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ADA News®

AMERICAN DENTAL ASSOCIATION

AUGUST 23, 1999

www.ada.org

VOLUME 30, NO. 15

BRIEFS

Tech Day offers tips for tackling Y2K

Honolulu—Partake of this technology boot camp and chances are you'll whip your practice into top-flight condition in time for the millennium.

Assume the power of technology: register for this year's annual session's Tech Day II: "Taking Another Byte Out of Technology," Oct. 8 from 8 a.m.-4:30 p.m.

Developed by the ADA's Dental Information Technology Committee and Council on ADA Sessions and International Programs, the program features more than 20 presentations, small group discussions, question-and-answer sessions, hands-on demonstrations and technology exhibits.

To register online or for more information, visit ADA ONLINE, the Association's Web page, at "http://www.ada.org/session" or pick up a copy of the April 19 ADA News or July JADA.

Tickets cost \$245 for dentists (RC1) and \$150 for staff (RC1A). ■

AAP to meet next month in San Antonio

San Antonio—The American Academy of Periodontology will hold its 85th annual meeting here Sept. 25-29 at the Henry B. Gonzalez Convention Center.

To register or for more information contact Amanda Widtfeldt, AAP communications manager: phone 1-312-573-3243; fax 1-312-573-3234 or visit the academy's Web page at "http://www.perio.org". ■

Taking AIM at Medicaid issues

State legislators join dental leaders, federal agencies at ADA conference

By Daniel McCann

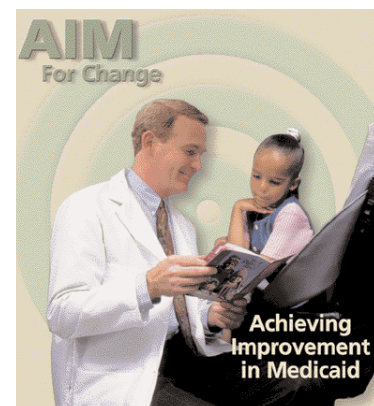
On this early August morning at ADA headquarters, government and health officials from across the country are beginning to stream out of Hillenbrand

Auditorium en route to their assigned workshops.

Their discussions will focus on Medicaid and, more specifically, how to remedy the program's dizzying progeny of endless problems.

If everything goes as planned, they'll return home with new ideas and a renewed sense of purpose in their efforts to help Medicaid children receive oral health care.

In Workshop 4, an hour or so into



the discussion, State Sen. Ben Robinson (D-Okla.) leans forward as he begins to address the others. He speaks with the insistence of someone who knows what needs to be done

See MEDICAID page 20

ADA campaign to fly in pilot programs

Some states heighten awareness with media efforts already under way

By Karen Fox

The campaign to increase public awareness of dentistry lives on.

In fact, Oklahoma, Louisiana, Georgia and the Umpqua Dental Society (Oregon) are using—or planning to use—advertisements that carry both the ADA and state or local society names.

On a smaller scale, the New Orleans Dental Association, the Acadiana District Dental Association

(Louisiana), Nebraska and Rhode Island are also participating. Some believe the national campaign will gain new life if follow-up data show that such advertising has the potential to change public perception.

"We recognize that our most of our members responded favorably to some sort of campaign for the public," says Dr.

See CAMPAIGN, page 24



Bipartisan support for new patient protection bill heats up

By Craig Palmer

Washington—Dentist/Rep. Charlie Norwood reached across the aisle in the summer heat to challenge congressional leaders with the possibility of upwards of 300 bipartisan votes for comprehensive patient protection legislation when Congress returns next month.

Association leaders hailed the attempt to break through partisan roadblocks with a new bill as "a courageous act" on the part of

FDA urges MedWatch participation, page 21

Republican and Democratic sponsors and urged grassroots dentists during Congress' August recess to build support for the legislation.

Reporters asked Rep. Norwood if he had the votes to pull it off. "How are you going to get this bill to the floor?" a reporter challenged in the

late-afternoon haze of a Capitol lawn press conference.

"How can you not take it to the floor with 300 votes," Rep. Norwood replied. The House of Representatives has 435 voting members.

But House Speaker Dennis Hastert (R-Ill.) may have an answer to Rep. Norwood's rhetorical question. The day after Dr. Norwood introduced his bipartisan bill, the speaker announced that a yet-to-be-introduced measure being drafted by

See PATIENT, page 22

INSIDE



New dentists

Conference coverage from Nashville. Story, page 26.

FINCO contributes \$750,000 to ADAHF

By Clayton Luz

The ADA Financial Services Co. and ADA Health Foundation strengthened their joint commitment to dental education Aug. 11 when FINCO presented the foundation with a gift of \$750,000.

Donald S. Hunt, FINCO president
See FINCO, page 10

Time is running out! Are you registered for the 1999 annual session in Hawaii?

Honolulu—Registering before annual session means never having to say you're sorry—sorry that you have to stand in line waiting to register while your colleagues who pre-registered are off and running.

Starting the first week of September, advance registration materials will be mailed to pre-registrants. To help you pre-plan, the materials will include a diagram of the exhibit hall, a list of exhibitors with booth numbers, a chart showing the location and times of the scientific programs, and a map of the convention center.

Pre-registrants can use their badge to enter

Annual Session

the exhibition or attend scientific programs immediately upon arrival at the Hawaii Convention Center. You can drop your registration card in any one of the registration boxes located throughout the center.

Also, you can obtain a copy of the official program and guide to technical exhibits at the lobby of these Honolulu hotels: Hawaii Prince, 100 Holomoana St.; Hawaiian Regent Waikiki

Beach, 2552 Kalakaua Ave.; Hawaiian Waikiki Beach, 2570 Kalakaua Ave.; Hyatt Regency Waikiki, 2424 Kalakaua Ave.; Ilikai Nikko Hotel, 1777 Ala Moana Blvd.; Outrigger Village, 2375 Kuhio Ave.; Sheraton Princess Kaiulani, 120 Kaiulani St.; and Sheraton Waikiki, 2255 Kalakaua Ave.

To register online, visit ADA ONLINE, the Association's Web page, at "http://www.ada.org/session."

Registration forms also are available in the July JADA. For forms in the ADA Session Preview, call 1-800-232-1432. ■

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ATPRESSTIME

FDA eyes medical device recycling

To cut costs, hospitals are known to recycle disposable medical devices, a practice that has gotten attention from the Food and Drug Administration.

Unknown to most patients, hospitals frequently recycle disposable medical devices ranging from surgical clamps to complex cardiac catheters, bronchoscopes and even angioplasty balloons, the Associated Press reported Aug. 13.

The FDA is expected by October to announce plans to address the practice, AP noted, adding that the federal agency has been investigating reports of infections and other complaints with reused medical devices since 1997.

The AP said the FDA's tests of recycled angioplasty balloons found that they can harbor dried blood after attempted cleaning and that repeated uses can stretch the balloons so that they don't inflate properly.

A spokesperson for the Association of Medical Device Reprocessors defended the recycling process as safe and cost effective.

When a device can be safely processed, she told AP, "to throw it away is an unforgivable waste of scarce health care resources."

Health authorities, including the Centers for Disease Control and Prevention, told the AP there was no cause for panic because reports of patient problems connected with recycling are rare and that there is no evidence recycled devices pose a major health risk. ■

Many small businesses see Web site as toy

Almost half of all small businesses have yet to enter the world of electronic commerce and appear to see their Web sites as mere toys, the Wall Street Journal reported Aug. 17.

The newspaper quoted soon-to-be-published findings from the Yankee Group, a Boston-based research firm, which found that 90 percent of small businesses have Web sites but only 30 percent use them to sell products and provide online customer support.

About 54 percent of small businesses and 62 percent of medium businesses (companies with at least 100 employees) have some corporate Web presence, the survey showed.

A Yankee Group analyst told the Wall Street Journal, "What is most surprising is how overall technology goals are not in line with how these companies use the Internet."

For them, he said, "the Web site is more of a toy than a business tool." ■

Feds may be gearing up for tobacco civil suit

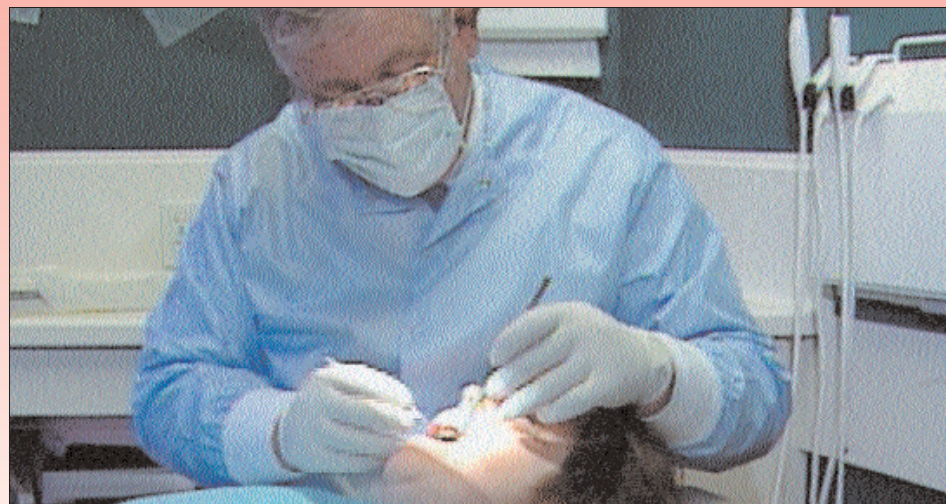
The Justice Department has asked the FBI to assign a team of agents to a task force studying a possible civil lawsuit against major tobacco companies, the Wall Street Journal reported Aug. 17.

The newspaper said the move is a sign "that a planned federal civil lawsuit against the tobacco industry is gathering momentum."

As many as five FBI agents with experience investigating white-collar crime will be attached full time to the task force, the journal reported. While stepping up its investigation, the task force is also exploring whether it has statutory authority to sue the tobacco industry to recover costs incurred by government health programs to treat sick tobacco users.

The journal said the federal government spends \$22 billion a year on smoking-related illnesses, more than half of that paid by Medicare.

—Compiled by James Berry



Periodontal alert: A two-minute ADA video news release featuring ADA President S. Timothy Rose was distributed Aug. 19 via satellite for broadcast on television networks and cable news programs nationwide. Dr. Rose, featured with a patient, provides consumer information on the symptoms and treatments for periodontal disease. Excerpts from the VNR, "Gum Disease Often Overlooked as a Major Health Concern," also are available for downloading from ADA ONLINE, the ADA's Web site ("www.ada.org"). The Association's past VNRs have aired in many of the top 10 markets nationwide. ■

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MYVIEW

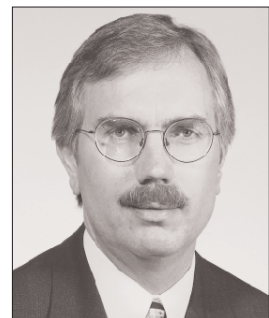
The gap is widening, and I'm concerned

At least monthly one of the journals I subscribe to has an article on the value of evidence-based dentistry. It usually describes in detail how important it is that we strive to make our decisions on patient care based on "good science." Critiques are offered on the existing literature and how it falls short of meeting this goal. And to provoke those with abilities and interest, a research agenda is proposed that targets the most significant issues facing dentistry.

Often, sometimes even on the same day, I receive other journals, unsolicited dental magazines if you like, that have quite a different message. Theirs is a loud and reverberating "hey, look at this." They catch your eye with their flashy cover. They show lots and lots of illustrations with little text. There

aren't any equations, tables, or *P* values to slow your reading down or make you feel intellectually inadequate. They're much more physically attractive and cortically appealing than my other journals. But their most important attribute is that they are tempting. For they purport to offer solutions, quick and easy solutions, to our most common clinical problems without all the fuss.

