6-17-2002

ADA News - 06/17/2002

American Dental Association, Publishing Division

Connecticut dentists sue, page three ◆ Licensure task force, page eight

AMERICAN DENTAL ASSOCIATION
ADA News®
www.ada.org
JUNE 17, 2002 VOLUME 33, NO. 12

ADA blasts report on waste

By Joe Hoyle

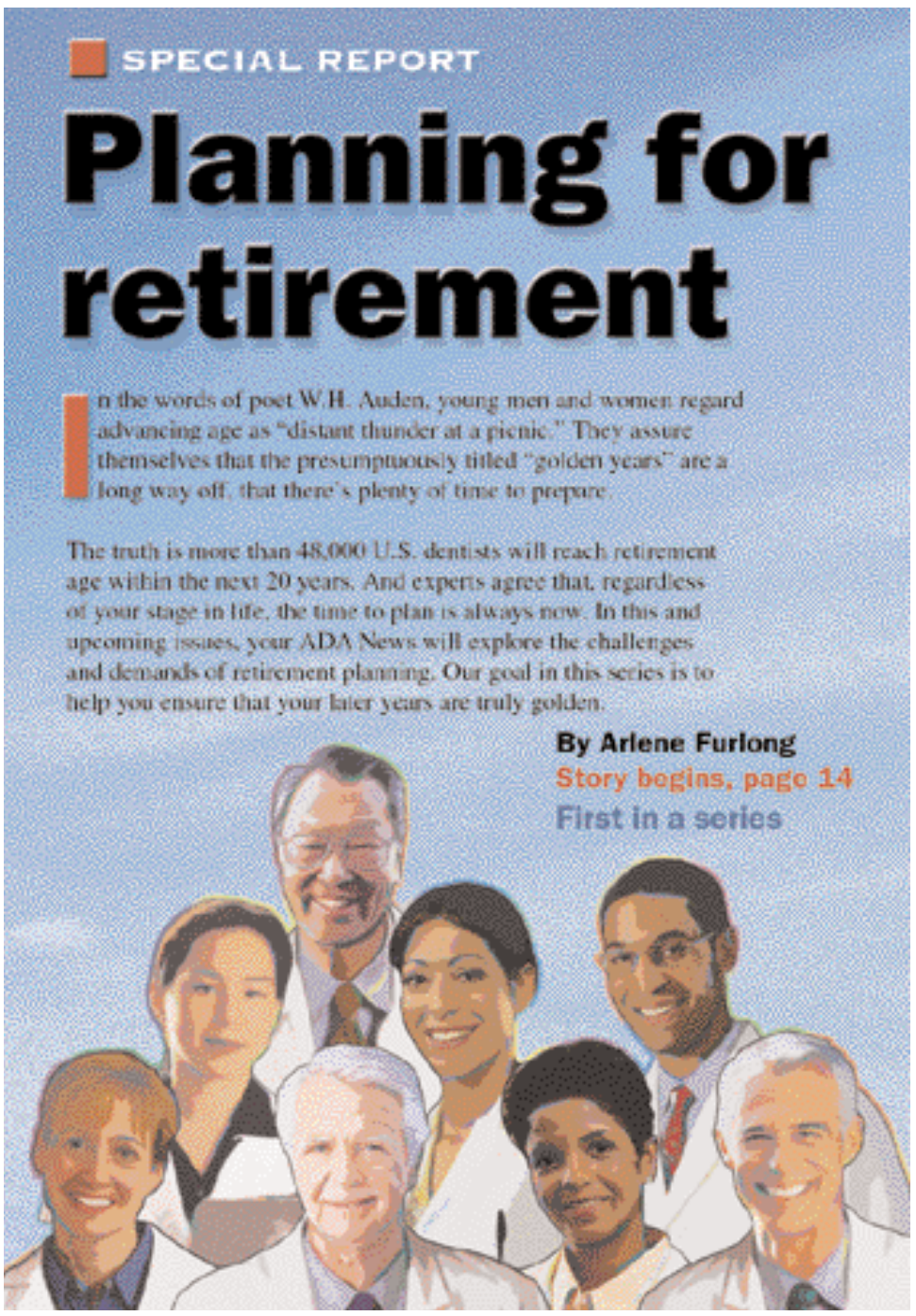
The Association has analyzed what it asserts is an "egregiously inaccurate" report on the handling and recycling of dental office waste and has refuted the accusation that organized dentistry has not acted in an environmentally responsible and ethical manner.

■ ADA's HIPAA seminars listed, page 16

"The dental community cares deeply about all matters affecting public health. Our record speaks for itself," the ADA said in a written response to the report "Dentist the Menace? The Uncontrolled Release of Dental Mercury," released June 5 by the Mercury Policy Project and Health Care Without Harm.

"The 140,000 ADA member dentists, their hundreds of thousands of caring employees, and the many ADA and state and local dental society

See WASTE, page 21



Bioterrorism

Work begins to map future action plan

By Arlene Furlong

The ADA is laying the groundwork for dentistry's response to bioterrorism by defining its role.

Key representatives of state and federal agencies, dental organizations and ADA staff began forging a consensus at "The Role of Dentistry in Bioterrorism" workshop, June 3-4 at ADA Headquarters.


Dr. Rutstein

Once dentistry's role is defined, the ADA will lead the profession in developing an overall response plan, which can be integrated into an overall state plan.

See BIOTERRORISM, page 20

Grassroots

States embrace push for new members

By Karen Fox

So far, 36 constituent societies have come on board with the ADA's Tripartite Grassroots Membership Initiative.

The initiative utilizes a grassroots, dentist-to-dentist approach that enables members to seek out their peers to emphasize the value of tripartite membership. The objective is to achieve a membership market share of 75 percent by 2005. The ADA's current share of active, licensed dentists is 70.4 percent—down from 74.3 percent in 1993.

your profession
your future
your association™

See GRASSROOTS, page 12

Plenty to smile about in St. Louis' access program

By Karen Fox

St. Louis—By all accounts, the Greater St. Louis Dental Society's first "Give Kids a Smile" charitable dental program was a resounding success.

With 65 dentists, 59 dental hygienists, 70 assistants and 127 volunteer ambassadors on hand, the two-day event provided dental care for 325 needy St. Louis children, many who had never visited the dentist before.

See ST. LOUIS, page 22

BRIEFS

Summer holidays: The ADA will close early two afternoons this summer before holidays.

The first closing will be at 1 p.m. Central time on Wednesday, July 3, prior to the July 4 Independence Day holiday. The ADA will open again for regular hours on July 5.

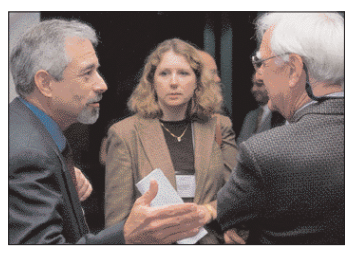
The second early closing will be at 1 p.m. Friday, Aug. 30, for Labor Day weekend. The ADA will open again for regular hours on Sept. 3. The ADA's official hours of operation are 8:30 a.m.-5 p.m. Central Time, Monday through Friday.

Dr. James B. Bramson, ADA executive director, announced the early closings as a reward to staff for "their hard work on the new ADA initiatives and the staff's demonstrated commitment to the new Core Precepts. To minimize any inconvenience to our members, we encourage you to keep these dates in mind so that ADA staff can accommodate your requests prior to the early closings." Members can continue to access the ADA through ADA.org.

The Core Precepts are a set of values developed by ADA staff that fall under these five headings:

- Members are the purpose of our work.
- We take personal responsibility.
- We take pride in our work.
- Attitudes are contagious.
- We thrive in a supportive organization. ■

INSIDE



Open session

Council on Scientific Affairs hears from the dental industry. **Story, page 18.**

JADA, ADA News win

ADA Publishing nets three awards for excellence

Your ADA publications have once again been counted among the best in the country.

The Society of National Association Publications, a publishing trade group better known as SNAP, announced last month that The Journal of the American Dental Association and ADA News have both received awards in SNAP's EXCEL recognition program.

JADA received the Silver EXCEL Award for design excellence among scholarly journals while ADA News received the Bronze EXCEL Award for general excellence among association newspapers. Both were entered in the Editorial and Graphics awards category.

ADA Publishing's media kit (sent to advertisers with rate information) won the Gold Excel award in the Advertising and Marketing awards category as an "exemplary product" of graphic excellence.

"We want to offer our congratulations to JADA, the ADA News and ADA Publishing on receiving these awards," said ADA President Greg Chadwick. "Our publications are a vital source of news and information for the profession and we are proud to be able to offer the awarding JADA and ADA News as benefits to ADA members."

The ADA's flagship publications were among some 900 entries in SNAP's 2002 awards competition. SNAP is a non-profit professional society serving association publishers and communications professionals across the country. ■

ADA News

(ISSN 0895-2930)

JUNE 17, 2002 VOLUME 33, NUMBER 12

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

ADA. American Dental Association www.ada.org

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

PUBLISHER: Laura A. Kosden
EDITOR: Dr. Marjorie K. Jeffcoat
ASSOCIATE PUBLISHER, EDITORIAL: James H. Berry
ASSOCIATE PUBLISHER, MARKETING AND OPERATIONS: Gabriela Radulescu
NEWS EDITOR: Judy Jakush
ASSISTANT NEWS EDITOR: Arlene Furlong
WASHINGTON EDITOR: Craig Palmer
SENIOR EDITORS: Karen Fox, Mark Berthold, Stacie Crozier
EDITORIAL ASSISTANT: Chrestine Johnson
CREATIVE DIRECTOR: Peter Solarz
TECHNOLOGY MANAGER: Paul Gorski
TECHNOLOGY COORDINATOR: Scott Sokolowski
PRODUCTION: Susan Chauvet, Angie R. Miller, Sheila Cassella, Jeanie Yu
NATIONAL SALES MANAGER: Bud McKeon
DIRECTOR OF PRODUCTION: Elizabeth Cox
PRODUCTION ASSISTANT: Katrina Collins
ADVERTISING SALES MANAGER: Carol J. Krause
MARKETING MANAGER: Jill Philbin
CIRCULATION CUSTOMER SERVICE REP: Wanda Welch, Gwen Johnson

ADVERTISING POLICY: All advertising appearing in this publication must comply with official published advertising standards of the American Dental Association. The publication of an advertisement is not to be construed as an endorsement or approval by ADA Publishing, the American Dental Association, or any of its subsidiaries, councils, commissions or agencies of the product or service being offered in the advertisement unless the advertisement specifically includes an authorized statement that such approval or endorsement has been granted. A copy of the advertising standards of the American Dental Association is available upon request.

