5-17-1999

ADA News - 05/17/1999

American Dental Association, Publishing Division

AMERICAN DENTAL ASSOCIATION
ADA News®
www.ada.org

BRIEFS

UCSF receives $6.5 million gift

San Francisco—The University of California at San Francisco School of Dentistry May 4 received a record donation of $6.5 million.

UCSF will establish two distinguished professorships in dentistry in the names of the donor, Gladys Barber, and her husband Leland, a graduate of the dental school's class of 1919.

Dr. Barber died in 1986 and his wife died in 1998.

The gift will fund two professorships at $2.5 million each and the rest will fund an endowed chair.

Dr. Charles Bertolami, dean of the dental school, says the school was stunned to learn of the Barbers' generosity.

"Bequests such as the Barbers' are critical because 75 percent of our funding comes from sources other than the state of California," said Dr. Berolami. ■

Cleft lip, palate meeting set Oct. 8

Atlanta—The 12th Annual Symposium on Cleft Lip and Palate and Related Conditions will convene Oct. 8-10 here at the Scottish Rite Children's Medical Center.

Sponsored by Egleston Children's Hospital and the Scottish Rite Children's Medical Center, the symposium will provide continuing education credits.

Cost is $550 for physicians and dentists and $250 for residents and allied health professionals.

For more information, contact Helen Smith at the SRCMC, 1001 Johnson Ferry Road, N.E., Atlanta 30342; phone: 1-404-250-2575. ■

INSIDE

Two careers

Dr. Shawn Naccarato drives a patrol car when he's not treating patients. **Story, page 20.**

Small businesses speak out

Urge OSHA to evaluate ergonomic proposal

By Craig Palmer

Washington—A regulatory review panel urged the Occupational Safety and Health Administration May 3 to evaluate the impact of a proposed ergonomics regulation on dental practices and other small businesses before issuing a final rule.

The Small Business Review Panel based its recommendations on testimony and written comments from representatives of small businesses including Dr. Connie Verhagen, a Muskegon, Mich., dentist and member of the ADA Council on Scientific Affairs. OSHA invited 20 small entity representatives to participate in the review.

■ HEALTH CARE SUMMIT, PAGE SIX

"Dr. Verhagen maintained that even dental practitioners and other employers who were not covered fully by the (draft proposed) standard would incur substantial familiarization costs," said the panel report to OSHA administrator Charles Jeffress.

See OSHA, page nine

Hawaii Visitors Bureau photo by Peter French

Big beauty: The fertile and green Hamakua coast stretches the length of Mamalahoa Highway on the Big Island's northeast coast, all the way to Waipio, known as the "Valley of the Kings." For more on this year's annual session spot, Hawaii, turn to page 14.

DR Co-Op: Customizing the DR message for local markets

By Laura McKee

Sometimes a personal touch can make all the difference.

It was this thought that inspired the ADA Council on Dental Benefit Programs to launch its DR Promotional Co-Op Program, effective immediately.

Through this program, constituent dental societies may qualify for an allowance of up to $2,000 to localize national direct reimbursement marketing efforts.

■ DMSO SURVEY SENT, PAGE THREE

Currently there are 40 constituents, including 39 states and the District of Columbia, which qualify for the co-op program because they participate in the ADA's direct mail DR campaign (See story, page 20.)

"This program extends the reach and impact of the national campaign. It's not meant to be in lieu of it," said Dr. Michael Vaclav, CDBP chairman.

"It allows constituents to further utilize ADA resources in their

See LOCAL, page 20

Dr. Christensen withdraws affidavit,

By James Berry

With agreement from the plaintiff's attorneys, Utah's Dr. Gordon Christensen has withdrawn his affidavit from a lawsuit on toothbrush abrasion and retracted statements made in the affidavit about the ADA and its Seal of Acceptance program.

Dr. Christensen says he was misled about the purpose of the affidavit he signed Aug. 21, 1998, and reacted with "utter amazement" when he learned that it had been filed with Cook County (Illinois) Circuit Court in support of a lawsuit against the ADA and eight toothbrush manufacturers or distributors.

He says, too, that it was his understanding the affidavit was to be used in "educating the public about toothbrush abrasion," not as a supporting document in the suit filed April 1 by attorneys representing Illinois resident Mark Trimarco.

As reported in the April 19 ADA News, the suit alleges that toothbrushes are "unsafe and unreasonably dangerous" and should carry package warnings on the "risks of toothbrush abrasion" as well as instructions on how to use the brushes to avoid abrasion.

Mr. Trimarco, who claims he personally suffers from toothbrush abrasion, alleges also that the ADA and the toothbrush manufacturers or distributors cited were negligent because they failed to warn consumers about a "disease known as toothbrush abrasion."

He seeks class-action status for his suit—which requires court approval that hadn't been granted at press time—and has established a Web site

See LAWSUIT, page 16

Dr. Christensen: Says he was misled about the affidavit.

Back to school: The leadership of the American Association of Dental Schools met with ADA leaders last month during the ADA Board of Trustees meeting at headquarters. From left are Drs. Bettie R. McKaig, ADA 1st vice president; Richard W. Valachovic, AADS executive director; Rowland Hutchinson, AADS president-elect; Patrick J. Ferrillo Jr., AADS president; S. Timothy Rose, ADA president; Ronald M. Chaput, ADA 1st District trustee; and John S. Zapp, ADA executive director.

ADA News

(ISSN 0895-2930)

MAY 17, 1999 VOLUME 30, NUMBER 10

Published semimonthly except for July and December by ADA Publishing Co., Inc., at 211 E. Chicago Ave., Chicago, Ill. 60611, 1-312-440-2500, e-mail: "ADANews@ada.org" and distributed to members of the Association as a direct benefit of membership. Statements of opinion in the ADA News are not necessarily endorsed by ADA Publishing Co., Inc., the American Dental Association, or any of its subsidiaries, councils, commissions or agencies. Printed in U.S.A. Periodical postage paid at Chicago and additional mailing office.
POSTMASTER: Send address changes to the American Dental Association, ADA News, 211 E. Chicago Ave., Chicago, Ill. 60611.

ADA ONLINE
http://www.ada.org

ONLINE EXTRA

When the icon at left appears with an ADA News article, turn to our counterpart on the World Wide Web—the ADA News Daily—for related news and information via ADA ONLINE.

