

OSHA defines an ergonomic injury as referring collectively to a group of injuries and illnesses that affect the musculoskeletal system, for which there is no single diagnosis. The agency pledged to work with "stakeholder" organizations to narrow that definition as appropriate to address specific workplace hazards covered by the guidelines under development.

The newly announced comprehensive approach includes a combination of industry-targeted guidelines, "tough enforcement," agency outreach and compliance assistance, advanced research and a specialized focus on limited English proficiency workers in industries with high ergonomic hazard rates, OSHA said.

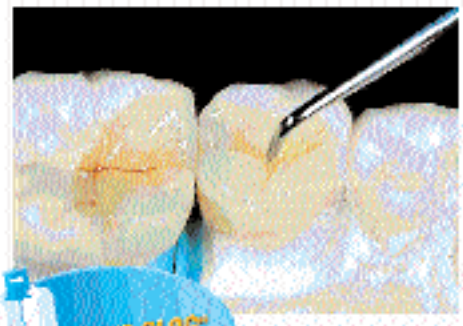
The announcement, frequently asked questions and related materials are posted at the OSHA Web site ("www.osha.gov"). ■

Carpal tunnel not more common in dentists

The prevalence of carpal tunnel syndrome among dentists is nearly the same as that among the general population, according to a cross-sectional study from the American Dental Association's Annual Health Screening Program.

Those results were published in the following articles:

- Hamann C, Werner RA, Franzblau A, Rodgers PA, Siew C, Gruninger S. Prevalence of carpal tunnel syndrome and median mononeuropathy among dentists. J Dent Res 2001:80(Special Issue):86;
- Hamann C, Werner RA, Franzblau A, Rodgers PA, Siew C, Gruninger S. Prevalence of carpal tunnel syndrome and median mononeuropathy among dentists. JADA 2001:132(2):163-70. ■



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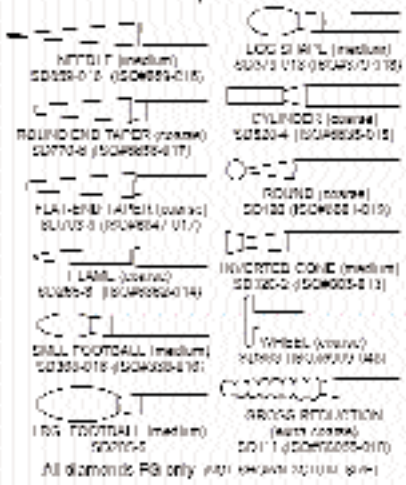

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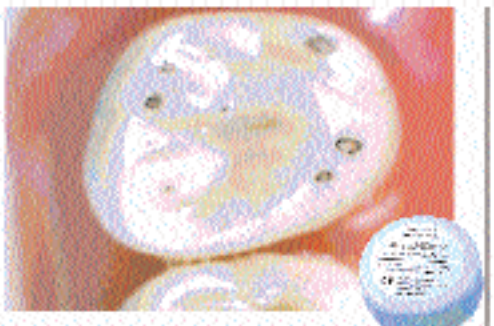

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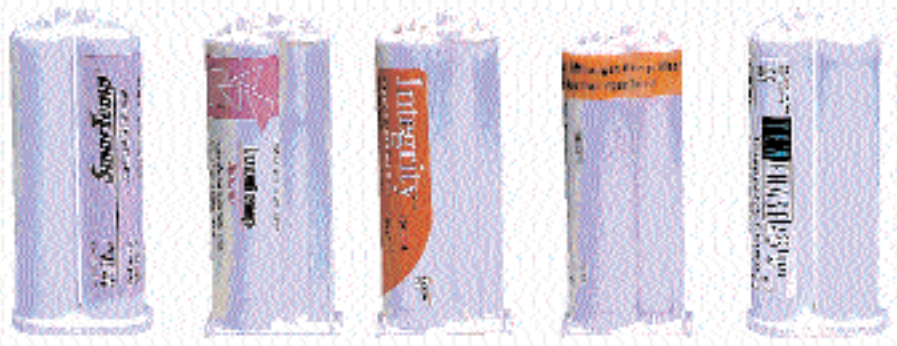

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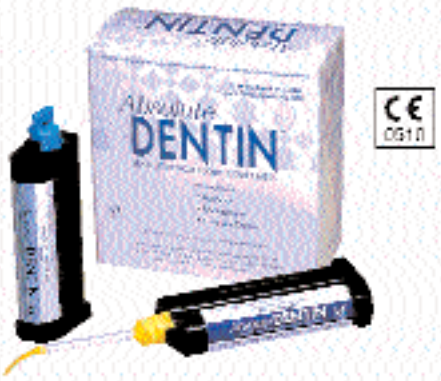

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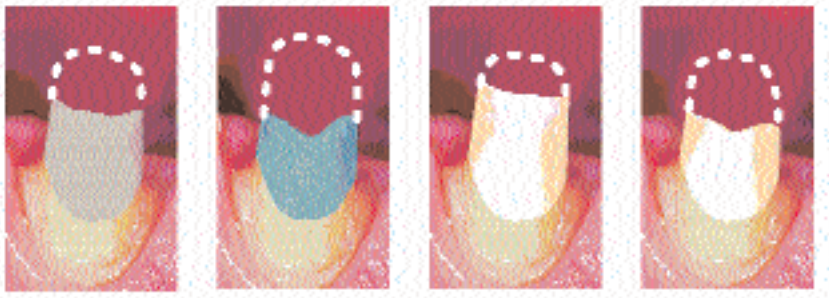

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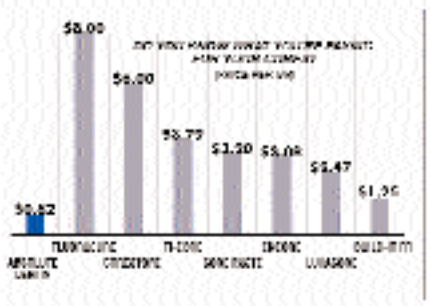

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Kickoff

Continued from page one

she needs to join organized dentistry."

The attendance—twice that of traditional Membership Recruitment and Retention Conferences—suggests that state and local societies have already placed a high priority on building membership.

"It's a clear indication that you have an interest in what we're trying to do here," Executive Director James B. Bramson told the crowd at ADA headquarters.