ADVERTISING OFFICES: 211 E. Chicago Ave., Chicago, Ill. 60611. Phone 1-312-440-2740. Eastern representative: Vince Lagana, PO Box 6, Pocono Pines, PA, 18350; phone 1-570-646-7861. Central representative: Robert J. Greco, Hilltop Executive Center, 1580 S. Milwaukee Avenue, Suite 404, Libertyville, Ill. 60048; phone 1-847-522-7560. Western representative: Audrey Jehorek, 8 Hexham, Irvine, Calif. 92612; phone 1-949-854-8022.

SUBSCRIPTIONS: Nonmember Subscription Department 1-312-440-2867. Rates—for members $8 (dues allocation); for nonmembers-United States, U.S. possessions and Mexico, individual $55; institution $78 per year. Foreign individual, $76; institution $98 per year. Canada individual, $66; institution $84 per year. Single copy U.S. $8, outside U.S. $10. For all Japanese subscription orders, please contact Maruzen Co. Ltd. 3-10, Nihonbashi 2-Chome, Chuo-ku, Tokyo 103 Japan. ADDRESS OTHER COMMUNICATIONS AND MANUSCRIPTS TO: ADA News Editor, Suite 2010, 211 E. Chicago Ave., Chicago, Ill. 60611.

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

Breach of contract?

Connecticut dentists, CSDA file suits against Anthem

By Arlene Furlong

New Haven, Connecticut—Two suits filed April 15 by dentists against Anthem Blue Cross and Blue Shield of Connecticut allege a variety of unfair and deceptive trade practices, as well as a breach of the contract between dentists and the insurers.

At the heart of both suits is the allegation that Anthem knowingly violated their contracts by failing to pay dentists their usual fee, or Usual, Customary and Reasonable fees.

One suit was filed in Superior Court of Connecticut, New Haven Judicial District, by two dentists representing the class of network providers allegedly harmed by Anthem's business practices. The second suit, similar to the first, was filed in the same trial court by the Connecticut State Dental Association.

Both complaints claim that Anthem substituted its own methodology to deprive dentists of a "reasonable opportunity to receive the compensation for their dental services provided in the contract."

They contend that contracts defining the calculations for reimbursement of fees based on objective criteria (including fee profile data and paid claims data, benchmarked to the 90th percentile) were deliberately violated. These contracts—established under Blue Cross Blue Shield back in 1983—were supposed to be carried over year to year.

Dr. Egan

"Dentists were happy with the way the contracts were carried out before Anthem stepped in," said Greg Pepe, an attorney handling both the class-action and CSDA suits. "However, from 1996, when Anthem purchased Blue Cross Blue Shield, until 2002, dentists reimbursements went down, despite a fairly stable inflationary cycle."

Other cost-containment measures alleged in the suits include:

- reducing dentists' reimbursements through improper denials of claims;
- improper downcoding;
- improper bundling;
- denying necessary claims.

The suits also contend that Anthem substituted its own judgment for decisions that should be determined by medical guidelines.

Some 1.2 million state residents are covered by Anthem Blue Cross Blue Shield health plans. The company is the largest dental insurer in Connecticut, providing dental health care coverage for 426,000 state residents.

The CSDA initially filed suit against Anthem in October 2001, then withdrew that suit in November 2001 to enter into out-of-court settlement negotiations. When negotiations broke down in the final stages, the two current suits were filed.

"Anthem revealed its agenda when it became necessary to commit promises to paper," said Dr. Martin Rutt, immediate past president of the CSDA to members last month at the CSDA's annual meeting. "Our experience tells us that companies like Anthem will not willingly give up or bargain away their unfair and deceptive business practices unless forced to."

Dr. Rutt and Dr. Michael Egan, current CSDA president, represent the class of network providers.

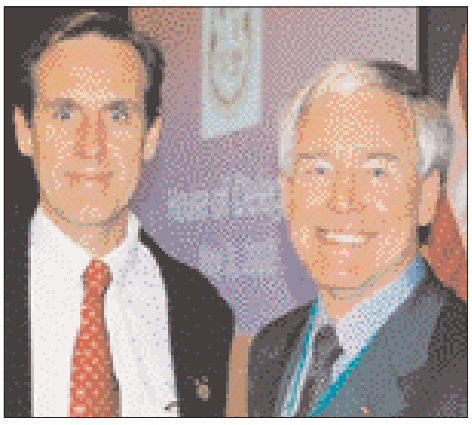
"Our goal has always been, and will continue to be, to ensure that quality oral health care is delivered to Connecticut residents," said Dr. Egan about the suit. "Ending the deceptive practices that Anthem engages in is only the beginning."

A spokesperson for Anthem said, "We believe the allegations in both of the lawsuits are without merit and will vigorously defend these lawsuits."

Mr. Pepe says his law firm, acting with other law firms, has used this legal strategy before on behalf of physicians—filing a class-action suit in addition to the state association suit. He says the class-action suit brings the threat of huge financial penalties for Anthem.

Because this suit was filed by in-network dentists for alleged breach of contract, it is unlike cases filed by the ADA, according to Peter M. Sfikas, chief counsel for the ADA. The ADA suits involve out-of-network dentists who are suing on the basis of subscribers contracts with insurers and managed care entities.

Dr. Edwin S. Mehlman, 1st District trustee, said he supports the legal efforts by the CSDA and Connecticut dentists. ■



Goal is quality care: Dr. Martin Rutt (left), CSDA immediate past president, with ADA President-elect T. Howard Jones, says the goal of the lawsuits is to ensure that state residents receive quality oral health care.

ViewPoint

MyView

Lawsuits and legislation causing pain for dentists

In the past, if someone mentioned dentists, two starkly different pictures leapt to my mind. On the negative side, there was the caricature of the dentist who dishes out pain, probably most brutally portrayed in the movie "Marathon Man" with a Nazi dentist inflicting root canal torture. On the positive side, though, I would smile at the sweet and nerdy elf Hermie in "Rudolph the Red-Nosed Reindeer," who, instead of making toys, longed to become a dentist.

In the real world, of course, dentists are small-business owners who care for their customers' oral health. And like other businesses, the dental community has become the target of lawsuits and legislation based on junk science. So, today when dentists are mentioned, I think of small-business owners forced to confront stupid lawsuits and misguided legislation.

Raymond J. Keating

The lawsuits and proposed legislation are targeted at tooth fillings. Controversy is now being stirred up over the fact that "silver" fillings—actually amalgam fillings—contain mercury.

Avoiding sound scientific inquiry and analysis, a tiny, but quite vocal group of lawyers and activists has used scare tactics, preying on some vulnerable people. For example, those at Consumers for Dental Choice have irresponsibly raised the specter of amalgam fillings possibly being linked to Alzheimer's disease, immune system problems and other ailments.

Specifically, lawsuits have been filed in several states, including California, Ohio, Maryland and Georgia, against the American Dental Association, the nation's oldest dental association with more than 141,000 members, along with various state affiliates. These court actions focus on the amount of mercury in amalgam fillings, and assert that information is being withheld regarding the dangers of mercury.

Similarly, legislation at the state and federal levels seeks to eliminate the use of amalgam fillings. For example, U.S. Rep. Diane Watson (D-Calif.) has proposed federal legislation that would phase out the use of mercury in fillings by 2007.

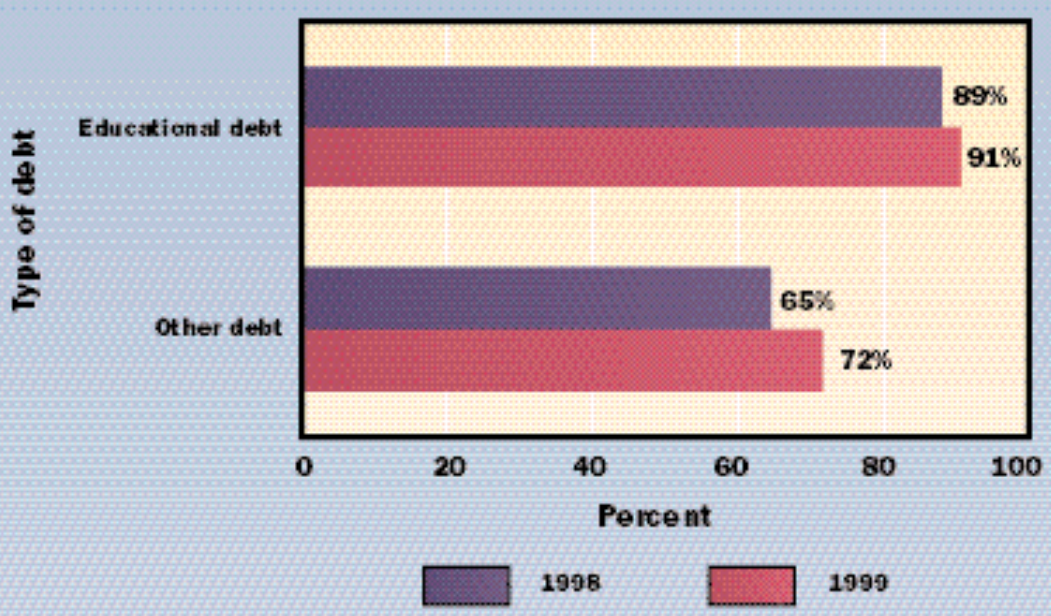
In reality, mercury has been used in amalgam fillings for more than 150 years. This is widely known, and according to the ADA and leading health organizations, is not a cause for concern.

