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### ADA News - 03/22/1999

American Dental Association, Publishing Division

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## BRIEFS

### NIOSH plans study of needlesticks

Washington—The National Institute of Occupational Safety and Health, a government research agency that works often with the Occupational Safety and Health Administration, March 15 announced a proposed study of needlestick injuries to health care workers.

NIOSH develops recommendations for controlling workplace hazards.

The agency will send a NIOSH alert to hospital personnel responsible for employee health and safety to assess whether and in what circumstances the alert encourages employers to adopt control measures and to determine whether an alert helps employers implement controls.

Plans were announced in the Federal Register, official notice of government regulatory activity. An estimated 800,000 NSIs occur annually, but estimates are imprecise, NIOSH said. ■

### Call for volunteer nominations issued

The Council on ADA Sessions and International Programs is accepting nominations for its Certificate of Recognition for Volunteer Service in a Foreign Country.

The Certificate of Recognition honors those who have volunteered at least 14 days performing dental services in a foreign country.

Qualified recipients must be nominated by April 15 by their constituent or component dental society, federal dental service or dental school.

For more information contact CASIP using the ADA's toll-free number, Ext. 2726 or e-mail "szymczyk@ada.org". ■

## INSIDE



### FDI in Mexico

World Dental Congress to meet in October. **Stories, pages 26, 28.**

# Millennial time bomb or dud?

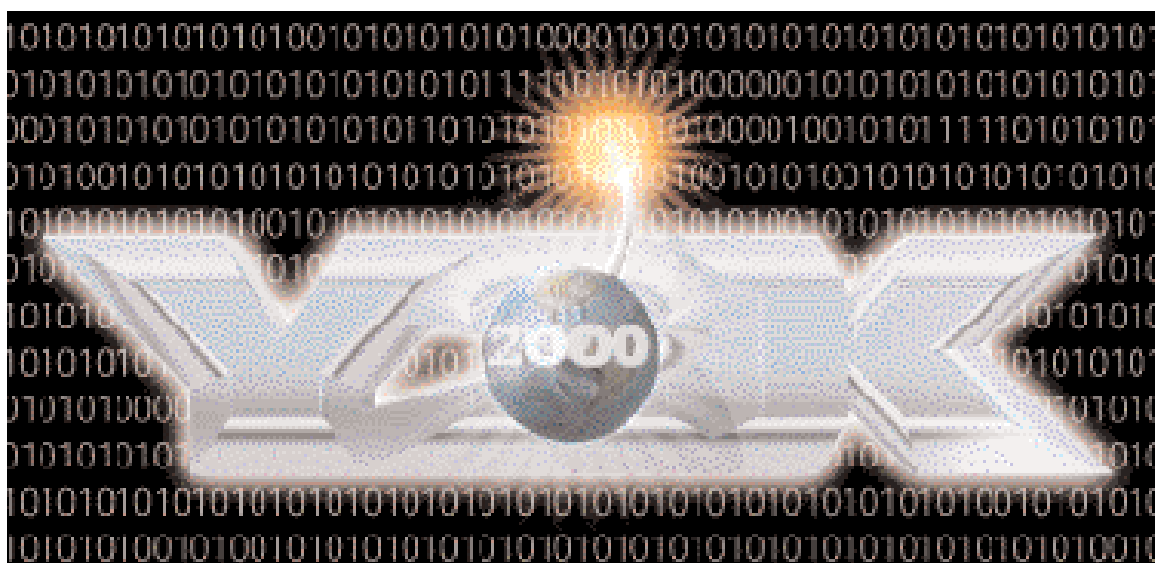


Illustration by Peter Solarz

*Whatever comes, you can prepare*

By Laura McKee

It's really a Cinderella story, when you think about it. The fun, glitter, the excitement of the prolonged technological party ends abruptly at the stroke of midnight.

The music stops, the sleek computer equipment reverts to mangled pieces of metal and plastic and the

See *TIME*, page 17

# ADA, other dental groups fight proposed tax on associations

By Craig Palmer

State dental organizations stand to lose 15 percent of their gross revenues under a proposed Clinton administration tax on tax-exempt associations, the dental community told Congress in a series of communications this month.

State, local and national dental

■ CIGAR LABELS BURN AS ISSUE, PAGE 13

groups joined nonprofit professional, trade and philanthropic associations opposing a proposed tax on organizations covered by section 501(c)(6) of the Internal Revenue Code and gener-

ally exempt from federal income taxes.

The ADA alone would be subject to an estimated tax of more than \$2.3 million next year, said a March 12 letter to every member of Congress signed by 68 predominantly state dental societies and including dental specialty, manufacturing, research,

hygienist, honorary and international associations.

"Reducing our gross revenues may force organized dentistry to scale back or discontinue some of our most socially responsible and distinguished charitable projects," the dental groups told Congress.

See *TAX*, page 10

# Citibank to provide credit card services for ADA 1 PLAN

By James Berry

Citibank, the nation's largest financial services company, has acquired the credit card and personal lines of credit, or PCL, portfolios for ADA members with credit cards provided through the ADA 1 PLAN.

Officials from Citibank and the ADA Financial Services Co. announced March 17 that Citibank had agreed to purchase the ADA credit card portfolios from Mellon Bank Corp., the Pittsburgh-based firm that had provided ADA 1 PLAN financial products and services since 1995.

Citibank also has agreed to provide ongoing affinity credit cards and PCL products to ADA members.

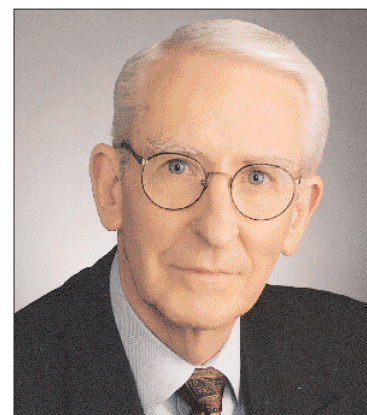
"With Citibank as the service

■ TEAM BUILDING IN HAWAII, PAGE 24

provider for our credit card program, we are assured that our members will receive the highest quality service available," said Dr. John S. Zapp, ADA executive director and chairman of the FINCO board of directors.

Mellon announced in January that it was seeking a buyer for its credit card portfolios, mortgage business and network services transaction processing unit. The agreement with Citibank involves only the credit card and PCL portfolios.

"As part of our original agreement with Mellon," Dr. Zapp noted, "FINCO was intimately involved in



**Dr. Zapp:** Citibank represents 'highest quality service.'

the sale of the credit card portfolio. In addition, FINCO was solely responsible for the selection of a new financial services provider."

Working with Mellon, FINCO helped develop a request for proposals sent to more than a dozen financial services firms, a field later narrowed to six finalists.

The sales agreement with Citibank will close March 31, and the transition from Mellon to Citibank will be

See *CITIBANK*, page 14

*Medicaid access program taps cooperation for results*

By Daniel McCann

Spokane, Wash.—Five years ago, officials here from organized dentistry, government, public health and academia sat down together with hopes of devising a plan that would increase access to dental care for the area's youngest, and most vulnerable, Medicaid recipients.

In some parts of the state, they knew, less than 20 percent of eligible children were seeing a dentist at least once a year.

They also knew that dental

See *ACCESS*, page 20

# Fulbright Awards available to faculty, dentists wanting to lecture, do research internationally

Washington—Opportunities for lecturing or advanced research in nearly 130 countries are available through the 2000-2001 Fulbright Awards to college and university faculty and professionals outside academia.

U.S. citizenship and a Ph.D. or comparable professional qualifications are required. For lecturing awards, university or college teaching experience is expected.

Foreign language skills are needed in some countries, but most lecturing assignments are in English.

Application deadlines are:

- May 1 for distinguished Fulbright chairs in Europe and Canada;

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- Aug. 1 for lecturing and research grants in academic year 2000-2001;

- Nov. 1 for international education and academic administrator seminars;

- Jan. 1, 2000, for NATO advanced research fellowship and institutional grants

For more information, contact the U.S. Information Agency Fulbright Scholar Program, Council for International Exchange of Scholars, 3007 Tilden St. N.W., Suite 5L, Box GNEWS, Washington, D.C. 20008-3009; phone, 1-202-686-7877; or visit their Internet site at "http://www.cies.org". Use this e-mail address for requesting application materials only: "apprequest@cies.iie.org". ■

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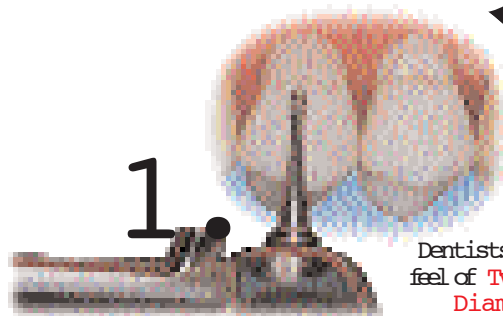


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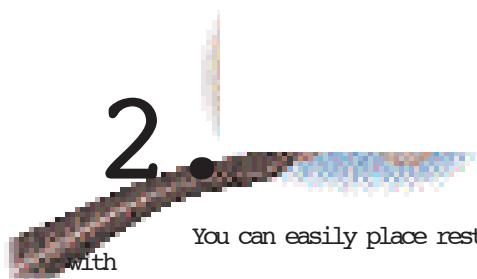


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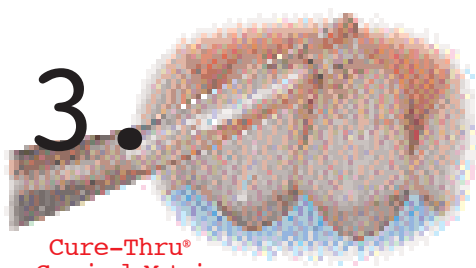
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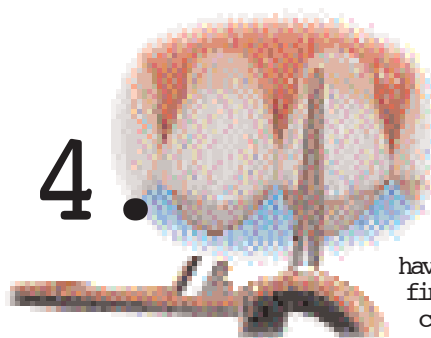
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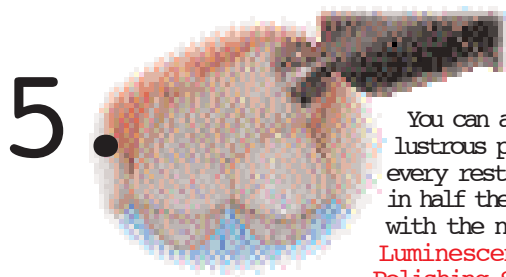
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<sup>1</sup> An Evaluation Of Operator Preference Of Diamond Burs In Coronal Tooth Preparation, Bernard Cohen, D.D.S., John F. Bowley, D.D.S., M.D., University of Nebraska, Medical Center College of Dentistry, Paul J. Sheridan, D.D.S., University of Missouri, Kansas City School of Dentistry, Comp. of Cont. Ed. in Dent. Feb. 1997 • <sup>2</sup> Independent Research Organization



# New guide promotes DR to buyers

By Laura McKee

It's never been easier to promote dental benefits.