SUBSCRIPTIONS: Nonmember Subscription Department 1-312-440-2867. Rates—for members $8 (dues allocation); for nonmembers-United States, U.S. possessions and Mexico, individual $52; institution $74 per year. Foreign individual, $72; institution $93 per year. Canada individual, $62; institution $84 per year. Single copy U.S. $7, outside U.S. $9. For all Japanese subscription orders, please contact Maruzen Co. Ltd. 3-10, Nihonbashi 2-Chome, Chuo-ku, Tokyo 103 Japan. ADDRESS OTHER COMMUNICATIONS AND MANUSCRIPTS TO: ADA News Editor, Suite 2010, 211 E. Chicago Ave., Chicago, Ill. 60611.

ADA HEADQUARTERS: The central telephone number is 1-312-440-2500. The ADA's toll-free phone number can be found on the back of your membership card.

ADA ACCEPTED American Dental Association

Look for the ADA Seal of Acceptance as your assurance that the product meets ADA guidelines for safety and effectiveness.

Survey studies what happens after DMSO sale

By Laura McKee

Ever wonder if selling your practice to a dental management service organization is for you? The ADA has.

Dr. Bletsas

To help answer this question, the ADA Survey Center has sent out surveys to dentists who have sold their practices to DMSOs to learn why they sold their practices, what they like and dislike about their arrangements and more.

Approximately 3,500 dentists who do not own their own practices recently have received surveys. The survey is designed to determine the extent of dentists' employment by dental management service organizations, either through sale of practices to these organizations or through employment by the organization.

"We want to have as much information as possible about why dentists are joining DMSOs," said Dr. George Bletsas, ADA 9th District trustee. "Are you participating because it helped you retire, was it an exit strategy? Or was there a lack of financing available—so the doctor couldn't buy into a practice?"

Members of the DMSO task force, established by the ADA Board of Trustees in 1998, have heard a lot of anecdotal stories about dentists selling their practices to DMSOs. The survey is being done in order to determine if what the members have heard is true, Dr. Bletsas said.

The questionnaire asks dentists about the operation of DMSO-managed practices as well as the effect of a sale to a DMSO on a dental practice. The survey also probes reasons for employment by a DMSO-managed practice.

The Survey Center received input from a variety of ADA departments to make the questionnaire as inclusive and useful as possible.

It includes 14 questions, including whether the respondent has ever been contacted by a DMSO to sell his or her practice, if the respondent has ever used the ADA's contract analysis service and if so, if he or she was satisfied with it, and the primary reasons the respondent sold his or her practice to a DMSO.

The Board of Trustees will review the results of the survey in August and will transmit specific recommendations based on the results to the House of Delegates at annual session in October. ■

ADA lobbies to boost VA dental pay

Washington—They practice outside the private practice mainstream, government dentists serving an aging military veteran population.

And they've been leaving the Department of Veterans Affairs in droves.

The annual attrition rate of VA dentists the last two years has been more than 11 percent.

Over the last five years the VA experienced a decline in full-time dentists from 830 to 677, numbers the Association is using to make a case to Congress for pay hikes to stem the tide.

Not only are VA dentists lagging behind their private practice colleagues, they trail physicians on the VA "Responsibility Pay" scale.

A VA Veterans Health Affairs report recommended pay scales for dentists similar to those authorized for physicians serving in comparable positions of responsibility.

The Association also is pushing amendment of Public Law 102-40 to increase special pay for full-time VA dentists from $3,500 to $9,000 annually as part of the total compensation package. The comparable physician bonus is $9,000.

Pay bonuses authorized under the 1991 PL 102-40 are inadequate to recruit and retain dentists in top management positions, as indicated by the dramatic decline in numbers of VA dentists, the Association argues. ■

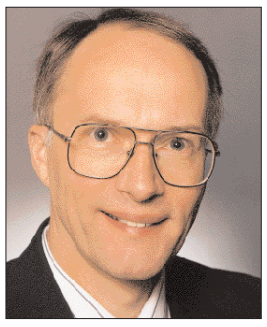
Viewpoint

My view

Tilting with the tilted TV tabloids

The conventional wisdom is that you know it's going to be a bad day when you arrive at the office and find a "60 Minutes" filming crew waiting. It seems that every time a TV newsmagazine turns its cameras on a dental topic, dentistry is represented unfavorably. A good example is a recent edition of the new weekday "60 Minutes II"—as if the country really needed this program twice a week.

The topic was the deaths of three small children during dental treatment under general anesthesia. The implication was that no one is doing anything to keep these tragedies from happening again and again. ADA President Tim Rose was interviewed relentlessly for one hour and 40 minutes as he defended dentistry's safety record. During the broadcast only 25 seconds of his remarks were used. That's all the producers had time for. The rest of the segment was filled with close-up shots of grieving parents of the victims designed to appeal to the emotions of the viewer.



Richard J. Mielke, D.M.D.

A few years ago, this same emotion-grabbing strategy was used by "60 Minutes" in a smear of dental amalgam. Dr. Heber Simmons, then an ADA trustee, spent over an hour being interviewed and got the same treatment as Dr. Rose did. Several people suffering from undiagnosed illnesses spent long minutes on camera appealing to our emotions as they claimed their amalgam fillings had made them sick.

Despite pretensions to the contrary, the newsmagazines aren't in the business of informing. They don't present a balance of opinion, and they leave the discerning viewer the impression that the conclusion was determined by the producer long before interviews were conducted. Rather than being investigative, furthermore, the TV tabloids seem to grab stories brought to them by individuals seeking a forum for their own agendas.

In the case of the amalgam story, it was alarmist Canadian researchers Drs. Murray J. Vimy and Fritz Lorscheider who got their moment in the spotlight to promote their later-discredited research. In the anesthesia segment, it appeared to be the witch-hunting district attorney in Pennsylvania, who obviously loved to talk on camera. "60 Minutes" obliged both parties.