In a released statement, Dr. James B. Bramson, executive director of the ADA, noted: "Concern about amalgam—because of its mercury content—is intuitive but unfounded. Although mercury in some forms is a known toxin, the process by which amalgam is made renders the bound mercury component stable and

See MY VIEW, page five

Dental graduate debt

More dental graduates owed money for education, mortgages, automobile loans and consumer credit in 1999 than in 1998. The percentage increase of graduates with educational debt was 5 percent lower than the percentage increase of graduates carrying other debt.



Source: American Dental Association, Survey Center, 2000 *Survey of Dental Graduates*

LetterPolicy

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

Letters

Vindication

Thank you for sharing the news about the ADA lawsuit ("A 'Campaign of Lies': ADA Sues 'Self-promoting' L.A. Lawyer for Defamation," May 20 ADA News).

Perhaps now, the dental profession will have its day in court to charge those who have made a lucrative business out of unmercifully attacking dentistry's credibility. Appropriate and decisive recourse is one answer to lawyers who initiate baseless lawsuits. It is time for the slandered parties to begin to fight in earnest.

Repeated accusations and multiple lawsuits against the dental profession by the Khorrami law firm have served to damage patient-dentist relationships and have unreasonably impacted the ability of dentists to utilize their professional judgment when considering appropriate restorative options for their patients.

If there is no downside for the attackers, there is no incentive for them to ever begin behaving responsibly. The enormous inappropriate costs to practicing dentists and patients that have been generated as a result of the unrelenting ravings of Shawn Khorrami and his clients are already beyond our ability to calculate.

The ADA's decision to sue is on target. In fact, I would argue that there was no alternative. Some of the activist anti-amalgamists have a slew of arguments. Some are specious; some may not be. Does it remind you of the shrill warnings echoed for decades by anti-fluoridationists?

When the smoke clears, the safety of restoring teeth with amalgam should have been determined in a court of law (clearly not the most efficacious venue for evaluating scientific validity), and the Khorrami law firm should be writing a multi-million dollar check to an appropriate dental foundation to help correct the damage done by their slanderous actions.

Thanks again for responding on behalf of dentistry.

Edward B. Cowan Jr., D.D.S.
Temecula, Calif.

Editor's note: The ADA Division of Legal Affairs also hopes that, "when the smoke clears," the right of dentists and their patients to choose among all appropriate restorative materials, including dental amalgam, will have been vindicated.

Long-term costs

In "My View" ("By Ourselves, But Not Alone," April 15 ADA News), Dr. Richard Mielke revisits some of the issues related to the continued use of amalgam.

He focuses on the increased cost of composite vs. amalgam restorative treatment. It is particularly important in this context to look at the long-term cost; long-term meaning 60 years; that is, if the first restoration is placed at the age of 15, the average life expectancy in industrialized countries is about 75 years.

Many factors affect the longevity of restorations. The cost of restoration placement and their median longevity are considered to be the most significant factors in the estimation of long-term cost. Such estimates of the long-term cost of restorative

See LETTERS, page five

MyView

Continued from page four

therefore safe for use in accepted dental applications." Dr. Bramson continued: "Dental amalgam is the most thoroughly researched and tested restorative material among all those in use.

It is inexpensive, easy to use and durable relative to other materials and remains a valued option for dentists and their patients."

Regarding Rep. Watson's legislation, Dr. Bramson has observed: "Ms. Watson's proposal will not achieve its intended goal of enhancing patient safety. Rather it will limit the choices of American dentists and patients and, in the process, unnecessarily increase the cost of dental care."

Again, it's not just the ADA noting the safety of amalgam fillings. For example, a study by the U.S. Public Health Service concluded: "There is no sound evidence of any harm for millions of Americans who have these [dental amalgam] fillings and no persuasive reason to believe that avoiding amalgams or having existing amalgams replaced will have a beneficial effect on health."

The U.S. Food and Drug Administration pointed out in February that "no valid scientific evidence has ever shown that amalgams cause harm to patients with dental restorations." For good measure, the World Health Organization, World Dental Federation, the National Institutes for Health, Centers for Disease Control and Prevention and the Consumers Union also have found no evidence to support the claim that amalgam fillings are hazardous to one's health.

So, the ADA is left to battle legislation banning safe amalgam fillings. To its credit, the ADA also has chosen not to accept being the target of abusive lawsuits as a simple fact of doing business. Instead, in mid-May, the ADA filed a defamation lawsuit against a lawyer who has taken the ADA to court in several states on mercury content in fillings. The ADA accuses the lawyer of orchestrating a "campaign of lies and distortion to promote himself and his law firm."

■ The fact that dentists are fighting back is encouraging, and serves as a courageous example for other businesses.

Too often, common sense and sound science give way to irrational fears conjured up by activists, lawyers and politicians. The fact that dentists are fighting back is encouraging, and serves as a courageous example for other businesses.

No business today—from the biggest to the smallest—is immune from baseless lawsuits and grossly misguided legislation, so all business owners should show strong support for the battles being waged by dentists.

Mr. Keating is chief economist for the Small Business Survival Committee and co-author of "U.S. by the Numbers: Figuring What's Left, Right, and Wrong with America State by State" (Capital Books, 2000). His column appeared on June 7 on the Small Business Survival Committee Web site: "www.sbsc.org/LatestNews_Action.asp?FormMode=CyberColumn&ID=201".

Letters

Continued from page four

therapy represent a simplified, theoretical approach, and they illustrate the relative cost of different types of restorative treatment.

Based on estimates of the 60-year cost of restorative treatment with amalgam, composite and gold restorations in the early 1990s, it could be shown that Class II restorations with composite would increase the cost by fivefold compared to that using amalgam. Improved composite materials and experience in the placement of composite restorations will undoubtedly have reduced this difference in cost, but it is certainly still present. The increase in long-term cost for one-surface restorations was about half of that for Class II restorations.

The comparison of long-term cost also included the cost of gold restorations. If the approach outlined above is used, gold restorations are no more expensive than composite restorations over a 60-year period. Furthermore, by using gold restorations it would be practically possible to maintain the restored teeth. Using composite as the routine restorative material, the unavoidable loss of tooth tissue as a result of frequent replacement of restorations would soon leave no tooth to restore.

It should be noted that the use of composite materials in stress-bearing areas of the dentition now exceeds that of amalgam in some countries. For Class II restorations, composites comprise more than one-third of all restorations. The proportion of indirect cast restorations was rather high in a survey of restorations placed in Florida in 1998, approaching 18 to 20 percent of all restorations while in Scandinavia only about 3 percent of all restorations inserted were indirect restorations. This difference may reflect differences in treatment philosophy and in the preventive vs. reparative approach to dental care.

With regard to the alleged toxicity of amalgam restorations, it seems necessary to frequently re-emphasize that these restorations are safe and effective. They cause less documented side effects than composite restorations.

Anyone dealing with the alleged side effects of dental amalgam should read the report on the study by Malt and colleagues in Psychosomatic Medicine 1997;59:32-41 entitled, "Physical and Mental Problems Attributed to Dental

See LETTERS, page six

Letters

Continued from page five

Amalgam Fillings: A Descriptive Study of 99 Self-Referred Patients Compared with 272 Controls."

Four groups of patients were subjected to a number of established psychosomatic tests. The groups consisted of self-referred patients in a "mercury-free" practice, patients from regular family dental and medical practices, and from an "alternative" medical practice. The results are astounding. The group of self-referred patients differed markedly from the other groups, especially compared to those in regular dental practice. These patients are clearly in need of medical treatment, and it is a pity that replacing their amalgam restorations will not alleviate their problems. That would have been such an easy treatment.

Finally a note about the media's engagement in health care issues. We must always remember that "bad news" is good news, while "good news" is no news. Both the dental and the medical profession have to learn to live with such facts of life.

Ivar A. Mjör, D.M.D., Ph.D.
Academy 100 Eminent Scholar
Professor, College of Dentistry
University of Florida

Prevention the key?

I am responding to Dr. Richard Mielke's "My View" ("By Ourselves, But Not Alone," April 15 ADA News).

Perhaps if restorations could be viewed as monuments of preventive failures and legitimate prevention programs established, we wouldn't have to worry about toxicity of materials.

Excellence in prevention would allow dentists to self insure, and thus eliminate the need to share income with insurance companies offering dental plans.

Peter Drucker, the management guru, said that the effective executive is more interested in doing the right job than doing the job right.

Prevention is the right job.

John Wittrock, D.D.S.
Ashland, Va.

Retain amalgam

Dr. John Merrill's letter (May 6 ADA News) concerning the proposed "Mercury in Dental Filling Disclosure and Prohibition Act" was quite disturbing.

The pseudo-science that this bill (HR 4163) uses as its foundation must be persuasive indeed to deceive him into thinking that "it ultimately will not make a difference" to abandon amalgam.

Yielding this issue on the basis of inevitability denigrates the efforts of every dentist and every scientist to promote truth, not hearsay.

If an issue is unpopular, does organized dentistry discard the facts to placate some element of the population, looking to win a popularity contest of some sort while posturing ourselves "to take the best care of the patients who trust us"?

Such behavior is at best pandering to the interests of those who would promote complementary and alternative health care modes over traditional, proven treatment methodologies.

Which aspect of your freedom to practice will you be willing to surrender next, all in the name of political expediency? Mandatory managed care participation? Hygienists with independent practices acting as gatekeepers for care provided by licensed dentists? Denturism?

Will amalgam disappear? I believe without a doubt it will one day follow silicates and plaster of Paris denture impressions into the recesses of dentistry's past.

But until composites match the cost, durability and case use of amalgam, it must remain available as a treatment alternate.

As always, patients should be given that most important of items: proven information, not anecdotes with no scientific basis. This allows a patient to make an informed decision about appropriate clinical treatment.

Replacing amalgams for strictly esthetic reasons is both understandable and ethical. Dentists who encourage patient fears about the health effects of "mercury fillings" are both self-serving and unethical.