Not only has the ADA recently published a new buyer's guide about direct reimbursement, it's distributing the guide, along with its other benefits materials, free of charge to state dental societies.

Dentists can obtain copies of these materials by contacting their state dental societies.

In the past, the ADA's Purchaser Information Service charged states bulk rates for its dental benefits brochures, booklets, kits and bill stuffers.

The new publication, "A Buyer's Guide to Dental Benefits," is a colorful 12-page booklet that educates benefits purchasers on options in dental benefits plans.

Specifically, the publication addresses a variety of issues, including why companies offer dental benefits, the differences between medical and dental care, things to look for in a



dental plan, who should be covered, various dental plan types and the ADA Plan Analysis Service. The booklet also includes a glossary of terms.

It is designed to educate benefits decision-makers on the variety of dental plans available to them in order to help them find the one that best meets their needs, said Tom Killam, PIN-

SERV manager.

PINSERV evolved from an ADA House of Delegates resolution calling for the ADA to "engage in an aggressive program to educate prospective purchasers to the advantages of dental benefit programs that are compatible with private practice, fee-for-service dentistry, and freedom of choice."

The purpose of the service is to help both employers and employees understand the issues involved in purchasing and using dental benefit plans so that they can make informed decisions.

Although the ADA provides this service for employers considering any dental benefit plan, direct reimbursement is the Association's preferred dental plan model.

DR is a self-funded program in which the individual is reimbursed based on a percentage of dollars spent for dental care provided. The ADA supports DR because it assures that group members may go to the dentist of their choice and because 90 to 95 percent of all the money spent goes for dental care.

"While the Association promotes direct reimbursement as the preferred method of financing dental treatment, we realize that DR may not be the right choice for every company," said Mr. Killam. "In keeping with PINSERV's mission to educate employers about the variety of dental plan types in the market, we feel that this new booklet is a valuable resource to assist them in making better informed decisions," he said.

Copies of "A Buyer's Guide to Dental Benefits," have already been sent to more than 500 companies that have asked the ADA for benefits information. ■

## ADRP awards cash, prizes to brokers for DR promotions

Even as last year's winners are still basking in the glow of their victory, the Alliance for Dental Reimbursement Plans is planning its next DR sales competition.

The ADRP began the contest last year to promote the sales of direct reimbursement plans.

Last year's grand prize winner received an all-expense-paid trip for two to Napa Valley, Calif., for selling enough DR plans to result in the highest number of employees covered. The winner, Jonathan Hogge, of San Diego, also received \$1,000 for his fourth place for greatest number of DR plans sold.

Scott McGraw and Jan Mock of Financial Designs Ltd, Denver, received the second place price of \$2,500 for the second highest number of total employees covered.

Cork Coyner and Jon Swan of Benefits Administration Inc., Richmond, Va., won \$1,000 for third place.

The contest helped generate interest among brokers in direct reimbursement as well as get plans sold.

"And it was our way of telling the brokers, 'We appreciate you and we're behind you,' " said Philip Pfeifer, associate director for ADRP. "It was a big 'Thank you.' "

It was so successful that Mr. Pfeifer said as long as the ADRP exists there will be DR sales contests.

The 1998-99 DR Sales Contest will be similar to the 1998 Sales Contest with two exceptions: The qualifying period, Aug. 1, 1998, to July 21, is one full year compared to the 1998's contest of six months. Second, all prizes will be in cash.

The top prize will go to the broker who sells plans covering the highest number of total employees. Brokers who sell the greatest number of DR plans will also win prizes.

All winners will be recognized at DR Days '99, to be held at ADA headquarters Aug. 27-28. ■

# VIEWPOINT

LAURA A. KOSDEN, *Publisher*DR. LAWRENCE H. MESKIN, *Editor*JAMES H. BERRY, *Associate Publisher,*  
*Editorial*JUDY JAKUSH, *ADA News*  
*Editor*

## MY VIEW

# Future of dentistry is bright

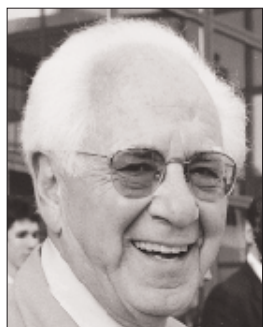
The new millennium is approaching, and the outlook for the dental profession is excellent. It is currently rated excellent to good by more than 78 percent of the American public. The quality of care patients receive is rated similarly by more than 86 percent of respondents. Freedom of choice and the willingness to pay more was supported by 66 percent of those polled; 94 percent say it is safe to go to the dentist; and 86 percent say they note the precautions taken to protect them.

In 1995, expenditures for dental services were less than 5 percent of the total health care cost. These figures indicate that dentistry is its own managed care company with an A-one reputation. So far, so good, it might be said.

But—and it is a big But—can we rest there? Should we be smug and complacent? It is quite obvious we cannot! We have seen what has taken place in the medical arena, and it is not a pretty picture. From the loss of market share

of members belonging to the American Medical Association to the formation of megalithic managed care entities that have impacted severely on both the economics and the patient care aspects of medical practice a clear message has emerged that must be heeded and learned from the fullest degree.

Dentistry is still being equated with medicine by purchasers of benefit plans and by administrators of medical management companies through ignorance of the distinct differences that exist between the professions. It is this image that must be reconfigured if dentistry is to remain almost completely free of the fetters of managed care and to continue its relative independence.



**Howard I. Mark, D.M.D.**

It is up to each one of us to see to it that the public's perception of dentistry as a dedicated, caring and ethical profession does not alter. None of us likes what is occurring in the health care marketplace. There are forces at work that may be beyond our power to negate in the short term, but it is, in reality, the long term we need to consider.

We need to continually maintain and update our image; treat individual patient's needs uniquely; devote the necessary time to each of them; and continue our high standards of excellence so painstakingly achieved. Backlash is already mounting on the medical side of the equation—this can only rebound in our favor if we act appropriately and with intelligence.

While we may seem to be powerless because of misconceptions as to who are and where we fit in the health care equation, by bringing the consumers of dental care and legislators into the picture on our side, the scales can be tipped in our favor. Legislation is already on the books or is being developed that is

*See MY VIEW, facing page*

## LETTERS *policy*

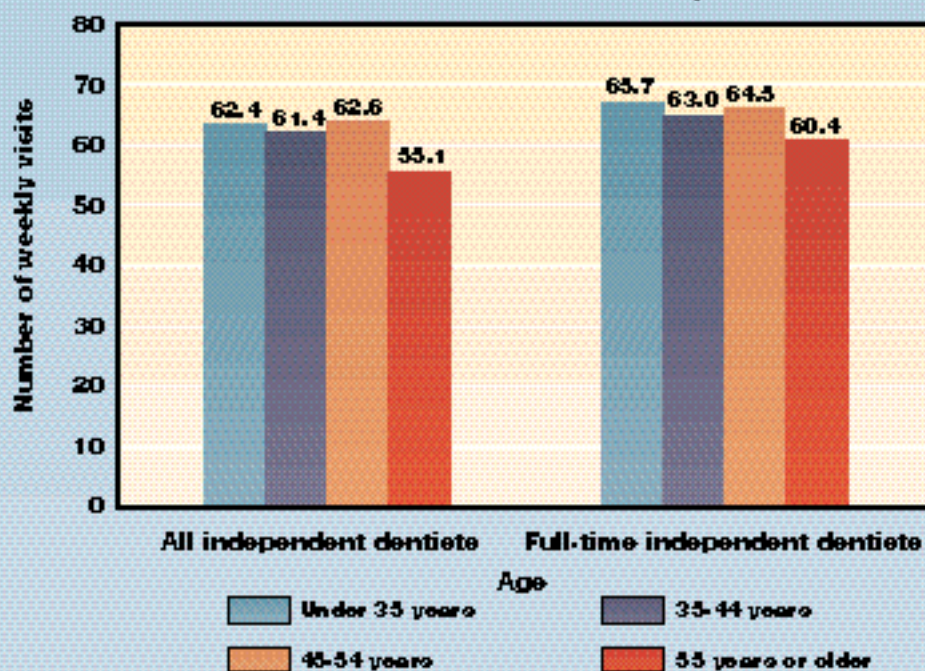
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*Snapshots of American Dentistry*

## Patient visits

The average number of patient visits treated per week among full-time independent dentists was higher than among all independent private practitioners. The average number of patient visits treated per week by full-time independent dentists who were less than 35 years old was higher than the average for all independent dentists in that same age group.

Full-time dentists treat more patients



Source: ADA Survey Center, 1996 Survey of Dental Practice

## LETTERS

### Cancer treatment

A few years ago I was called as an expert witness in a case which involved a head and neck surgeon who completely mismanaged the dentition of a patient. The attorney for the surgeon yelled irately into the courtroom: "What does that man have to do with cancer? He is only a dentist!" Unfortunately, that view still prevails widely among laypeople and professionals alike.

The article on the "Dental Role in Cancer Care Targeted" in the Feb. 8 ADA News is very timely and to the point. For 30 years I have worked in a Comprehensive Cancer Treatment Center (Roswell Park Cancer Institute, Buffalo, N.Y.) as a maxillofacial prosthodontist and dental oncologist. It did not take me long to recognize that cancer and cancer treatment have profound effects on the oral structures and the oral environment in general. As a result, we included lectures on the subject in the dental school oral pathology curriculum. I have also published many articles on the subject in dental and medical publications. Unfortunately, we are still preaching to the converted most of the time. While the radiation therapists and the medical oncologists, especially those who treat patients with chemotherapy and subsequent

bone marrow transplants, recognize the value of pre-therapy, during and post-therapy oral care, many other oncologists still hold the view of the attorney in the above mentioned court case.

My colleagues and I are frequently called when things have gone out of control that could have been prevented,

I am glad to see that an effort is being made to create greater awareness of the relationship between oral health and cancer care. The target of this awareness campaign should be the oncologists and insurance companies.

*William Carl, D.D.S.*  
*Buffalo, New York*

**Editor's note:** The Feb. 8 article focused on a new cancer care awareness campaign for patients and professionals entitled "Oral Health, Cancer Care and You: Fitting the Pieces Together." Campaign materials are available from the National Oral Health Information Clearinghouse; Attn.: OCCT, 1 NOHC Way, Bethesda, Md., 20892-3500; toll-free phone: 1-877-216-1019; Internet: "http://www.aerie.com/nohicweb" and e-mail: "nidr@aerie.com".

### Battling the odds

I found the comments by Dr. Timothy Rose, the ADA president, regarding the need for oral health care awareness as it pertains to patients with cancer (as well as other patients with medically compromising conditions?) to be long overdue.

I wonder, however, if he is truly  
*See LETTERS, facing page*



ed, or at least reduced in intensity, by pre-cancer therapy intervention.