Although I believe that we need all sorts of literature to advance the science, the art and the practice of dentistry, I do worry that the gap between the different factions of the profession, one that has always existed, is widening. There are those who are demanding more and more prospective clinical trials to help them better treat their patients, and they're not, as many would



Patrick M. Lloyd, D.D.S.

think, just ivory-towered academics. Ever-growing numbers of clinicians are seeking sound and prudent evidence to guide their clinical decisions. Their patients are entrusting them with their care and are investing significant resources, time, effort and money. They want to be more certain and confident that the treatments they render are based on tested procedures and not merely on the testimonials of a few.

On the other hand we have practitioners who want to know the "bottom line." They want articles that "get to the point." They limit their reading to authors who "cut to the chase." They want answers to questions. They're busy, with little discretionary time to wade through long, detailed articles that report on some narrow focused topic that has insignificant impact on their daily practice. In other words, their interest is getting information that they can use now,

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; email to "ADANews@ada.org".

Snapshots OF AMERICAN DENTISTRY

Net income

Solo specialists continue to earn more than solo general practitioners. Overall, earnings are highest among solo specialists in the 35-to-39 age bracket. Among all solo dentists, earnings are highest in the 45-to-49 age bracket.



LETTERS

Stock listing

I wish to point out a material error in the June 21 ADA News about our company which was pointed out by several subscribers.

On the chart listed "Stock Listings for Publicly Traded Dental Management Service Organizations Initial Public Offerings vs. Current Stock Price," you are inaccurate in the description and numbers regarding InterDent Inc.

1. InterDent Inc. was not formerly known as Dental Care Alliance Inc. It was a merger between Dental Care Alliance Inc. and Gentle Dental Service Corp.

2. Throughout the balance of the chart, you have used Dental Care Alliance's (DCA) numbers, excluding the merger. DCA stock's split ½ as part of the merger. Therefore the IPO price of \$12 is actually \$7.18 post split compared to the 7% current price. Similarly the range of \$4 to 10 is actually \$6.68 to 16.70 pre-split.

3. The Gentle Dental numbers are even better, as they went public in February 1997 at \$5 compared to the current 7% stock price.

I verified that no confirmation of any information was requested by the

ADA or Dr. Jeffrey D. Dorfman. InterDent Inc. is the largest DMSO, excluding OCA which is strictly orthodontics. This financial data is readily available through numerous sources in addition to confirmation from the company. The figures you used are distorted and biased in favor of the conclusion that the stock prices of the DMSOs have all performed poorly.

I am just interested in knowing how the "Insurance Company Implementation Committee" is doing with getting the insurance companies to use the updated coding in CDT-2, much less a new version?

Michael L. O'Neil, D.M.D.
Lutz, Fla.

More CDT-3

On reading your July 12 ADA News, I admire all the work that has been done in order to get the CDT-3 codes and terminology manual. What good will this manual do to the general dentist, if the insurance companies do not fol-

Luis Lacourt, D.M.D.
Marion, Ohio

Editor's note: The Association has sent licensing agreements to all known dental insurance carriers facilitating their use of CDT-3 beginning Jan. 1, 2000. As the Council on Dental Benefit Programs identifies carriers that have not begun using the most current dental code, direct contact will be made to strongly encourage conversion to the new code. Additionally, *See LETTERS, facing page*



I would ask that you do the responsible thing and correct these errors in your next publication.

David P. Nichols
Senior Vice President—Finance
InterDent Inc.
Sarasota, Fla.

CDT-3

Thanks to Dr. Michael Vaclav and his committee for what I am sure will be a job well done on the new coding ("CDT-3 Ready to Roll" July 12 ADA News).

MYVIEW

Continued from facing page
without having to spend hours finding it. From a purely pragmatic standpoint, it is easy to understand those who are looking for the "bottom line."

However, with this as their primary goal, these practitioners are taking a considerable risk. Because they may not have the time, energy and perseverance to critically review what they do read, they may assume that the published word is truth and incorporate it into their practice. As we all know, many an article has made it to print that has shortcomings, in both peer-reviewed and non-peer-reviewed publications.

Without constant critical vigilance, even the most informed reader might be bamboozled. The amazing clinical illustrations, the smooth writing style and the perceived ease of the procedure have fooled innumerable practitioners. It's only years later, long after these publications have moved on to promote the latest fad, that the "real truth" surfaces.

An additional indication that there is a widening of the gap between those who seek the why and those who seek just the how is the fact that the number of dentists subscribing to peer-reviewed periodicals has dropped substantially over the past 15 years. For many of those who drop their subscriptions, their principal source of continuing education is what they read in the freebies—the unsolicited dental magazines that arrive weekly.

I find these observations alarming, and I am genuinely concerned about the future of our profession. Can we maintain our collective stature if the gap continues to widen? Why are less rather than more wanting to understand the basics of our profession? Have we lost sight of our responsibilities? Who or what is to blame for it? How can it be turned around? And is it a problem exclusive of dentistry or a symptom of the time?

Dr. Lloyd is editor of the Journal of Prosthodontics. This editorial originally appeared in the June 1999 issue of that publication and is reprinted here with his permission. Copyright © 1999 by the American College of Prosthodontics.

LETTERS

Continued from facing page
the ADA has succeeded in having CDT's most current version named in federal legislation mandating its use by third-party carriers for electronic claims. Compliance with this legislation is expected to be enforceable in 2001. Dentists are advised to use the CDT-3 beginning Jan. 1, 2000, since its revisions afford improved reporting of services. Use of outdated code sets will impede claims processing and reimbursement.

Vedder group to meet

Bloomfield Hills, Mich.—The Francis B. Vedder Society of Crown and Bridge Prosthodontics will hold its fall meeting Oct. 1-3 at Shanty Creek in Bellaire, Mich.

Dr. Bruce Crispin will discuss "Contemporary Esthetic Fixed Prosthodontics: Adhesive Hype or a Legitimate Adjunct?"

Guest fee is \$250 prepaid, \$295 at the door.

For more information contact Dr. Jon McClain, 126 Parker Ave., Alpena, Mich. 49707, by phone at 1-517-354-5624. ■

Survey examines changing demographics of dentistry

While dentistry has historically been dominated by white males, the dental population has begun to change.

In order to examine the changing demographics of dentistry, the ADA Survey Center, in conjunction with the Division of Membership and Dental Social Service, conducted the 1996 Dentist Profile Survey. This survey collected information on family and personal concerns, work-related issues and practice

characteristics of dentists of different racial and ethnic backgrounds.

The Survey Center now has available for sale reports from this survey on five different racial or ethnic groups. The reports cover such issues as dentists' professional satisfaction, their occupations prior to entering dentistry and any difficulty they had in obtaining credit for their practice loans. Education debt levels, marital status, gender and ages of responding

dentists are also reported.

To obtain a copy of these reports, titled Selected Findings from the 1996 Dentist Profile Survey, call the Survey Center using the member's toll-free number, Ext. 2568. An order form can be downloaded from the Internet at "<http://www.ada.org>". Survey Center publications can be found in the "Dental Practice" section.

The report costs \$10 for ADA members, \$15 for nonmembers and \$30 for commercial firms. The catalog numbers for the reports are Asian respondents (5DPA), American Indian respondents (5DPI), black respondents (5DPB), Hispanic respondents (5DPH) and white respondents (5DPW). ■

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ADA moves forward on electronic standards

Group aims to meet future needs

Seattle—The ADA Standards Committee on Dental Informatics established inter-operability as the top priority at its July 13 meeting.

Other high priorities set by the group include the electronic health record design, clinical workstation architecture and electronic dissemination of dental information.

"We considered more than 60 information technology issues in dentistry and agreed on these four categories," said Dr. Robert

Ahlstrom, chairman of the new group. "That 40 representatives from a wide range of dental organizations, payers and vendors could all agree on these priorities provides us with a solid foundation for the committee's work."

Dr. Randy Huffines, past chair of the MD 156 Task Group on Dental Informatics and the representative of the American Society for Geriatric Dentistry, observed, "I work in a hospital where medical devices have to communicate and inter-operability standards are well-established. I'm pleased that we've established 'plug and play' as a top priority for dentistry."

"This will allow dentists to choose a clinical management system and connect devices from various vendors with confidence they will work together," he continued.

"We've already established standards to allow us to share digital images and administrative information between practices. It's about time we set standards to share information between devices within our practice."

"As a general dentist," observed Dr. Scott Trapp, "I want to be sure our systems are collecting and storing the information we need to provide optimal care to our patients and manage the business of our practice."

"We've already established the features and functions that permit dentists to evaluate practice management systems in our technical report on software performance. Now we have to be sure that the system architecture and record structure provide the capabilities to access and analyze that information. I'm excited about the opportunity to apply available technology to better serve the average member."

Also attending the meeting was Sharon Stanford, director of Standards Development at the Association, who discussed the change from an accredited task group to an accredited Standards Committee on Dental Informatics, which was approved by the ADA Board of Trustees in February.

She also explained the operating procedures for an American National Standards Institute accredited standards organization.

This was the first meeting of the new committee members, who must be approved by the ADA Council on Dental Practice. All committee members must be appointed by the council and represent a balance of interests.

Dr. Ahlstrom began the committee's first meeting with a charge to the members to get excited, to get involved and to make the committee whatever they want.

"At this meeting," he told the group, "we are forming the basis for a new committee to meet the information technology needs of the profession now and into the future. There are no limits to what we can achieve."

Following the meeting he reflected, "Although we had some very lively debate, it didn't get physical and we reached agreement on all of the issues. In my book that's a success."

The meeting was hosted by Dr. James Day, vice chairman, who also arranged for several members of the group to tour the University of Washington's Human Interface Technology laboratory.

"In virtual reality," he noted, "we were able to remove a gallstone while appearing to stand inside the patient, suture a virtual wound with the realistic feel of tissue resistance and view a virtual health record that assembled the patient's information from multiple sources around the state." ■

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5,834,342; 5,376,006; 5,409,691; 5,725,843; 5,744,598; 5,759,057; 5,759,698; 5,770,105 and 5,770,182.
European Patent No. 0522057. Other U.S. Patents Pending and International Patents Granted and Pending.
#1002.1

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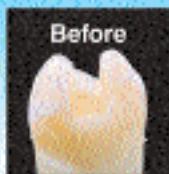
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ADA Reports

Dr. Socransky honored

His bacteria research earns a Ross Award

By Stacie Crozier

Boston—For more than four decades, Dr. Sigmund S. Socransky has dedicated his time and efforts toward unlocking the mysteries of the bacteria that cause periodontal disease and laying the groundwork for more effective treatments and prevention in the future.

His work has earned him the 1999 Norton M. Ross Award for Excellence in Clinical Research. The Ross Award, which recognizes outstanding research that has contributed to the prevention and treatment of oral diseases, is sponsored by the American Dental Association through the ADA Health Foundation with the support of Warner-Lambert Co.

Dr. Socransky, Associate Clinical Professor of Oral Biology at Harvard School of Dental Medicine, will receive \$5,000 and an engraved plaque immediately preceding annual session at a dinner Oct. 3 with the ADA Board of Trustees in Hawaii.

During his 42-year career, Dr. Socransky has published hundreds of scientific articles on the microbiology of periodontal diseases and has received many research awards, including honors from the International Association for Dental Research and the American Academy of Periodontology.

"The task I find interesting is trying to understand the community of microflora that inhabit the gingival crevice and the periodontal pocket and how they interact with the host," Dr.

■ "Why do the majority of these bacteria live in quiet harmony with the host, while a small number of them can cause incredible destruction to the tissue?"