All ADA districts were represented at the Kickoff Conference, and, aided in part by ADA-supported grants, 44 societies sent more than one representative.

In opening remarks, Association leaders stated that the initiative is "not a campaign but a new way of doing business."

"We characterize the program as a three-to-five year business plan that will be implemented in stages," said Dr. Chadwick. "We're looking for some good local success, and then we may change some of the things we're doing."

Speakers represented the national, state and local levels of the tripartite, all seeking to find answers to one question: How do we convey the value of ADA membership to nonmembers?

Conference participants received a resource manual and samples of materials that will support the initiative, and viewed for the first time the program's theme and tagline, "Your Profession, Your Association, Your Future"—developed with assistance from the ADA Council on Communications.

Dr. Mark A. Bauman, president-elect of the New York State Dental Association's 4th District Dental Society and a member of New York's council on membership and communications, attended the conference.

"It was my first trip to the ADA, and it was wonderful," he said. "We've been fairly lucky in that our district membership is relatively stable, but keeping long-term members is always a challenge."

Gary J. Cummins, executive director of the Colorado Dental Association, said he was "very pleased with the theme developed for the initiative," and practical information distributed for state and local use.

"We have about an 85 percent membership rate here in Colorado," said Mr. Cummins. "But it's still a problem that impacts us because people are always asking, 'What's the value in membership?' We are fortunate but I am still concerned that there are nonmembers out there."

For Dr. Laura M. Eng, who has attended Recruitment and Retention Conferences in years past, the tone of this conference stood apart.

"There was a lot more energy this year," said Dr. Eng, chair of the Minnesota Dental Association's membership committee. "You could tell that the whole organization was rallying behind the initiative."

While state and local societies are encouraged to customize ADA resources for their own use, there is no "cookie cutter" approach to the initiative, noted Dr. Charles W. Hoffman, chair, Council on Membership.

Unveiled: The initiative's theme and image.

Packed house: More than 200 society leaders and
Above, Dr. Lidia Epel from the Council on Membersh

Recordbreaking: Forty-four dental societies se
Conference. Above, Dr. Melanie Love and Dr. Da
review the morning's activities during a March 22 b

staff attended the conference at ADA headquarters.
hip shares a laugh with an unidentified participant.

nt more than one representative to the Kickoff
avid Graham from the Virginia Dental Association
reak.

"We have suggested a prototype of an infrastructure that can be used by state and local societies," said Dr. Hoffman. "States that have existing programs are looking to implement this model into their programs, and other states will use this model to build new programs."

The next phase of implementation is to identify membership team leaders and field representatives who will assume the duties of local recruitment.

"What we're looking for in these individuals is somebody who is interested in membership," said Dr. Chadwick. "Membership is one of their passions; they see the reason for it and they want to encourage other people to get involved."

He continued: "I see the membership team leaders as being kind of a new breed in the membership process. I'm hoping that we're going to see someone take this job on at the state or local level who's willing to stay on for a few years."

The 2001 House of Delegates approved the Tripartite Grassroots Membership Initiative to boost dwindling membership in the tripartite.

With involvement from the local, state and national levels of organized dentistry and the American Student Dental Association, the initiative's goal is to increase membership market share to 75 percent by 2005.

At the end of year 2000, the ADA's share of active, licensed dentists was 70.4 percent—down from 74.3 percent in 1993. ■

Membership recruitment resources at ADA.org

The ADA officially launched the Tripartite Grassroots Membership Initiative with the Kickoff Conference on March 22-23.

But if you missed it, don't despair. You'll still find many resources to assist with recruitment efforts online at: "www.ada.org/members/ada/insite/initiative/index.html".

Resources include:

- the Tripartite Grassroots Membership Initiative Manual;
- membership team profiles;
- membership recruitment tips;
- mechanisms to monitor the initiative's progress.

Questions? Contact your state or local society, or the ADA at "initiative@ada.org". ■

Fairy

Continued from page one

and brokers is up 11 percent from this same time last year. And the council expects even more 2001 plans to be reported as brokers compete in the ADA annual broker incentive program.

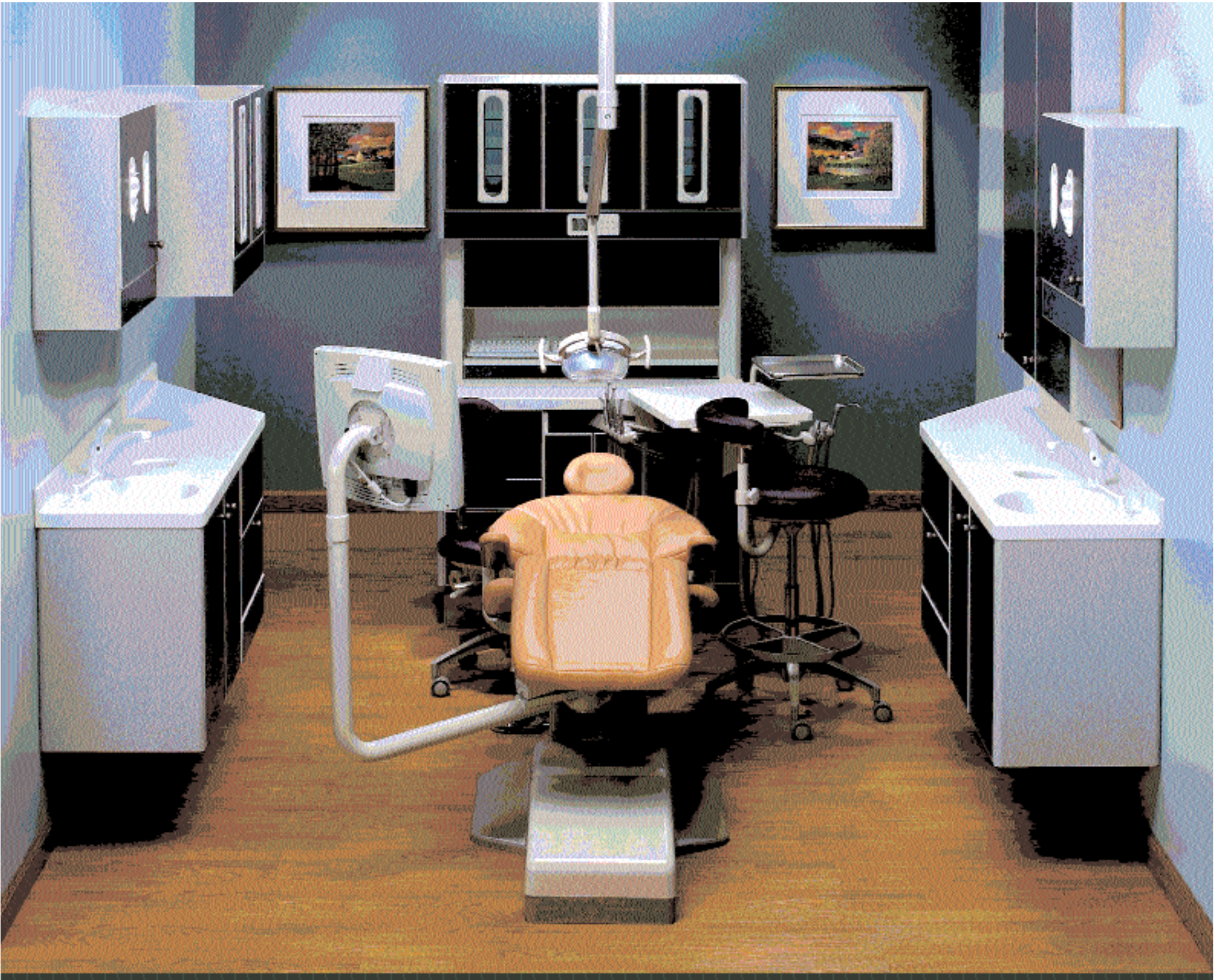
"The successes of our marketing strategies are evident in the steady and substantial rise in new DR implementations each year," says Dr. Cuttino. "We feel confident we're using the campaign dollars wisely and effectively."