Since my early days as a dental oncologist, I have always felt that oral maintenance should be part of a patient's cancer therapy and not a separate entity. I have written many letters to insurance companies explaining the interrelation of dental and oral soft tissue pathosis and cancer therapy only to have the issue dismissed as "that is a dental problem and has nothing to do with cancer."



## LETTERS

*Continued from facing page*  
aware of the “tremendous educational” effort that will be needed.

I have been asked to assist in the dental treatment planning for many cancer patients and trying to educate ill-prepared health professionals for a number of years. I have had dentists tell me they are not comfortable treating cancer patients because “they are not really sure what dental treatments might be most effective.” I have had dentists tell me they did not wish to provide dental health care for patients with cancer because their office schedules were such that the “needs of the patients might exceed available office time.” I have had medical oncologists tell me they saw no reason for a dental health professional to be involved in the care of their cancer patients.

I have had medical insurers tell me medically directed dental care is a dental problem and not provided for in most medical benefit plans. I have had dental insurers tell me medically directed dental care is a medical problem and not provided for in most dental benefit plans. I have had insurance examiners tell me, “You are naïve to assume you will ever be financially compensated for any medically directed general dental care.”

I have written to local dental schools and suggested they include in their student education some information relating to appropriate and practical general dental care for medically compromised patients. The schools did not respond or even send me an acknowledgement of the suggestion.

To put it simply, I do not think the National Oral Health Information Clearing House will be of much value until the dental profession, the medical profession and the insurance industry get their house in order and acknowledge the problem and the benefits of a combined effort.

*Jordan M. Kempler, D.D.S.  
Park Ridge, Ill.*

## MY VIEW

*Continued from facing page*  
concerned with patients’ rights; with directives regarding the total disclosure of alternatives; and the dissemination of knowledge as to the workings of these entities. Because of dentistry’s balance toward primary care; because we already have in place the best gatekeeper orientation; and because we have done a relatively good job of keeping costs under control, we stand the best chance of not experiencing the debacle of medicine.

Not one of us can second-guess what will take place over the next 10 years. In my estimation, dentistry is a wonderful and rewarding profession that will enter the next millennium viable, vigorous, satisfying and challenging because of new technologies and biomaterials yet to come. There will be new frontiers to cross that we have not even begun to dream of—the true Golden Age is ahead! Let us stay united, speak as one profession, keep our sights and our ethics high, and dentistry will emerge even stronger than ever!

And our children will see it as a wonderful and meaningful career choice! Just ask me—I know what it is to have two offspring choose this path!

*Dr. Mark is editor of the Connecticut State Dental Association Journal. His comments originally appeared in the Winter 1997 issue of that publication.*

## Professional oaths

Thank you for reprinting Dr. Henry J. Heim’s article in the Jan. 11 ADA News regarding professional oaths.

In 1996, the dental and dental hygiene graduating classes at the University of Louisville adopted an oath which has become part of our ceremonies ever since. It was based upon one adopted by the Harvard School of Dental Medicine and the Harvard Medical School classes of 1994. It is printed in the convocation program.

I believe that the points made in this oath incorporate all ethical issues of importance to the practice of a health profession today. The ADA’s Dentists’ Pledge does not go as far, in my opinion, but does add the ADA’s Principles

of Ethics and Code of Professional Conduct to the text which would wrap up items not specifically mentioned.

If an oath were adopted by all graduating classes from our dental schools, it would help set the moral compass of our new dentists for the future. Something should be done to bring this about in the schools, which do not have an oath as part of their ceremonies. It is expected by the public that we have sworn an oath upon entering the healing professions.

*Lawrence Gettleman, D.M.D.  
Professor of prosthodontics  
and biomaterials  
University of Louisville School of Dentistry  
Louisville, Ky.*

## Serious issue

I enjoyed (and was dismayed at) the article by Dr. Robert E. Horseman (“Silence of the Lambs II, Feb. 8 ADA News). He’s very insightful and on target, with a good sense of humor, to boot!

It seems odd that corporate America’s dental management service organizations and other “group” practices can fix prices from here to breakfast with zero repercussion.

However, let solo D.D.S.s plus solo D.M.D.s consolidate their fee schedules and all hell breaks loose from U.S. Injustice Department with the ADA cabooing and endorsing behind. What gives?

*Ronald K. Miller, D.D.S.  
American Falls, Idaho  
See LETTERS, page six*

LETTERS

Continued from page five

Too much caution?

Needless to say, Dr. Horseman’s wit and satire is without peer; certainly in the dental community. Unfortunately, it is obviously wasted on the cabal that makes up the Dental Association.

They took the time to wag their finger at the membership by publishing not only a disclaimer for Dr. Horseman’s opinion, so humor-

ously couched, but also warning the common, childlike members “from taking any unlawful collective action.”

Jerome Weinberg, D.D.S.  
Montrose, Calif.

**Editor’s note:** In addition to keeping the members informed, the ADA Legal Division advises that editor's notes also help make certain that government enforcement agencies do not misinterpret the members' opinions.

Tongue in cheek

I read with amusement Dr. Horseman’s “Silence of the Lambs II” viewpoint. It’s always a bit difficult to decide just how far in

cheek his tongue is, so I’m not sure if he’s really concerned or just having a little fun.

A couple of months ago I got a bulk mailing with the cover showing a series of stock charts, generally emulating the market prior to October of last year. The headline was “Update: Growth Rates Of Dental Management Companies Confirm Projection That 60 Percent Of Private Dental Practices Will Be Bought Or Closed Within 10 Years,” and it was followed (in smaller print and with less aggressive use of capital letters) by words to the effect that 119 more DMC’s had double- and triple-digit growth rates.

Well, that got my attention. I mean, I’m always on the lookout for a good investment. If these things are doing so well, it’s time to buy in while share prices are still low. So I got on

the computer and began looking up information about these 130 stocks. After some work, I downloaded basic charts and price information for seven companies. Hmmmm. These stocks generally looked like the market from September through November of 1998—a big spike in trading at the initial public offering, then a precipitous price drop. Funny thing, though—whereas the market generally went back up, these stocks didn’t—they just kept dropping, or muddled around below their IPO price. With a couple of exceptions, they looked like real dogs—the sort of stock you’d advise your ex-spouse to buy if it was a nasty divorce.

This didn’t correspond very well to those charts on the front of the brochure, and I was wondering if I should complain to the Truth in Advertising people. The trick, though, is to realize what double-digit growth in revenues means. If you’re a small DMC buying up crummy dental practices, and you only own nine, when you buy your 10th office you’ll have an 11 percent increase in revenue—even if all the patients leave, they’ll be back at least once. It doesn’t matter if you paid double the value of the practice, and financed it at 20 percent interest, revenues will still be up over 10 percent . . . double-digit revenue growth. If you’re a small DMC and have just started buying practices, it’s not unrealistic to suppose you’ll have twice as many offices in your second year as your first year—that’s a 100 percent increase in revenues, or triple-digit growth.

Now, I have no doubt that some of these companies really are good investments, and have figured out how to gobble up dental offices while making a huge profit for stockholders. Of the big seven, though, two showed a loss on the year, and five were trading near their 52-week low. OCA and DENT weren’t doing too bad, so if you’re looking for a hot stock tip, this is as close as you’ll get in ADA News—although at a P/E of 25, these are no bargains, they’re just the only ones that aren’t real dogs. So should we be running scared by DMC’s or are they even a threat? I think it’s too soon to tell. The market doesn’t seem to think they’re the next Microsoft, at least. So next time you get a flyer from the Practice Builder Association labeled “Urgent!” take a close look at the graphs on the front before you send them your money. You might want to spend the bucks on Standard and Poor’s subscriptions instead!

David T. Chuljian, D.D.S.  
Port Townsend, Wash.

Not enough time

ADA News is to be commended for publishing the Feb. 22 letters which were highly critical of ADA leadership. The News is further to be commended for the forthright and revealing (I hope) responses of ADA President S. Timothy Rose.

Those of us who watched, and remember, the “60 Minutes” “expose” on amalgam some years ago will recall that the ADA’s spokesman was interviewed on the subject for some 90 straight minutes, yet the program when aired showed various five-second and six-second excerpts, all of which when taken in toto gave a most unflattering view of our profession and our professional organization.

Similarly, Dr. Rose states that he was interviewed for a full 100 minutes, yet that of this tape footage only 25 seconds was broadcast.

I would hope that those of us who are so quick to criticize ADA leadership would take comfort from learning all the facts and place blame where it belongs.

Unfortunately, we in the profession have no control over how our comments will be edited to serve the needs of those who choose to present a biased viewpoint.

John Allan Bier, D.D.S.  
San Francisco

WASHINGTON

# Draft legislation eyes collective bargaining rights for doctors

By Craig Palmer

Washington—The Association offered support March 2 for draft “market friendly” legislation giving dentists and other health professionals collective bargaining rights with insurance companies and health plans.

“We are pleased to support your bill,

although there are some provisions that we believe need to be further clarified through hearings and debate,” ADA President S. Timothy Rose told the bill’s chief sponsor, GOP Rep. Tom Campbell of California. Rep. Campbell has not yet introduced the draft Quality Health Care Coalition Act of 1999. The Associ-

ation reviewed similar legislation offered in the last session of Congress and referred it to the House Judiciary Committee.

Rep. Campbell and his staff offered the Association an opportunity to review draft legislation intended to give groups of health professionals, whose collective action might other-

wise run afoul of antitrust laws, the right to engage in negotiations with insurers and health plans.

“We are very enthusiastic about this concept,” Dr. Rose said in a letter to Rep. Campbell.

“With the opportunities afforded by this act, dentists will, for example, be able to directly negotiate contractual terms with insurance companies as well as federally regulated plans, which are governed by the Employee Retirement Income Security Act of 1974 (ERISA), to enhance the doctor-patient relationship,” said the ADA president.

“This market-friendly approach will allow practitioners to target specific problems and develop solutions consistent with better patient care.”

The Association also commended a provision in the draft bill “that would protect health care professionals who choose in good faith to take advantage of their right to bargain collectively

**“WITH THE OPPORTUNITIES AFFORDED BY THIS ACT, DENTISTS WILL, FOR EXAMPLE, BE ABLE TO DIRECTLY NEGOTIATE CONTRACTUAL TERMS WITH INSURANCE COMPANIES.”**

by prohibiting potentially burdensome liability.

“As you know, the mere threat of excessive civil and criminal penalties will have a chilling effect on the professionals who would otherwise choose to exercise their rights under the provisions of this bill,” Dr. Rose wrote.

Dr. Rose thanked the California congressman for taking the initiative on legislation to permit health professionals to discuss issues of equity and patient care “on a more equal footing” with health plans. The letter did not specify any of the provisions that might need clarification at congressional hearings.

Dr. Rose also represented the Association at a Feb. 19 public hearing on administrative ERISA reform proposals to require employer-sponsored health plans to provide better information on how benefits are determined and faster responses when claims are denied. ■

QUERY

Stories sought from 100 years ago in dentistry

Did you have a family member who was a dental practitioner at the turn of the century? If you would like to share his or her story about the days of dentistry when men wore derby hats and women carried parasols, we're all ears.