Socransky explains. "The question is: why do the majority of these bacteria live in quiet harmony with the host, while a small number of them can cause incredible destruction to the tissue?"

Dr. Socransky has focused a great deal of effort on how changes in the host or in the destructive bacteria of periodontal disease could result in a compatible relationship.

"The relationship between the habitat—us—and these bacteria is back and forth," he says. "The possibility of modifying the damaging bacteria or the host is what interests me the most in regard to my work."

Since he began his research in 1957, Dr. Socransky has seen great advances in periodontology. The first important development, he says, was the recognition that periodontal diseases are specific infections caused by a small subset of bacteria in the mouth.

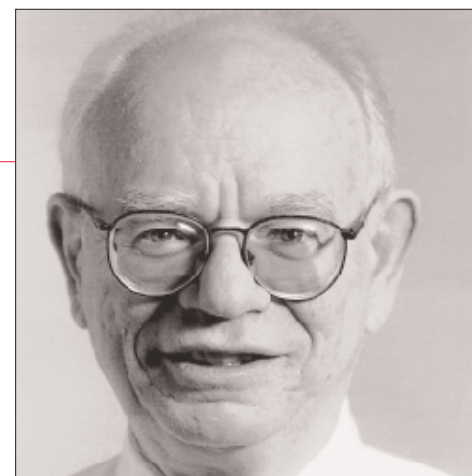
"Once we recognized that," he adds, "we established the idea that you can change the composition of the bacteria or the host to control them. The third step that occurred in this era was the adaptation of use of antibiotics to treat periodontal infections. We're now at the stage of

optimizing the use of the most effective antibiotic to the individual patient."

Dr. Socransky estimates that between six and 20 different periodontal infections exist, and

though they have similar outcomes with regard to tissue destruction, they may work in different ways, posing a challenge for prescribing the

See ROSS AWARD, page 10



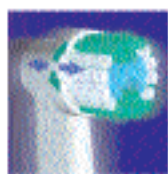
Dr. Socransky: Sees surgical interventions with antibiotic therapy and home care as the key to periodontal treatment.

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All smiles: (From left) Dr. John S. Zapp, Dr. Anthony Volpe, Donald S. Hunt and Dr. S. Timothy Rose show off FINCO's gift to the ADAHF in the amount of \$750,000.

ADA Reports

FINCO

Continued from page one
dent, made the award in a check presentation to Dr. Anthony Volpe, ADAHF president, before a meeting of ADAHF board members at Association headquarters.

"ADA Financial Services Co. is especially pleased to make this contribution to the dental profession through the ADA Health Foundation," Mr. Hunt said. "This is our way of investing in dentistry while supporting and enhancing the Foundation's dental education programs."

Last April FINCO, which offers financial ser-

vices to ADA members through the ADA 1 PLAN, sold its credit card portfolio of financial products and services to Citibank, the nation's largest financial services company. The portfolio was previously managed by Mellon Bank Corp.

Members of FINCO's board directed that partial proceeds from the sale be earmarked for dental education through the ADAHF.

"This contribution from ADA Financial Services Co. comes at a time when dental practitioners and dental educators are faced with dramatic changes in technology, expanding curriculum demands, concerns with dental faculty recruitment and retention, as well as increasing levels of student indebtedness," said ADA Executive Director John S. Zapp. "This generous gift will further assist the ADA Health Foundation in addressing these challenges, and in doing so, make clinical dentistry better."

The ADA Health Foundation is dentistry's leading national charitable organization. The foundation's primary mission is to enhance clinical dentistry and public oral health. The ADAHF provides funds for charitable projects, awareness activities, basic and applied dental research and educational programs. ■



Ross award

Continued from page nine
optimal treatment for each periodontal patient.

In the future, Dr. Socransky hopes that dental researchers can develop the best methods for treating individual periodontal diseases through a combination of surgical interventions such as scaling and root planing, along with antibiotic therapy and home care routines.

"I'd like to see us optimizing treatment as well as working on preventive care strategies that can stop periodontal disease before it causes damage."

Dr. Socransky admits he's been so busy studying bacteria that he was truly surprised and honored at receiving the Ross award.

Notes Dr. John S. Zapp, ADA executive director, who chaired the award selection committee, "Dr. Socransky's achievements in research have already had a significant impact on periodontal treatment. The Ross award is not only a great way to honor his accomplishments, but also to show the award committee's confidence in his ongoing efforts in preventive care research."

"As far as the ADA Health Foundation is concerned, we are delighted that Dr. Socransky has been selected as the recipient of this year's Norton M. Ross Award," says Dr. Anthony Volpe, ADAHF president. "Just as the Foundation's focus is on making clinical dentistry better, Dr. Socransky has devoted his life to making clinical dentistry better."

Says Dr. Michael Barnett, Senior Director of Dental Affairs at Warner-Lambert, "We're thrilled with the selection of Dr. Socransky for this prestigious award. He epitomizes what the Ross award is about. We're sure that the selection of Dr. Socransky is one which Dr. Ross would have been pleased with as well."

The 1999 Norton M. Ross Selection Committee included Dr. Zapp; Dr. Henry Finger, 4th District Trustee; Dr. Chris Mangos, 6th District trustee; Dr. Gary C. Armitage, council chair; Dr. Stephen Bayne, president, American Association for Dental Research; and Dr. Roy C. Page, 1998 Ross Award recipient.

The award is named in honor of Norton M. Ross, a renowned dentist and pharmacologist who died in 1990. ■

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1003-1 ADA



Checking up: Dr. Daniel Barry welcomes a patient to a Florida Dental Association oral health screening in a shopping mall during National Children's Dental Health Month.

Kansas takes top honors in 1999 NCDHM awards

The Kansas Dental Association won the \$2,000 first prize in this year's Samuel D. Harris National Children's Dental Health Month State Program Awards.

The South Carolina Dental Association and Florida Dental Association each earned \$1,000 meritorious awards.

Thanks to a generous contribution from Dr. Harris, the ADA established the awards to promote excellence in National Children's Dental Health Month programming. Entries were judged on creativity, member involvement, ease of duplication and other criteria. Awards are

ADA Reports

granted with the intent that they be used to provide for further statewide coordination of National Children's Dental Health Month programs.

The Kansas Dental Association increased awareness about the benefits of dental sealants through a statewide drawing contest—"Draw Your Way to a New Bicycle"—that linked schools, organized dentistry and the media.

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ADAHF calls for proposals, applications

The ADA Health Foundation is accepting proposals and applications for the Samuel Harris Fund for Children's Dental Health Grants Program through Aug. 31.

Established through a permanent endowment of the ADA Health Foundation, the Samuel Harris Fund is dedicated to preventing caries and other oral diseases in children.

The ADAHF will award competitive grants up to \$5,000 and dental materials to applicants whose programs are designed to coincide with the ADA's National Children's Dental Health Month Campaign in February 2000.

The ADA Council on Access, Prevention and Interprofessional Relations, ADA Department of Public Information and Education, ADA Health Foundation Board of Directors and Samuel Harris Fund Advisory Committee will review all entries.

All applications and proposals must be postmarked no later than Aug. 31.

Fluoride treatments

Another Samuel Harris Fund program has dental products available to charitable organizations.

Thanks to the generosity of dental supply and manufacturing companies, the ADA Health Foundation has dental and fluoride treatments available to treat more than 40,000 children in February 2000 as part of the Samuel Harris Fund for Children's Dental Health Grants Program.

Charitable dental organizations who wish to apply for these products must complete a Harris Fund Request for Proposal by Aug. 31.

Companies who contributed dental products are: 3M Dental; Benco Dental Co.; Colgate Oral Pharmaceuticals; Darby Dental Supply; Dentsply International; John O. Butler Co.; Premier Dental Products; Pulpdent; Sullivan-Schein Dental; and Zila Dental Supply.

For more information on either of the programs listed above or to receive a copy of an RFP by mail or fax, contact the ADA Health Foundation: phone 1-312-440-2547; e-mail "czarneckir@ada.org" or write ADA Health Foundation, 211 East Chicago Avenue, Chicago 60611-2616. ■

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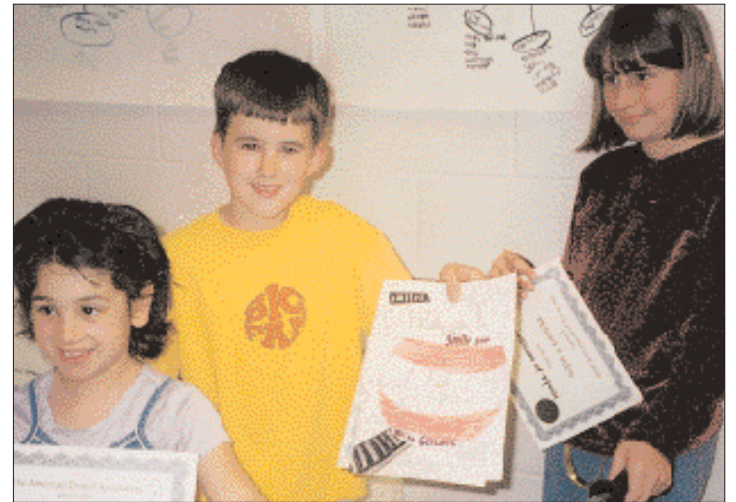
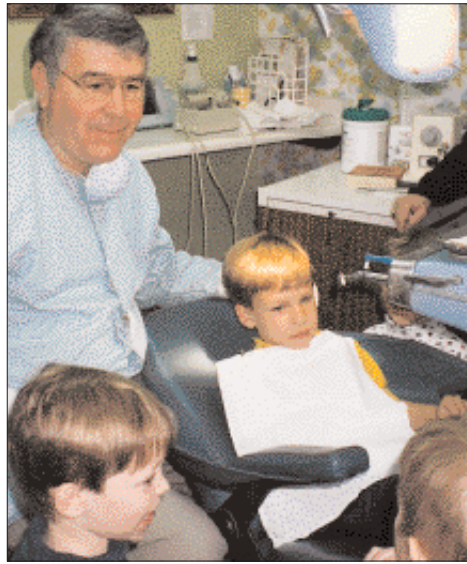
The South Carolina Dental Association received a meritorious award for raising the awareness of mouthguards through a Web site—"Put a Byte Into Dental Care"—to reach consumers, media and 61,000 first-grade students.

With corporate support, mouthguards were given away with sports equipment purchases. SCDA's publicity program encouraged newspapers, TV and radio stations, hospitals and other organizations to link their Web sites to SCDA's.

Through corporate sponsorships and dental-health fairs and contests, the Florida Dental Association's campaign reached more than one-quarter of a million people.

FDA produced and distributed a dental health publication—"Keep on Smiling"—in 230,000 Florida editions of USA Today with FDA members distributing an additional 270,000 copies.

About 20,000 children participated in FDA's statewide banner contest coordinated through public and private schools, and more than 200 families attended free dental health screenings. ■



Celebrating dental health month: Dr. Byron Brown (left) gives an office tour, and Kansas winners (above) display their entries.

Dr. Anderson, UIC dental dean, dies

By Karen Fox

Dr. Allen W. Anderson, dean of the University of Illinois at Chicago College of Dentistry, died of pancreatic cancer July 6 in St. Louis.

"I found him to be a wonderful individual to work with," said Dr. Danel Uditsky, president of the UIC dental school's alumni association board of directors. "He will be missed."

Dr. Anderson earned his dental degree (1964) and certificate in pediatric dentistry (1966) from UIC. He served in the U.S. Naval and Army reserves from 1961-66 and 1966-68, respectively. Following honorable discharge, he returned to the UIC dental school as an assistant professor of pedodontics and was later promoted to head of the department. At age 31, Dr. Anderson was one of the youngest department heads in UIC's history.