I urge Dr. Merrill to think carefully about the defeatist position he presents and remember two words: Grand Rapids. Had the dentists of the 1950s listened to negative sentiments then, where would dental public health be today?

Gary E. Herbeck, D.M.D.
Merritt Island, Fla.

Dentist-heroes

I am proud to have spent the past 48 years practicing dentistry. I am even more proud of the 50 years my father spent practicing dentistry.

Today, the ADA News carried my pride in our profession to a new high. The stories about Capt. Ben L. Salomon, D.D.S., and the other dentist-heroes ("Beyond the Call of Duty," May 20 ADA News) brought a smile to my face and tears to my eyes.

I am saving the articles to share with my grandchildren.

John D. Tabak, D.D.S.
Miami

Rear Adm. D.M. Woofter

I enjoyed reading Karen Fox's article "More Heroes" (May 20 ADA News).

One interesting fact that Ms. Fox may have overlooked is that Rear Admiral Dennis Woofter, chief of the U.S. Navy Dental Corps, is not only a successful dental officer but also a proven combat aviator as well.

Rear Adm. D.M. Woofter is a former Navy combat fighter pilot who served his country in the Vietnam War, flying 168 missions over two combat tours. He has received numerous military citations, including the Navy Air Medal.

While interviewed for the article, I'm sure that he wouldn't volunteer the information himself, but I thought it was an important fact that shouldn't be overlooked.

Steve Hall, D.D.S.
Suttons Bay, Mich.

Editor's note: Dr. Hall is correct, and the ADA News joins in his commendation of Rear Adm. Woofter's service to his country.

Education

Licensure revisited

Task force plans next steps

By Karen Fox

What direction should the ADA Council on Dental Education and Licensure take on future licensure activities?

That was the question the Licensure Planning Task Force pondered at ADA headquarters March 13-14.

In the end, the task force recommended that the council focus its future licensure activities around four general areas:

- mutual recognition by state dental boards of results of initial state and regional clinical licensure examinations;
- licensure by credentials;
- specialty licensure;
- issues associated with licensure for international dentists.

The Council on Dental Education and Licensure called on the Licensure Planning Task Force to assist in reevaluating its licensure goals for the next five to 10 years.

Since 1996, invitational licensure conferences addressing the 12 objectives of the "Agenda for Change in the Clinical Licensure Examination Process" ("www.ada.org/prof/prac/licensure/lic-change.html") have been the council's primary focus.

"The main items on the Agenda for Change had come to fruition," said Dr. Deron J. Ohtani, the chair of the Council on Dental Education and Licensure who also led the task force meeting. "They have either been accomplished already or are in the process of being accomplished, or they require situations above and beyond our control, such as statutory changes."

Since the Agenda for Change was adopted, there have been notable changes in the licensure process.

Four states now accept results of all state and regional testing agencies, and 19 states accept results from one or more regional testing agency.

A full 40 licensing jurisdictions have the statutory authority to grant licensure by credentials—compared with 22 in 1993—and two more states have bills pending in their 2002 legislatures that would allow the state board to grant licensure by credentials.

The task force's recommendations show that "members are still looking for increased mobility," said Dr. Ohtani. That's one part of the council's focus that likely will not change in the next five to 10 years.

"One aspect of licensure that is well-recognized is the fact that there is a method by which examinations can be compared and equivalencies declared," he said. "Practitioner mobility can be enhanced through the mutual recognition of examinations, and we'll continue working toward that."

To ensure that the membership's needs would be given full consideration, the Licensure Planning Task Force included representatives from ADA members-at-large; the Board of Trustees; Councils on Dental Education and Licensure; Dental Practice; Government Affairs, Access, Prevention and Interprofessional Relations; the Committee on the New Dentist; and the American Student Dental Association.

The Council on Dental Education and Licensure forwarded an informational report to the ADA Board of Trustees for consideration at this month's meeting. ■

Dr. Ohtani: While more states recognize licensure by credentials, mobility remains a concern of ADA members.

Another voice: Dr. Jeanne Altieri, a member of the Licensure Planning Task Force, offers input at the meeting in March.

Education summit

Dental leaders gather in June

By Karen Fox

A cross-section of the dental profession met June 12-13 to further discussions on the crises affecting dental education and continue to develop possible solutions.

Led by ADA President Greg Chadwick, the 2002 Dental Education Summit brought together many of the same dental organizations that attended the landmark 2001 Dental Education Summit, along with representatives from the ADA-recognized specialty organizations.

A meeting report had not been finalized by press time. Look for additional coverage on the Dental Education Summit in an upcoming issue of the ADA News.

Discussions in 2001 that were continued on this year's agenda focus on the current state of dental education and three issues that threaten the stability of the profession: dental school faculty shortages, the rising cost of dental education and student indebtedness.

"What we're planning to do this year is to first look at where we are, evaluate the progress we've made since last year and determine our future direction," said Dr. Chadwick prior to the meeting.

In addition, this year's participants were expected to consider the potential for creating a national endowment for dental education.

"There are other dental organizations that either have endowments or are raising funds, so we need to find the ADA's niche," explained Dr. Chadwick. "We want to develop a vision for a national endowment for dental education that everyone can support."

Dental Education Summit participants include representatives from ADA agencies and members-at-large, the ADA Health Foundation, the American Dental Education Association, the American Student Dental Association, the American Association of Dental Research, the National Institute of Dental and Craniofacial Research, the recognized specialty organizations, dental industry, the Canadian Dental Association and the Association of Canadian Faculties of Dentistry.

It is anticipated that a report will be submitted to the 2002 ADA House of Delegates, including recommendations for specific courses of action. ■

Dental board guide for new grads

The new edition of "Dental Boards and Licensure Information for the New Graduate" is now available, free of charge.

This ADA publication highlights the issues surrounding dental licensure, including the purpose and progress of clinical licensure and a primer on the licensure process for students. All graduating seniors will receive a copy by mail.

For a complimentary member copy, contact the Association's Office of Student Affairs at Ext. 2386, or download a copy at "www.ada.org/members/ed/newdent/handbook/index.html". ■

Online JADA free only to members, subscribers July 1

Log in, registration detailed

By Joe Hoyle

Beginning July 1, free access to full-text articles through JADA Online at ADA.org will be restricted to ADA members and JADA print subscribers only. Nonmembers and nonsubscribers will be charged a per-article access fee.

ADA members who have previously logged on to ADA.org to receive members-only content need do nothing further to continue receiving full-text JADA articles.

Simply follow the current procedure of choosing an HTML or PDF download for a selected article and click the button that says "ADA Members Download" to go directly to the article.

Those who have never registered with ADA.org will be prompted to enter their Association membership number and to select a password.

JADA readers with personal subscriptions should choose the "JADA Subscribers Download" button for full-text article delivery. They will be redirected to "www.ingenta.com", the Web site of the company that hosts JADA Online, to establish a user account and claim their subscription rights.

After registering, they will receive e-mail confirmation in 24 to 48 hours indicating that the subscription has been activated. Subsequent downloads will require entering username and password information.

Libraries, universities and other organizations that have institutional subscriptions to JADA will follow a similar process to register.

JADA Online visitors who are neither ADA members or subscribers will have the option of downloading individual articles on a pay-per-view basis.

For complete details on establishing JADA Online access, go to the JADA homepage ("www.ada.org/goto/jada") and follow the "Online Subscription Help" hyperlink. ■

ADA Reports

DR Days deadline July 19

The deadline to register for DR Days 2002, "The Sky's the Limit," is July 19.

The conference will be held Aug. 2-3 at ADA Headquarters in Chicago.

Direct Reimbursement Days is an annual free conference designed for constituent and component dental society staff members, leaders, brokers, third-party administrators, benefits consultants and others who promote and sell DR dental plans.

This year's event will offer special sessions on the Health Insurance Portability and Accountability Act, selling techniques, and industry trends. An orientation session for first-timers will be held on the afternoon of Aug. 1.

For more information, call the ADA Council on Dental Benefit Programs, toll-free at Ext. 2746. ■

Dentists Who Care plan Aug. 15-17 charity conference

South Padre Island, Texas—Dentists Who Care, a nonprofit charitable dental organization in the Rio Grande Valley, will host its 6th annual charity dental conference Aug. 15-17 at the South Padre Island Convention Center. Proceeds from the conference will be used to operate the organization's mobile dental unit program.

The conference will include nearly two dozen courses for dentists, staff members and spouses, an awards luncheon and a reception with food, live music and door prizes. Continuing education credits are available.

For more information on courses, hotels and social events, contact Tammy DeGannes, program administrator by calling 1-956-428-9130 or e-mail "dentistswhocare@prodigy.net". ■

MetLife accepts WebMD e-claims as of June 1

Dentists can once again send claims to WebMD for electronic submission to MetLife.

The two reestablished an electronic services relationship effective June 1.

"WebMD is excited to have reached a mutually successful agreement with MetLife to process their claims electronically and continue to improve services for the dental industry," said Paul Sparrow, senior vice president of sales and Marketing for WebMD Envoy.

The agreement, described as "satisfactory to both parties and beneficial to our dentists," by Chris Reed, MetLife president of dental operations, resumes a 10-year relationship between the companies. ■

Recaldent™ rebuilds enamel.

Plaque bacteria convert dietary sugars into acids, stripping the teeth of calcium and phosphate in the process known as demineralization. Saliva naturally aids the rebuilding of tooth enamel by delivering calcium and phosphate back to the teeth. However, the consumption of sugars in the diet will inevitably push this process in favor of demineralization, leading to dental caries and tooth decay.

Recaldent is a new milk-derived ingredient† currently added to certain Trident™ products* which has demonstrated anticariogenic properties. Recaldent provides calcium and phosphate to the tooth in a highly available form, inhibiting demineralization and promoting remineralization. Further damage of the tooth enamel by acid is reduced, and subsurface lesions in the enamel can actually be repaired.[1-5] In other words, Recaldent is a breakthrough product that helps look after your patients' hard working teeth.

Recaldent

For hard working teeth.