Why can't the ADA decline to cooperate with these National Enquirers of

See MY VIEW, facing page

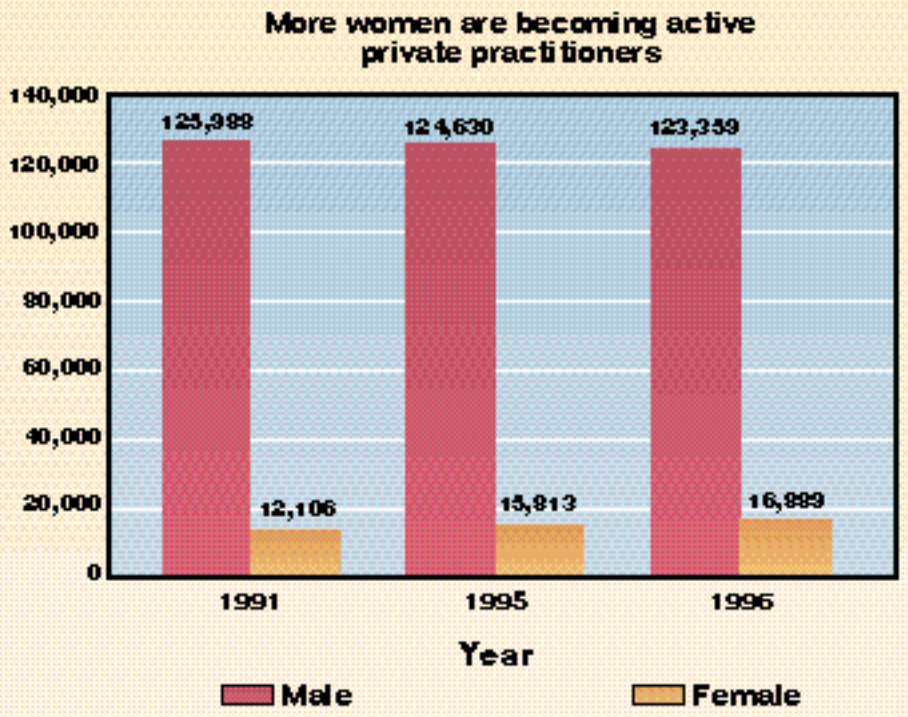
Letters policy

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

Snapshots of American Dentistry

Dentists by gender

Between 1991 and 1996, the number of female active private practitioners has increased greatly in the United States. The number of male active private practitioners decreased slightly during this period.



Source: ADA Survey Center, 1996 Distribution of Dentists in the United States by Region and State

Letters

Cancer treatment

This letter is a response to the April 19 letter in the ADA News by Drs. Ronald Brown and Martin Tyler.

I agree that dentists need to be more aware of the help they can provide in the treatment of oncology patients. I would just like to add that radiation therapy is not the only cancer treatment which can pose dental side effects.

For instance, leukemia can cause several conditions requiring the help of a dentist. Leukemic patients become susceptible to abscesses necessitating periodontal and endodonic intervention or extraction.

The reason for this may be due to the low hemoglobin levels and/or low white blood cell counts. Mouth sores are common and severe. I suspect that any type of cancer chemotherapy has the potential to cause similar side effects.

Dental treatment is best accomplished when blood counts are high so timing becomes difficult. Premedication with antibiotics may be needed.

I became aware of these side effects when one of my family members was undergoing treatment for leukemia. I regret that I had no prior knowledge of these possible dental problems. If I had been more knowlegeable I could have saved my relative a great deal more anxiety and possibly made her more comfortable prior to definitive treatment.

I urge all dentists to learn more about what we can do to help all cancer patients, not just those receiving radiation therapy.

Mark P. Sullivan, D.D.S.
West Chester, Pa.

Thoughtful insight

I was touched by Dr. Lawrence Warren's "My View" in the April 19 ADA News. What a powerful article addressing a subject that affects over one-third of our colleagues.

I too have been there and done that. Early in my career, I suffered stress, burnout, depression and even drug addiction. It was hard to ask for and follow-up with getting help, but I did, and just this month I have enjoyed 15 years of sobriety.

Today, I can more effectively deal with stress both in my personal as well as professional life. Also, I feel I am a productive member of my profession.

I would echo Dr. Warren's goal to encourage people suffering as I was to get help or to encourage someone you know who needs help to get help.

Dentistry is a physically, mentally and emotionally stressful profession. Who better to understand this than our colleagues?

Unfortunately, some dentists see their fellow dentists more as competitors than as colleagues and tend not to approach one another. And since most of our colleagues practice in solo settings that tend to isolate them from their colleagues, their diseases can go unchecked for years while their personal and professional lives deteriorate.

I agree with Dr. Warren, if none of this applies directly to you but does apply to someone you know, please encourage them to seek help. Also, encourage and support them during their therapy and re-entry back into dentistry.

From personal experience, helping someone get help for their depression or other well-being issue is much bet-

See LETTERS, facing page

Letters

Continued from facing page

ter than going to their funeral.

William T. Kane, D.D.S.
Chairman, Well-Being Committee
Missouri Dental Association
Dexter, Mo.

Thanks

Thank heavens for Dr. Warrens' article. How many will admit to his "been there, done that scenario"? Many, myself included. I did recognize something was wrong and sought competent assistance through my primary care doctor.

The benefits have been incredible and are sure to be long lasting.

Unfortunately, there is a downside to this. Depression is an exclusion in many/most disability policies, even coverage for my business. Not only this, but the information obtained for their decisions for denial are kept on record, even though no policy was extended. Then, your name is sent, with a code, to the Medical Information Bureau for others to access to determine whether they should extend insurance. In other words, you get blackballed.

Now, I have to struggle to retrieve the records sent to the company and work to be sure no pertinent information is being retained. And, now I wonder how many unauthorized people have had access to even part of my records.

So, if you are sick, seek competent help as soon as possible. Just remember the consequences.

Eric H. Schroeder, D.D.S.
Cheektowaga, N.Y.

Acupuncture mystery

The contrasting opinions regarding acupuncture and dentistry become even more intriguing as we observe the technique. To obtain anesthesia for the mouth and jaws, the needle is gently inserted between the thumb and forefinger, where it is twisted lightly. Both operative procedures and extractions can be performed painlessly.

As a dentist practicing full time in his 50th year, following our scientific methods, I know that there is no nerve or physiological connection between the mouth and thumb and forefinger.

As adjunct professor of Far Eastern Studies, teaching at three universities for 25, I also know that this technique does work. I have personally observed it in the Orient. The culture of the Far East considers those areas to be connected by "meridians," which allow the flow of a life force called "Chi."

As an American dentist, I am comfortable and confident with local anesthesia. On the other hand, I cannot deny the successful use of acupuncture. Having puzzled over this dichotomy for more than two decades, I have come to the conclusion that this is simply one of life's mysteries that one day may be solved.

Arthur Sokoloff, D.D.S.
Coral Gables, Fla.