Dr. Anderson

In 1981, he was named the UIC dental school's associate dean for clinical affairs. In 1987, he became the dental school's interim dean and then dean in 1989.

Dr. Anderson was charged with developing a strategic plan for improving the dental school and making it an international force in dentistry. He not only achieved the goals of that plan but initiated a second plan to extend the scope of the school's influence.

Under Dr. Anderson's administration, the dental school began dental outreach programs that utilized a dental van to take dental care for underprivileged children into Chicago neighborhoods and provided dental services at a neighborhood health center located near UIC.

"In the 12 years that Allen Anderson served as dean, he strengthened the College as a whole," said Dr. David Broski, UIC's chancellor. "Research activity and funding have increased considerably through the recruitment of outstanding faculty. UIC is grateful for all of Dean Anderson's hard work in preparing the College of Dentistry for the 21st century."

Dr. Anderson held office in dental organizations including the American Academy of Pediatric Dentistry, the American Society of Dentistry for Children, the American Association of Dental Schools and the North East Regional Board of Dental Examiners. Dr. Anderson wrote or co-authored more than 25 book chapters, journal articles and abstracts. ■

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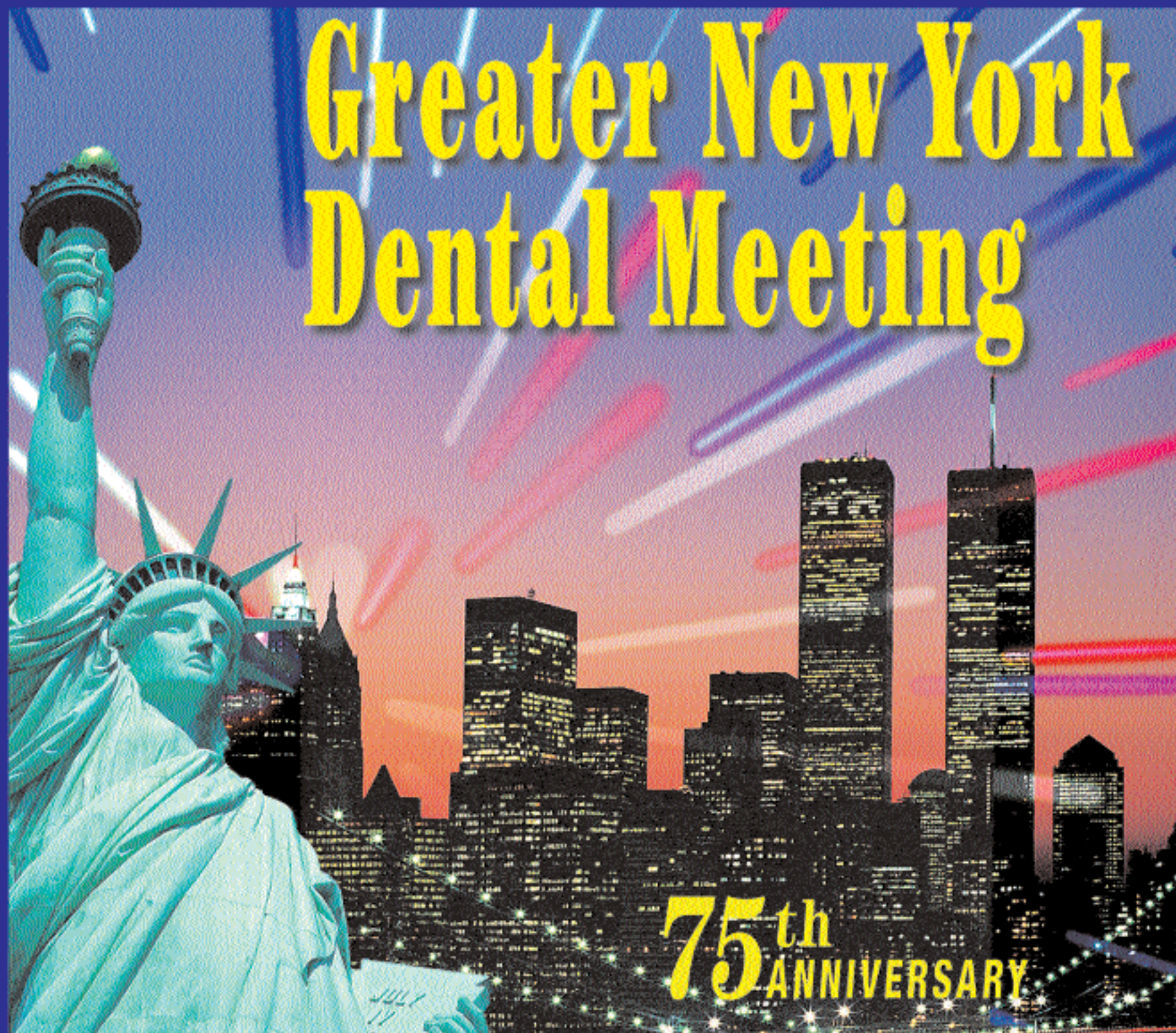
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Marketplace

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Students attending the seminar will receive the manual, "Starting Your Dental Practice: SUCCESS Seminar Manual." Senior dental students later will also receive a book from the ADA's Practice Management Series, "Starting Your Dental Practice: A Complete Guide."

Dates and locations for the 1999-2000 SUCCESS seminar season follow:

- Sept. 14, University of Iowa;
 - Sept. 17, Baylor College of Dentistry;
 - Sept. 18, University of Maryland;
 - Sept. 21, Northwestern University;
 - Sept. 23, Indiana University;
 - Sept. 24, University of Nebraska;
 - Sept. 28, Ohio State University;
 - Oct. 21, Temple University;
 - Oct. 21, University of Florida;
 - Oct. 22, University of Missouri-Kansas City;
 - Oct. 26, University of Alabama;
 - Oct. 29, State University of New York at Buffalo;
 - Oct. 30, University of Michigan;
 - Nov. 3, University of Illinois at Chicago;
 - Nov. 5, University of Texas Health Science Center at San Antonio;
 - Nov. 10, Meharry Medical College School of Dentistry;
 - Nov. 15, Boston University;
 - Nov. 15, NOVA Southeastern University;
 - Nov. 17, University of Medicine and Dentistry of New Jersey;
 - Dec. 9, SUNY, Stony Brook;
 - Jan. 12, University of Tennessee;
 - Jan. 13, University of North Carolina;
 - Jan. 13, University of Mississippi;
 - Jan. 21, University of Texas-Houston Dental Branch;
 - Jan. 24, Medical University of South Carolina;
 - Jan. 29, Columbia University;
 - Jan. 29, University of Minnesota;
 - Feb. 1, West Virginia University;
 - Feb. 5, University of Washington;
 - Feb. 10, Louisiana State University;
- Sponsors of the 1999-2000 SUCCESS Seminar series include 3M Dental; A-dec Inc.; CAN Insurance Companies; Brown and Brown Insurance; DENTSPLY International; The Equitable Life Society of the United States, New York; Great-West Life & Annuity Insurance Co.; John O. Butler Co.; Sullivan-Schein Dental, a Henry Schein Co.; Patterson Dental Supply Co.; Procter & Gamble Co.; Ultradent Products Inc. and Warner-Lambert Co. ■

■ Government to fund studies on health care market, page 16

New Zealand 2000 meeting

Dunedin, New Zealand—The New Zealand Dental Association Biennial Conference will meet here Oct. 4-8, 2000.

For more information write the NZDA Conference, Queens Garden Court, 3 Crawford St., P.O. Box 1029, Dunedin, New Zealand or contact Douglas W. Holborow: phone 011-64-3-477-1377; fax 011-64-3-477-2720 or e-mail "dcms@dcms.co.nz". ■

Questions & Answers about Oral Cancer

1. Cigar smoking increases the risk of oral cancer by:
A. 100% B. 50% C. 25%
Source: National Cancer Institute, April 11, 1998
2. Which step is not included in an oral cancer examination?
A. Palpate cervical nodes
B. Visual exam of oral cavity
C. Bimanual palpation of submandibular tissue
D. Probing for pocket depth
Source: American Cancer Society, Guide to Oral Self-Examination
3. Which information is not pertinent to evaluation of oral cancer risk?
A. Past and present tobacco use
B. Past and present alcohol use
C. Past and present oral hygiene habits
Source: Yellwits et al., "Knowledge, Opinions and Practices of General Dentists Regarding Oral Cancer" JADA Vol. 126, May 1998

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Feds to fund research on health care market, managed care

Rockville, Md.—The U.S. Agency for Health Care Policy and Research will spend up to \$11 million to support two or three centers of excellence for health care market and managed care research, the agency announced June 23.

The studies conducted by these centers will help public policymakers understand, monitor and anticipate how changes in the market-driven health care system affect costs, access to services and quality of care, AHCPR said in a news release.

Marketplace

The agency said some of the studies are expected to explore the effects of health care market changes on rural and minority populations.

"Each center will perform several inter-related projects that revolve around a general theme

conceived by the principal investigator," the agency said. "Within the limits of the theme, individual projects will address provider and health plan behavior, purchase behavior, access to care for racial and ethnic minorities, and rural health markets."

Under a 1995 initiative, AHCPR supported 11 studies of the major changes in health care markets, including labor force participation and income, hospital mergers and integration, and the structure of health insurance markets.

Over the past few years, health care markets have become increasingly complex, the agency said.

"Costs appear to be rising again," said AHCPR. "Some HMOs are withdrawing from Medicaid and Medicare programs; for-profit ownership is increasing; some hospital-health plan mergers from the past are being dissolved; and new consolidations are producing complex multiproduct, multimarket health plans and diversified provider networks."

The agency said employers and health care coalitions are having a greater effect on the shape of health care markets than ever before. But other things are not changing.

"Access to health care continues to be a problem in rural markets, and racial and ethnic disparities in health outcomes and quality persist," said AHCPR. "Policymakers in both the public and private sectors need further information so they can forge sound policies and strategies in response to both market changes and persistent problems." ■

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ADA offers DMSO resource packets

Resource packets on dental management service organizations and related topics will be sent to state dental associations in late summer as part of the ADA's campaign to help members understand the changing dental marketplace.

Developed with guidance from the ADA Board of Trustees' Task Force on DMSOs, the packets are the work of various Association agencies, including the councils on Dental Practice; Ethics, Bylaws and Judicial Affairs; Government Affairs; and the Division of Legal Affairs.

The main batch of materials, known as the ADA Resource Packet on DMSOs, will be made available on request to ADA members after it is mailed to state dental groups.

This packet includes:

- a statement on the "Ethical Aspects of Dental Practice Arrangements" from the Council on Ethics, Bylaws and Judicial Affairs;
- a list of publicly held DMSOs with their addresses and initial public offering information current to February 1999;
- reprints of articles from various sources, including the ADA News, The Journal of the American Dental Association and ADA ONLINE;
- an ADA "white paper" on DMSOs;
- a report prepared by the Council on Dental Practice on "What You Need to Know Before You Sign or Sell";
- a report targeted mainly for new dentists entitled "Options Available for Entering Dental Practice";
- "What Every Dentist Should Know Before Affiliating with a Dental Management Service Organization: A Legal Perspective."

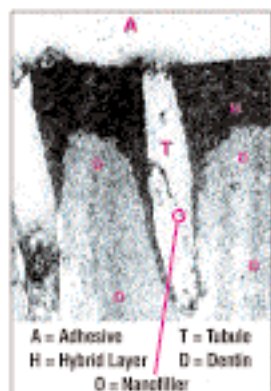
Also being mailed to the states is a legislative/regulatory resource packet that focuses on laws, policies and opinions related to the corporate practice of dentistry. Materials in this packet are intended for states to use in their legislative initiatives.