References: 1. Harper DS, Osborn JC, Hefferren JJ, Clayton R. Caries Res. 1986;20:123-130. 2. Reynolds EC, J Dent Res. 1987;66:1120-1127. 3. Reynolds EC, J Dent Res. 1997;76:1587-1595. 4. Reynolds EC, J Spec Care. 1998;18(1):8-16. 5. Shen P, Cai F, Nowicki A, Vincent J, Reynolds EC. J Dent Res. 2001; 80(12): 2066-2070. † Recaldent should not be consumed by people with milk protein allergies. Recaldent will not affect people with lactose intolerance. * Recaldent can be found in Trident® For Kids and Trident White™ sugarless chewing gum. Trident® For Kids and Trident White™ are trade marks of Pfizer Inc. Recaldent is a trade mark of Bonlac Foods Limited. 636 St Kilda Road, Melbourne, Vic, Australia, 3004. MRR BLRE021. For more information go to **www.recaldent.com**

BONLAC FOODS

Grassroots

Continued from page one

Constituent societies have begun to lay the groundwork for the outreach that is needed to accomplish the initiative's goals.

Both the Minnesota Dental Association and the Texas Dental Association held meetings on May 31 to focus on their society's approach to the initiative.

"Everyone is very excited about this," said Dr. Wayne Woods, Texas' state membership team leader. "People keep calling me, asking what can they do and when can they start."

With a 70 percent market share of dentists in the state, the TDA will utilize the initiative to focus on building membership in the state's three largest metropolitan areas: Dallas, Houston and San Antonio.

"What we have found is that in the smaller component societies, everyone knows each other and it's more noticeable when you're not a member," said Dr. Woods. "But in Dallas or Houston you could hide in a corner for years and no one would find you."

He added that TDA has only a 61 percent of market share for new dentists. "We have to find a way to track students coming out of school, welcome them and ask them to join the Texas Dental Association," he said.

Having identified their needs, the TDA will hold strategic planning sessions in each of the three metropolitan areas to determine specific goals and deadlines.

Dr. Woods envisions that Dallas, Houston and San Antonio will each have their own strategic planning committee with oversight from the TDA.

"Each city is going to make their own decision on what direction they're going to take with the initiative," said Dr. Woods. "We have the tools to recruit members but every society is going to have different needs, so we're letting them decide what they'd like to do."

The MDA formalized its participation in the Tripartite Grassroots Membership Initiative by drafting a motion that included a program outline and budgetary needs. The motion was later signed by MDA's board of trustees.

"The motion indicates that we joined the initiative, we have picked a leader—Dr. Laura Eng, state membership team leader—and that there will be a district team leader in each component," said Richard Diercks, MDA executive director.

The MDA is also creating separate work groups to work with specific groups of members: dental school faculty, women dentists, dentists married to dentists, managed care and large group dentists, new dentists and minority dentists.

At a training session held May 31, the MDA brought together team leaders, district officers and board members to set recruiting goals by component and begin identifying potential field representatives.

"We recognize that we need to look at the nonmember lists and figure out what kind of dentist would best approach those nonmembers," said Mr. Diercks. "The idea is to plan around who the nonmembers are and who might be the most appropriate to recruit that person into membership."

For example, in Minnesota, most dentists are graduates of the University of Minnesota Dental School. "We may try to find someone who was a classmate of a nonmember and have that person make contact," said Mr. Diercks.

To find out if your constituent or component society has an action team in place, go to "www.ada.org/goto/dsrinitiative".

For more information on the Tripartite Grassroots Membership Initiative, see the accompanying story on volunteers. ■

Council seeks volunteers

Do you have what it takes to recruit future ADA members?

If so, we're looking for you.

The ADA Council on Membership is coordinating a national effort that will utilize a grassroots, dentist-to-dentist approach to build membership throughout the tripartite.

Right now, many constituent societies are forming networks of field representatives to launch outreach programs, and additional volunteers are needed. To get involved, contact your constituent or component society.

For more information, or to find out if your constituent or component society has an action team in place, go to "www.ada.org/goto/dsrinitiative". Click "Instant Replay: The Initiative Week in Review" to see weekly highlights on the Tripartite Grassroots Membership Initiative's progress. ■

USPHS names corps dentist rear admiral

By Karen Fox

Washington—Dr. Eric B. Broderick, a dental officer, has been promoted to the rank of rear admiral in the commissioned corps of the U.S. Public Health Service.

Dr. Broderick

He is now one of nine flag officers assigned to the Indian Health Service, an agency in the U.S. Department of Health and Human Services, and one of 54 flag officers in the eight USPHS agencies.

Appointed to the commissioned corps in 1979, Dr. Broderick is senior advisor for tribal health policy in the Office of Intergovernmental Affairs with the Office of the Secretary, HHS. ■

Retirement

A survival guide for every dentist

This is the first installment of a series examining retirment issues affecting dentists.

By Arlene Furlong

There is a way to retire well.

You know it when you see it.

It's active, yet relaxing. It's stimulating. And it's a heck of a good time.

You envision the scene in daydreams; see yourself turning to new interests, favorite pastimes or even staying in dentistry—on your own terms.

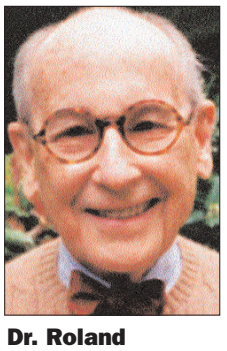
But cloud nine can have a dark side. Money concerns, social isolation and malaise sometimes becomes reality, even for dentists who enjoyed successful working lives.

Fortunately, it doesn't just "turn out that way." Dentists say their peers who retired well began steering their lives in the right direction long before retirement and never changed course.

Take Dr. Elliott Brody. Retired from dentistry at age 55, with a new career as a financial adviser, he's happy, he says, because he determined his values and goals long ago.

"I started out in dentistry knowing how many years I wanted to practice—until 59. Because of good planning I was able to move retirement up a few years," he says.

Dr. Brody



Dr. Roland

Or Dr. Albert E. Roland, whose only complaint about retiring from dentistry after 50 years is not doing it sooner. "I loved dentistry so I waited a little too long," he says. "But my years now are very fulfilling. I don't have to worry about anything because my spouse and I planned for them."

Different lives, different retirements, same story. Plan well, retire well.

"Some things are out of our control, but the things we can control are very important," says Dr. Brody, who says he's "seen both sides" as vice president of the American Association of Retired Dentists.

According to the ADA Dental Workforce Model, some 48,500 dentists are projected to retire by 2020. If you're a baby-boomer, that means you.

In upcoming issues, ADA News will zero in on issues dentists should consider to retire well. Among them: your money, your practice, your insurance, your health, your family, your activities, your ADA member resources. Use this series like a checklist to plan your course. ■

Benefits abound for ADA members and their employees

The ADA Members Retirement Program is a qualified tax-shelter designed for the particular needs of dental practices. Members and their employees can shelter and defer a much larger sum than with Individual Retirement Accounts or non-qualified plans, such as Simplified Employee Pensions.

The program offers IRS-approved prototype plans, including the new Safe Harbor 401(k), full record keeping services and a choice of 11 investment options managed by firms including Alliance Capital, MFS, Invesco, Putnam, Equitable, Lend Lease and State Street Global Advisors. Two new funds, the Strong Small Cap Value Fund and the Western Core Bond Fund will be introduced this summer.

For more information, call 1-800-523-1125 or go to ADA.org. Click on the profession page, then go to ADA Members Retirement Program from the Products and Services page. ■

New tax laws

Save more under EGTRRA

Dentists' prospects for saving for retirement have improved by leaps and bounds with recent changes in pension legislation. James Murphy, assistant vice president for the ADA Members Retirement Program, thinks its time someone told you what they are.

By James Murphy

The time has come

Dentists can reap benefits from new pension legislation.

James Murphy

Want to increase your retirement nest egg?

Take advantage of the new tax law, passed June 2001.

The Economic Growth and Tax Relief Reconciliation Act of 2001 was designed to help individual workers save more for retirement and also encourage the expansion of employer sponsored plans.

So, whether you're a salaried dentist whose employer offers a plan, you already sponsor a retirement plan or are considering it, there are now better opportunities to reach your financial retirement goals.

The law contains many pension reforms that consumer and business groups have advocated for years. They include:

- increased contribution limits for pension plans and individual retirement accounts;
- new 401(k) catch-up contributions for participants age 50 and older;
- changed tax deduction rules for profit sharing and 401(k)s to enable higher deductible contributions;
- expanded plan loan availability for business owners;
- expanded rollover rules.

See TAX LAW, page 15

Single owner dentist with no employees

	Year	
	2001	2002
Owner compensation	116,000.00	116,000.00
Maximum salary deferral	10,500.00	11,000.00
Maximum employer contribution	5,325.00	29,000.00
Total contribution	**15,825.00**	**40,000.00**

Tax law

Continued from page 14

Dentist employers

For dentists who already sponsor a plan or are thinking about starting one, the new law is great news because it helps dentists maximize their plan contributions.

Limits on combined annual employee and employer contributions to defined contribution plans is up to $40,000 (from $35,000 last year) and the percentage limit is increased to 100 percent of compensation. For the dentist who employs his or her spouse or other family member, the increase in the limit to 100 percent (up from 25 percent last year) of compensation offers a significant opportunity to increase the tax-deferred amount for the family.

The limit for 401(k) salary deferral contributions was increased to $11,000 in 2002 and will continue to increase by $1,000 each year to $15,000 in 2006. Additionally, anybody who is 50 years old or more may begin making "catch-up" 401(k) salary deferral contributions—generally up to $1,000 per year. This limit will also continue to increase until it reaches $5,000 in 2006.

Increased limits, new opportunities

Assumptions

- Employer over 50;
- More than $200,000 in compensation;
- has integrated profit sharing/safe harbor 401(k) plan;
- payroll of $75,000.

Doctor's maximum contribution

2001	2002
$27,945	$41,000

This represents an increase of approximately 46% over 2001.

The legislation also increases the maximum amount of compensation that can be used when allocating contributions from $170,000 to $200,000. This allows dentists who earn more than $170,000 to increase their individual contributions and potentially decrease the cost of contributions to employees.