My view

Continued from facing page

the airwaves? How could saying "No comment" be worse than having our leaders misrepresented before a national audience? We said exactly that when "Hard Copy" covered alleged over-treatment by dentists, and we got away with it. We could send all the TV tabloids a letter saying we don't feel they measure up to our journalistic standards for scientific objectivity, and we won't play their game. What could be wrong with that?

The answer is that it's not that simple. For one thing, not all TV tabloids are the same. "Hard Copy," for example, is considered trashy even by the low standards of its own industry. Its credibility is so low that it can be dismissed. "60 Minutes" is another cat, however. Unsophisticated viewers perceive it to be authoritative, perhaps because of the presence of some well-known, once respectable newspeople. It is a well-recognized irony that in the real world perception is often more important than reality.

Not responding to a request for an interview with one of the more "credible" TV tabloids precludes the ADA from addressing the issue or complaining about the producer's bias. Every invitation is an opportunity, even though dentistry's spokespeople's best words never get on the air. Their response to questioning may cause the interviewer to change the slant of the story, or influence a future story. Furthermore, refusing to cooperate gives the appearance the ADA has something to hide.

In addition, even bad treatment can turn into a good opportunity to get our story out through follow-up information. In the case of the story about the children's deaths, the ADA published a policy statement containing talking points for dentists and developed a patient handout well in advance to prepare dentists for patient questions and possible local media contacts. When the show aired we were ready to respond with good news about patient safety. Not much of it was needed, however. A lack of phone calls to the ADA and state associations indicated a low level of concern by the public on this issue. The proliferation of TV tabloids and their sensationalist journalism have apparently jaded the viewer.

As unpleasant as it can be, it is generally best for us to accept when the media ask for interviews. Having an unfairly small influence on the content of a story is better than having none at all.

Dr. Mielke is editor of the Washington State Dental Association News. His comments first appeared in the April issue of that publication and are reprinted here with permission.

WASHINGTON

Feds crack down on fraud, abuse

Health care industry calls regulation "overbearing"

By Craig Palmer

Washington—Time was, the government talked a great fraud and abuse game, threatening crackdowns on health care miscreants seen skimming the Medicare/Medicaid gravy.

Now there is new muscle behind the rhetorical flourishes, PriceWaterhouseCoopers analysts told reporters at a May 5-6 Wall Street Journal Health Care Summit '99.

The forum featured discussions of Year 2000 computer breakdowns and the possibility of increased electronic business as an aftermath, the aging of America, future of private practice, evolution of managed care, coming genomics revolution, health care as an information technology business and health legislation.

U.S. Health and Human Services Secretary Donna Shalala was asked if the administration would be willing to drop its insistence on patient right to sue language to get a patient's bill of rights through Congress.

"We would not be willing to drop patient redress," she replied enigmatically. "We've got to settle down this unbelievable backlash to managed care, and one way to do that is to provide redress. Appeals and arbitration, if good and efficient, will reduce the number of suits."

Analysts from PWC, one of three conference sponsors, predicted 30-50 percent of companies and government agencies worldwide will experience at least one mission-critical Y2K system failure, 15 percent in the United States, with recovery costs of $20,000 to $3.5 million for each event.

An unspecified number of PWC health care clients have cancelled Christmas vacations and holiday leaves to deal with anticipated Y2K problems. But health care is better prepared with contingency plans than most industry groups.

But the health care industry is scrambling to catch up with the government shift from rhetoric to fraud and abuse enforcement, said representatives of the PWC health practice group. The anti-fraud message is delivered with new legislative force, improved technological tools and more cops on the beat. The 1996 Health Insurance Portability and Accountability Act established a new health care fraud and abuse data bank and directed the HHS Secretary to collect data on certain adverse actions taken against health care providers, suppliers and practitioners. HHS has issued proposed regulations for the new bank.

THE HEALTH CARE INDUSTRY SEES THE NEW GOVERNMENT POSTURE AS "OVERBEARING," PWC REPRESENTATIVES SAID. GOVERNMENT, ON THE OTHER HAND, VIEWS THE INDUSTRY AS "COMPLACENT" ABOUT FRAUD.

Another indication of a shift from rhetoric to enforcement, said PWC representatives, is an emerging Department of Justice view placing health care fraud as second in enforcement priority only to violent crime. The number of agents dedicated to health care fraud and abuse, spanning the DOJ, Federal Bureau of Investigation, HHS Inspector General's office and other federal agencies, increased from 200 in 1993 to 551 in four years.

The number of criminal and civil cases increased dramatically during that same period while health care settlements and recoveries grew from $140 million to $990 million, PWC representatives told the media.

The health care industry sees the new government posture as "overbearing," PWC representatives said. Government, on the other hand, views the industry as "complacent" about fraud. Government insists the industry be accountable. The health care industry, focused on patient care and the pressures of increasing regulation, asks, "What's the standard for an effective compliance program?"

To date, the government has provided no defined measures for an effective compliance program, PWC representatives said.

Other conference sponsors were the American Association of Retired Persons and Nasdaq Amex. ■

OSHA

Continued from page one

"She estimated costs of over $5,000 simply to understand the standard and be ready should an MSD (musculoskeletal disorder) occur, as compared to the one hour per establishment OSHA estimated for the familiarization process," the report said.

Under an OSHA draft proposal, dental practices and certain other businesses would be covered if and when an employee reports a work-related repetitive-stress injury resulting in lost workdays or restricted activity. The panel described the proposal as a tiered rule imposing more requirements on product manufacturing operations and manual handling jobs than on other businesses.

However, some small entity representatives (SERs) said OSHA, neglected in the draft (March 8 ADA News) to recognize costs even for employers not within the scope of the standard at all. Many advisers expressed concerns that small firms would need to use expensive outside consultants if OSHA issues ergonomics regulations.

"Many SERs felt that a trigger of one work-related MSD for activating the full program was too sensitive," the report said. California, the only state with an ergonomics standard, has a two-incident trigger. North Carolina and Washington state are developing their own ergonomics regulations.

The most costly "extremely controversial" provisions of the OSHA draft standard would require employers to continue full salary and benefits for workers removed from the job when work restrictions are recommended by a doctor or voluntarily offered by the employer.

"Many SERs expressed concern that employees would be able to take up to six months away from work simply because they stated they had MSDs," the report said.

"The panel recognizes that this scenario is not what the draft standard would require," the report continued. "Medical removal protection would only come into effect once the employer has determined the MSD is work-related and that medical removal is necessary and only for as long as necessary. The panel understands that in most cases lost workdays from MSDs only last several days."