The states also will be receiving a "Constituent Dental Society Dental Practice Mentor Program" that focuses on the pros and cons of various practice arrangements, including DMSOs.

For more information on DMSO resources, contact the Division of Dental Practice, Ext. 2895. ■



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in hybrid composites — allow Prime & Bond NT adhesive to thoroughly penetrate the dentin tubules with only one application.

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The business of dentistry

3rd conference featured nine new speakers

By Laura McKee

The Dentistry as a Business Conference: Money, Management, Marketing & Technology has come to be known as a one-stop spot for dentists wanting to learn how to, well, maximize their money, management, marketing and technology.

"This conference is known as one where dentists can hear the very best speakers in one venue," said Dr. Charles Norman, chairman of the Council on Dental Practice.

Marketplace

Dr. Norman, along with CDP council members Dr. Jean Altieri, Farmington, Conn.; Dr. Jeffrey Smith, Sonoma, Calif.; and Dr. John Burton, Columbia, S.C., helped ADA staff plan and run the conference, which this year was held at ADA headquarters in July.

In its third year, the event drew an enthusiastic

group of dentists, one from as far away as England. And while the conference featured among its 12 speakers some favorite and familiar names, it also included nine experts new to the gathering.

Dr. Norman noted that dentists raved that newcomer Petra Marquart, author and lecturer from Plymouth, Minn., was among the funniest and best presenters they'd ever heard.

"She's not on the dental circuit. She teaches service techniques to employees of large corpo-

rations," said Dr. Norman. "That translates well into dentistry because dentists have to provide good service," he said.

Meanwhile, perennial favorite Dr. Roger Levin, president and chief executive officer of The Levin Group, spoke about "Breakthrough Strategies to Build the Elective/Esthetic Practice."

"Most dentists are likeable people," he told his audience. But, he stressed, people can always benefit from improved communication skills.

Other speakers included such recognizable names as Dr. James Jackson, president of The Jackson Financial Company Inc.; Dr. Alvin Danenberg, certified financial planner; and Dr. R. Pat Little, founder of Odont Technologies.

The event was scheduled in three tracks: Money and Investing, Practice Administration and Marketing and Technology.

"I'm always pleased with the conference," said Dr. Norman. "It provides a variety of speakers and the topics we cover are well-represented."

A fourth Dentistry as a Business conference is scheduled for next year at ADA headquarters July 28-29. ■

Oklahoma law targets illegal dentistry

A new law in Oklahoma targets dental laboratory technicians who practice dentistry. The legislation makes it illegal for a dental laboratory technician or a laboratory to possess a dental restoration, appliance or other device without a dentist's prescription. In effect, the legislation fortifies the state dental board's regulatory oversight of dental labs. "This [law] defines what a dental laboratory is to ensure that we don't have the illegal practitioner," said Linda Campbell, executive director of the Oklahoma Board of Governors of Registered Dentists. "I know that a lot of people call them denturists. [But] we don't because we think it's the illegal practice of dentistry. We don't recognize denturists or dentistry."

The law takes effect Nov. 1. ■

New chewing gum may cause allergic reaction

The Warner-Lambert Co. July 26 announced a voluntary recall and warned consumers that two of its new Trident chewing gum products may cause an allergic reaction in anyone allergic to milk-based products.

In a company news release issued Monday, the company said that "people who have an allergy or severe sensitivity to milk or milk-based products are at risk of a serious or life-threatening allergic reaction if they chew Trident For Kids or Trident Advantage chewing gum with Recaldent."

Recaldent, contained in both gum products, is a milk-casein derivative "that contributes to remineralization, or strengthening of teeth," the company noted.

Warner-Lambert issued the alert after learning of allergic reactions in two young children who chewed Trident For Kids. Both children recovered, the company said.

The gum products, which first hit store shelves in mid-June, have been voluntarily withdrawn from the market, the company added. The products will be relabeled so that consumers can readily see that the gum contains a milk-casein derivative. ■

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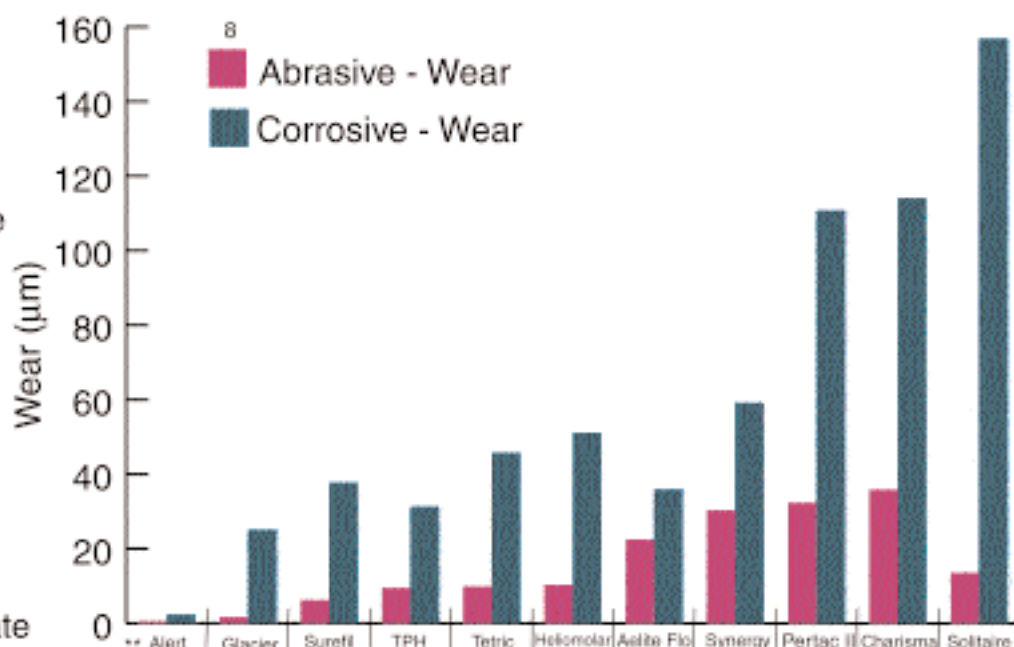
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⁸ Corrosive Wear of Commercial Composite Resins, N. Sarkar, et al. LSU School of Dentistry

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ALRT92ADA

Government

Medicaid

Continued from page one
and, moreover, how to do it.

"If I were [seeking changes in Medicaid]," he says, "I'd go to the governor of every state and I'd say, 'I have a deal that's going to make you look like a hero.'"

Given that Medicaid's problems will require a long-term commitment, Sen. Robinson cautions against spending too much time lobbying lawmakers: "We're very short-

sighted in the legislature; we need instant gratification." Besides, he adds, by going straight to the governor, "you only have to sell one person."

The occasion for Sen. Robinson's comments, and those of the other 100 or so participants, was the Aug. 2-3 conference on Achieving Improvement in Medicaid, AIM for Change.

Sponsored by the councils on Access, Prevention and Interprofessional Relations, Dental Benefit Programs and Government Affairs, the meeting included dentists and oth-

ers from organized dentistry, federal officials from the Health Care Financing Administration, the Health Resources Services Administration, state legislators and Medicaid officers.

Just two years ago, the prospect for such a gathering would have been unlikely at best.

Thirty years of Medicaid troubles had sown widespread mistrust of the program and its seemingly senseless bureaucratic underpinnings.



HRSA Administrator Claude Fox, M.D.:
"Dental disease is the leading unmet health need in this country."



HCFA Administrator Sally Richardson:
"Share new ideas and approaches to dental care access."

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Many health care providers who had signed on with Medicaid subsequently left, citing low reimbursement rates, missed appointments, time-consuming claims forms, preauthorization and utilization reviews.

For decades, the program seemed to stumble on, draining federal and state monies and kindling growing frustrations.

Then last year, with the start of the Children's Health Insurance Program, federal officials made Medicaid reform a priority.

They had reasoned that the problems affecting Medicaid could also doom CHIP.

So last June at Lake Tahoe, Nev., officials from HCFA, HRSA and the National Center for Education in Maternal and Child Health hosted a conference called Building Partnerships to Improve Children's Access to Medicaid Oral Health Services.

The meeting was viewed as a beginning, a reaching out to all parties involved with Medicaid to work together to build a better program.

In her keynote address at the ADA conference earlier this month, HCFA Administrator Sally Richardson spoke about the accomplishments of the Lake Tahoe meeting.

"In Tahoe," she said, "I think what we tried to do was to level out some of the animosity between the various people who are interested in solving these problems."

The next step, she added, is to find the solutions. "And I think that's what this [ADA] conference is all about: to share new ideas and approaches to dental care access that can be implemented at state and local levels."

Earlier, those at the ADA conference heard HRSA Administrator Claude Fox, M.D., underscore the need to resolve access problems.

"We know that [federal studies] show that dental disease is the leading unmet health need in this country," said Dr. Fox. "Eighty percent of tooth decay is concentrated in 25 percent of the kids in this country. And you know which kids those are, those are low-income kids."

But the crux of the conference was the workshops, and before the participants left the Hillenbrand Auditorium to begin their discussions, ADA President S. Timothy Rose asked

them to keep in mind three goals. "I'd like each one of us, no matter what group we represent, to take responsibility for the role we have in finding answers."

"Secondly, I hope you can abandon your preconceived ideas ... let your hair down and talk about any wild idea that might help [solve problems]."

"And third," he continued, "when we leave here tomorrow, I'd like you to make a commitment to take the next action step."

For three hours, workshop participants shared their ideas for changing Medicaid, keeping in mind that no single solution would work in every state. They compiled lists of strategies for dealing with issues ranging from funding to education to communication.

And on Aug. 3, representatives from each of the seven workshops presented their reports. The issues, and some of the suggested strategies, were:

- Financing and funding—Identify the budget players and processes in your state; educate dentists on how to contact legislators; institute tax credits for providers, in addition to [increased] fees.

- Medicaid policies and administrative procedures—Limit preauthorizations to the most expensive procedures; use ADA codes and ADA form; establish quick verification of patient eligibility.

- Supply and distribution of providers—Provide more training for dental students and practicing dentists to help them become more confident in treating very young patients; make appropriate use of mobile vans and school-linked programs; work on recruiting incentives to practice in underserved areas.

- Education/communication issues—Use volunteers, schools and pediatricians to communicate to patients the need to seek dental care; use public service announcements aimed at beneficiaries; promote parents as teachers.

- Potential partners (in implementing changes to Medicaid)—Other health associations; patient advocacy groups; hospitals and emergency department staff and Medicaid enrollment offices.

In addition, as requested by President Rose, each group made commitments about the next step in remedying Medicaid.

Members of one workshop, for example, included among their resolutions the goal of working "for changes in dental school curricula to encourage dental student involvement in community outreach programs."

Another group aims to create a marketing plan to increase the number of [Medicaid] providers. Medicaid officials in yet another workshop agreed to help ensure that patients have reliable transportation to get to the dental office.

For some people, the educational benefits of the conference itself provided inspiration for future commitments. Toward the end of the two-day meeting, State Sen. Donald Hines [D-La.] said, "This has been a great learning experience for me. Two years ago, I was the author of the Rural Hospital Preservation Act to help save the small rural hospitals in Louisiana. And it's been a great success."

This year, Sen. Hines continued, he's working on legislation dealing with the distribution of health providers in rural and underserved areas.

"And I can be honest with you," he added. "If I hadn't come to this meeting, I'm not sure that dentistry would have been a high priority on my list. But I've changed my mind."

In their evaluations of the conference, dental society representatives and state and federal officials all called for a follow-up meeting to, in the words of one, "maintain [the] momentum." ■

MedWatch aims to increase drug, medical product safety

Even though a drug or medical product has passed muster at the U.S. Food and Drug Administration, problems still can occur.