"Clear, amusing and engaging" is how focus groups described the Tooth Fairy piece. That it will "perform effectively" as Dr. Cuttino notes, should be no surprise, as the other direct-mail pieces are receiving prestigious awards for both creative and marketing excellence. The marketing award is based on results of marketing efforts, not solely on designs or concepts.

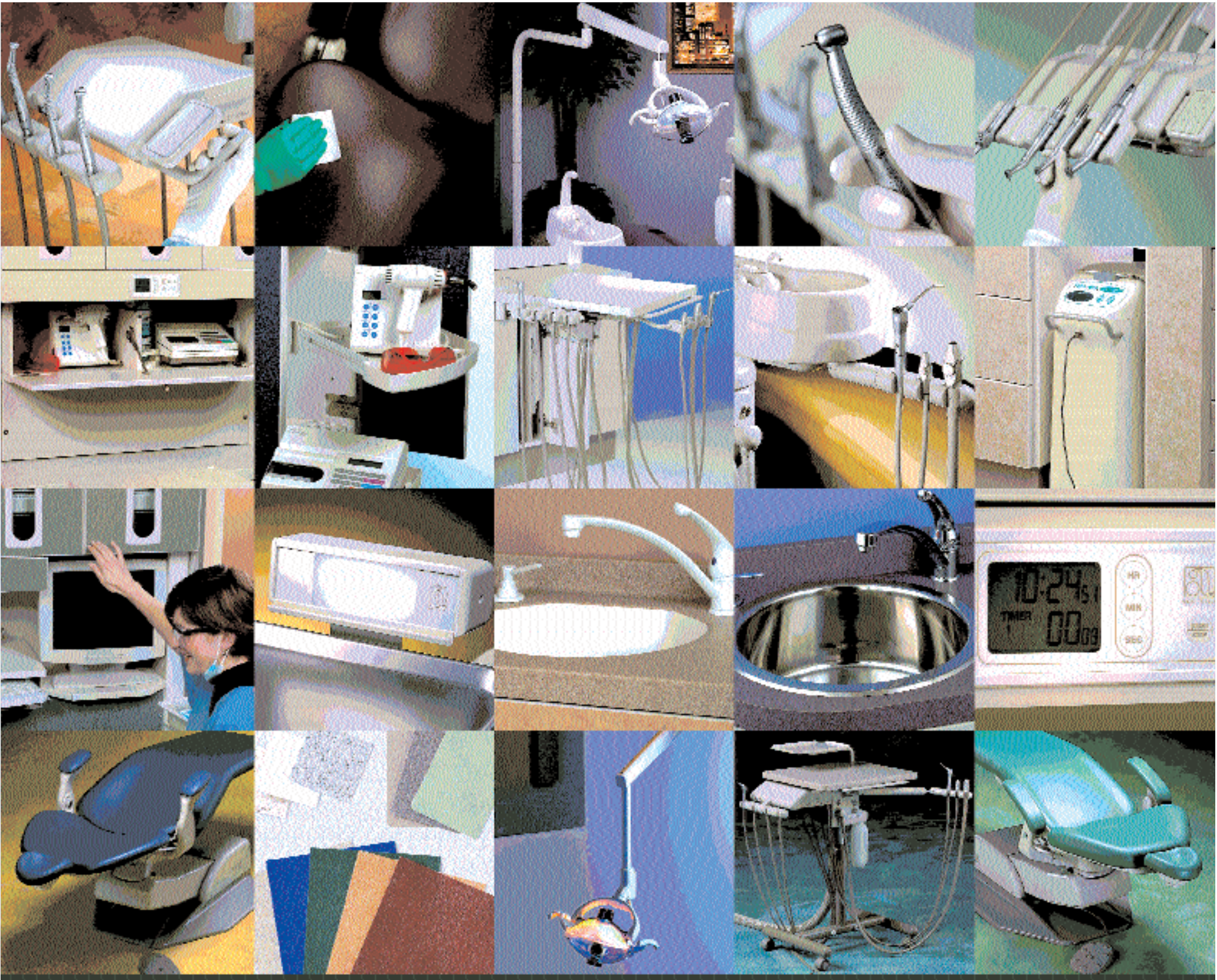
"The campaign's effectiveness is impressive, considering the fact that marketing costs have increased while the budget has remained the same," remarks Dr. Cuttino.