Changes to the deduction rules allow employers to reach the maximum deduction amount in one profit sharing plan. If the employer has a 401(k) feature in their profit sharing plan, the 401(k) contributions no longer count against the dentist employer's overall deduction limit.

What do all these changes mean? As illustrated in the chart above, the change in the law will allow an employer to increase his contribution by more than $13,000, while increasing his employee contribution costs by $3,000.

Sole owner with no employees

The impact of the increased limits and deduction rules changes can be even greater for a sole owner with no employees.

Since the 401(k) contribution does not count against the deduction limit and does not reduce the compensation for deduction purposes the owner can more than double his contribution. (See chart, page 14.)

In addition to the dramatic impact of the increased limits, the law also changed the loan eligibility rules. Beginning in 2002, sole proprietors, partners and shareholders in 'S' corporations can now take a plan loan up to the lesser of (one half) of their vested account balance or $50,000.

Salaried dentists

If you work for an employer who has a 401(k) plan you may be able to increase the amount you are saving for retirement.

The combination of the increases in 401(k) contribution limit and the overall contribution to 100 percent of compensation has lifted the ceiling on the amount that can be contributed on your behalf.

Salaried dentists who do not participate in an employer-sponsored retirement plan can also benefit from EGTRRA because the IRA contribution limits were also raised.

IRA contributions

The IRA (regular and Roth) contribution limits for 2002 through 2004 were raised to $3,000 and will increase to $4,000 for 2005 through 2007 and $5,000 in 2008. There is also a catch-up provision that allows for additional contribution for individuals age 50 and older.

The deductibility of regular IRA contributions is still dependent upon active participation in a retirement plan and adjusted gross income.

Expanded rollover rules

Whether you sponsor a retirement plan or participate in a retirement plan the expanded rollover rules that were included in EGTRRA to increase pension portability will provide more flexibility for an individual who wants to rollover their distribution to another type of retirement vehicle.

For example, if you worked for a hospital and participated in their 403(b) tax sheltered annuity (TSA) and have now started your own practice and 401(k) retirement plan, you can rollover that 403(b) amount into your 401(k) plan. Before the law changed, you could only rollover the 403(b) distribution to an IRA or another 403(b).

Also, if you started an IRA as a salaried dentist and now have your own practice and a qualified retirement plan, you can consolidate your retirement assets by rolling your IRA assets (except non-deductible amounts) into your qualified plan.

Other rollover rule changes include the ability to do a direct rollover of after-tax contributions from a qualified plan into another qualified plan or a regular IRA. ■

James Murphy is the assistant vice president of the ADA Members Retirement Program. He manages the Association members' 401(k), monitors the legal and regulatory environment and trains client support personnel.

HIPAA: ADA ready to help

By Arlene Furlong

The HIPAA Privacy Rule is mandatory on April 14, 2003. Are you getting ready?

The ADA can help.

ADA Health Insurance Portability and Accountability Act Privacy Seminars are touring state and local dental societies. The comprehensive half-day courses are designed to provide members with concise and accurate information—to take the confusion out of compliance.

Dentists will learn how to break down HIPAA privacy requirements into manageable tasks. They'll pick up tips on "real world" implications, including:

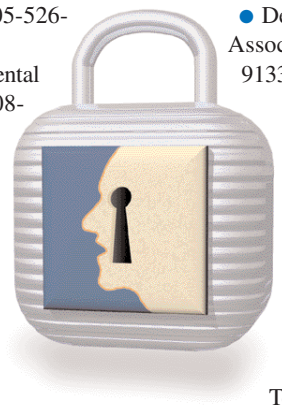
- rights to control access and disclosure of protected health information;
- responsibilities to safeguard against inappropriate use or disclosure;
- how to train dental staff;
- how to keep the office running smoothly;
- sanctions for violations.

Seminar participants will receive the ADA Privacy Kit. Dentists unable to attend a seminar may purchase the kits separately.

Members interested in attending an ADA HIPAA Privacy Seminar should contact their state and local dental societies. For more information about seminars call the ADA Seminar Series toll-free, Ext. 2908 or 2927. Or, e-mail "seminarseries@ada.org".

Dates, locations and contacts for morning and afternoon ADA HIPAA Privacy Seminars to date follow:

- Aug. 17, a.m., Georgia Dental Society; Martha Phillips, 1-404-636-7553;
- Aug. 23, a.m., Dallas County Dental Society; Joan Stacy, 1-972-386-5741, ext. 227;
- Aug. 30, a.m., Indiana Dental Association; Doug Bush, 1-317-634-2610;
- Sept. 4, a.m., California Dental Association; Greg Alterton, 1-916-443-3382, ext. 8870;
- Sept. 5, a.m., California Dental Association; Greg Alterton, 1-916-443-3382, ext. 8870;
- Sept. 6, a.m., Oklahoma Dental Association; Susan Hillman, 1-405-848-8873;
- Sept. 10, p.m., Eighth District Dental Society of New York; James Williamson, 1-716-876-2115;
- Sept. 13, p.m., Ohio Dental Association; Susan Payne, 1-614-486-2700;
- Sept. 18, a.m., Michigan Dental Association; Bernie Droste, 1-517-346-9401;
- Sept. 20, p.m., Maryland State Dental Association; Sherry Smith, 1-410-964-2880;
- Sept. 21, TBD, Virginia Dental Association; Dr. Terry Dickinson, 1-804-261-1610;
- Sept. 25, TBD, Indianapolis District Dental Society; Bill Rhodes, 1-317-471-8131;
- Sept. 26, p.m., Vermont State Dental Society; Peter Taylor, 1-802-864-0115;
- Sept. 28, TBD, California Dental Association; Greg Alterton, 1-916-443-3382;
- Oct. 1, a.m., Alaska Dental Association; Martha Reinbolt, 1-907-563-3003;
- Oct. 3, a.m., Alaska Dental Association; Martha Reinbolt, 1-907-563-3003;
- Oct. 4, TBD, Alaska Dental Association; Martha Reinbolt, 1-907-563-3003;
- Oct. 21, p.m., American Dental Association; Pat Johnson, 1-312-440-2663;
- Oct. 28, a.m., Pennsylvania Academy of General Dentistry; Marisa Fenice, 1-717-234-5941, ext. 116;
- Nov. 1, a.m., Kansas Dental Association; Greg Hill, 1-785-272-7360;
- Nov. 1, a.m., Oregon Dental Association; Dr. Bill Zepp, 1-800-452-5268;
- Nov. 5, a.m., Pennsylvania Academy of General Dentistry; Marisa Fenice, 1-717-234-5941, ext. 116;
- Nov. 6, a.m., New Jersey Dental Association; Arthur Meisel, 1-732-422-2730;
- Nov. 8, a.m., Southwest District Dental Association; Olivia Perez, 1-505-526-0888;
- Nov. 12, a.m., Connecticut Dental Association; Noel Bishop, 1-508-480-9797, ext. 250;
- Nov. 13, a.m., Massachusetts Dental Society; Susan Karp, 1-508-480-9797, ext. 250;
- Nov 20, a.m., Greater St. Louis Dental Society; Bev Shabansky, 1-314-965-5960;
- Nov. 22, a.m., Colorado Dental Association; Dr. Gray Cumins, 1-303-740-6900;



- Dec.6, a.m., South Dakota Dental Association; Paul Knecht, 1-605-224-9133;
- Dec. 11, TBD, Rhode Island Dental Association; Val Donnelly, 1-401-732-6833;
- Dec. 20, a.m., North Carolina Dental Society; Dr. Ralph Leonard, 1-919-843-4840;
- Jan. 10, 2003, TBD, Monterey Bay Dental Society; Carol Hart, 1-831-658-0168;
- Jan. 17, 2003, p.m., Tennessee Dental Association; David Horvat, 1-615-383-8962;
- Jan. 24, 2003, p.m., North Dakota Dental Association; Joe Cichy, 1-701-223-8870;
- Feb. 7, 2003, a.m., Nebraska Dental Association; Dr. Tom Bassett, 1-402-476-1704;
- Feb. 21, 2003, TBD, South Carolina Dental Association; Phil Latham, 1803-750-2277;
- March 7, 2003, a.m., Illinois State Dental Society; Kathy Ridley, 1-217-525-1406;
- March 7, 2003, a.m., New Hampshire Dental Society; Henry Dougherty, 1-603-225-5961;
- March 13, 2003, a.m., Arizona Dental Association; Erin Merritt, 1-602-957-4777;

● March 21, 2003 a.m., Maine Dental Association; Frances Miliano, 1-207-622-7900.

The Health Insurance Portability and Accountability Act of 1996 requires dental offices that transmit health information electronically, either directly or through a practice management vendor or clearinghouse, to comply. ■

Privacy kit: The ADA is compiling what you need to know about the proposed HIPAA privacy rule in its HIPAA Privacy Kit, which will be available for sale by August. Reserve one by calling 1-800-947-4746. More information is posted on ADA.org at "http://www.ada.org/prof/prac/issues/topics/hipaa/index.html". ■

Esthetics

Boost your skills at two-day forum this fall in New Orleans


Dr. Rinaldi


Dr. Trinker

By Stacie Crozier

New Orleans—Proven ways to enhance your esthetics skills will be at your fingertips when you attend a special two-day esthetics forum, "Clinical Communication for Improved Esthetics in General Dentistry," set for Oct. 19 and 20 at the Morial Convention Center during the ADA annual session.

This hands-on participation workshop for dentists and dental laboratory technicians will focus on how to maximize a team approach to esthetic dentistry, from diagnosis and design to fabrication and delivery.

Participants will perform case evaluation, diagnosis and preparation, including preparation principles, diagnostic mock-ups, fabrication of prototypes and recontouring and modifying prototypes based on contour and form. The workshop will also focus on communicating between doctor and ceramist, building a solid foundation on which to move into a relationship for predictable results, exploring new ceramic materials and identifying photographic needs to facilitate communication while learning from each others' real practice esthetics cases. (Participants are required to bring photos of their esthetic successes and challenges to the workshop.)