And when those problems are serious, the FDA asks dentists and other health care professionals to contact the agency's MedWatch program.

Established in 1993, MedWatch aims at "enhancing the effectiveness of our post-marketing surveillance of drugs and medical products," says Mary Pat Couig, the program's director of education and outreach. "It allows us to rapidly identify any potential significant health hazards."

Many people, continues Ms. Couig, assume

that once a product or drug is cleared by the FDA, all questions about its safety and effectiveness have been answered. But that's not necessarily so.

Clinical trials scrutinized by the FDA seldom involve more than three or four thousand people—quite a contrast with the potential three or four million or more people who might take the drug.

Then there's the issue of a new drug being taken along with other drugs. Researchers can't test every possible combination of new and already approved drugs to see how they might interact.

So the FDA, through MedWatch, depends on health care workers to keep an eye out for patients' serious reactions to drugs, biologics (blood products, for example), medical devices, dietary supplements and infant formulas.

MedWatch officials emphasize that health professionals report only serious reactions. Health care providers needn't identify the cause of a problem before filing a report. A suspected association between, say, a drug and a serious adverse reaction is sufficient reason to contact MedWatch.

Dentists can file reports online:

- Online—(www.fda.gov/medwatch);

- via mail—MedWatch, 5600 Fishers Lane, Rockville, Md. 20852-9787. (Telephone 1-800-332-1088 to get a reporting form.)

- by fax—1-800-332-0178.

For further information about MedWatch, telephone 1-800-332-1088. ■

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REV A. 09. ADA

Government

Patient

Continued from page one

Reps. Tom Coburn, a Republican physician from Oklahoma, and Arizona Republican John Shadegg will be the bill that goes to the floor.

In a significant reversal of his longstanding position, the speaker has let it be known that he will no longer oppose including a provision that would allow patients to sue their health plans for malpractice.

In an August 13 letter to Speaker Hastert, ADA President S. Timothy Rose and Executive

Director John S. Zapp wrote, "We look forward to seeing this bill as soon as it becomes available. Should the Coburn-Shadegg bill advance the principles of our policy goals, we will support its passage enthusiastically."

In the meantime, the ADA leaders wrote, "[W]e are urging our members to communicate to their U.S. representatives the Association's support for [the Norwood bill], which closely comports with our goals."

The Georgia Republican is one of several health professionals in Congress making waves in the health policy debate and earning labels as "dissidents" and "rebellious" for placing patients above party. Congressman Norwood's response: "A Republican bill will fail; a Democratic bill will fail. We need a law on the books that will protect patients. This (a bipartisan bill) is the best way to get an actual law."

Rep. Norwood and physician/Rep. Greg Ganske, an Iowa Republican, joined Michigan Democrat John Dingell in pledging agreement on "a breakthrough bipartisan managed care reform bill in preparation for a full House vote in September" and pronouncing patient protection partisanship a failure.

President Clinton said he, too, could support the legislation. "It is clear that there is now a bipartisan majority of House members ready to vote for a strong and enforceable patients' bill of rights," the president said in a statement commending Drs. Norwood and



Rep. Norwood

Ganske and Rep. Dingell.

Republican and Democrat supporters also commended the two doctors for their leadership in the health policy debate. GOP Rep. Rodney Frelinghuysen of New Jersey called Reps. Ganske and Norwood "my two tutors" on patient protection legislation and said they were instrumental in securing his support for a bipartisan bill.

The proposed "Bipartisan Consensus Managed Care Improvement Act of 1999," HR 2723, would offer patients:

- binding external appeal procedures when benefits are denied;
- freedom to choose their own doctors outside a plan network;
- the right to sue health plans in state courts for damages if injured.

The bill also would:

- cover all dental plans;
- prohibit discrimination against providers based on licensure;
- help ensure that medical and dental decisions are made by doctors using accepted standards of patient care.

Business and insurance opponents immediately trashed the "Bipartisan Consensus Managed Care Improvement Act of 1999" as the "Health Insurance Elimination Act of 1999" and promised an August blitz to bury the bill before Congress can get around to it. "Don't you know that just stimulates me," said the Georgia Republican whose feisty congressional tenure has included challenges to the Occupational Safety and Health Administration, the Federal Trade Commission and party leaders on patient protection issues.

The ADA plans on joining the American Medical Association and more than 120 other health professional and consumer groups in supporting a strong patient protection bill through targeted advertising and grassroots advocacy during the August recess. ■

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More Than A Toothpaste - Your Partner In Oral Health

DEA plans for Y2K issues

By Craig Palmer

Washington—The Drug Enforcement Administration is moving to protect the integrity of the registration process for dentists and other practitioners in case of Y2K-related failures, agency officials told the Association.

Dentists and other practitioners prescribing controlled substances must register with the DEA and pay a three-year registration fee.

The DEA later this year will preprint all renewal applications and certificates for registrations due for renewal in January, February and March 2000, said John H. King, deputy assistant administrator, office of diversion control. "This is only being done in case something happens so that paper copies are available as a backup," said an aide. "There will be no disruption of registrations."

After Jan. 1, if registration certificates cannot be printed, the DEA will provide a mechanism such as a letter to be used by the registrant until the actual certificate can be printed, Mr. King said.

The agency will publish a business continuity and contingency plan to deal with computer or operational difficulties this fall in the Federal Register, the official record of government regulatory activity.

The plan covers other contingencies such as ordering forms used by practitioners handling Schedule 2 substances. The plan will allow temporary delegation of authority to field managers to waive certain regulatory requirements if necessary, Mr. King said. ■

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Abdelkareim, et al.
University of MN/University of Tanta
Journal of Dental Research, 1996

"Amalgambond-Plus produced significantly higher amalgam-to-dentin shear bond strength than did Optibond FL, One-Step with Resinomer, or Fuji Duet."

Cobb, et al.
University of Iowa
Journal of Dental Research - 1996

"Amalgambond with HPA without pins was the most retentive resin ... Shear strength of resin bonded amalgams was not affected by prolonged immersion of 12 and 30 months." (Other adhesives in the study: Amalgambond, All-Bond 2, Panavia, Panavia with Photobond, Copalite)

Lo, et al.
Tufts University/Chung-Shan College
Journal Dental Research - 1996

"In conclusion, for both (manual and automatic condensation), Amalgambond Plus with HPA powder performed the best in bonding amalgam to dentin."

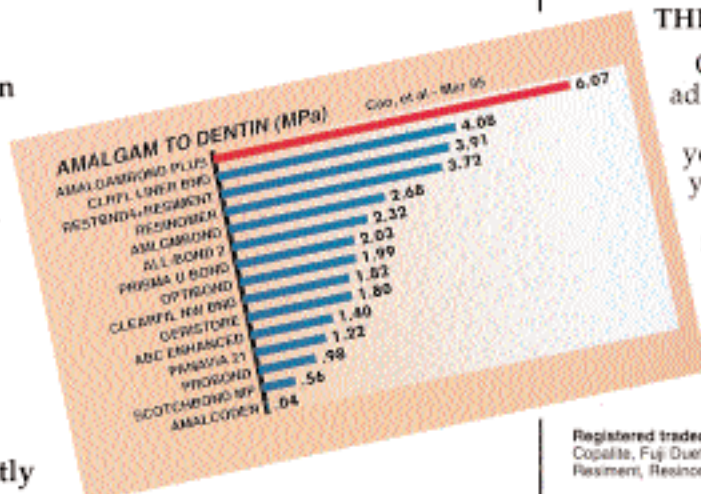
Ratananakin, et al.
University of Iowa
Journal of Dental Research 1995

"The in vivo effectiveness of an amalgam adhesive (Amalgambond) to serve as the principle mode of retention for large, complex amalgam restorations was evaluated. ... Complex amalgams were completely retained at 2 years."

Stewart, et al.
Southern Illinois University
Journal of Dental Research, 1996

"Cold response was significantly lower with Amalgambond-retained amalgams compared with the pin-retained restorations."

Burgess, et al.
University of Texas
Journal of Dental Research, 1996



Cao, et al.
Independent Research
Organization
Journal Dental Research - 1995

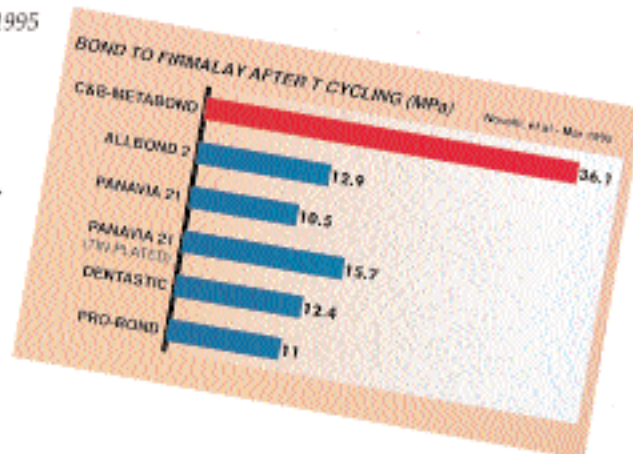
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"Shear bond of C&B-Metabond to both alloys was significantly greater than any other adhesive resins tested."

Novelli, et al.
University of California
Journal of Dental Research - 1995

"C&B-Metabond produced significantly greater retention than all other luting agents (in the study.) C&B-Metabond should be used to increase retention on tapered preparations."

Hakimzadeh L, et al.
University of Texas
Journal of Dental Research - 1995



"C&B-Metabond was more retentive (for posts) than the other cements tested (Panavia, All-Bond 2 cement, Ketac-Cem.) ... In situations in which maximal retention is required, such as excess loss of tooth structure or a short root, use of a resinous cement such as C&B-Metabond cement may be prudent."

Mendoza DB, et al.
University of California
Journal of Prosthetic Dentistry - 1994

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ADA Reports

Campaign

Continued from page one

Richard F. Mascola, ADA president-elect and Public Awareness Advisory Group chair. "We must continue to develop materials, even on a limited basis, to make the public aware of dental health."

"Speaking directly to the public with advertising is here to stay," says Dr. William J. Tonne, chair, Council on Communications. "At what level we fund it nationally is up to the House of Delegates."

Dr. Tonne believes the primary reason the 1998 House of Delegates rejected Resolution 99—the national campaign—was due to a lack of conclusive research justifying the three-year, \$30-million-a-year campaign. "The threat of membership erosion due to a dues increase prompted the House to want more predictable information," said Dr. Tonne.

But membership surveys indicated 55.3 percent of responding ADA members favored a public awareness campaign for dentistry, so the House approved an alternative, Res. 100H-1998. Res. 100H authorized a \$982,000 expenditure to assist state and local societies that chose to adopt the campaign. The states are responsible for their own media buys.

The following states are either participating now or have indicated interest in the campaign:

- Oklahoma—will utilize TV and print ads running from late July to mid-October, 1999. Full-page color ads have been featured in several issues of Time and Newsweek.
- Louisiana—will begin their campaign using TV and print ads in the first quarter of 2000.
- Georgia—will supplement TV with radio advertising.
- Umpqua Dental Society (Oregon)—will participate with TV, radio and print ads running for three months. The campaign will be launched in late summer or early fall, 1999.
- New Orleans Dental Association—ran TV ads earlier this year.
- Acadiana District Dental Association (Louisiana)—about to launch TV campaign with some print ads.

Two other constituent groups—Nebraska and Rhode Island—have purchased modest amounts (\$10,000 or less) of TV time and ran ADA-produced co-branded ads. Ohio's membership will vote on the statewide campaign in September.

Many state and local societies already have their own public awareness campaigns, and those that chose to participate in the ADA's pilot

program are funding the media buys through member dues assessments. But the membership polarization experienced on the national level has not affected states as dramatically. "It's easier for states or components to focus on a goal and reach consensus," says Dr. Tonne.