Dentists can learn how to best answer all the questions they or their patients might have about DR at ADA.org. Visit the Practice Management and Dental Benefits area on ADA.org, then click on Direct Reimbursement. Follow the link in the upper right corner that says "Direct Reimbursement: A Guide for the Dental Office."

Contact Dennis McHugh, manager, Dental Benefit Information Service, toll-free at Ext. 2586 or by e-mail at "mchughd@ada.org". ■



One Operatory.



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Campaigns start now

Washington Leadership Conference highlights

Photos by Anna Ng Delort

Illinois: Rep. Mark Kirk (R-Ill.) makes his first appearance at the ADA conference.

New Jersey: Dr. Gerald Cardinale, now a N.J. state senator, is running for U.S. Congress.

By Craig Palmer

Washington—The 2002 Washington Leadership Conference ended on election day, the final sessions devoted to discussion of this fall's gubernatorial and congressional elections.

"I believe we have the tools now to be effective advocates for dentistry," said Dr. John V. Reitz, chair of the American Dental Political Action Committee, wrapping up the March 24-26 rally of the profession's political activist dentists. Some 450 dental leaders and members of grassroots action teams and state association representatives from 45 states, the District of Columbia and Puerto Rico registered for the annual event.

Many met with congressional staff to discuss health policy, among them Arizona dentists who spent most of the conference-ending day on Capitol Hill. Illinois dentists enjoyed a social event with one of the few members of Congress in town during the congressional recess, Rep. Don Manzullo (R-Ill.). "It's so much more important if he hears it from the dentists in his home district," said Dr. Perry Tuneberg, grassroots action team leader in Rep. Manzullo's congressional district.

Several other members of Congress, Republicans and Democrats, came to the WLC to talk of Congress and elections. "Sleep well, we are not in session," Rep. William Pascrell (D-N.J.) joked with the dental leaders.

The conference opened with ADA President D. Gregory Chadwick praising the Association's grassroots legislative network, dentists in local congressional districts who work with members of Congress on issues important to the profession. "This year all of us have an additional concern to focus on, how the elections this November could change the shape of government and affect the way dentistry and small-business concerns are heard," Dr. Chadwick said.

It closed with a look at the congressional and gubernatorial elections that will play out locally this fall.

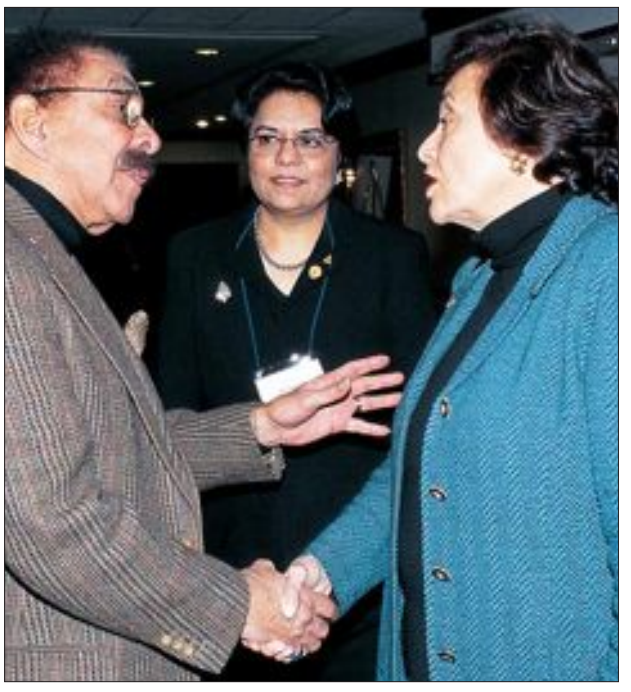
Reps. Mark Kirk (R-Ill.) and Nita Lowey (D-N.Y.) discussed "Battleground 2002: Fight for Control of the House" from their sides of the political aisle and essentially left the same message for the nation's dentists.

"This battle will largely be fought not on national grounds but race by race," said Rep. Kirk, a first-term congressman who predicted "some real classic battles, member by member." Still, he said, "I see this as a fairly incumbent-friendly year." The House of Representatives is in Republican hands, the Senate controlled by Democrats, both by narrow margins.

Said Rep. Lowey, chair of the Democratic Congressional Campaign Committee, "What we see in this election is local, local, local races." She charted a course for the dental leaders of "where we need to go to build a new House," a district-by-district analysis focusing on open seats up for grabs this year as a result of congressional redistricting. ■

Illinois: (from left) Dr. Tom Skiba, Rep. Don Manzullo (R-Ill.), Dr. Joseph Hagenbruch and Dr. Perry Tuneberg meet for dinner in Washington.

HHS: Claude A. Allen, deputy secretary of the Department of Health and Human Services, shares insights with ADA President D. Gregory Chadwick (left) and ADA Executive Director James B. Bramson.



New York: Dr. Chester Redhead greets Rep. Nita Lowey (D-N.Y.) as Dr. B.J. Mistry (center) observes.

Photo courtesy Dr. Dennis A. Burns

Ohio: Rep. Deborah Pryce (R-Ohio) is flanked in her office by Drs. Dennis Burns (left) and Ted Pope. Rep. Pryce is deputy majority whip and House Republican Conference Vice Chairman.

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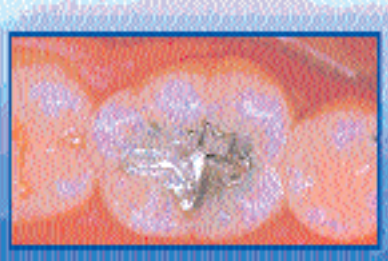

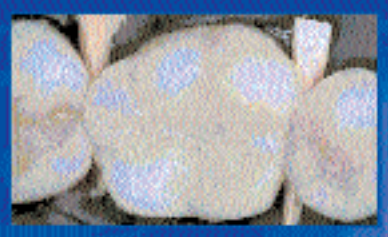

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[1] Data on file. [2] Toothbrush Abrasion Study, 58K Cycles Simulating 5 Years, University of Montreal. *Tooth Design by Dr. E. Rosen.*

ADA Reports

Wanted: New radiograph guidelines

Advances in technology prompt ADA to ask for updates

By Mark Berthold

The American Dental Association has formally contacted the Food and Drug Administration's Center for Devices and Radiological Health to request new guidelines for dental radiographs.