Please contact Clayton Luz, senior editor, ADA News, by telephone at 1-312-440-2793 or by e-mail at "luzc@ada.org". ■



WASHINGTON

Tax

Continued from page one

- They cited:
- the ADA Seal of Acceptance program, which has helped consumers and dentists identify safe and effective oral health care products since 1931;
  - the ADA Health Foundation Paffenbarger Research Center, which played a major role in developing the modern high-speed dental hand-piece, the panoramic X-ray, dental sealants and tooth-colored filling materials;
  - ADA Health Foundation support for

research projects and charitable activities such as the “Special Smiles” program which provides oral health care services to athletes at Special Olympics events.

A separate letter to members of Congress and organized by the American Society of Association Executives included the ADA and 36 mostly local dental societies as signers among 2,700 organizations opposing a tax on association revenues.

Additionally, 28 bipartisan members of the 39-member House committee charged with writing tax legislation sent their own letter of opposition to the Ways and Means Committee leadership, Chair Bill Archer, Texas Republican, and ranking Democrat Charles Rangel of New York. The committee opened hearings on the proposal March 11 and encountered sharp opposition from dental and other associations represented by the ASAE.

“If enacted, this proposal would jeopardize the very financial stability of many organizations,” the president and chief executive of the ASAE, Michael Olson, testified. Associations with operating budgets as low as \$200,000 a year would take a tax hit under the administration plan, he said.

Under the proposal, the first \$10,000 an association earns from interest, dividends, capital gains, rents and royalties would not be taxed. All income over \$10,000 would be subject to the unrelated business income tax.

Associations, non-profit business leagues, chambers of commerce and professional sports leagues covered by section 501(c)(6) would be subject to taxes on their net investment income at applicable corporate tax rates.

The Clinton administration budget proposal aroused a storm of association opposition including dental and dental-related associations whose members are involved in virtually every aspect of dental practice.

The March 12 dental organization letter to members of Congress voiced “strong opposition” and said the proposed tax “would reduce or even eliminate some of the services we provide to the American public and member dentists. Many of these services directly improve oral health care for millions of Americans as well as promote the art, science and profession of dentistry.”

The letter cited \$200,000 worth of Virginia Dental Association services last year to needy elderly and permanently disabled persons. An ADA poll of the profession’s state societies indicated nearly 15 percent of their gross revenues would be lost if the tax were approved by Congress, the letter said.

Dental associations rely on the targeted income to carry out standard-setting and other economically and socially important activities, said ADA Executive Director John S. Zapp.

“The administration has no idea of the ramifications of this ill-conceived tax,” said Dr. Zapp. “It is no surprise that dental associations, whose members support these vital community efforts, see this at best as a penny-wise tax that will end up being pound foolish and urge Congress to reject it.”

The Treasury Department estimates the new association tax would raise \$1.4 billion over five years. The associations that would have to pay the tax pump billions of dollars into the economy, create hundreds of thousands of jobs and provide health insurance and retirement savings for millions of Americans as well as member education and training, public information, community volunteer and standard-setting services, the ASAE told Congress. ■

CORRECTION

Dr. Charles R. Hall is president of the American Academy of Pediatric Dentistry. His title was misidentified in a letter to the editor from him that was published in the March 8 ADA News. The ADA News regrets the error. ■

## TOBACCO WATCH

# Health agencies light fire under FTC to promote cigar labeling

By Clayton Lutz

Washington—The labels are coming, the labels are coming—maybe.

The Federal Trade Commission, facing increased pressure from government health officials and anti-tobacco proponents, likely will begin a rule-making proceeding aimed at adopting regulation mandating that cigar products contain warning labels similar to those found on cigarettes and spit tobacco advertising and packaging.

“There is no safe form of tobacco,” said Surgeon General David Satcher, M.D. “We should require the same sort of warning labels on cigars that we already require on other product packages of cigarettes and spit tobacco.”

The surgeon general’s comments come in the wake of two studies released in February by the Department of Health and Human Services that suggest cigar use among minors partly has increased because cigars face less regulation and oversight than other tobacco substances.

One study examined patterns of cigar use, such as initiation, frequency, motivation and influences among participants and their peers.

The study reports that 19 percent of the teenagers who participated in the study admitted to having smoked a cigar within the past 30 days. Half of the smokers said they expected to be cigar users five years into the future.

The second study on federal and state enforcement and regulation reported that state level enforcement is uneven and is generally given a lower priority than enforcement of unlawful cigarette and spit tobacco sales.

According to that study, half the states are unaware of the ease with which minors can purchase cigars, the degree to which the use of cigars by minors is a problem, and the health risks caused by cigar smoking.

The studies’ findings lead Dr. Satcher to conclude, “The absence of such a warning on cigars could lead consumers to erroneously (decide) that cigars do not carry health risks.”

Robert Pitofsky, chairman of the FTC, early

this year agreed that mandated cigar health warnings are warranted, fueling speculation that the commission will soon pursue a rule-making proceeding.

Presently the only federal monitoring mecha-

nism is through a provision of the Public Health Service Act known as the Synar Amendment, which requires states to conduct yearly, random, unannounced inspections of vendors to measure tobacco sales to minors. ■



## ADA policy on health risks of tobacco cited

The ADA views tobacco use as the enemy of good oral health and has a long history of fighting tobacco use. In 1964, the ADA first adopted policies to discourage tobacco use and to help dentists educate their patients about the dangers of tobacco use.

The Association supports the regulations adopted by the Food and Drug Administration to regulate tobacco products, categorize nicotine as a drug and restrict access to the products by children. The ADA urges federal and state governmental leaders to strengthen and expand their roles in tobacco-use education, prevention, research and cessation efforts.

For more on the ADA’s views on tobacco use, visit ADA ONLINE, the association’s web site, at “<http://www.ada.org/news-rel/9704/nr-.01html>”. ■



**Plan in hand:** Bud Crouch (left) guides dental society leaders (above) on how to work as a team.

# State, local dental leaders gather in Chicago

Fourteen constituent societies and 12 components participated in the Chief Staff Executive/Chief Elected Officer (CSE/CEO) Forum, held March 5-6, at ADA headquarters.

The participants from each dental society included the president and/or the president-elect along with the executive director.

The purpose of this highly interactive session, which was open this year for the first time to component dental societies, was to build and strengthen the teamwork between the dental society's elected leader and executive staff.

Those attending participated in exercises including personal assessments and mini-surveys about their dental societies.

The CSE/CEO Forum was again led by Bud Crouch, president, Innovations Plus, Langhorne, Pa., a specialist in association management strategic planning and leadership development. ■

## Citibank

*Continued from page one*  
completed by the end of August. Mellon will continue to service existing ADA 1 Plan credit card accounts until then.

At the outset, new credit cards will be issued to new customers only. Existing cards will be retained until they expire. With this agreement, Citibank will become the world's largest issuer of credit cards, edging previous front-runner First USA.

"Our members will experience a completely seamless transition," said James H. Sweeney, FINCO's chief executive officer. "I think, too, that members will be pleased with Citibank's flexibility and its impeccable record of service."

Among other services, Citibank will offer ADA members "state-of-the-art technology features such as online service and credit decisions," said Thomas G. Anderson, president of Citibank affinity cards.

Citibank is part of Citigroup, the world's largest financial services institution, with 100 million customers in 57 countries, including 43 in which bankcards are offered.

"As an affinity partner of Citigroup," said Mr. Anderson, "the ADA will profit from the size, experience and global reach of the corporation—but you will not be lost amid the scale of our operations."

Recognizing that "close, customized, personalized attention is critical to achieving success in the affinity card business," Citigroup maintains a "specialized strategic business unit" to manage its affinity card operations, Mr. Anderson noted.

He said that specialized business unit, located in Newark, Del., "has a single focus—to develop and manage world-class affinity card programs."

Citigroup's existing affinity customers and co-brands include the American Bar Association, Sony Electronics and the Citibank Advantage card with American Airlines.

"By merging size, technology and marketing skill to manage affinity relationships," said Mr. Anderson, "Citigroup's programs outperform industry performance standards in generating and retaining satisfied customers. The ADA will receive the benefits of this proven ability." ■



## Focus

# Prepare your practice for new millennium

*Best time to prepare your dental office for new year is now*

By Laura McKee

**B**y now you should know how to prep your dental office for the coming millennium. Articles appearing in the ADA News, Journal of the American Dental Association and on ADA ONLINE have clued you in.

In short, they have instructed those of you with older computer systems (10 years or more) to contact your vendors to see if they

will support Year 2000 upgrading. If they will, great. Follow their instructions and you'll be fine.

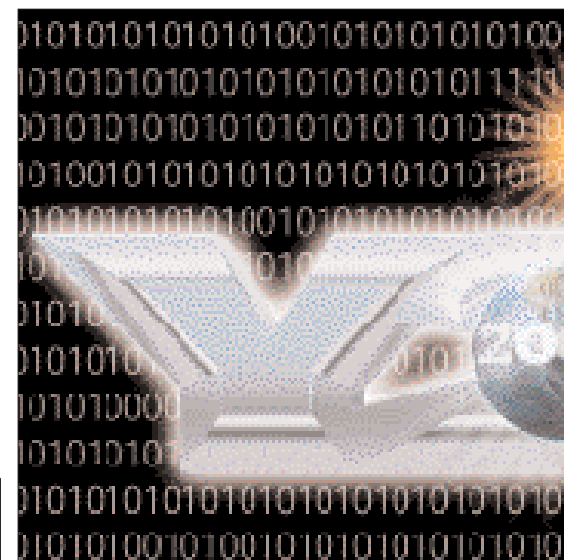
If they don't, invest in a new system and software.

While you're at it, make sure your other office supplies, including copiers, fax machines and clinical devices are also upgraded.

Finally, ensure that external systems, including environmental control, security systems, sup-

pliers and laboratories are equally as modern.

But watch out. Most of the time, upgrading or purchasing new equipment will go smoothly. But according to Robert Lapp, Ph.D., ADA Dental Informatics director, there have been cases of dentists being charged excessive amounts to become compliant. And in at least one case, a dentist purchased a new computer system to ensure that he would be as up-to-date as possible only to find out that the system he



bought in 1998 wasn't Y2K-compliant.

Dr. Lapp estimates that software upgrades should not cost more than about 20 percent of the software's current price. "If you spent \$5,000 on your practice management software system, plan to spend up to \$1,000 a year for support to keep your system up to date," said Dr. Lapp.

If you bought your software in 1997 and haven't upgraded since then, expect to pay about 40 percent of the software's current price for upgrades that will make it Y2K-compliant.

When you pay for upgrades or purchase a new system, be sure to get a guarantee that it will be Y2K-compliant. Also, ask what the vendor will do if the equipment doesn't do the job come Jan. 1, 2000, and get it in writing, Dr. Lapp said.

And do it quickly. It's important to realize the Y2K bug could strike you sooner than you think.