Dr. Roger P. Levin will offer a step-by-step plan for doubling—even tripling—case acceptance rates in his program, "Why Patients Accept Treatment."

Larry Wintersteen will present team-specific skills for that will improve communication and motivation for esthetic treatments in his session, "Communicating Esthetics To Patients and Team."

Dr. Peter Rinaldi, Dr. Thomas Trinker and master ceramists Jason Kim and Matt Roberts will also teach strategies for incorporating new conservative techniques, breakthrough technology, advanced materials and simplified choices for products and documentation used to communicate with the dental laboratory.

Attendance for this workshop is limited, so register early. Cost is $750 in advance, including lunch both days. The session will be held on Oct. 19 from 10 a.m.-5 p.m. and Oct. 20 from 9:30 a.m.-5 p.m. (Course code: W3)

For more information or to register, consult your annual session Preview, call toll free 1-800-975-2925 or visit "www.ada.org/goto/session". ■

Grants set for women scientists

Washington—July 15 is the application deadline for the 2002-03 Women's International Science Collaboration Program.

The WISC program is funded by the National Science Foundation and administered by the Directorate for International Programs of the American Association for the Advancement of Science. The program provides grants to individual U.S. female scientists who plan to establish new research partnerships with colleagues in Central/Eastern Europe, the former Soviet Union, Near East, Middle East, Africa, the Americas, Pacific and Asia in an effort to increase the participation of women as principal and co-principal investigators in international research projects.

For eligibility requirements or application information, visit "www.nsf.gov" or "www.aaas.org", or contact the appropriate AAAS administrator for region-specific guidelines and application information:

- Central and Eastern Europe, and Newly Independent States of the former Soviet Union: Karen Grill, "kgrill@aaas.org", 1-202-326-6650;
- East Asia and Pacific: Suteera Nagavajara, "snagavaj@aaas.org", 1-202-326-6496;
- Africa, Middle East, Near East and South Asia: Alan Bornbusch, "abornbus@aaas.org", 1-202-326-6651;
- Americas and Caribbean: Marina Ratchford, "mratchfo@aaas.org", 1-202-326-6490. ■

Health & Science

Open session

ADA welcomes manufacturers

Technically speaking: The clinical relevance of the ADA Seal of Acceptance highlighted discussions among the ADA Council on Scientific Affairs and industry representatives. Council members Dr. Domenick T. Zero (left) and Dr. William Bowen (right) discuss common goals with Lori Kumar, Ph.D., (center) of Pfizer, Inc.

BY MARK BERTHOLD

"How can we make the ADA Seal of Acceptance more clinically relevant?," asked Dr. Jeffrey Hutter, chair of the Council on Scientific Affairs. "And how can we work together to improve oral health?"

These queries set the pace for discussion, suggestions and general raising of issues at the May 14 open session, hosted at ADA headquarters. The open session is an annual meeting between the ADA and dental product manufacturers and other industry representatives.

Participation from industry is vital to enable the ADA to fulfill its mission of providing scientifically sound information to its members, noted Dr. Kenneth Burrell, council director.

"The Council on Scientific Affairs' role is to not just disseminate raw data," he added, "But also provide interpretation. For us to supply numbers to ADA dentist members without explanation would not be prudent. And if we're going to 'enliven' our data, we need to know industry's input."

Industry reps acknowledged that thorough testing and strict advertising guidelines have earned a prestigious reputation for the Seal, and separate it from more market-driven testing services.

In fact, the rigors to gaining Seal acceptance is akin to obtaining approval from the federal Food and Drug Administration, noted council member Dr. Deborah Greenspan. "The Seal is grounded in an underlying trust in its efficacy."

Crowd pleaser: Council member Dr. Connie Hastings Drisko chats with dental manufacturers and consultants.

Another point stressed by Dr. Daniel Meyer, associate executive director of the ADA Division of Science, is that almost any dental product can be submitted to the Association for testing—even if the Council on Scientific Affairs has no specific guidelines for that product category.

"We also have general scientific guidelines—in addition to our new orthodontic guidelines," he told manufacturers. "Of course, if you would like to request a guideline for a new or different product category, this is a good time and place."

Case in point, the council is currently drafting Seal guidelines for oral malodor products, notes Dr. Hutter.

"The impetus for these guidelines and the ADA Conference on Oral Malodor last year came from a previous open session, during which industry and experts in the field of oral malodor organized a workshop, came together and decided on the best approach for developing guidelines," he says.

"This is an example of the very positive consequences that came out of open sessions." ■

White House recognizes CAM care

By Mark Berthold

Washington—The White House Commission on Complementary and Alternative Medicine released its official recommendations for public policy and legislation.

What's the relevance to dentistry?

"Use of complementary and alternative medicine (CAM) modalities and products in dentistry is supported by observed evidence of clinical benefit," says Dr. Donald Warren. "Our recommendations stress an evidence-based approach to CAM health care, and advocate safety and efficacy."

Dr. Warren

The lone dentist to sit on the commission, Dr. Warren says the recommendations "recognize the need" for CAM techniques and products, such as acupuncture or mind-body techniques like meditation and guided imagery.

They also represent "directions that government, education, practitioners and the public can take to include CAM treatments into health care in the United States."

Dr. Warren notes the difficulties of proving a new CAM modality and incorporating it into standard dental care. A large-scale study often requires generous financial support, trained research personnel and peer-review publication to be considered valid.

In education, curricula time constraint is a significant obstacle to the open teaching of CAM systems. "Insertion of any new information or technique in dental schools would require lengthening the academic timeframe," he says. Despite this, the commission "asks that schools implement CAM ideas into their curriculum."

Dr. Warren adds: "We must recognize that 'evidence based' is a broad continuum, from merely anecdotal word-of-mouth to clinical observation to the gold standard of double-blind, controlled studies fostered by an independent review board," he says. "Each information collection technique has validity." ■

ADA Policy Statement on Unconventional Dentistry

Highlights appear here from the policy adopted by the House of Delegates in October 2001. For the full statement, visit ADA.org or call Ext. 2878.

• The ADA strongly supports [the] tradition of dentistry as a profession rooted in constantly evolving scientific information and an ethical duty to act for the benefit of others.

• The dental community has always been open to emerging diagnostic and treatment approaches that over the years have improved the oral health of the public, the health of the dental team and the practice of dentistry.

• The ADA, consistent with its objective to encourage the improvement of the health of the public and to promote the art and science of dentistry, supports those diagnostic and treatment approaches that allow both patient and dentist to make informed choices among safe and effective options. The provision of dental care should be based on sound scientific principles and demonstrated clinical safety and effectiveness.

• The need for systematic evaluation of diagnostic and treatment efficacy and safety to assist practitioners in responding to patient inquiries is greater than ever.

• The dental profession advocates an evidence-based approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient's oral and medical condition and history, with the dentist's clinical expertise and the patient's treatment needs and preferences.

• The ADA supports the scientific exploration needed to discover new diagnostic and treatment approaches and techniques, and encourages advocates of unconventional dentistry to pursue scientifically valid, systematic assessment of diagnostic and treatment efficacy and safety. ■

Managing the whole patient

Despite legitimate unconventional treatments and practitioners, the existence of quack therapies pushed by dubious caregivers remains a reality. What can dentists do?

Dr. Burton Goldstein, a noted expert who helped draft the ADA Policy Statement on Unconventional Dentistry, says licensed health care professionals must manage the patient.

"We [dentists] must help our patients who have conditions that cannot be instantly cured," he says. "Many patients didn't just develop systemic conditions. They had a chronic condition and it wasn't managed."

Desperate patients—who don't understand hard science—are more likely to succumb to unscrupulous physicians and dentists who prey upon their pain.

"When medical science can't provide the quick and easy, there are always hucksters who can," he warns. "For a licensed dentist to provide unconscionable services to patients requires a combination of a willing dentist and a believing patient." ■

Bioterrorism

Continued from page one

The role for the ADA, according to Dr. Albert H. Guay, chief policy advisor and lead staff person on the project, will be to develop resources for members and a template for local dental societies to use in developing a local response plan.

"We will push the frontiers of our organization," Dr. James Bramson, ADA executive director, told the group. "We will eliminate the wasted effort of having every state society start from scratch in considering how to participate."

■ "Dentistry has resources that with proper direction can make a significant difference in responding to a bioterrorist attack."

An open conference devoted to the role of dentistry in mass disasters, to be co-sponsored by the ADA and the United States Public Health Service, is being planned for late 2002.

The inevitability of a major bioterrorist attack and the potential crises at a local level were two factors experts took for granted from the meeting's outset. That dentistry has a role beyond forensics was determined during the two days of presentations and workshops, echoing ADA President Dr. Greg Chadwick's opening comments.

"Dentistry has resources that with proper direction can make a significant difference in responding to a bioterrorist attack," he said. "The goal should be to have the greatest possible positive impact in responding to a disaster—from the very beginning of the response."

Education and training for dentists, coordination and improved emergency communications systems between local dental societies and public health officials were among areas noted most likely to figure into dentistry's undetermined, but certain eventual role.

The role of dentistry in civilian mass disasters, such as transportation accidents or mass suicides, has been primarily the identification of victims through forensic dentistry. Dentistry's role related to biological terrorism—the threat or use of biological agents by individuals or groups motivated by political religious, ecological or other ideological objectives—has never been considered.

However, the military has defined additional roles for dentistry in the event of casualties related to warfare due to physical trauma, chemical agents or the effects of radiation.

Col. L. Darwin Fretwell, chief, Department of Dental Science, Army Medical Department, said training is key. "The more prepared dentists are, the better able they will be to respond."

He said one problem in defining dentistry's role is that alternate wartime roles; even for army dental personnel, are not clearly defined. "We had a catch as catch can way of approaching this and dentists were left out of response training."

Training: "The more prepared dentists are, the better able they will be to respond," says Col. L. Darwin Fretwell.

Collaborating: Breakout session participants consider dentistry's response capabilities.

The first recruitment of a "mobile cadre" of physicians and dentists to the front lines of war on bioterrorism, called the "Ready Responders" team, will be a model.