However, the panel urged OSHA to consider whether "medical removal protection" is necessary to achieve prompt and complete reporting of musculoskeletal disorders. OSHA contends this provision is necessary to assure employee participation in medical surveillance and management of repetitive-stress injury.

The panel recommended OSHA review its cost estimates "in light of these comments, with specific attention to those comments that offered alternative cost and hour estimates.

"If OSHA concludes the costs were not significantly underestimated, the agency should explain the rule more clearly to help assure that small businesses will not misunderstand the intended requirements and why OSHA believes that the SERs' estimates were excessively high."

The draft proposed standard potentially covers 5 million very small businesses with fewer than 20 employees, the report said.

Of these, 1.27 million would be required by the draft standard to maintain a basic ergonomics program at all times. In any given year, 271,000 under-20-employee businesses would be required to initiate the full ergonomics plan envisioned by the standard because at least one employee had a work-related musculoskeletal disorder or the employer learned of a known MSD hazard.

The panel was convened March 2 by OSHA's small business advocacy chairperson, Marthe Kent, under the Small Business Regulatory Enforcement Act of 1996 (SBREFA).

Other members of the Small Business Advocacy Review Panel included representatives of the Small Business Administration, the White House Office of Management and Budget, the Labor Department and OSHA. ■

ADA ECCo, Netopia make it easy to set up your own web page

By Laura McKee

Setting up a web page for your dental office may soon be as easy for you as a point and click.

The ADA Electronic Commerce Co. will soon provide member dentists with a service that allows them to set up their own web sites.

"This is just one of a number of the expanded services ECCo will be providing for ADA members in the near future," said Dr. John S. Zapp, ADA executive director and chair of the ECCo board.

The ADA ECCo has entered in agreement with Netopia Inc., an Alameda, Calif.,-based web page company to provide the service. The product that will be used is the Netopia Virtual Office Web Site platform that, according to Netopia, offers "no assembly required" web sites.

"The NVO platform allows novice users to create high-quality, professional web sites in just minutes," said Netopia spokesman Michael Vargas.

Under the terms of the agreement, Netopia will provide ADA members the ability to use the ADA ECCo template or build customized web sites that include applications specifically targeted to the needs of practicing dentists.

Visit the ADA Publishing Co.'s Online Extra area for a related story about computer use among dentists. Go to the ADAPCO homepage at "www.ada.org/adapco" and click on the Extra button in the upper left-hand corner of the screen. ■

"Web sites are an excellent way for dentists to advertise their services and to communicate with their patients," said Bob Owens, chief executive officer of ADA ECCo. "Until now, designing and setting up a web site has been an expensive and time-consuming process. The Netopia Web platform not only allows ADA members to set up sophisticated web sites in a minimal amount of time, but also offers a customizable content package that includes everything a dentist might need on his or her web site," he said.

Through this service, dentists will be able to customize their web sites without any knowledge of HTML or computer programming. NVO also provides security features, communications capabilities including real-time chat and support for e-commerce.

In addition to communicating with patients, dentists will also be able to use their web sites for scheduling appointments, answering patients' questions and promoting new dental products. ■

ADA Publishing Co. updates online design

Regular visitors to ADA ONLINE will notice a new look in the section of the Web site managed by the ADA Publishing Co. (ADAPCO).

Designed to make navigation easier throughout the publishing company's online content, the new look offers access to nearly every navigation button on the first screen of any page visited within ADAPCO online.

The navigation bar at the top of each page contains links to each of the main content areas of ADAPCO online: the ADA News Daily, The Journal of the American Dental Association, the ADA Legal Adviser, Online Extra, Orders & Subscriptions, Advertising and Mailbag.

Formerly an online letters to the editor section, the new Mailbag area is now the ADAPCO e-mail contact page. From Mailbag, e-mail may be sent to any of ADAPCO's online or print publications.

The column on the left side of each page provides for navigation within each of the main sections of ADAPCO online.

The redesign is best viewed with the latest versions of Netscape (4.5), Internet Explorer (5.0) and America Online's software (4.0).

E-mail questions or comments about the redesign to Dennis Spaeth, electronic media editor, ADAPCO, at "spaethd@ada.org". ■

ICOI schedules Chicago meeting

The International Congress of Oral Implantologists is hosting its 2nd Annual Implant Prosthodontic Symposium, "Implant Prosthodontic Concepts, Techniques and Materials for the 21st Century," Aug. 27–29 at the Chicago Marriott Downtown.

ICOI's symposium is co-sponsored by the National Association of Dental Laboratories, the American Association for Dental Research, and the Association of Dental Implant Auxiliaries and Practice Management. For more information, contact ICOI at 1-973-783-6300 or "icoi@dentalimplants.com". ■

ANNUAL SESSION

Islands offer peak performance

Volcanoes provide the terra firma for tourists' feet

By Stacie Crozier

Hawaii—As a tectonic plate beneath the Pacific Ocean shifts its way across a "hot spot" on the ocean floor—at a less than breakneck speed of three to six inches each year—the geology and topography of this chain of islands is ever-changing.

Though 2,500 miles from the nearest land mass, the eight main islands of this Pacific Ocean archipelago paradise are actually the peaks of huge volcanoes—the youngest additions to a range of volcanoes that stretches up 3,100 miles to the Aleutian Trench in the North Pacific.

The volcanoes are born when a weak spot in the ocean floor plate rides over a stationary "hot spot," allowing liquid magma to escape and build up into huge "shield" volcanoes.

As these dome-shaped volcanoes inch beyond the hot spot, they eventually cool, become dormant and later become extinct. Most of the Hawaiian Island volcanoes are considered dormant or extinct, but a few active sites still serve as a constant reminder of the fireworks at the earth's core. Experts estimate that the hot spot under the Pacific plate has been generating volcanoes for about 70 million years.