"Not everyone is 100 percent in favor of any dues assessment, but the public awareness assessment passed with flying colors at our last House of Delegates," said Dr. Scott Searcey, Oklahoma's Subcouncil on Public Relations chair.

Dr. James Roethele, Louisiana's Public Relations Committee chair and New Orleans Dental Association president-elect, said even though almost half their members opposed it, the LDA House of Delegates voted in favor of the statewide campaign.

"We had a number of components that were already doing PR campaigns on their own, but we figured we would get more bang for the buck if the whole state participated in the media buy," he said.

States have the advantage of using ADA-produced ads that only require minimal change. "On a state-by-state basis, many states cannot afford and have not done research. Here's where the ADA can help identify the best messages," says Dr. Tonne.

Five states are eligible for grants that will fund two types of market research:

- Qualitative research: where focus groups are convened to test some new concepts in that market before advertising is aired or printed;
- Quantitative research: surveying the audience before advertising and testing the same audience after advertising to determine if there was a change in perception.

"We have the wherewithal to develop the program for them," says Dr. Mascola. Adds Dr. Tonne, "States should take advantage of the creative product and resources already available."

Co-branding, or using both the ADA's and the state or local society's names, is a requirement for all states participating in the ADA's pilot program. Dr. Tonne says co-branding affords greater marketing effectiveness and strengthens the tripartite's image. "Research even confirms that co-branding means greater recognition by the audience," he says.

Supplementing TV advertising, which tends to be the most expensive, with radio or outdoor billboards is an option that several states have considered. But Dr. Tonne says this won't work in all markets because it's generally "impossible to match the cost effectiveness and marketing effectiveness of TV with other media."

"Remember," he said, "it would be a marketing plan and research that would lead us to

Media buy: In addition to TV, Oklahoma is running co-branded print ads with the ADA. The full-page ad above ran in several Oklahoma issues of Time magazine.

choose outdoor billboards in certain locations primarily because of greater reach than other media." For some state and local societies, the added advantage may be a cost savings.

The Council on Communications continues to research all areas of public awareness to ensure the best results. "We are hoping that as the year progresses and state meetings are held we might find more people participating, but I don't think we've got enough participation now to warrant the attention of a national campaign," said Dr. Mascola. "I think if we have more states sign on, then the ADA may look to developing additional materials for use by states. Both TV and print media."

"We all can do treatment plans and present them. But we've all wished that somebody



would speak to our patients about what's best if they plan to keep their teeth. Somebody besides us. Not a toothpaste company, not a managed care company," says Dr. Tonne. "Who better to do it than the ADA? And to do it in a way that would make us all proud."

For information on the ADA's public awareness campaigns, contact the Division of Communications at Ext. 2589. ■

Betty Buckley to perform at session

'Cats' star main attraction for President's Dinner Dance

By Clayton Luz

Honolulu—Tony Award-winning actress and singer Betty Buckley will perform at this year's President's Dinner Dance Oct. 12 from 7-11:30 p.m. in the Coral Ballroom at the Hilton Hawaiian Village.

Honoring ADA President S. Timothy Rose and his wife, Virginia, the event is partially underwritten through a grant program from the Procter & Gamble Co.

An accomplished veteran of stage and screen, Ms. Buckley received a Tony Award for her portrayal of Grizabella in "Cats." In 1994 she garnered critical acclaim for her role as Norma Desmond in London's "Sunset

Boulevard."

A native of Forth Worth, Texas, Ms. Buckley was two when she first sang at her church congregation; at three she began dance lessons and by age 15 made her professional stage debut in the Jule Styne/Stephen Sondheim classic, "Gypsy."

In 1969 Ms. Buckley created the role of Martha Jefferson in her first Broadway musical, "1776." Her many Off-Broadway roles include "The Ballad of Johnny Pot" and "What's a Nice Country Like You Doing in a State Like This?"

Ms. Buckley expanded her talents during the 1970s to encompass debuts in television

and film, beginning with her first television film, "The Devil's Work," a PBS production. She later appeared in her first feature film, the horror classic "Carrie," directed by Brian DePalma. Her performance earned her a four-season run as Abby Bradford, the stepmother to eight children in the popular television series, "Eight is Enough," with veteran actor Dick Van Patten.

Her other television credits include the CBS miniseries "Roses Are For the Rich," "Cagney and Lacey," and "Taking a Stand"—an after-school special for which Ms. Buckley received her second Emmy Award nomination. Her numerous recordings include "Walking in

numerous recordings include "Walking in Space," the soundtrack for the musical "Hair"; "Children Will Listen"; "With One Look" and Stephen Sondheim's "A Little Night Music."

Ticket cost is \$75 through advance registration and \$85 on site. In keeping with the "Aloha Spirit," resort evening wear will be the attire for this special



Betty Buckley

Arizona board rules on amalgam case

Dentist terms it 'traditional vs. holistic' dentistry

By Daniel McCann

Phoenix—Dr. Terry Lee, a self-proclaimed holistic dentist who was placed on probation earlier this year, notified the Arizona Board of Dental Examiners in June that he will not contest the agency's ruling.

"Dr. Lee feels he should live under the rules of [the state dental practice act], and he doesn't want to fight the board," said his attorney, Charles Brown. "By accepting the [board] order we also accept that we have no further right to appeal."

In February, the board censured Dr. Lee and placed him on five years' probation for violations against the state dental practice act, which included removing patients' amalgam fillings to treat medical conditions such as multiple sclerosis.

Shortly after the ruling, Dr. Lee formally requested a review of the decision. Now, by withdrawing that motion, the Mesa dentist puts an end to the long-running, contentious case.

Viewed by some as a struggle between holistic and traditional dentistry, and by others as a clear matter of substandard care, the Dr. Lee issue stirred sharply divided opinions. Last February, in fact, it prompted the board president to resign.

Dr. Lee says his troubles with the dental board arose from differences in "philosophy—traditional vs. alternative dentistry. This was all political. We live in a land that is supposed to be freedom of choice; people have a right to know [what material is used in their restorations]."

But according to board documents, its action against Dr. Lee stemmed from nine patients' complaints, two of which were filed as far back as 1989. The charges ranged from lack of treatment plans and treatments based on insufficient clinical data to poor diagnostics and harmful, unnecessary procedures.

Among those who looked into complaints against Dr. Lee was Dr. David Dischler, a board investigator for four years beginning in 1992. In 1996, Dr. Dischler became a board member and served as president of the body as it deliberated the Dr. Lee case.

Due to his earlier work as an investigator, though, Dr. Dischler was relegated to the sidelines on the issue, recused from board discussions and votes on all matters related to Dr. Lee.

For nearly 10 years, the board collected and investigated complaints against Dr. Lee. Then in February of 1998, the agency referred the matter to the Office of Administrative Hearings.

For 16 days that spring, Administrative Law Judge Grant Winston heard testimony in the case. The hearing reportedly included 5,000 pages of transcripts and more than 200 exhibits.

In one case, the judge found that Dr. Lee had extracted a patient's tooth that might have been better treated by root canal therapy. Dr. Lee, Judge Winston had noted earlier, "recommends against root canals, believing them to be unsafe."

Another patient testified that Dr. Lee told her she suffered from a disease called neuralgia-inducing cavitation osteonecrosis. (Many dentists charge that the condition, which its proponents claim is a form of osteomyelitis, is nonexistent.)

In October of 1995, Dr. Lee performed four cavitation surgeries on the patient. That procedure entails cutting into the patient's jawbone and cleaning out a supposedly necrotic area where there had formerly been a tooth. The patient developed paresthesia in her lower lip. Three years later, when she testified about her experience, the patient still suffered from the condition.

When Judge Winston filed his report the following September, he listed 118 findings of fact in support of 14 counts of violations against the state dental practice act.

Dr. Lee, noted the judge, had endangered and damaged patients' health, exceeded the scope of practice, provided inadequate diagnoses and kept

poor records, among other offenses.

The judge advised the board to pull Dr. Lee's license. The "gravity, variety and numerosity" of [Dr. Lee's] unprofessional conduct," he wrote, "amply support the discipline of license revocation."

As his case progressed, Dr. Lee braced himself for the worst. Shortly before the board's February meeting, he reportedly told a Mesa Tribune writer, "They will summarily revoke my license. You wait and see."

What Dr. Lee and others saw during the hearing, though, was a reluctance on the part of some board members to impose the ultimate penalty.

Their testimony that day provides some insight into the reasons why:

• Board member Berenice Roberts: "...I think he [Dr. Lee] is a man of integrity."

• Board member Ruth O'Neill Brownell: "... I, too, think that Dr. Lee truly believes in what he did when he treated these patients, whether it be right or wrong in our opinion. ... and I, too, agree that probation and peer review would be a reasonable sanction."

• Board member Susan Black: "I think a suspension would be recommended. I would like to see during that time some continuing education ... [so] ... that we can feel more comfortable that he

is going back into practice with some new tools."

By a vote of 6-3, the board decided to let Dr. Lee keep his license, opting instead for censure and probation. The board stipulated that Dr. Lee take continuing education in diagnosis and treatment planning, record keeping, crown and bridge and occlusion during the next two years. Also, a board investigator will make unannounced visits to Dr. Lee's dental office during the probation period.

In a case already beset by divisiveness, the board's ruling rendered further schism. Those who wanted Dr. Lee's license pulled saw injustice in the board's ruling.

One of them, Dr. Dischler, made clear his position in a letter written three days after the board decision. "... I hereby submit my immediate resignation as president of the board of dental examiners," he wrote, adding that "I absolutely cannot support the board's actions. ..."

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Starting Out

Dentistry times are a-changin'

Diversity, technology provide new opportunities

By Karen Fox

Nashville, Tenn.—It's an exciting time to be a dentist.



Dr. Rose



Dr. Mascola



Dr. Cohlmiia

Changes in diversity, patient base, practices and technology are occurring at a rapid pace, providing technological advances that will enable dentists to participate in a "virtual practice" for networking ideas, sharing information and obtaining new services.

That was the message from Dr. S. Timothy Rose, ADA president, in his address to the Conference on the New Dentist July 29-31. This year's conference—"Networking in Nashville ... Dentistry for a New Century"—drew more than 350 dentists to the Opryland Hotel for three days of networking, exchanging ideas, continuing education and leadership development.

Dr. John S. Zapp, ADA executive director, opened the conference with a speech that

reinforced the Association's commitment to communications and technology. "We don't know what the next century will bring, but we can prepare for it," he said, adding, "This conference does just that."

Dr. Raymond Cohlmiia, CND chair, welcomed those attending and recognized Dr. Richmond Hung, professional relations dentist representing Chesebrough-Pond's USA Corp.,

the conference's corporate sponsor.

The ADA defines a new dentist as any dentist out of dental school less than 10 years. The audience included new dentists, over 40 dental students as well as ADA Officers and Board of Trustees members.

Many at the conference were new dentist committee leaders—the individuals representing state and local new dentist committees that are working to assist new dentists back home.

The July 30 New Dentist Committee Network Idea Exchange and Open Forum provided the opportunity for these leaders to discuss their concerns with ADA leadership and gain insight into programs and services offered by other new dentist committees (see article below).

Just one practical idea, several speakers remarked during the conference, is enough to make the conference worthwhile.

Continuing education focused on leadership development for new dentist committees as well as practice management, clinical skills, professional issues and practice establishment for "new" new dentists and students.

Keynote speaker Emory Austin kicked off the continuing education with her presentation, "An Ounce of Different."

She described change as a key ingredient to success and said that extraordinary individuals see change as an adventure, recognizing that "what you are becoming is far more important than what you are."

