10-21-2002

ADA News - 10/21/2002

American Dental Association, Publishing Division

Team Building, page 12 ◆ Starting Out, page 16

AMERICAN DENTAL ASSOCIATION
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OCTOBER 21, 2002 VOLUME 33, NO. 19

Congress joins ADA

Historic dental access legislation nears approval

By Craig Palmer

Washington—Congress is putting the finishing touches on legislation "to expand or establish oral health services" in consultation with the tripartite profession.

The historic, non-controversial legislation has the strong backing and policy support of the American Dental Association and, if passed as expected, has White House support and should become law.

■ **McKay award for excellence in dentistry, page 17**

All that may be lacking is time for Congress to complete the job before adjourning for the midterm elections, although a post-election "lame-duck" session is possible. Final action on the dental health legislation is likely though not certain in this session of Congress. Both the U.S. House of Representatives and Senate have passed companion bills.

The dental access legislation and

See ACCESS, page eight

Aftermath: A tornado whipped through Ladysmith, Wis., on Labor Day, wreaking havoc on the office of Dr. Blane Christman. On a normal workday, this waiting area would have been filled with patients. Story, page six.

$15 million for schools

Six-year initiative aimed at launching community-based dental education

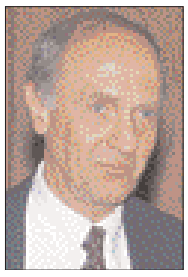
By Karen Fox

Princeton, N.J.—In what is being called "the most significant national program in oral health to date," 10 of the nation's cash-strapped dental schools received $15 million in grant monies from the Robert Wood Johnson Foundation last month.

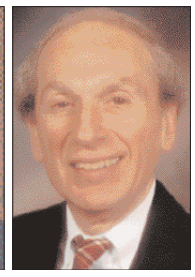
With the goal of linking the dental schools to communities in need of dental care and increasing the schools' underrepresented minority and low-income student numbers, grants of up to $1.5 million were disbursed to each of the selected dental schools to begin the six-year initiative known as "Pipeline, Profession and Practice: Community-Based Dental Education."

■ **Dentists file class-action lawsuit against manufacturer, page 14**

"It's not the first oral health initiative for the Robert Wood Johnson Foundation, but it is certainly the largest investment in oral health in our 30-year history," said Judith Stavisky, senior program officer at the RWJF, the nation's largest philanthropy devoted exclusively to health care.



Dr. Bailit



Dr. Formicola

"It is impossible to overstate the importance of these grants to dental education's ability to fulfill its mission into the future," added Dr. David C. Johnsen, president, American

See PIPELINE, page 10

Watchdog group says amalgam is safe

By James Berry

Dental amalgam fillings are safe and anti-amalgam activities endanger the public welfare, says the National Council Against Health Fraud in a "Position Paper on Amalgam Fillings" released Oct. 7.

"No dentist is required to use amalgam," observes the NCAHF in its four-page statement. "However, dentists who make false claims about amalgam safety create unnecessary patient anxiety and undermine confidence in the [dental] profession. Such behavior should be considered unprofessional conduct."

The NCAHF is described on its Web site at "www.ncahf.org" as a private, nonprofit, voluntary health agency "that focuses upon health misinformation, fraud and quackery as public health problems."

The position paper acknowledges that some forms of mercury are hazardous, but the mercury in amalgam "is chemically bound to the other metals to make it stable and therefore safe for use in dental applications."

To illustrate the relationship between elemental mercury and other metals contained in amalgam, the paper notes that elemental hydrogen

See AMALGAM, page 19

BRIEFS

ADA Survey Center:

The update of Key Dental Facts is now available from the ADA Survey Center.

The resource is a compilation of dental facts from dental-related organizations, original research conducted by the ADA and reports from federal agencies.

The cost is $20 for members, $30 for nonmembers. The commercial rate is $60. Shipping and handling costs will be added.

To order, call the ADA Survey Center toll-free, Ext. 2568.