"Comprehensive dental care must include accurate diagnostic care," says Dr. D. Gregory Chadwick, ADA president. "Dentists rely on radiographs—at their current technological level—to make sound clinical judgments.

"The ADA has been aware that current FDA guidelines on radiographs need updating, and this point was unanimously agreed upon in meetings with the Academy of General Dentistry," he adds.

The ADA, AGD and several other dental organizations were instrumental in helping the FDA when it wrote the 1987 FDA Guidelines for Prescribing Dental Radiographs.

Although the existing guidelines have served the public and the profession well, the ADA believes it's time to revise them for a number of reasons:

- The guidelines are 15 years old and deserve reassessment due to advances in technology.
- The guidelines do not address the use of diagnostic radiographs for temporomandibular disorder, trauma or tumors.

■ "Dentists rely on radiographs—at their current technological level—to make sound clinical judgments."

- There is no discussion about the diagnostic value of panoramic radiographs or vertical bitewings.
- The sections discussing historical findings and positive clinical signs/symptoms may require revision.
- Dental insurance carriers have been known to misinterpret the FDA guidelines by failing to appreciate that clinical judgment is an important consideration determining when patients require radiographs.
- Vertical bitewings are a modality not addressed in the guidelines and have a valid purpose in oral radiographic diagnosis.

In its March 22 letter to the FDA, the ADA offered to assist the government agency in forming a group of experts to discuss the suggested revisions.

The ADA also has invited several organizations and specialty groups to offer input if FDA agrees to revise the guidelines. ■

Versed syrup recalled

Nutley, N.J.—Roche Laboratories has issued a Class I recall on its Versed syrup, Lots U0009-50 and U0010-50 in 118 mL (2 mg/mL) bottles; dentists may have received shipments Dec. 27, 2001, or soon after.

Roche has notified the Food and Drug Administration of the voluntary recall, which does not affect any other package size or strength of Versed.

According to Roche, a crystalline precipitate of an insoluble complex of midazolam and saccharine is potentially present inside these particular bottles. A resulting lack of uniformity in the product could cause a super- or sub-potent dose.

Pediatric dentists are urged to immediately cease administering the lots and return them to their supplier. Questions can be directed to Roche at 1-800-526-6367.

Versed syrup is indicated for pediatric patients for sedation, anxiolysis and amnesia prior to diagnostic, therapeutic or endoscopic procedures or before induction of anesthesia. ■

New Dentist Conference

San Antonio hosts summer event

By Karen Fox

San Antonio, Texas—Now the ninth largest U.S. city, this Texas gem is a confluence of rich, multicultural history and urban marketplace.

What better place for new dentists and ADA leaders to meet?

The 16th National Conference on the New Dentist takes place Aug. 15-17 at the Hilton Palacio del Rio, located on the city's famed River Walk.

With the theme, "Bigger, Brighter Smiles, Deep in the Heart of Texas," this year's conference promises a wealth of educational and networking opportunities.

Whether you're looking for continuing education on professional issues, clinical techniques, practice management, leadership programming for New Dentist Committee Network Leaders, networking opportunities with peers, and ADA officers and members of the Board of Trustees, you'll find it here.

"The National Conference on the New Dentist is a great opportunity to get national-caliber speakers at new dentist-friendly prices," said Dr. Wendy A. Brown, chair of the Committee on the New Dentist. "The $295 early registration fee includes speakers, materials, a reception, meals and breaks. The fee is even lower for students, graduate students and residents."

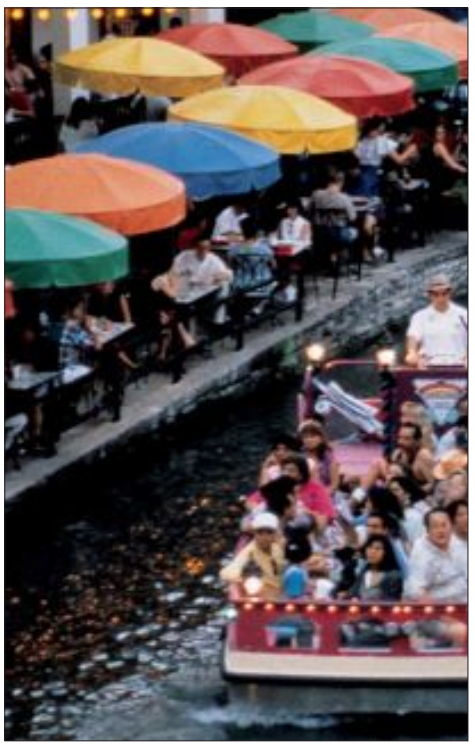


Photo courtesy of San Antonio Convention and Visitors Bureau

Summer fun: Dining, strolling and boating are popular activities along the River Walk.

The ADA Committee on the New Dentist sponsors the conference with financial support from Mentadent. This year, the Texas Dental Association and component dental societies are also providing support.

ADA leadership attends the conference to encourage networking between leaders and new dentists—those dentists in practice 10 years or less—students and recent dental school graduates.

"The conference offers unique opportunities for new dentists to make their voices heard within organized dentistry," said Dr. Brown. "Where else can new dentists get time, one-on-one, with their district trustee or even the ADA president? It's also a wonderful time for those who are involved as volunteers to get to know their peers from across the country, and for those who would like to be more involved to make those contacts."

San Antonio is a lively setting for the whole family. For where to go and what to see, go to "www.sanantoniocvb.com".

The Hilton Palacio del Rio is within walking distance of the Alamo, the Tower of the Americas, the Institute of Texas Culture and the Rivercenter Mall. To make reservations, call at 1-210-222-1400.

The ADA's host hotel is also situated on the River Walk, a two-and-a-half mile stretch of cobblestone paths bordering both sides of the San Antonio River.

The River Walk winds its way through the heart of the city's business district, alternating between quiet park-like settings and areas filled with activity, including European-style sidewalk cafes, specialty boutiques, nightclubs and hotels.

Registration materials for the National Conference on the New Dentist are being distributed this month. Register by July 12 to take advantage of reduced rates. Early registrants are eligible for a prize drawing. Register online at "www.ada.org/goto/newdentconf".