No, that's not because time flies when you're having fun. It's because if your six-month check-up notices are computer-generated, and your systems aren't Y2K-compliant, you could have problems as soon as July 1, when notices for January appointments will go out.

While navigating your way through the latter part of the 20th century, remember that the ADA is here to help you.

Last year the House of Delegates passed House Resolution 88H, calling for the ADA to continue actively helping members solve possible Y2K problems and addressing Year 2000 compliance concerns for dentists and their patients and to ensure that all ADA computer systems, entities contracted with the ADA, holders of the ADA Seal, known claims processing and dental insurance companies and dental supply houses and vendors are Y2K-compliant.

The major dental equipment vendors have told the ADA that their systems are Year 2000 compliant when updates are applied. Most offer amnesty programs for their customers who have not kept up to date.

The greatest risk to dentists is from their suppliers and payers. The ADA urges contingency plans to deal with potential delays or service failures. The Association is especially concerned about the ability of third-party payers to meet their contractual requirements for payment.

Members should also be assured that ADA systems are being replaced with Year 2000-compliant systems, which will also serve constituent and component societies.

Which is not to say it's time to take a seat on your laurels. With a few prompt steps taken now, your dental office will make a smooth transition into the next millennium. But what of the rest of your life? ■



# Safe at home?

*Depends whom you ask*

**S**o you leave your dental office shortly after midnight on Jan. 1, 2000, having just witnessed the most remarkable thing. Your computers, fax, printer and phones sitting quietly in their places, barely even noticing that a new millennium has begun.

You're happy that that "crisis" has passed. As your car eases into the driveway, you make plans to pop a video in the VCR and some popcorn in the microwave and start the next 1,000 years off right.

Wrong, says Stefan Brandle, computer science professor at Chicago's Illinois Institute of Technology. Or maybe wrong, he says.

The so-called Millennium Bug could strike anywhere. Depending on how they were programmed, simple household appliances like microwave ovens, videocassette recorders, clock radios and alarm systems might not be able to handle the dreaded "00" year configuration.

"Nobody really knows what's going to happen," Mr. Brandle said. Sometimes the manufacturers don't even know because often the same product is made with different chips, he said.

"It just depends on whether the products know the year," Mr. Brandle said, adding that those which flash "12:00" following power outages probably don't know the year and will therefore handle the new millennium just fine.

Not that it will matter anyway.

# Time

a pumpkin.

Are computer salespeople and programmers your knights on white horses? Or, can you rescue yourselves? Maybe there really isn't anything you need to be rescued from.

Chances are there is some rescuing to be done. Without taking appropriate action, basic areas of life likely would be disrupted come Jan. 1, 2000. But never fear, experts in these areas are busy working to right the wrong before it happens.

In your own life, it's wise to do the same. Take prudent action now, and you'll be able to enjoy the party, and the new year. ■

"You might not have any electricity," Mr. Brandle said. "There could be power outages."

There could be outages, said Robert Zahn, spokesman for Wisconsin Electric, but probably only if there are bad storms, floods or some drunk drives into a utility pole.

At least in the area his company covers—southeast Wisconsin and parts of northeast Wisconsin and Michigan's Upper Peninsula, power outages related to the changing year are not likely.

"We have identified and resolved any problems that could affect service," he said.

According to Mr. Zahn, of Wisconsin Electric's 119,000 imbedded computer chips, only between 1 to 2 percent had "date-related issues," and of those, none would have caused problems that would have interrupted service.

He believes the situation will be similar in other parts of the country and says whether people decide to purchase generators should

be "a personal decision and not done strictly because of Y2K."

Despite his more pessimistic predictions, Mr. Brandle is quick to advise people not to panic. Not because there will be no reason to panic, but because the panic that precedes the new millennium could wreak greater havoc than the worst computer glitches.

"But I do feel it's worth taking some precautions," he said. "It's worth assuming there could be some disruption." ■

Focus

Planes,  
trains,  
automobiles

*Will your travel plans  
change at midnight?*

By Laura McKee

Despite warnings from Stefan Brandle, computer science professor for the Illinois Institute of Technology, that cars, trains, and even planes approaching the Year 2000 could stop dead in their tracks because the computer chips in them are unable to determine the date, Kathleen Vokes, spokeswoman for the Ford Motor Company in Dearborn, Mich., says that at least those people driving Fords will be able to bypass any trouble.

“Cars should not be any problem whatsoever,” she said. “As far as we can tell, the vehicles’ computer chips are based on engine cycles and elapsed time, not on the calendar date. There should be no problem in any way, shape or form,” she said.

And Paul Takemoto, spokesman for the Federal Aviation Administration, is equally confident that planes will remain airborne even at the stroke of midnight.

But the smooth running of airplanes and the FAA’s seven lines of business, including air traffic control, security, budget, research, regulation and certification, airports and commercial space, will not come easily.

According to Mr. Takemoto, the FAA has been updating and testing its computer systems for over a year.

Testing will continue throughout the year and culminate in a final exam of sorts when FAA Administrator Jane Garvey takes an east to west transcontinental New Year’s Eve flight as a grand show of Y2K aviation confidence.

“People who say planes are going to fall out of the sky don’t know what they’re talking about,” Mr. Takemoto concluded.

Of course airplanes aren’t going to fall out of the sky, and as the familiar saying tells us, “Nothing stops a train.”

The question that remains is, where will the trains go?

Once again, Mr. Brandle pessimistically supposes that trains could falter, ending up on the wrong tracks.

“Railroad switching is tracked electronically and computers flip switches. Those computers know the times and dates,” he said.

Railway switching may be done by computer, says Chicago’s Metra spokesman Tom Miller, but it’s not date-sensitive.

“Efforts have been made to identify and make needed changes to our mainframe,” he said. “Systems were prioritized into those that could have the most critical impact, those with less critical impact and those with no critical impact.”

Moments later, after shuffling through his notes and realizing that actually there were no items deemed to have “critical impact,” Mr. Miller concluded with a confident, “we just modified some equipment and now we feel we’re in pretty good shape.”

When asked what he personally planned to do to prepare for the new year, Mr. Miller said he hadn’t given it any thought. ■

Red Cross advises people to be prepared

Some people are concerned about chaos developing around the coming new year. If they don’t directly fear computer snafus will end life as we know it, they might be worried enough panicky people could at least gum up the works for awhile.

The American Red Cross, stating that “because no one can be certain about the effects of the Y2K problem,” has developed a checklist for people to follow to prepare themselves for any possible millennium challenges.

These include stocking a week’s worth of disaster supplies such as nonperishable foods, stored water, prescription and nonprescription medications, having extra cash on hand in case computer-controlled electronic transactions with ATM cards and credit cards cannot be processed and filling your car with gas a day or two before Dec. 31.

The American Red Cross also suggests you have alternative cooking devices in case power fails, keep extra blankets and warm

clothing on hand and make sure you have plenty of flashlights and batteries. “Examine your smoke alarms now ... be prepared to relocate to a shelter for warmth ... connect what you want to power directly to [a portable] generator ... and check with the emergency services providers in your community to see if there is more information available about how your community is preparing for any potential problems,” the Red Cross advises.



# ABA: Your money is still safest in the bank

It's advice that's stood the test of time. "The best place for your money is in the bank," said John Hall, spokesman for the American Bankers Association. "Take out only as much as you'd need for any long weekend. Criminals have their own Y2K contingency plan."

According to Mr. Hall, the special Senate committee established to ensure national Y2K readiness recently rated the banking industry "at the top of the heap," in terms of preparedness.

Specifically, that means that 97 percent of all banks are already deemed Y2K-ready. Fewer

than 2 percent "need some improvement," and only 16 banks out of more than 10,000 institutions have been rated "unsatisfactory."

But, Mr. Hall stresses, "those 16 are coming fast and furious into compliance."

As Mr. Hall points out, the banking industry has a long history of dealing effectively with natural disasters, stringent emphasis on contingency planning, strict oversight by the federal regulatory agencies, ongoing banker monitoring of outside vendors and business partners, and FDIC deposit insurance coverage.

Five good reasons not to fear your money will disappear at the stroke of midnight, Jan. 1, 1999?



Yes, said Mr. Hall, adding several suggestions to ensure a problem-free Y2K experience

for you and your money:

- read the information your bank sends you about Y2K. Call the bank if you have questions;
- hold onto bank statements, bank receipts, cancelled checks and other financial records;
- if you bank on-line, make sure your home computers are Y2K-ready;
- copy important financial records kept on home computers to a back-up disk;
- do not give money to anyone who promises to "keep it safe" through the date change;
- withdraw only as much cash as would be typical for any other holiday weekend. ■

## Information is available

The ADA's Y2K information appears on ADA ONLINE at "<http://www.ada.org/adapco.html>".

White House web site is located at "<http://www.Y2K.gov>".

ADA News stories:

- May 18, 1998, "2000: Let Prompt Action Replace Fear";
- Oct. 18, 1998, "Do We Have Enough Refreshments?";

JADA CyberNews articles (also posted on ADA ONLINE):

- December 1998, "Where Will You Be in the Year 2000?";
- January 1999, "The Countdown Is on: Are You Ready for the Y2K?";
- February 1999, "A Few More Thoughts on Y2K and Other Topics";

ADA News Daily ONLINE articles:

- Feb. 12, 1998, "U.S. Dept. of Labor Urges Benefits Managers to Prepare for Year 2000 Software Problem";
- Feb. 24, 1998, "SEC Seeks Year 2000 Data from Broker Dealers and Other Firms";
- May 27, 1998, "Bill Calls for Government Assessment of Year 2000 Bug." ■

## Patient funds professorship

Chapel Hill, N.C.—A. Donald Stallings first received dental care at the University of North Carolina at Chapel Hill's school of dentistry when he was a university student and football player there in the 1950s.

Forty years later, Mr. Stallings still regularly sees his campus dentist.

Recently, Mr. Stallings and his wife, Billie, made a \$333,000 gift to create a \$500,000 professorship at the university.

The gift, which will be supplemented with \$167,000 from the state's Distinguished Professors Endowment Trust Fund, will endow the Stallings Distinguished Professorship in Dentistry.

A member of the class of 1960, Mr. Stallings played professional football with the Washington Redskins. ■

## STATES

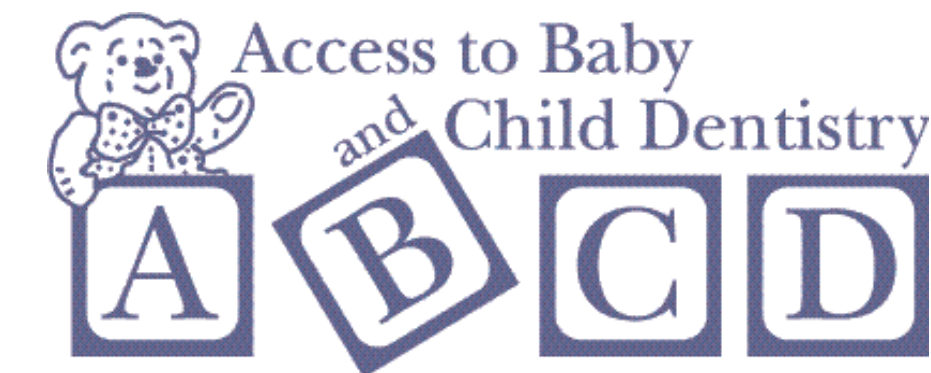
## Access

*Continued from page one*  
problems stemming from neglect accounted for thousands of hospital visits per year. (In fact, according to the state Department of Social and Health Services, 4,259 children statewide went to the hospital last year with dental complaints—at a cost of \$3,000 to \$5,000 per child.)