Dr. David Rutstein, chief medical officer, National Health Service Corps, Health Resources and Services Administration is heading up the new initiative. "Dentists are an important part of the health care system and have an important role to play. We want to facilitate that response."

Presenters said coordination with other associations and public health departments will be critical to dentistry's response capabilities.

"It takes 12 to 18 hours to get federal teams on site," said Carl Andrianopoli of the U.S. Department of Health and Human Services, Office of Emergency Preparedness. "The first responders have done their jobs by the time Federal teams get to the hot zone."

Dr. Gregory Evans, director of the Center for the Study of Bioterrorism and Emerging Infections at St. Louis University of Public Health, agreed. "We can not depend on the federal government," he said. "We have to be prepared at the local level, which means working with state health departments during the planning stages."

Dr. Evans suggested developing training programs for dentists and providing reference sources in print and CD-ROM "because the Internet will be unreachable after the event has occurred."

Education programs were considered.

"Dentists should know about signs and symptoms of a bioterrorist attack," said Dr. Michael Glick, director of Oral Medicine at the University of Medicine and Dentistry of New Jersey.

Learning: Dr. Gregory Evans (left) and Col. Charles W. Pemble listen to presenters' thoughts on dentistry's role.

"We're the experts. We need to help our medical professional colleagues recognize early signs of disease progression or immune deterioration in the oral cavity."

Dr. Michael C. Alfano, dean, New York University College of Dentistry, said even triage procedures could be different.

"While it made sense to respond to attacks of Sept. 11 at a central site, it wouldn't make sense to follow this procedure in the event of bioterrorism," he said, noting that one person might contaminate thousands and the difficulties in moving people from one place to another.

Among his ideas are a pass enabling system that would help key personnel access hot spots, continuing education for dentists, and a centralized rapid communications system for public health care officials to communicate directly with health practitioners. ■

JADA leads clinical journals

By Arlene Furlong

An independent survey of the top six dental publications shows that dentists consider the Journal of the American Dental Association the best source of information in most areas of greatest interest.

For overall content, dentists prefer JADA by a margin of two to one or greater over every other publication. Dentists say JADA is better than other publications in specific categories including:

- most helpful in making treatment decisions;
- most useful for the chairside dentist;
- offers the widest variety of information;
- offers the most current information.

The purpose of the ADA Publishing-sponsored research, by an independent firm, was to learn the reading interests of general dentists. The blind mail survey of 4,200 member and nonmember general dentists was conducted by Readex Inc. from Feb 26 through April 9, 2002. The average general dentist regularly receives or sees 5.4 of the six publications surveyed. Given the level playing field on which the publications compete, comparisons on readership and opinions are considered valid.

Both Association publications, the ADA News and JADA, emerge as clear industry leaders, with readership rates well above the other four publications studied. Both JADA and the ADA News were rated as most credible, and JADA is ranked as the best-written publication, by a factor of more than two to one.

"I was delighted to see how much dentists value ADA publications," said Laura A. Kosden, publisher of ADA Publishing, a division of ADA Business Enterprises, Inc. "Considering the fact that this was a blind study of both members and nonmembers, I could not have predicted such positive results."

"This is good news for the ADA," noted Dr. Marjorie K. Jeffcoat, JADA editor. "As the new JADA editor, the study results will serve as a helpful guide in focusing on topics of interest to our readers."

Other findings show articles and features that generate the greatest reader interest are case studies, continuing education, monthly columns from well-known dentists and clinical review articles.

Topics most interesting to dentists are cosmetic and esthetic dentistry and new technology, followed by restorative dentistry and dental product information. ■

Waste

Continued from page one

employees are highly conscious of environmental issues, not only in the interest of their patients but also their families, loved ones and future generations."

Dental associations have taken numerous actions in addressing environmental issues, the ADA statement says, including:

- encouraging recycling of dental amalgam since the 1980s;
- recommending elimination of bulk dental mercury and bulk dental amalgam alloy in favor of precapsulated amalgam alloy;
- urging manufacturers of dental amalgam to continue to improve this restorative material and ensure safe handling of all its components;
- conducting laboratory research on and encouraging use of amalgam separators;
- leading the way in developing new and improved restorative materials, including composite resin materials.

In addition to establishing organized dentistry's record of environmental responsibility, the ADA statement refutes specific assertions made in the Health Care Without Harm report:

- While it is not disputed that dental offices are sources of amalgam discharge, relative contributions of total mercury to wastewater depend on other sources of discharge to a particular wastewater treatment plant and estimates vary widely.
- The report's description of the effects of mercury is not applicable to dental amalgam, a solid intermetallic compound of mercury, silver, tin and copper that has been deemed a safe restorative material by federal agencies charged with protecting public health.
- Dentistry has no ulterior motive for including amalgam, a relatively inexpensive, durable material, as an option among restorative materials.
- The ADA has not obstructed environmental initiatives at the state and local level but rather serves as a clearinghouse for information on such issues and encourages state dental associations to work with local environmental regulators to reduce discharge of dental amalgam into the waste stream.

In a final comment on the report, the ADA calls on the reputable organizations whose names appear on the report to carefully examine the "Dentist the Menace?" document, "noting its deceptive use of citations, sloppy statistics and overall lack of scientific merit and to publicly disassociate themselves from this low caliber of workmanship.

"Documents of this sort create heat but not light and are unlikely to contribute anything worthwhile to an important public issue," the ADA says. ■

St. Louis

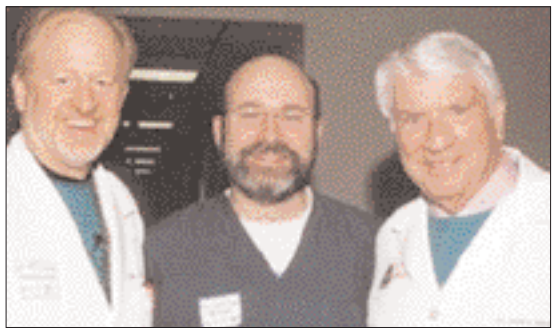
Continued from page one

What's more, organizers say, Give Kids a Smile provided members of the society with a tremendous sense of good will by giving them a way to use their talents and expertise to give back to the community.

"We are the only people who can do what we do. If we don't reach out to these kids and meet their needs, no one else can," said Dr. Jeffrey B. Dalin, co-chair of the St. Louis committee that brought Give Kids a Smile to fruition. "More importantly, it's kind of nice to give back. For so many of these dentists, it's almost like they are looking for this."

The success of Give Kids a Smile resonated with the ADA, too. The St. Louis program is now being used as a springboard for a nationwide event to call attention to access problems among children from low-income families and underscore dentistry's commitment to improving access.

Big thanks: Dr. Joseph Grimaud and a happy patient at St. Louis' Give Kids a Smile event.



Team effort: From left, Drs. Ray Storm and Jeff Dalin, St. Louis' Give Kids a Smile co-chairs, and Dr. John Mahoney, who donated his office for the two-day event.

On Feb. 21, 2003, the ADA will sponsor its first Give Kids a Smile program in conjunction with National Children's Dental Health Month. The ADA will seek national media for the event and provide resource kits. Constituent and component societies and individual dentists are being asked to schedule volunteer activities for Feb. 21 in order to maximize media coverage and broaden consumer awareness.

"What the St. Louis dentists did was extraordinary—providing full-service dentistry to hundreds of children," said ADA Executive Director Jim Bramson. "But that won't work for everyone. The national Give Kids a Smile effort will welcome any and all events aimed at underserved children: educational activities, screening, distributing toothbrushes and other supplies, sealant or mouthguard programs, on up to comprehensive care."

Groups like the Greater St. Louis Dental Society will provide information on their planning activities to assist societies interested in launching their own programs.

"A part of our mission statement was to share the program with other dental societies around the country," said Dr. Dalin. "In doing our research to put this event together, we found that a lot of things like this are being done. We could be so much more effective if everyone was doing the same thing at the same time."

The committee—co-chaired by Dr. Dalin and Dr. Ray Storm—sought ways to promote volunteerism in St. Louis. One project involved maintaining a catalog of international organizations that need dentist volunteers.

"Then we thought, 'Why are we going around the world?' There's nothing wrong with it, but let's do something in our own backyard," said Dr. Dalin. To his surprise, the event was relatively simple to coordinate. "There are 11 jobs on this committee," he explained. "If you have a committee of 11, you can do this."

Finding patients would be more difficult, at first. "I think some groups were skeptical at first about whether we could actually pull this off," said Dr. Dalin.

The committee approached school nurses—recognizing "they already knew the kids with dental problems," he said—and made contact with charitable organizations and group homes.

In the end, Dr. Dalin said, "we had no trouble filling the slots." The first day, a Friday, some schools brought kids by the busload.

Local TV and radio stations and the city's daily newspaper captured Give Kids a Smile as children received oral hygiene instruction, had their teeth cleaned, received a fluoride treatment and, if needed, had restorations, root canals, pulpotomies or extractions performed.

Without doubt, Dr. Dalin believes volunteers will come back next year. "Before they left the first one they were volunteering for next year," he said. That outcome is exactly what the ADA is seeking from its first national Give Kids a Smile event.

For more information, contact Clay Mickel (Ext. 7450, "mickelc@ada.org"), Richard Green (1-202-789-5170, "greenr@ada.org") or Jane Jasek (Ext. 2868, "jasekj@ada.org"). ■

AGD to meet July 4-7 in Honolulu

Honolulu—The Academy of General Dentistry will hold its 50th annual meeting July 4-7 at the Hawaii Convention Center.

Plans include more than 50 clinician presentations, 29 participation courses, 24 lectures, 22 capsule clinics, a four-day intensive institute on fixed prosthodontics and of course, the endless charm of the Aloha state.

To register, contact the AGD toll-free at 1-888-243-3368, Ext. 4339, or visit "www.agd.org/annual.meeting". ■

DENTSPLY
CAULK

One Disc!
One-derful Polish!
Polish & Go!

PoGo™

New

One Step Diamond Micro-Polisher

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

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

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

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