To request a conference brochure, contact the Committee on the New Dentist at the toll-free number, Ext. 2779, or send e-mail to "newdentist@ada.org". ■

CE Highlights

The conference offers up to 17 hours continuing education, including:

- "Clinical Dental Pharmacology: Practical Information to Avoid Liability" (Dr. Harold Crossley);
- "Rock Solid Business Systems That Work" (Dr. A. Paul Bass III);
- "Unleashing the Power of Dentistry" (Drs. Matt Bynum and Bill Dickerson);
- "Dental Potpourri: Creative Ideas and Expanded Duties for Today's Dental Assistant" (Dr. Debra Stewart);
- "Create the Practice of Your Dreams Today" (Dr. Randall Shoup). ■

Autism lawsuits target amalgam

By Mark Berthold

Atlanta—Eleven lawsuits claiming that mercury in dental amalgam caused autism in the plaintiffs' children were filed this week in Fulton County (Georgia) State Court.

Named as defendants were the American Dental Association, the Georgia Dental Association; pharmaceutical firms AmericanHome Products (now Wyeth), GlaxoSmithKline, Armour Pharmaceutical and Johnson & Johnson; and utility Georgia Power Co.

The suits allege the ADA and GDA misled consumers by not telling them that amalgam contains mercury and, when implanted in women's mouths, exposes their fetuses and nursing infants to toxic levels of mercury.

But these complaints are an "egregious abuse of the legal system," the ADA immediately responded. "Actions like these mislead vulnerable people, using information with no scientific basis to give false hope to those with chronic, often incurable illnesses."

Furthermore, questions about the safety of amalgam related to its mercury content "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 ADA noted.

Last month, the FDA Consumer Update: Dental Amalgam stated, "FDA and other organizations of the USPHS continue to investigate the safety of amalgams used in dental restorations (fillings). However, no valid scientific evidence has ever shown that amalgams cause harm to patients with dental restorations."

Dr. Dean Edell, whose syndicated "Health Talk" radio program is broadcast nationwide, characterized the autism suits as prime examples of "junk science" in the courtroom.

The Georgia Dental Association has declined comment but said it would follow the ADA's lead in the legal proceedings. ■

Amalgam separators evaluated in JADA

Need to purchase an amalgam separator?

Then check out the May issue of The Journal of the American Dental Association.

ADA scientific staff evaluated 12 commercially available devices according to International Standard ISO 11143 for Amalgam Separators.

All amalgam separators removed at least 96.09 percent of the amalgam in study samples—which exceeds the ISO requirement of 95 percent or more retention. ■

FDI positions open

Ferney-Voltaire, France—The FDI World Dental Federation is seeking qualified applicants to fill the positions of executive director and communications manager.

The FDI recently moved its headquarters to this suburban Geneva location to work more closely with other international health and political organizations located in the area, including the World Health Organization, the World Medical Association and the United Nations. The FDI is comprised of 182 national and international member associations, representing more than 700,000 dentists worldwide on issues important to dental care and worldwide oral health concerns.

As the dental organization's chief executive officer, the executive director assists in formulating policies and procedures; coordinates general assembly, council, commission and committee meetings; manages the FDI staff; coordinates all activities and ensures that organizational objectives are achieved.

The role of the communications manager is to enhance and develop the FDI's role as the leader of world dentistry through the FDI Web site information and publications; collect, edit and distribute news and articles to member associations and individual members; coordinate public relations and media relations; and assist with creation and promotion of scientific programs at the annual World Dental Congress and other educational programs.

Interested individuals should submit their applications to FDI headquarters by April 25. For more information o an application form, visit the FDI Web site at "www.fdiworldental.org" or contact Suzy Rowlands, FDI/World Dental Federation, 13 Chemin du Levant, L'Avant Centre, F-01210 Ferney-Voltaire, France; telephone 011 33 4 50 40 50 50 or e-mail "srowlands@fdiworldental.org". ■

Dr. Spohn dies

Lexington, Ky.—Dr. Eric Spohn died March 2.

Dr. Spohn, professor of dentistry at the University of Kentucky dental school, was a consultant to the ADA Commission on Dental Accreditation since 1993.

He conducted on-site evaluations of allied dental education programs and was instrumental in initiating a Web-based training program for CODA site visitors.

From 1994-2000, Dr. Spohn served on the steering committee for the ADA's Dentistry Overseas, a division of Health Volunteers Overseas. He volunteered in Haiti and Jamaica, and also conducted site visits to Belize, Nepal, Russia, Yemen and Zimbabwe to determine if those sites would be suitable for a Dentistry Overseas program. ■

Evolution of accounts receivable management

Management

By Linda Miles

Successfully collecting money from patients for dental care has never been more important than it is today. As management consulting has evolved over the past four decades, those of us who analyze the health of dental practices are fully aware that the total health of the practice is viewed from the lens of accounts receivable management. This evolution has come so full circle that a dental practice today with accounts receivable problems is as dated as a practice that still wears polyester zip-up-the-front dental uniforms of the 1960s.

The four major components of successfully collecting from dental patients include:

- The dentist and entire staff together must create and agree upon financial policies based upon the dentist/owner's commitment to the practice as a business.

Linda Miles

- After writing the office policies and collection guidelines, the dentist must stand behind these policies. This is especially important should patients question the financial coordinator. The dentist shouldn't carve out special policies for certain patients.
- The staff must have proper training in how to successfully communicate with patients so that they are totally comfortable in all financial discussions and collection procedures. We all know that many dental cases fall apart in the financial arena due to improperly trained or not-at-all trained employees. And heaven help the practice in which the dentist makes it his or her responsibility to discuss financial policies with patients.
- The practice must have an accounts receivable collection system in place that is followed consistently each week/month by the financial coordinator. This system should be simple and very positively presented to the patients who become delinquent. The financial coordinator must have the proper time to work on these past-due accounts. In most practices, the time allotted is one to four hours per week, depending on the number of accounts pursued. In the evolution of accounts receivable management, successful practices spend less and less time a month working delinquent accounts because they are out of the lending institution business.

In the 1960s, it was unheard of to ask patients to pay at time of treatment. Good doctors were known to deliver the treatment, send statements and hope that their good patients included the good doctor in their payables that month. Many patients paid $10 to $20 dollars a month on balances that were greater than their monthly incomes.