By targeting the youngest kids—those from birth through the age of 5—and by emphasizing prevention, the officials aimed to promote good oral health habits early and thereby head-off future problems.

Today, with their Access to Baby and Child Dentistry project in its fifth year, it's apparent that the planners have made some large gains toward their goal.

In 1996, for example, 42 percent of the ABCD children had at least one dental visit,



while just 14 percent of those not enrolled in the program went to the dentist.

What lay behind that statistic is more than an account of successful strategies to increase access to care; it's also the story of a rare partnership working to find answers to a pervasive and longstanding problem.

"I was president of the Spokane District Dental Society [in 1994] and at the time we were looking for ways to improve access in our area of eastern Washington," says Dr. Robert Shaw.

As president, Dr. Shaw attended a number of conferences throughout the state where discussions invariably turned to dentistry for the needy.

"At these meetings," he continues, "I kept running into the same people from the Spokane Regional Health District, the University of Washington dental school, the Washington State Dental Association and the state Department of Social and Health Services."

Before long, Dr. Shaw and the others were sharing ideas on the access problem. They also questioned each other and soon began to understand a bit better their respective views on the issue.

People from Medicaid, for instance, "wanted to know why dentists didn't want to see their clients," says Dr. Shaw. "They were unaware that the amount they were paying—42 percent to 44 percent of usual and customary rates for children—was below our break-even point."

Carree Moore, dental program manager with DSHS, which administers Medicaid, recalls how important it was to open the lines of communication with the dentists and others.

"Most of us didn't understand each other's missions. We had to listen to what dentists needed. They want patients who are on time, who are well-behaved and clean, and they want to be paid. They're not greedy. They don't ask for 100 percent of UCR, but they want to be paid so that they're not paying for the privilege of taking care of [Medicaid] clients."

During a casual conversation at an oral health conference in Seattle five years ago, a few dentists began to talk about a plan that could increase access and ensure the future oral health of Medicaid children.

Dr. Dale Ruemping, with the Spokane District Dental Society, remembers that discussion he had with Dr. Peter Milgrom, professor of Dental Public Health Science, and director of Dental Fears Research Clinic at the University of Washington; and Dr. Peter Domoto, associate professor and chairman of the Department of Pediatric Dentistry at UW.

"The three of us were just kind of chatting," says Dr. Ruemping, "and Drs. Milgrom and Domoto had some ideas about starting a program where we'd get children in the dental office at a very young age and really stress oral hygiene. And we'd also get paid for it."

The idea quickly caught the attention of officials at the state dental association, Medic-

aid and public health. They too saw its potential benefits and soon began to help the dentists design such a program.

First, the group decided that in addition to the usual dental services provided under Medicaid, children enrolled in ABCD would receive fluoride varnish treatments (those at high risk for caries could receive three such applications each year).

Also, dentists would use glass ionomers as sealants and fillings in children's primary teeth. And every year, families would receive instruction on good oral health habits.

The joint effort in getting the program off the ground "was a real partnership," says Michele Vanderlinde, Ph.D., the oral health supervisor with the Spokane Regional Health District. "Everybody took a component of the project and moved with it. But we also worked as a team."

Dr. Vanderlinde, in particular, helped to design and implement the outreach portion of the ABCD project.

That involved, in part, going to health fairs, food banks, Head Start offices, immunization clinics, Women, Infants and Children's Supplemental Nutrition Program offices and anywhere else they might be able to meet Medicaid parents and encourage them to enlist their children in the program.

Health district staff also provided parents with basic oral health education—proper brushing, flossing, nutrition, the dangers of baby bottle tooth decay and more.

They also stressed the importance of keeping dental appointments and of notifying the dental office 24 hours in advance of any cancellation.

In addition, parents received a checklist of pointers on protocol in the dental office. They were reminded, for instance, to bring only the child with the dental appointment to the office.

"We spent lots of time listening to parents' concerns and what fears they might have of dentistry," says Dr. Vanderlinde. "A lot of them didn't know about dentistry. We stressed prevention. And we told them that this program was not just about teeth, but rather that it is a part of total health care."

The job of recruiting dentists for the project fell to Drs. Shaw and Ruemping. "Basically, I told them how important it was that we dentists be part of the solution," says Dr. Shaw. "We have 138 members who are general practitioners, and we were able to get 100 of those to sign up for the program."

In addition, six pediatric dentists agreed to participate. Dr. Shaw adds that the Washington State Dental Association helped out by funding some of his travel to meetings and provided advice as the ABCD project took shape.

"We weren't sure we knew all the right questions to ask and other things that we needed to do, so it was nice to have them to fall back on," says Dr. Shaw.

Faculty from the University of Washington dental school pitched in by providing the gen-

eral practitioners with seminars on how to handle very young children in the dental office.

These one-day programs also included instruction in preventive education and in the application of fluoride varnishes.

Gradually, the pieces of the ABCD program fell into place: the proposed benefits, the outreach activities (including instruction in proper behavior in the dental office), the dentists' commitment and their education.

To encourage dentists' participation, Medicaid officials agreed to pay add-on fees for ABCD services. This extra money raised payments to about the 70th percentile of UCR.

Next, Medicaid people turned to streamlining the billing process. "The bureaucracy was the first thing I focused on," says Carree Moore, the DSHS dental program manager for Medicaid.

"For instance," she continues, "the state had its own unique billing form, and we switched to the ADA form real quick. Then we looked at how many state-unique codes we have, and we started using ADA coding as much as possible. I wanted my program to look as much like the major insurers as possible; it makes it easier for the [dental office] staff to bill us."

In February of 1995 the ABCD program was up and running. During its first year, 4,144 children enrolled in the project, and 37 percent of these filed at least one dental claim. By contrast, of the 14,691 kids not enrolled, only 11.5 percent visited a dentist that year.

Today, enrollment figures are near 10,000, reports Ms. Moore of the DSHS. And 42 per-

cent of those are seeing a dentist.

"That's 10,000 kids who are benefiting, plus their siblings—whom we don't count in the project—plus their parents," says Ms. Moore. "We've increased that community's awareness [about oral health]."

But has the program made a difference in these children's oral health? "I think it has," answers Dr. Ruemping.

"I have about 1,200 ABCD kids out of a total of 2,500 on welfare. And I don't think I

*See ACCESS, next page*



**Dr. Ruemping**



**Dr. Shaw**

# JADA features ABCD project

Spokane County's Access to Baby and Child Dentistry project is featured in the March issue of the Journal of the American Dental Association.

The article, titled "Improving Access for Medicaid Insured Children: Focus on Front-Office Personnel," is co-authored by Malinda Lam, Christine Riedy, Ph.D. and Dr. Peter Milgrom.

In their paper, the authors make the point that a dentist's participation in Medicaid can depend on "more complex" issues than reimbursement levels and the ease or headache of the billing process.

They cite, in particular, how staff members' perceptions and biases also can influence an office's policies.

"Regardless of the office policy," write the researchers, "many dental offices receive calls each day from Medicaid recipients seeking care. Front office staff members are faced with the daily decision to accept, reject or refer these clients. Understanding the role and views of office staff is important for employer dentists, as well as government and community leaders."

Also, an article in the October 1997 issue of JADA detailed the results of the ABCD project's first year of operation. That study, titled "Making Medicaid Child Dental Services Work: A Partnership in Washington State," was written by Dr. Peter Milgrom; Dr. Philippe Hujoel; David Grembowski, Ph.D.; and Jeanne Ward. ■



Access

Continued from previous page

do near the number of restorations on the ABCD kids as I do on the normal DSHS population.”

Dr. Shaw adds many of the ABCD children have proved to be good patients. “They understand the program and generally tend to have little decay,” he says. “They have a desire to keep their teeth, and once we have good oral health habits established, we tend to see them persist.”

Still, the ABCD program requires continual maintenance, notes Ms. Moore. Occasionally, she says, parents will take the child in for the

first visit but then they won’t be heard from again.

“The family might move without notifying the dentist, and six months go by and they’ve forgotten they had an appointment. So we need to do better at finding these families the second time around to make sure they understand that this is an ongoing process.”

“A LOT OF THEM DIDN’T KNOW ABOUT DENTISTRY. WE STRESSED PREVENTION. AND WE TOLD THEM THAT THIS PROGRAM WAS NOT JUST ABOUT TEETH, BUT RATHER THAT IT IS A PART OF TOTAL HEALTH CARE.”

Though the ABCD program was originally set to run just five years, it will be extended, says Ms. Moore, adding that it will serve as a model for similar projects this year in other Washington state counties.

“The infrastructure [for the project] wasn’t difficult,” she says.

“And the funding, using the administrative match component, wasn’t that hard to put

together. [The key] was making something that would work for the dental providers. We needed to know their needs.”

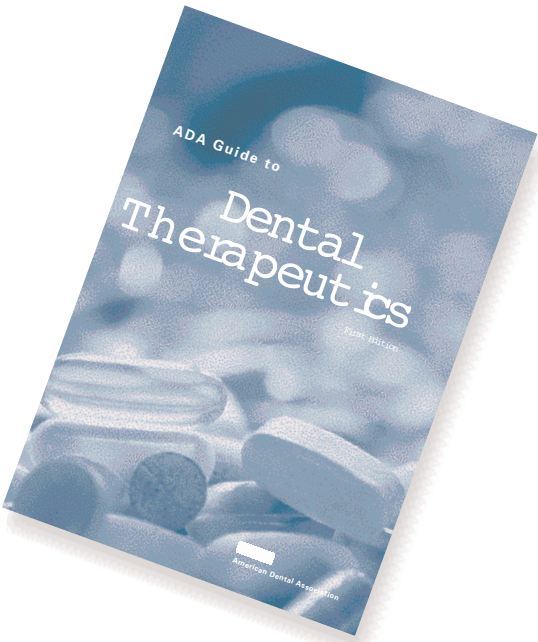
At the University of Washington, Dr. Peter Milgrom is studying the total cost of the project’s various components—outreach, dental treatment, transportation and more.

Those numbers aren’t yet available, but Dr. Milgrom knows it was more than money that made the program a success. “The first thing you need is decentralization; it has to be local,” he says. “Secondly, you have to bring to the table the kind of partnership resources that are required to solve this problem. Dentists alone can’t solve it. They deliver dental services, not social services. So if you have a population with special needs, you have to partner with

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Edited by Sebastian G. Ciancio, D.D.S., in cooperation with the ADA Council on Scientific Affairs



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Entries sought for Golden Apple Awards

For the 11th year, constituent and component dental societies are invited to submit entries for the Golden Apple Awards program.