Other courses included:

- The New Dentist: Establishing a Successful Practice (Drs. Christine Dumas and William Van Dyk)

- Beyond Diversity to a 21st Century Solution (Debra Crumpton)

- Leadership Communication: Get Action From Your Great Ideas (Robin Wright)

- Finding Your Balance, Fulfilling Your Dreams (Linda Kittelson)

On July 31, Michael A. Graham, ADA Washington office lobbyist, provided an update on legislative issues, including patient protec-

tion legislation. He also focused on legislation to expand the deductibility of student loan interest introduced in the House and Senate this year.

In spite of partisan wars dividing Congress, Mr. Graham implored all new dentists and leaders to make their voices heard by organizing with colleagues and writing to their representatives and senators.

"One letter is good, five are more likely to be noticed," he said. "If they receive 10 or 20, they have a huge problem on their hands and will try to figure out a way to respond."

In response to a request for more information, Mr. Graham directed the audience to advocacy resources for ADA members available on ADA ONLINE ("www.ada.org").

Dr. Richard F. Mascola, ADA president-elect, closed the conference by calling new dentists to action.

"Dental care that is provided by the dentist in consultation with the patient without any government, insurance company or any third-party payer is critical.

"We are in what is called the golden age of dentistry," he said. "Over time, things change. Dentistry is a \$47 billion a year industry today; in year 2005, it will be a \$90 billion a year industry."

"The entrepreneurs, the insurance companies, the human resources people are looking at us and saying, 'You know what? We're going to do to them what we did to medicine.' You have got to be involved and not leave it to the other guy, because leaving it to the other guy is what medicine did."

"When you go home, don't go home. Go to a dental meeting," he said, adding, "make sure you are a part of this organization. We have built this organization to this level and now we're giving it to you. It's your turn."

The 14th National Conference on the New Dentist—"The Magic of Today ... The Promise of Tomorrow"—will convene July 20-22, 2000, in Orlando, Fla. For information, contact the CND at Ext. 2779. ■

Leadership on conference agenda

Nashville, Tenn.—New dentist committee leaders often become exhausted in their attempts to reach out to their state's new dentists, bring them into organized dentistry and provide resources to help them succeed in practice.

But what they don't know is that at some point, every state's new dentist committee feels the same way.

The July 29 New Dentist Committee Leader Orientation Program was designed specifically for state and local volunteers who want to learn to become more effective leaders.

Led by CND chairman Dr. Raymond Cohlmiia and Dr. Mark Hinrichs, CND vice-chair, the orientation was held for the first time just prior to the opening reception for the 13th National Conference on the New Dentist. Participants were given a history of the national Committee on the New Dentist, list of ADA resources available to new dentist committees, quick tips (such as the "Top 10 Tactics for Involving New Dentists in Organized Dentistry") and pages and pages of what other state new dentist committees are doing for new dentists.

A big hit with the dozen new leaders in attendance, the orientation's success compels organizers to bring it back again next year. Open to any member of a state or local new dentist committee, or those who are trying to start a committee, the orientation will be held in the afternoon of July 20, 2000, at the 14th National Conference on the New Dentist in Orlando.

For information on resources available to state new dentist committees, contact the CND at Ext. 2779. ■

New dentists speak out on organized dentistry

Nashville, Tenn.—To the 100-plus people who attended the New Dentist Committee Network Idea Exchange and Open Forum July 30, there's not much more important than speaking up for new dentists in organized dentistry.

These three hours every year offer a chance for a dialogue for those attending: the 65 constituent and component new dentist committee leaders; members of the national Committee on the New Dentist; and ADA officers and members of the ADA Board of Trustees.

Traditionally, high-profile issues affecting new dentists are discussed at the forum, and this year was no different. New dentists frustrated with limitations on practice mobility wanted to know what progress ADA leadership is making.

Taking the microphone in response, ADA

President S. Timothy Rose gave a brief overview of ADA initiatives, and noted that progress is being made in terms of licensure by credentials and reciprocity, adding, "I believe we will see more reciprocity in the future."

Another "hot" issue for attendees was continued competency.

The idea of licensing boards requiring dentists to take repeated examinations to prove that they continue to be competent to practice dentistry is offensive to new dentists, for whom the memory of the initial licensure exam is still fresh.

Although evaluating continued competency is still just a future option for licensing jurisdictions, some attendees indicated that third-party payers are now setting standards and measuring dentists in their networks against them.



Speaking up for federal services: Dr. Mike Mindiola, U.S. Public Health Service, talks about new dentists in the military.

"It's here today in some areas of the country," said Dr. Al Arcand of Rhode Island.

According to Dr. Mike Mindiola of the U.S.

Public Health Service, continued competency assessment is an ongoing process in the feder-

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Forum

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al dental services, and in that setting, serves both the patient and dentist well.

"Finding your strengths and weaknesses, and taking steps to be the best dentist possible, can be a positive learning experience," he stated, noting that he knew that many in the group would disagree.

ADA First Vice President Bettie McKaig, who chaired a recent task force that addressed issues surrounding continued competency, promised that the ADA Board would soon be discussing the task force report and that the Association would continue to take a leadership role on the issue.

Finding ways to alleviate student debt continues to challenge Open Forum participants, but the news this year was not all bad.

Dr. Noreen Salmon, a Chicago Dental Society new dentist committee representative, reported on the progress of an Illinois senate bill that, if passed, will enable dental school graduates to pay back student loans by treating low-income patients. Dr. Salmon is working with her committee to develop a model bill that can be utilized by other states.

Member service and membership outreach was once again the focus of state and local new dentist committees, with many representatives coming forward to present information about current activities and to ask questions of their colleagues.

Here is just a sampling of what some new dentist committees are doing:

- Arkansas—new dentists are eligible for reduced-rate, easily accessible continuing education. When new dentist surveys indicated a need for continuing education on geriatric dental care here, specialized programming was developed.

- Illinois—new dentist committee members make "survival packets" for new dentists who are taking exams. Each packet includes a handwritten note from a committee member with that member's business card for future reference.

- Michigan—new dentist committee leaders ask members to consider paying dues for their associates who are new dentists and urge students to request this hiring benefit.

- Missouri—new dentist committee leaders sponsor an "eat and learn" event for students at UMKC dental school.

- New Jersey—new dentist committee leaders have created a student dental society to create new areas of involvement with students. The student society has a 60-70 percent market share.

- New York—new dentists in advanced dental education programs are given free seminars about transitioning to practice, and new dentists taking licensure exams are pampered with free lunches, massage therapy and engraved business-card holders.

- Virginia—residents are taken on the "real world tour" of a private practitioner's office. New dentists learn valuable information such as billing procedures and financing the property or building.

Recognizing that new graduates frequently enter the federal dental services for a time before entering private practice, Dr. Scott Byrd of Arkansas asked what the ADA is doing to ensure that federally employed dentists are members of the ADA.

Currently, only about 56 percent of active licensed dentists in the federal dental services are ADA members, compared with more than 71 percent overall.

"I spent 10 years in the military after dental school, and I had no idea there were resources out there to help me," Dr. Byrd commented. "I think we're missing an opportunity to reach an important group of new dentists."

Dr. Mike Mindiola, U.S. Public Health Service, said it's difficult to keep track of dentists in the military because "they are moved around quite a bit depending on the needs of service," and usually spend no more than four years in one location.

Even though they become members of the 4th trustee district, federal services dentists seldom have contact with their colleagues in the tripartite.

The forum encouraged debate and discussion on issues unique to new dentists, but practitioners with many years of experience appreciated it, too. "I'm on the other end of the spectrum," said Dr. Billy McCann Sr., a Memphis dentist who has been an ADA member for over 40 years. "I compliment you on being here and being concerned with having a voice in dentistry." ■



Leadership orientation: State and local society representatives learn about the new dentist committee's function. Pictured left to right are Dr. Joel Vela, Texas; Dr. Scott Byrd, Arkansas; and Dr. Wayne Woods, Texas.

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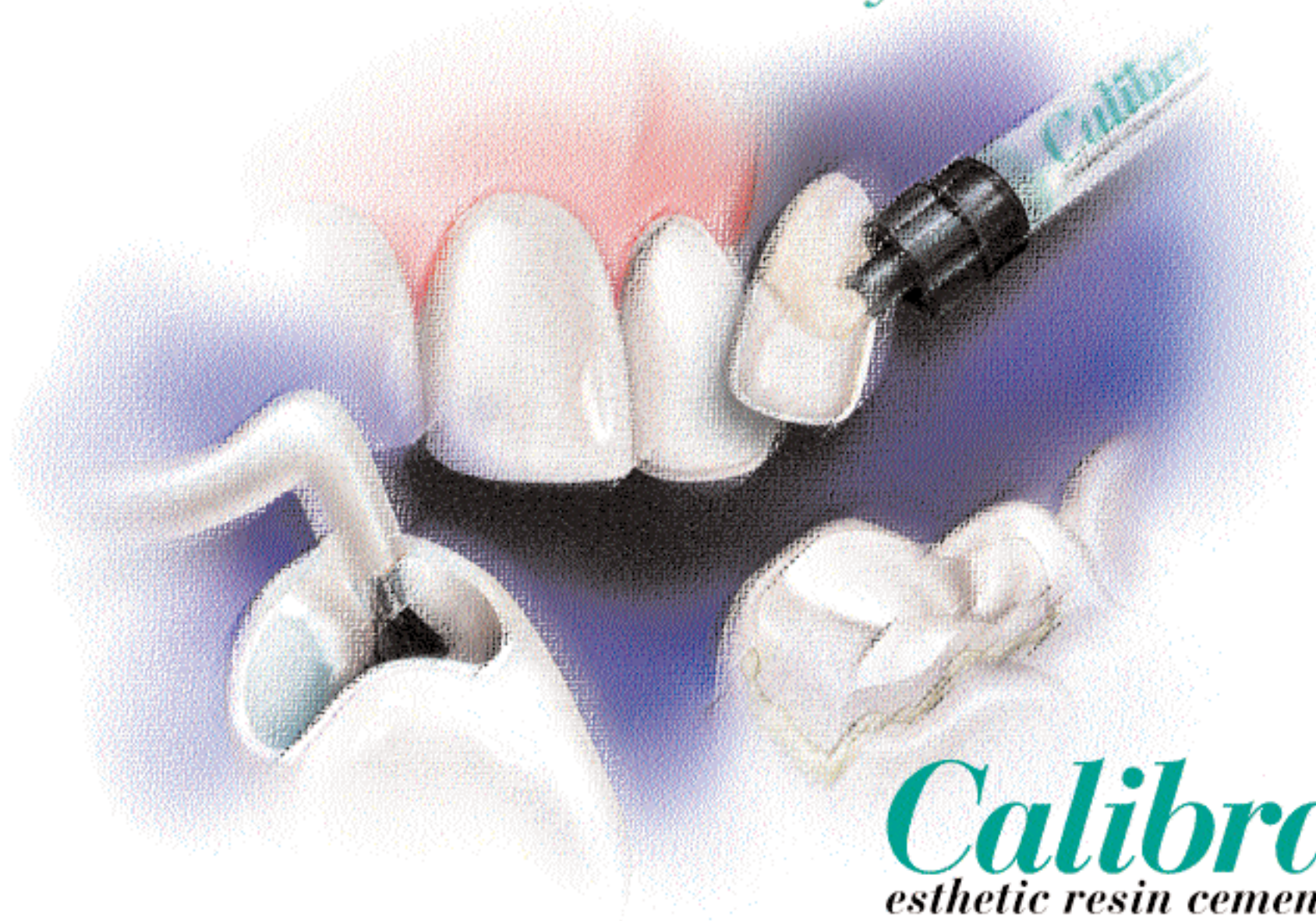
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