My first job in the 1960s, as the receptionist of a small country practice in West Virginia, was to answer the telephone, greet the patients who arrived, set up the two treatment rooms so the dentist could work alone, send the bills, as we called them back then, and hope the mailman brought enough checks (and even cash) to pay the bills that came into the practice monthly. Fees were never presented at time of treatment and if the fee was ever mentioned the response was, "We'll send you a bill."

In the 1970s, we became a little less intimidated. Seminars actually discussed that it was OK to present the fee at the desk at the end of the patient visit. Unfortunately, those who were presenting fees were timidly holding their heads low and murmuring, "The charge for today is $45; would you like to take care of it?" or even worse, "How would you like to pay?" We now know that we never ask, we simply and professionally tell. "Mrs. Jones, your fee for today is $250, will that be cash, check or bank card?" We now know that if we expect payment, we receive payment.

The 1980s and 1990s made significant strides in accounts receivable management. These became the decades of "pay as we go," and the introduction of creative financing with financial partners. This has literally removed the financial barriers between dentists, their patients and the ability to have complete care in affordable ways. Not only do patients accept more needed dentistry; they enjoy the luxury of interest-free financing. The dentists like the "no recourse," which means the financial partner is responsible for collecting the fees from the patients. The staff enjoys the hassle-free collections, and the patient becomes more committed to future appointments. We all know that patients who owe the practice money are the patients who habitually break appointments, are no-shows, don't refer other patients and if they refer, it's other patients who have bad habits. Clear up the accounts receivable and you clear up broken appointments. As I said before, the total health of the practice is seen through the lens of accounts receivable management.

This year, grade the practice in accounts

See MANAGEMENT, page 26

ADA offers dental practice resources

The ADA's Council on Dental Practice provides several resources designed to help dentists make informed practice decisions:

- Basic Training for the New Dental Office Staff—Covers dental team, customer service, the dental record, coding/claims, infection control, anatomy and more. Great for those with no dental office experience.
- The Successful Fee-For-Service Practice—Comprehensive guide helps establish or expand your fee-for-service practice. Includes sample scripts and discussion tips to guide you and your staff in discussing fees and financial policies with patients.
- Starting Your Dental Practice: A Complete Guide—Delivers the information you need to open a practice. Includes recommended policies and procedures and how to select business advisors.

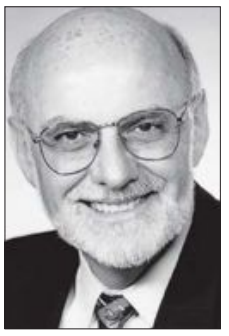
To order copies, call 1-800-947-4746, or go to "www.adacatalog.org". ■

Hands-on at annual session

Registered clinic courses range from adhesives to volunteering

New Orleans—It doesn't take voodoo to get an in-depth review of the latest materials, techniques, trends, technologies and financial considerations to enhance your practice. This year's annual session includes a spellbinding line-up of registered clinics to help you keep your practice up to date.

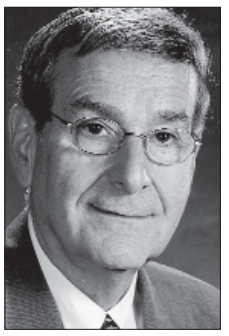
Listed is a sampling of the 28 registered clinics that will be held at the Morial Convention Center:


Dr. Gutmann

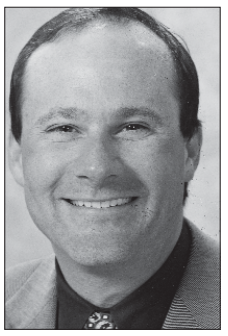

Dr. Paquette


Dr. Sheets


Dr. Levine


Dr. Ciancio


Dr. Nathanson


Dr. Brucia

Saturday, Oct. 19

- "Successful Management of Endodontic Challenges," Dr. James L. Gutmann. This all-day course reviews achieving predictable results in an array of treatment challenges and how to integrate the latest technological advances in the field. Tickets are $80 advance; $90 on-site. (Course code C4)
- "Creating A Successful Esthetic Restorative Dental Practice," Drs. Jacinthe M. Paquette and Cherilyn G. Sheets. This morning course covers how to create an esthetically oriented dental practice that provides high-level job satisfaction while helping patients meet their oral health needs. Tickets are $55 advance; $65 on-site. (Course code C11)
- "Practical Secrets For Providing Excellent Esthetic Results," Drs. Jacinthe M. Paquette and Cherilyn G. Sheets. This afternoon seminar highlights the latest in esthetic philosophies, techniques, materials and equipment, plus requirements for esthetic and functional success, communication and elimination of common barriers. Tickets are $55 advance; $65 on-site. (Course code C13)

Sunday, Oct. 20

- "Adhesive Dentistry For the New Millennium," Dr. John A. Kanca III. This all-day course helps sort out devices, including plasma arc lights, lasers, particle abrasion and video cameras. Diagnosing, preventing and treating postoperative sensitivity and a step-by-step method of placing adhesive bonding systems free of subjectivity are also included. Tickets are $80 advance; $90 on-site. (Course code C14)
- "Implants: A Treatment Plan For a Thriving Restorative Practice," Dr. Nolen L. Levine. This morning program covers implant acceptance, patient selection, informal and formal consultations, treatment planning and sequencing, immediate implants, single-stage procedures, selected case presentations, visual aids and verbal skills. Tickets are $55 advance; $65 on-site. (Course code C18)
- "The Picture Perfect Smile: Utilizing Plastic and Reconstructive Periodontal Surgery To Enhance Restorative Care," Dr. Nolen L. Levine. This afternoon program presents the different modalities available: connective tissue grafting for complete root coverage, ridge augmentation, ridge preservation and gingival sculpting, and addresses how to create gingival harmony prior to an esthetic restorative procedure to achieve the picture perfect smile. Tickets are $55 advance; $65 on-site. (Course code C21)

Monday, Oct. 21

- "ADA Aging and Oral Health Conference," Drs. Paul C. Belvedere, Gregory J. Folse, Gretchen Gibson, Randy Huffines, Linda C. Niessen and Barbara J. Steinberg.