The program, sponsored by the ADA Department of Dental Society Services offers seven different categories, some with subcategories, for dental society participation.

The seven categories are:

- legislative achievement;
- best membership recruitment and retention activity:
- excellence in dental health promotion;
- best member service/benefit;
- outstanding achievement in the promotion of dental ethics;
- achievement in dental school/student involvement;
- excellence in science fair program support and promotion.

In addition, the New Dentist Leadership Award recognizes an ADA member who has graduated from dental school on or after Jan. 1, 1990, and who has demonstrated leadership initiative.

The entry deadline is June 1.

Programs and activities must have been presented between June 1, 1998, and May 31, 1999, to be eligible.

Other eligibility guidelines vary according to category. For example, in 1999, only constituent societies are eligible to enter the legislative achievement category.

Golden Apple Awards will be presented at the 1999 ADA annual session in Honolulu in October.

For more information and an entry form, contact Ron Polaniecki, manager, Dental Society Services, using the ADA’s toll-free number, Ext. 2599. ■

ADA international directory available

The 1999 edition of the ADA International Directory of Dental Organizations is available.

The directory lists more than 220 organizations by name, address, telephone, fax and e-mail numbers.

Copies are free to ADA members; \$10 for non-members.

To request a copy, contact the ADA’s Department of International Dental Health using the Association’s toll-free number, Ext. 2726; by e-mail “[szymczyk@ada.org](mailto:szymczyk@ada.org)”. ■

## ANNUAL SESSION

# Build your team's success this fall in Hawaii

By Clayton Luz

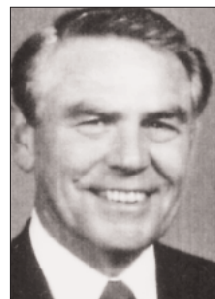
*Hawaii*—A strong dental team atmosphere maximizes each member's skills, enhances team dynamics and fosters communication.

Where can dentists develop these key ingredients to improve their practices?

At the ADA's 4th annual Team Building Conference, Oct. 8-9 from 8 a.m.-4:30 p.m., at this year's annual session in Hawaii.

Dr. P. Lindy Kell, program chair of the Council on ADA Sessions and International Programs, says there's a need for "this kind of presentation because it's one time when the dentist can get together with his or her entire staff and spend two days focusing on building a real team."

The ADA councils on Dental Practice and ADA Sessions and International Programs will co-sponsor the conference, which will feature lectures, interactive workshops, roundtable discussions and lunches with practice management consultants.



**Dr. Kell**

Dr. Charles H. Norman III, CDP chair, says the team building conference presents an opportunity for the dental team to come together and examine issues that will help them with stress reduction, enhance the delegation in the office and increase motivation.

"The unique thing about our conference and the reason it's been so successful for three years," says Dr. Norman, "is that we customize it to the participants. We evaluate the previous year's conference using a survey. We also mail those who pre-register a questionnaire about what issues they would like to have addressed at the upcoming meeting."

The Ilikai Nikko Hotel, an oceanfront resort gracing the water's edge on Waikiki, hosts the two-day conference.

Recognized worldwide as the location for the



**Team time:** Ilikai Nikko Hotel is the site of this year's Team Building Conference.

■ **MORE ON ANNUAL SESSION, PAGE 29**

opening shot of the television show "Hawaii Five-O," the luxurious Ilikai Nikko Hotel is a seashell's throw from the Hawaii Convention Center.

The hotel features a breathtaking Hawaiian torch-lighting ceremony each evening, live musical entertainment and a short walkway to Duke Kahanamoku Lagoon where Waikiki's famous beaches begin.

As Dr. Kell notes, the conference literally brings members of the dental team together. "It's almost like going to summer camp," he says of the two-day conference. "Team members break into individual groups where they can share their visions for the practice and learn tips from other dental teams. It's a nice place to interact."

It's obvious why registration numbers for the conference have increased each year since its inception four years ago, observes Dr. Norman. "It's not often at dental meetings that you hear after a long day comments like 'I can't wait to see what we have in store for tomorrow,' " he says, citing one of the many favorable comments from last year's post-conference survey.

Space for Team Building Conference IV is limited and advance registration is recommended. For more information, call 1-800-232-1432 or e-mail "annualsession@ada.org".

Regular updates on annual session events are on ADA ONLINE, the Association's Web site, "http://www.ada.org/session". ■

## Conference line-up highlighted

During the course of the two-day team building conference, the following practice management consultants are featured:

- Jennifer de St. Georges;
- Anita Jupp;
- Dr. Tom McDougal;
- Risa Pollack-Simon;
- Doug Young.

Ms. de St. Georges has been in the dental practice management field for more than 20 years in Monte Sereno, Calif.; Ms. Jupp maintains a practice management consultant business in Burlington, Ontario, Canada; Dr. McDougal maintains a private practice in

Richardson, Texas; Ms. Pollack-Simon is the founder and president of Simon Says Seminars, Inc., a management consulting firm in Scottsdale, Ariz.; Mr. Young and his spouse own a consulting and speaking company in Parker, Colo.

The conference fee is \$260 for dentists (RC2) and \$195 for staff (RC2A). On-site fees are slightly higher. Conference registrants must also register for annual session.

For more information, contact the Council on Dental Practice at 1-312-440-2895 or the Council on ADA Sessions and International Programs at 1-312-440-2658. ■



FDI

# Mexico City to host World Dental Congress

*International meeting boasts wide variety of courses for dental team*

By Clayton Luz

**Mexico City**—In Mexico you can explore warm waters, historic pyramids, cobblestone streets, snow-capped volcanoes, baroque cathedrals and tropical jungles.

And here, in the country's capital city, you can explore with more than 15,000 dentists, hygienists and other dental professionals the 1999 FDI Annual World Dental Congress Oct. 28-Nov. 1.

Held in conjunction with the XXV Congress of the Mexican Dental Association, this year's congress offers an international smorgasbord of scientific and educational programs that encompass all fields of dentistry.



## ■ FDI TOURS AROUND, PAGE 28

According to Cuauhtemoc Cardenas Solorzano, mayor of Mexico City, the congress "presents the most distinguished national and international representatives" in dentistry.

"This will be not only a propitious occasion to exchange knowledge and experiences," the mayor says, "but also an opportunity to get to know and enjoy a city with an ancient culture and one that is rich in architecture, music traditions, museums and craft markets."

The scientific program offers more than 50 courses this year, covering topics such as HIV/AIDS provision of care issues, guided tissues and bone regeneration subjects, infection control in dentistry, an update on successful crown and bridge procedures and the effects of mastication on general health.

All members of the dental team may benefit from lectures, symposia and courses tailored to their educational needs.

Forums will feature limited attendance and hands-on courses, table clinics and poster presentations. Most presentations will be in English.

The FDI World Dental Exhibition, where hundreds of national and international exhibitors will display the latest in dental technology, is only an escalator ride away from the scientific sessions.

Although many represent Mexico, other speakers will offer clinical perspectives from countries such as Belgium, Brazil, Canada, the Netherlands, Norway, Spain and the United Kingdom.

More than 120 speakers from nearly 16 countries are slated for the scientific program.

Each evening, the organizing committee has scheduled social events spanning the grand opening ceremony held in the magnificent National Auditorium to a folklorist ballet to a gala dinner/dance featuring traditional Mexican cuisine and music.

City tours will include a half-day guided

**Autumn vista:** The Independence Monument in Mexico City celebrates Mexico's liberation from Spain in 1810.

sightseeing trip that includes visits to the National Palace, the Great Temple, the Palace of Fine Arts and the National History Museum in Chapultepec Park. Other cultural excursions include the Franz Meyer Museum, the National Art Museum, the Guadalupe Shrine, the Teotihuacan Pyramids and, in the mountains around the capital city, the Cuernavaca Cathedral and Taxco silver shops.

Other tours include visits to museums celebrating national artists such as painter Rufino Tamayo and Diego Rivera, the latter at the Dolores Olmedo Patino Museum which features a collection of Rivera's photographs, paintings and even his work clothes.

The ADA and the U.S. section of the FDI also have organized tour packages for those who wish to extend their stay in Mexico. Before and after the congress, attendees can participate in excursions of the Gulf of Mexico, Colonial Mexico, the Santo Domingo Convent and Museum, Oaxaca's archeological site, Mexico-Taxco-Acapulco, and the Mayas and Mexican Caribbean.

For more information about these tours or travel arrangements, contact Tour Planners International at 1-800-535-0192. TPI also can prepare individual tour packages for interested attendees.

Registration before June 1 are \$350 for FDI member dentists, \$440 for non-FDI members, \$150 for dental hygienists or technicians and \$100 for dental assistants, office staff or students.

Registration fees after June 1 are \$420 for FDI member dentists, \$530 for non-FDI members, \$180 for dental hygienists or technicians and \$120 for dental assistants, office staff or students.

For more information about the 87th annual FDI World Dental Congress and copies of the preliminary program, contact the FDI World Dental Federation/USA Section using the ADA's toll-free number, Ext. 2727. ■



# World Congress tours delve heart of Mexico's history, Mayan sites

By Clayton Luz

**Mexico City**—Experience Mexico's rich history and culture while attending the 87th FDI Annual World Dental Congress Oct. 28-Nov. 1.

Participate in the American Dental Association and the U.S. section of the FDI's travel

program.