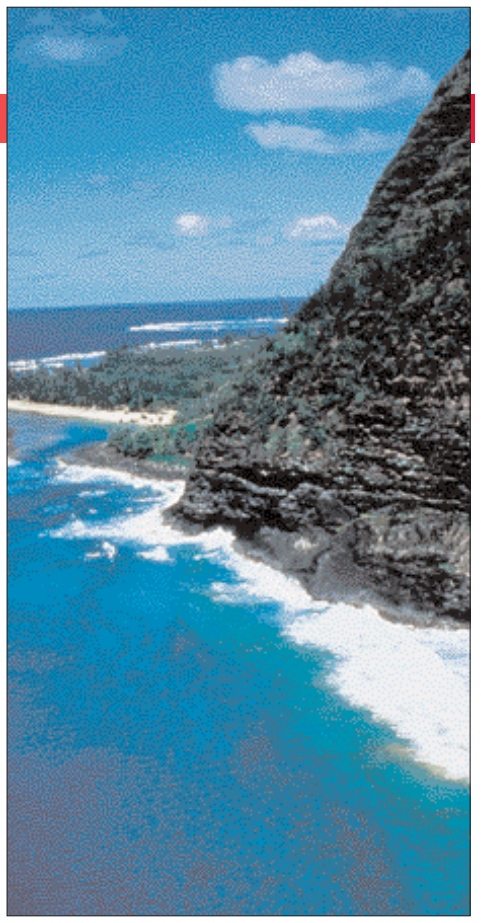


Photo courtesy of Hawaii Visitors Bureau

Kauai view: The Na Pali coastline. "Pali" means cliff in Hawaiian, and these cliffs rise 4,000 feet.

Kilauea, the area's most active volcano, first erupted in 1983. It has already spewed more than a billion cubic yards of lava and created about two square miles of new land to the Big Island.

The Big Island's lofty peaks of Mauna Kea, an older and dormant volcano, and Mauna Loa, a younger and still active volcano, are bound together underneath the ocean's surface. Together they comprise the largest volcanic structure on the earth. Mauna Kea's summit rises to 13,796 feet, but when measured from ocean floor to peak, it is taller than Mount Everest.

About a mile below the ocean's surface and about 20 miles off the Big Island is a newly forming shield volcano, Lo'ihi. Its eruptions have not yet broken the surface and this newcomer is not expected to emerge for at least 100,000 years.

The face of the islands, exposed to time, rain, wind and waves also gradually changes, as volcanoes erode and eventually disappear under the ocean. The oldest northwest islands in the Hawaiian chain, now uninhabited, are flat-topped and almost under water. The geography of Kaua'i, the oldest of the main islands, features many canyons and caves typical of an extinct

Need session details?

How can you learn about the ADA's 140th Annual Session in Hawaii? Let us count the ways:

- ADA ONLINE, the Association's web page, at "http://www.ada.org/session" features information and online registration.
- The April 19 ADA News provides a comprehensive overview of annual session, including all registration forms.
- The July JADA will include registration, travel, hotel and tour information and forms and a complete session program.
- Finally, the Annual Session Preview, which is available by calling 1-800-232-1432 or 1-312-440-2388 or via e-mail at "annualsession@ada.org". ADA ONLINE also features the complete preview. ■

LEGAL AFFAIRS

Lawsuit

Continued from page one

to solicit public support.

ADA General Counsel Peter M. Sfikas said Mr. Trimarco's chief attorney has notified all parties to the suit that Dr. Christensen's affidavit has been withdrawn as a supporting document in the plaintiff's case.

Mr. Sfikas added that the plaintiff is expected to file an amended complaint that may include additional defendants—beyond the ADA and the eight manufacturers or distributors already named.

Cited along with the ADA in the original suit were Colgate Palmolive; the Walgreen Co.; Conopco Inc. (formerly Cheseborough-Ponds); John O. Butler Co.; Johnson & Johnson; SmithKline-Beecham; Proctor & Gamble; and the Gillette Co. (parent of Oral-B and Braun).

Much of the language contained in the original filing—such phrases as "unreasonably dangerous"—also appeared in the affidavit signed by Dr. Christensen.

"I'm sorry for this whole situation," said the well-known Utah dentist in a May 6 telephone interview from his Provo office. "But, on the other hand, I think once you hear a little bit about it, you'll understand it better."

Reading from a prepared statement, Dr. Christensen then went point by point through the events that he says led to his name being linked with the Trimarco suit.

Last year, he said, he was contacted by "a health practitioner inquiring of research on toothbrush abrasion." (The practitioner turned out to be a radiologist as well as a lawyer, one of two attorneys listed as representing the plaintiff in the Trimarco case.)

"I responded to him as we do to up to 40,000 other responses each year from dentists and others," Dr. Christensen recalled.

In July, Dr. Christensen received a letter from an attorney apparently affiliated with the radiologist. In the letter, dated July 15, 1998, the lawyer stated: "My colleagues and I are involved in a project which would require warnings to be placed on toothbrush packaging that bears the ADA Seal of Acceptance."

Dr. Christensen points out that the letter never mentions any sort of lawsuit.

"He [the attorney] insinuated that this would be used to influence companies to have a written caution," said Dr. Christensen. "Did I agree? I saw no problem. Yes, toothbrushes can cause toothbrush abrasion. I think that is common knowledge."

Then in August, the same lawyer again contacted Dr. Christensen, this time presenting him with a "written form [the affidavit] essentially saying toothbrushes can cause toothbrush abrasion. Would I sign it? I saw no reason not to do so, since I thought the signed statement would be used to influence companies to have a written caution."

He said he thought the intent was to encourage manufacturers to include warnings against toothbrush abrasion "through discussion or mutual consent," not through a lawsuit.

"Months later," said Dr. Christensen, "I find out, to my utter amazement, my signed [affidavit] is being used in a lawsuit without my permission or without my knowledge."

After learning that his statement had been filed along with the Trimarco suit, Dr. Christensen fired off an angry letter to the plaintiff's attorney.

"Your use of this statement in a lawsuit without my knowledge was against my will, and I heard only today of the lawsuit," Dr. Christensen wrote in that letter, dated April 27. He added, "I withdraw the statement immediately and do not authorize its use in any way by you or parties you represent."

On May 4, Dr. Christensen signed a sworn statement recanting those portions of the affidavit pertaining to the ADA and its Seal program.

Dr. Christensen was informed in writing April 20 that the Council on ADA Sessions and International Programs had exercised its right under the ADA Speaker's Agreement to cancel his two half-day presentations scheduled for Oct. 12 at this year's annual session in Hawaii.

Now that he has recanted his statements about the ADA and its Seal program, however, Dr. Christensen will be reconsidered as a presenter at annual session 2000.

"The ADA has now cleared me of any involvement with this suit," Dr. Christensen noted. "May I state emphatically I am not part of a lawsuit against the ADA and it was not my intent to be part of this or any other lawsuit."