This all-day conference, partially underwritten by grants from DENTSPLY International and Colgate-Palmolive Co., focuses on the unique challenges in treating this growing population, including root caries, esthetic dentistry, prevention, nursing home practice, medically compromised patients, medical risk assessment, alternative denture techniques and marketing to seniors. Tickets are $50 advance; $60 on-site. (Course code: C23, includes lunch.)

- "Perio-chemotherapeutics: State of the Art and Science," Dr. Sebastian G. Ciancio.

This all-day program provides practitioners with a clinical understanding of topical, subgingival and systemic medications available as therapeutic adjuncts, irrigation and expanded uses for topical chemotherapeutic agents such as mouthrinses and dentifrices. Tickets are $80 advance; $90 on-site. (Course code C24)

- "Selection and Use of Modern Materials For Restorative and Prosthetic Dentistry," Dr. Dan Nathanson. This all-day seminar reviews materials from adhesives and restorative resins to new ceramics, alloys and various cements and compares their strengths and shortcomings in light of clinical experience and laboratory research. This program includes information on the indications, contraindications and the correct step-by-step clinical use of some of these restorative systems. Tickets are $80 advance; $90 on-site. (Course code C25)
- "Adhesive Dentistry Materials and Techniques Simplified," Dr. Jeff F. Brucia. This morning course covers recent improvements in adhesive materials and new techniques for state-of-the-art restorative, preventive and esthetic dental care. Learn step-by-step clinical applications as they apply to bonding enamel, dentin, composite and porcelain and to minimizing postoperative sensitivity. Direct bonding techniques are emphasized. Tickets are $55 advance; $65 on-site. (Course code: C26)

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

Symposium helps prepare volunteers

New Orleans—Dentists with a desire to volunteer overseas can prepare for an international dental experience by attending the ADA's International Volunteer Symposium Oct. 18 and 19.

This one-and-a-half-day symposium is designed for dentists who are interested in volunteering overseas for the first time as well as veteran international dental volunteers. It will be held at the Hilton New Orleans Riverside Hotel on Thursday evening, 5:30-9:45 p.m. and Friday 7:15 a.m.-5:30 p.m.

Drs. Susan Moher Berryman, Murray Dickson, Gary Leff, Stephen Mackler and Francis G. Serio will discuss the role of volunteers in developing countries, health concerns, effective cross-cultural communication, appropriate interventions within dentistry, techniques for transferring appropriate skills and knowledge to local health care practitioners and a cookbook approach to organizing international volunteer service programs in lectures and interactive sessions.

This registered clinic is presented in cooperation with the Dentistry Overseas Steering Committee of the Council on ADA Sessions and International Programs, a sponsor of Health Volunteers Overseas and is partially underwritten by the Pierre Fauchard Academy and the Academy of Dentistry International.

Tickets are $200 in advance. (Advance registration is recommended since attendance is limited to 40 participants.) A Thursday evening reception and breakfast and lunch on Friday are included. (Course code C1)

For more information or to register, call the annual session toll free number, 1-800-232-1432 or e-mail "annualsession@ada.org". ■

ADA Member Advantage program features CareCredit

CareCredit LLC, a company that specializes in patient financing for the dental community, has been a participant in the ADA Member Advantage program since January 2001.

CareCredit offers multiple financial options to patients, including interest-free and low-interest payment plans.

Instant credit decisions are available seven days a week, 16 hours a day—by phone, fax or on the Internet. Online practice and patient applications provide decisions within 10 seconds.

Application procedures are simplified with CareCredit, and the practice will be paid within two business days with no recourse, even if the patient defaults or delays payment. Supplies are provided to the dentist at no cost.

For more information, contact CareCredit at 1-800-300-3046, Ext. 519. Mention you are an ADA member to take advantage of the $100 reduction on the enrollment fee. ■

ADA Publishing is a division of ADA Business Enterprises, Inc.

Management

Continued from page 24

receivable management. On a scale of one to 10, with 10 being the best, how does your practice measure up?

- Our financial policies and guidelines are clearly written and understood by each member of the team.
- As the dentist/owner, I fully support the policies and guidelines and allow the staff to enforce the policies in the same friendly manner in which we deliver the dentistry. I never get involved and side with patients who may question the policies. I always refer those issues to my financial coordinator.
- My staff members are all fully trained with verbal skills in financial discussions. They truly believe in my dentistry, our fees and they enjoy defending my fees in a very positive manner when patients question the fees. I have invested in a creative finance plan such as CareCredit to make it easy for my staff to collect our fees in a positive, non-threatening manner. I have a very positive attitude toward this plan.
- I allow my financial coordinator a reserved one to four hours weekly to work on 25 percent of the alphabet on any past-dues patient or insurance accounts. I have fully trained this person to make professional and effective collection calls. I have also provided my financial coordinator with the tools to teach our patients how to do their own insurance inquiry if there is a non-payment from their benefit plan. Or, I have stood behind my staff in our new policy of being insurance free. ■

Linda Miles is CEO of Linda Miles and Associates, a Virginia Beach, Va., management consulting firm. Ms. Miles has no financial ties to CareCredit. For more information about Ms. Miles, go to "www.dentalmanagementU.com" or call 1-800-922-0866. ADA Business Enterprises, Inc., has entered into a business relationship with CareCredit. For more information, see the story above. Information supplied here is not to be deemed a solicitation for Linda Miles and Associates. The views expressed in this column are those of the author and may not reflect the opinions of the ADA or its subsidiaries. Before acting on the information here, dentists should consult their own attorneys, accountants or financial advisors.

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One Disc!
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PoGo™

New
One Step Diamond Micro-Polisher

PoGo™ One Step Diamond Micro-Polishers are changing the way we polish composites.

PoGo, the one step diamond micro-polisher, is designed to create incredible luster on even the hardest advanced hybrid composite. While other polishing systems require multiple discs, steps and several minutes[1], PoGo diamond micro-polishers allow you to "polish and go" in one step, in a fraction of the time. With PoGo diamond micro-polishers, the final result is exceptional luster and more time to admire your work.

To learn more about PoGo One Step Diamond Micro-Polisher contact Caulk: 1-800-LD-CAULK (532-2855) ext. 794, 1 800 263 1437 (Canada), www.caulk.com, www.dentsply.com

1. (Survey - July 2001) Dentists spend an average of 6.5 minutes polishing a direct composite lateral veneer, and an average of 6 steps.