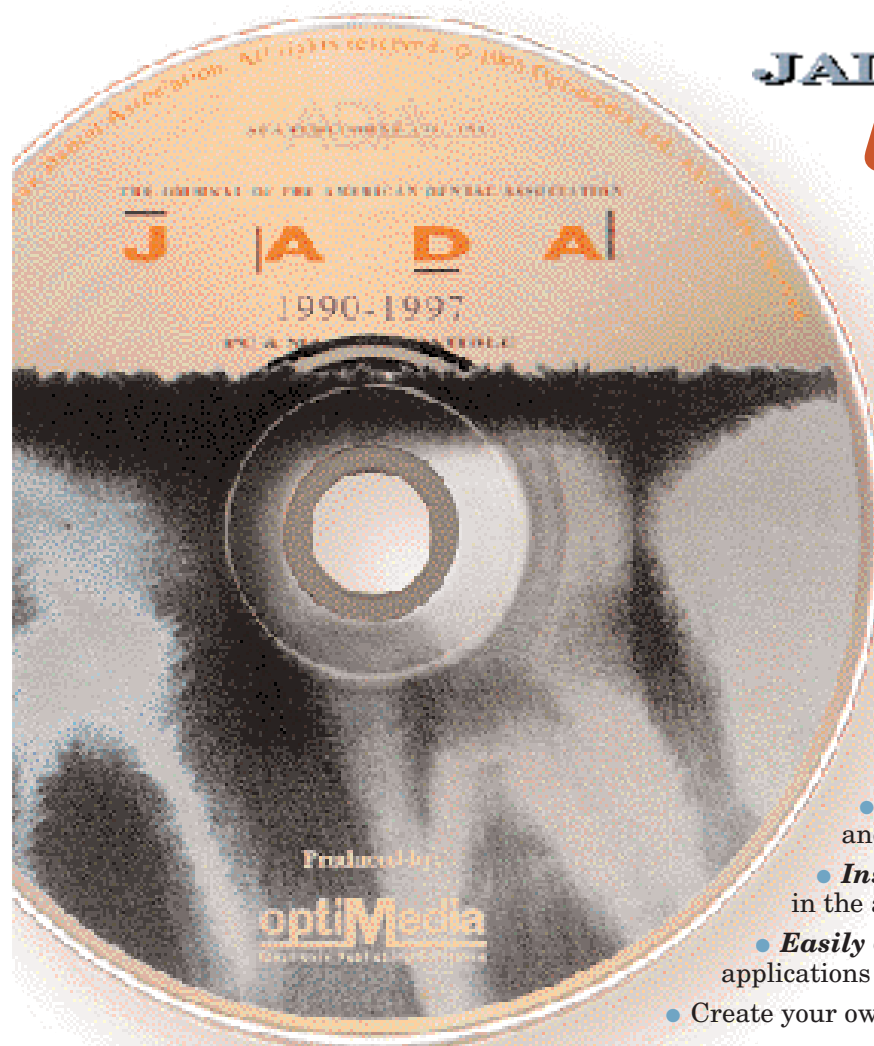
Three post-congress tours offer guests a

flavor of Mexico's exceptional beauty, vibrant history and modern legacy.

Also, a fascinating tour of the highlights of Guatemala may be



**Chichen Itza:** Temple of Warriors as viewed from top of Kukulkan Pyramid, also known as "El Castillo." This Yucatan site dates back 800 to 1,000 years and encompasses two square miles.



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added to any of the post-congress tours.

Brief descriptions of each tour package follow.

**Package A:** The Colonial Triangle. This six-day tour leaves from your Congress hotel Nov. 2 and heads north of Mexico City to showcase the country's colonial grandeur. Tour stops include an evening in Queretaro, where the Mexican-American War ended and its peace treaty was signed, two days in artist-influenced Guanajuato and a visit to Mercado de Dulces, the candy market of Morelia.

**Package B:** Mayan Magic and Mysteries. This six-day tour of the Mayan culture and history begins Nov. 2 with a transfer from your Congress hotel to the airport for a brief flight to Villahermosa in the southeastern province of Tabasco. Tour highlights feature a stunning Mayan ruin site, the majestic Kukulkan Pyramid and Chichen Itza, the most important Mayan city during the 10th and 12th centuries.

**Package C:** Oaxaca and the Land of the Zapotec. On Nov. 2, this six-day tour of Colonial and pre-Columbian historical sites begins with a visit to Puebla, a city with more than 70 churches including one that boasts the second tallest church tower in the country, adorned with onyx, marble and gold. Guests will also visit Monte Alban, see a gorgeous 16th-century monastery, the silver mining capital of Mexico and frescoes painted by Diego Rivera.

**Package D:** Guatemala Extension. This five-day tour—the only one held after the FDI Congress—begins Nov. 7 and features excursions through Guatemala City, Antigua de Guatemala, Lake Atitlan and Chichicastenango. Guests will tour Indian villages, see the ruins at Iximche, inspect handmade crafts and woven goods at an Indian market and taste the region's tantalizing cuisine.

Prices for all tours include five nights accommodations in four- and five-star hotels, most meals, all sightseeing and entrance fees; transportation in air-conditioned coach and services of a local, English-speaking guide.

The cost for Tour B, Mayan Magic and Mysteries, also includes economy class local flights within Mexico.

The cost for Tour D, Guatemala Extension, also includes economy class return flights from Mexico City to Guatemala.

Additional information and registration forms for packages are available from Tour Planners International by mail at 112 St. Clair Avenue West, Suite 500, Toronto, Ontario M4V 2Y3; or phone 1-800-535-0197 or 1-416-923-3094; fax at 1-416-923-1306; e-mail "sptl@ican.net".

To register only for the FDI World Dental Federation Congress, contact the ADA's Office of International Dental health using the ADA's toll-free number, Ext. 2727. ■

ANNUAL SESSION

# Get ready to tour Hawaii this fall at ADA session

*Honolulu*—Annual session offers those attending the latest in dentistry, ranging from technology issues to practice-building developments.

But for moments away from session’s learning curve, Hawaii offers registrants and family members a host of tours—most of them al fresco, in the Hawaiian sunshine.

Many of the tours are open to children as well as adults.

Annual session will also feature a children’s program. To learn more, see the story at the top right side of this page or catch the details in the ADA’s Annual Session Preview.

Here are some of this year’s tours:

Atlantis Submarine; Bishop Museum with Foster Botanical Gardens; City and Historical Walking Tour of Waikiki; Diamond Head Crater Adventure; Fashion show with Anne Namba and Monarch fashion show with lunch; Grand Circle Island Waimea Falls Park; Hawaii and Its Past; Home and Garden Tour of Oahu; Legends in Concert Show; Magic of Polynesia; Mini Circle Island Tour; Navatek I Buffet Dinner Cruise; Navatek I Kahala Gold Coast Lunch Cruise; Oahu Coast Cruise Deluxe; One Day Hawaii/Volcano Tour; One Day Kauai Tour; One Day Maui Tour; Paradise Cove Lu’au; Polynesian Cultural Center Buffet Show; Society of Seven Show; Star Sunset Dinner Cruise; U.S.S. Arizona Memorial Tour at Pearl Harbor; and Welcome to Honolulu Orientation.

For more information, order the ADA’s Travel and Housing brochure, which is now available. When you order the brochure, you will receive the ADA’s Annual Session Preview when it becomes available in April.

To request a copy of the travel and housing brochure, write the Council on ADA Sessions and International Programs, 211 E. Chicago Ave., Suite 200, Chicago 60611-2658; or call 1-800-232-1432 or 1-312-440-2388; or e-mail at “annualsession@ada.org”.

Regular updates on annual session are posted on ADA ONLINE at “http://www.ada.org/session”. ■

## FDI contest extended

*London*—The FDI World Dental Federation has extended the deadline of its Top Ten Advances in Dentistry Competition to June 1.

Dentists who enter are asked to submit their ideas for what they believe to be the greatest advances in dentistry this century for the competition.

Winners will be treated to an all expenses paid trip to the FDI’s Centenary Congress in Paris.

For more information or to submit entries, contact Maria Mindak at the FDI, 7 Carlisle Street, London, W1V 5RG, UK, or faxed to 44-171-486-0183, or e-mail to “press@fdi.org.uk”.

## Kid Camp combines education, fun with Hawaiian themes

By Clayton Luz

*Honolulu*—Have your children experience the aloha spirit instead of learning about it in a geography class.

Bring the kids to Hawaii: for the third consecutive year at annual session, a child-care program is available for registrants with children.

Partially underwritten by a grant from the Colgate-Palmolive Co., children aged six months to 12 years are welcome to spend their days at the ADA/Colgate Kids Camp at the Ilikai Nikko Hotel in Waikiki.

Child-care professionals from ACCENT on Children’s Arrangements Inc., an insured, professional company, will plan daily entertainment, including focusing on a Hawaiian-theme entertainment and education program for children.

Children will enjoy developmentally appropriate programs with geographical themes incorporating arts and crafts, storytelling and supervised play.

The Louisiana-based company has specialized in designing child activity centers during

seminars and conferences for almost a decade.

Space at the ADA/Colgate Kids Camp is limited so make your plans early.

For reservations, contact ACCENT on Children’s Arrangements Inc. at 1-504-524-1227.

For general annual session information, call 1-800-232-1432, or e-mail “annualsession@ada.org”.

Regular updates on annual session events also will be posted on ADA ONLINE, the Association’s Web site at “http://www.ada.org/session”. ■

ADA Seal Products

Below is a list of products that earned the ADA Seal of Acceptance in December 1998

- American Stores Co.**  
Osco Good Value Toothbrush  
Sav-on Good Value Toothbrush
- Astra Tech Inc.**  
Astra Tech Implant (Fully Edentulous)
- Federated Group Inc.**  
Hy-Top Angled Toothbrush  
Hy-Top Gem Head Toothbrush  
Hy-Top Hi-Tech Dental Floss  
Hy-Top Perfect Angle Toothbrush  
Hy-Top Toothbrush
- Massco**  
Kids Choice 0.4% Stannous Fluoride Gel
- Ralph's Grocery Co.**  
Perfect Choice Supra Toothbrush
- Shopko Stores, Inc.**  
Shopko Blue Mint Antiseptic Mouthrinse  
Shopko Original Antiseptic Mouthrinse

Police hope dentist can ID corpse

*St. Joseph County, Ind.*—Detectives here are hoping a dentist will be able to identify a woman whose skeletal remains were found in December 1996.

A facial reconstruction shows what the woman might have looked like.

The woman is believed to have been between 20-35 years old, between 5'3" to 5'7" tall and of unknown weight. Police believe her body was abandoned between 12-24 months before being discovered by a group of skeet shooters.

According to Dr. Harvey Weingarten, local forensic consultant to the Special Crimes Unit, the victim had no maxillary lateral incisors (Nos. 7 and 10). She also exhibits crossbites on teeth Nos. 1, 32, 14, 19, 16 and 17. The only restored tooth was No. 19, with a small bucal pit alloy. Tooth No. 12 exhibits a 30 degree rotation to the distal. The victim's first molars were in a Class II occlusion.

Anyone with any questions or information should contact Detective Thomas Cameron at 1-219-235-5009. ■



**Victim:** Police believe the dead woman may have looked like this.

Seeking protection against wrongful discharge lawsuits?

This month's issue of the ADA Legal Adviser offers some perspective for dentists contemplating insurance as a protective measure against wrongful-discharge lawsuits.

"Certainly, an employer can obtain various forms of Employment Practices Liability Insurance to insure against the risks arising out of an employment situation," writes ADA General Counsel Peter M. Sfikas in the newsletter's monthly "Editor's Note" column—available in



full to ADA members with Internet access.

"This would be a policy specifically tailored to defend you in the event that you are sued by an employee," adds Mr. Sfikas, who serves as editor of the Adviser. Dentists, however, should weigh the cost of such insurance against the risk of such lawsuits.

The next question then becomes: "Can you obtain insurance coverage from any of your existing insurance policies?"

Though the answer depends on the legal interpretation of your other insurance policies, Mr. Sfikas delves into this question at some length.

While ADA members can access the entire column online, others may view a preview posted online.

Other articles previewed online from this month's Adviser include: "Money Matters"; "How Children Can Figure Into Your Tax Strategy"; and "Going Condo."

For access to the monthly column by Mr. Sfikas or to preview other articles, point your browser to "www.ada.org/adapco/adapco.html" and click on the Adviser icon. Then click on the headline, "Can You Obtain Coverage For Wrongful-Discharge Lawsuits?" ■