Since it became public knowledge, the suit has been the subject of widespread media coverage, much of it unfavorable to the plaintiff.

David Greising, a business columnist for the Chicago Tribune, painted the suit as nonsense in a tongue-in-cheek column published April 14.

Washington pundit George F. Will waded in with a scathing May 10 commentary in Newsweek magazine.

Wrote Mr. Will, "This suit is just part of a great American growth industry—litigation that expresses the belief that everyone has an entitlement to compensation for any unpleasantness; litigation that displaces responsibility from individuals to corporations with money." ■

MANAGEMENT

Treatment presentations and estimates

Clear plans can make practice successful, less complicated

Every day in our dental practices finds us "surrounded by banana peels" that can trip up our plans for our patients. From the first patient phone contact through the last treatment visit, pitfalls abound. Even when we do everything "right" one false step might cost us a patient. Staff problems, insurance concerns, patient misunderstandings, and payment issues are only a few of the aspects of managing a practice that can cause us headaches. We all want to work in a vibrant, successful practice, with happy, treatment-accepting patients, but we sometimes don't know the steps to take to make it happen.

What can we do to make managing a successful dental practice less complicated, more rewarding, and ultimately more focused on our patients?

A logical place to begin is in the preparation and communication of treatment case presentations and estimates. Many dentists do not have a system for addressing this important issue. In fact, many offices do not present treatment estimates at all.

Treatment plans and estimates are really the keys to practice success. When patients accept and understand treatment plans and finances, they appreciate their treatment and refer their friends.

The best way to approach the project of preparing treatment plans and estimates is to divide the task into steps:

Select chart forms, either paper or computerized, to facilitate all data collection, including pathology, and treatment recommendations.

Be sure to include on this "Initial Data Collection" form all existing conditions, optimum treatment recommendations, any alternatives if appropriate, and priorities. It may be necessary to record a "story" about each tooth to be treated. The more details, the better.

By Carol D. Tekavec

In many cases, complete treatment recommendations can be identified right at the chair during the patient's initial comprehensive oral evaluation while the dentist examines the patient and calls off information to the chairside assistant. Patients listen to their evaluation, hear the detailed process of treatment identification, and if they are encouraged to ask questions, begin the educational process that will result in acceptance of total treatment.

Transfer information from this "Initial Data Collection" form to a detailed "Treatment Estimate" form. The "Treatment Estimate" should list all recommended services and fees in a format that can be photocopied, or reproduced on the computer. Details about how your office handles insurance should be included.

Explain the treatment plan and estimate during a conference with the patient.

If time is available, the plan and estimate can be prepared and then presented at the end of the initial comprehensive oral evaluation visit, or scheduled for a subsequent appointment. The patient should sign two copies of the "Treatment Estimate" and take one copy home.

Obtain and document appropriate informed consent for all recommended treatment.

Informed consent is a process, not simply a signed form. However, documentation of consent on a detailed form can be important to ensure that patients understand treatment, and to help protect the dentist in the event of a lawsuit.

Map out the patient's entire treatment plan on an individual patient "Treatment Schedule."

The "Treatment Schedule" should detail each and every appointment from the first visit in the treatment sequence to the last. Each appointment should list the length of time

See COLUMN, page 23

PEOPLE

Brushing? Speeding?

Dr./Officer Naccarato wants to know

By Karen Fox

Jerome, Idaho—If you see a dentist patroling county highways from 4 p.m. until 2 a.m., you might think this is a new trend in patient-friendly office hours, but it's simply "active duty" for general dentist and Jerome County Sheriff's Deputy Shawn Naccarato.

Since opening his practice in 1991, Dr. Naccarato wanted to contribute to his community while improving the quality of life for people who live there.

Before long he settled on not one, but two mutually beneficial careers: dentistry and law enforcement.

"I was raised in a small town, and I practice in a rural community," says Dr. Naccarato, a full-time general dentist. "I wanted to do something to help the county since they operate on tight budgets and often require assistance. I was itching to do something, and I had an interest in police work."

Jerome County is in southern Idaho, east of the state capital, Boise. Known as "The Magic Valley," Jerome County is desert land that was transformed into a verdant farming community where wheat, potatoes, and corn thrive on miles of man-made irrigation canals.

Jerome, the county seat, has a population of 8,000. The nearest city is Twin Falls, located on the Snake River (over which Evel Knievel once tried to jump a rocket-powered motorcycle in the '70s), has a population of 28,000.

"There is some crime, but the majority of people here are honest and hardworking," says Dr. Naccarato.

Sensing a desire to work in law enforcement, the county sheriff—one of Dr. Naccarato's patients—one day suggested he sign up for the reserve officer training program.

Dr. Naccarato then entered the College of Southern Idaho's training program that prepared him for active duty. Immediately he felt more personally fulfilled by his dual roles, and even noticed the impact of one on the other.

"For me, one without the other is drudgery. Dentistry and police work can go hand-in-hand," he says.

"Being an officer helps me communicate more effectively with people from all backgrounds. It gives me a better chance to see how people live, too, which helps me in my dental practice."

Thanks to the varying duties required by his careers, Dr. Naccarato's weeks are filled with compelling interactions with people, which he finds rewarding.

However, there are daily challenges that cause him to question the need to have two careers. An important consideration is family, and his wife and four children must deal with his long hours away from home. But in the end, Dr. Naccarato says his family understands his need to perform both jobs.

"I truly believe there is a reason I am supposed to do both," he says. "I don't feel like a whole person doing only one job."

In addition to time constraints, being an officer sometimes forces him to do things he doesn't want to do, such as citing or arresting patients.

"People understand that what I do in that job is what I have to do," he says. Recognizing his law enforcement duties as a part-time position, people appreciate his dedication to upholding the law.

Most either gain respect for him or simply don't regard his duties as an impediment to the doctor-patient relationship.

"The few I have had to arrest are still patients of mine. They know I don't like having to do it," he says. "But I take that job just as seriously as this one."

Dr. Naccarato's skills as a dentist are sometimes called to action in law enforcement, too. His overlapping careers have put him on the scene when both dental and law enforcement skills are needed.

For example, when he was called on to review the remains of a body found in the Idaho desert, Dr. Naccarato positively identified the body as that of a woman who had disappeared from Jerome County. His expertise helped bring a five-year-old missing persons case to a close.

Dr. Naccarato belongs to a reserve officer membership organization with about 40,000 members nationwide. He has yet to find another dentist or even a medical doctor who is also an officer, but their ranks are filled with members from all professions, including business and the clergy. ■

Keeping smiles and streets clean: Dr. Naccarato says he feels complete by being both a dentist and sheriff's deputy.

Campaign picks up D.C., new states

Three new states and the District of Columbia have joined the ranks of those constituent dental societies participating in the Association's direct mail portion of the national DR campaign.

Along with D.C., Idaho, Kansas and Maine have joined the 36 states already participating in the three-year, $2.5 million campaign.

The four new additions joined in response to a written invitation extended by ADA Executive Director John S. Zapp last November. They became active participants this spring, when the ADA intensified its campaign by sending DR pieces to more than 77,000 chief financial officers, benefits managers, brokers and consultants.

The mailings were sent in two parts. The first component was a teaser mailed in April designed to make the target audience aware of DR and the arrival of the second component, an interactive DR disk. The disk was mailed early this month.

The council is encouraging dentists to prepare themselves to answer any patients' questions on direct reimbursement that may result from the campaign.

Dentists can arm themselves with answers to DR questions by obtaining copies of the ADA brochure, "Direct Reimbursement: A Guide for the Dental Office." To order copies, call PINSERV on the toll-free number and ask for Ext. 2746. ■

Continued from page one

customize materials with a state association logo, a local contact name and telephone number while keeping the cohesiveness and branding that the national campaign has established," he added.

Through the program, participating constituents can apply for a $2,000 allowance to augment the existing DR marketing efforts undertaken on the national level.

The maximum allowable per state can be used toward one project or a number of projects, but must be used before Dec. 31. It also must meet the criteria outlined in the co-op application and agreement.

Guidelines set for proposed co-op projects specify that monies can be used to purchase advertising space in statewide trade publications. Constituents also may use the funding to defray the costs of resizing and customizing the ADA's existing DR ads for local publications.

Making it personal: The Co-Op program allows constituents to be reimbursed for customizing national DR campaign ads. Here, Montana has added its logo and a local phone number.

In addition, the states can use the allowance to defray the costs of purchasing mailing lists from local resources to then be used in the ADA's direct mail campaign, or for the purchase of supplemental quantities of ADA direct mail pieces to enhance a constituent's own direct mail and promotional efforts.

Finally, participants can use the funds to cover the cost of exhibiting at benefits-related trade shows.

While there are official guidelines on the use of the allowance, Dr. Vaclav stresses that the ADA is "willing to think creatively" and will review other proposals participating constituent dental societies submit.

"It's exciting to be launching a program that will effectively leverage the strength of the national marketing muscle with our 40 participating constituents' ability to provide the all-important personalized touch, said Dr. Vaclav.

Only the constituent dental society may submit requests for co-op monies.

People with questions about the DR Promotional Co-op Program should call Maria Ellis, assistant manager, PINSERV, on the toll-free number at Ext.

ADA makes census of dentists

The ADA Survey Center is now conducting this year's census of all dentists in the United States and its territories. More than 74,000 dentists will be contacted.

The information collected is used by the Association to maintain a comprehensive database of all member and nonmember dentists in the nation. As part of the census, the Survey Center is validating biographical information and mailing addresses in order to improve service to members and the dental profession as a whole.

Results of the report made from the census, the Distribution of Dentists in the United States by Region and State, will be reported in aggregate form. The report presents state- and regional-level data on professionally active dentists and active private practitioners and the State and County Demographic Reports—often used by dentists seeking a practice location.

Dentists receiving a census survey are urged to respond promptly.

Members wishing to obtain reports should call Survey Center on the toll-free number, Ext. 2568. Or use the downloadable order form at ADA ONLINE, http://www.ada.org under Dental Practice, then Survey Center. ■

Dr. Tiecke, 20-year ADA employee, dies at 81

Palm Beach, Fla.—Dr. Richard W. Tiecke, who headed the ADA's scientific division from 1971-82, died April 1 here, four days before his 82nd birthday.

Dr. Tiecke

A 20-year employee of the ADA, Dr. Tiecke retired in 1982 from his position as assistant executive director of the Division of Scientific Affairs (now called the Division of Science).

During his years with the Association, he oversaw important developments for dentistry, including government approval for the ADA to receive patents on new products and devices developed by ADA researchers.

The ADA Health Screening Program, held each year at annual session, was also launched under his watch.

A graduate of the University of Iowa dental school, Dr. Tiecke came to the ADA in 1962 from Northwestern University, where he was head of oral pathology. He joined the ADA as assistant secretary to the former ADA Council on Dental Therapeutics. In 1968, he was named director of the Research Institute and in 1971 took on his duties as head of the Division of Scientific Affairs.

He held the title of professor emeritus at Northwestern, where he taught pathology from 1982-84, until he retired in Palm Beach. He had also been a professor of oral diagnosis at the University of Illinois.

A memorial service was held April 7 in Bethesda By the Sea Episcopal Church in Palm Beach, where he had lived since 1984. ■

Column

Continued from page 18

needed, what should be accomplished, with whom the appointment should be (specific chairside or hygienist), and the fee to be charged and collected. A detailed "Treatment Schedule" eliminates problems with treatment sequencing, special concerns, lab case returns, and fees. Any person in the office can consult the "schedule" to determine where the patient is in the course of treatment. The last appointment for every patient should be a continuous care or recall visit.

Successful practices understand that a comprehensive and possibly expensive course of treatment cannot be accepted unless patients feel that the dentist and staff have their best interests at heart. Patients trust offices that have made an effort to understand what they need and want.

The treatment conference is not the time to be just learning about what makes the patient tick. Indications of what each patient finds important should be gleaned from the very first words said by the patient on the phone or through thoughtful questions asked by staff during the initial visit. Use of the "hard sell," or the "close" simply makes patients wary. When they are feeling wary, they are not listening to treatment explanations. When they are not listening, they are not being educated or buying in to what they are being told.

When patients trust the office and understand what they need, what it is going to cost, and what their obligations are, practice success escalates.

Ms. Tekavec is a certified dental assistant, registered dental hygienist and author and lecturer on practice management issues. She presents the course "Surrounded by Banana Peels" through the ADA Seminar Series program. The views expressed in this column are those of the author and may not reflect the opinion of the ADA or its subsidiaries. Seminars for your group can be arranged by calling the ADA's toll-free number, Ext. 2908.