NIDCR Web site:

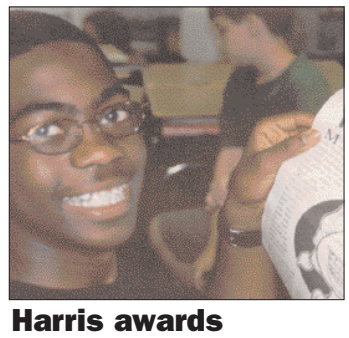
Dental research information and announcements are still available at several Web addresses for the National Institute of Dental and Craniofacial Research, one of the National Institutes of Health.

But as of Oct. 2, it's a newly designed, more user-friendly "www.nidcr.nih.gov" offering quicker access to information with more up-front home page links.

Both "www.nidr.nih.gov", a Web address for the former National Institute of Dental Research, and "www.nidcr.nih.gov" reach the newly designed site. The NIDCR will continue offering access to information through both addresses.

The NIDCR is one of 27 institutes, centers and biomedical research entities comprising the National Institutes of Health. ■

INSIDE



Harris awards

Children's Dental Health Month awards. **Story, page 18.**

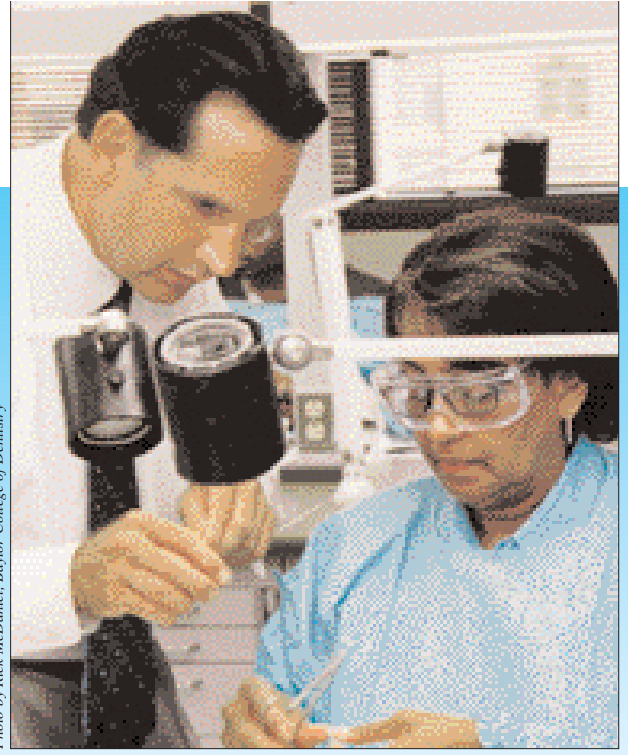


Photo by Rick McDaniel, Baylor College of Dentistry

Photo by Cecile's Photographic Memories

Scenes from Dallas: The National Dental Association's annual session took place in Dallas July 26-31. Pictured at left, Dr. Wayne Woods, associate professor of restorative sciences at the Baylor College of Dentistry, assists Dr. Ethel S. Newman of District Heights, Md., during a hands-on laboratory session at Baylor. Above, from left, is Robert S. Johns, NDA executive director; Dr. Gregory A. Stoute, NDA president; and Dr. James B. Bramson, ADA executive director.

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New Orleans legacy

Surgeon father, dentist daughter treat, serve

By Stacie Crozier

New Orleans—Metairie, La., prosthodontist Dr. Donna Palmisano not only welcomes ADA members to her neck of the woods—a city with a rich cultural heritage—for 2002 annual session. She also hails dentists who, like her, donate their time and talents to serve the profession.

Dr. Palmisano says she knew she wanted to be a dentist when, at age 13, her uncle Dr. Edward V. Brown, also a dentist, transformed her crowded front teeth to a pleasing smile and made her self-confidence soar.

"Being a good dentist is all about what the patient wants," says Dr. Palmisano. "I wanted to be able to give back to my patients what I got as a teenager—the chance to help them achieve their goals and desires by combining technical expertise with creative and artistic achievement."

But her focus also extends outside the walls of her practice. Dr. Palmisano participates in the local National Foundation of Dentistry for the Handicapped, treating patients with special needs; she is a part-time instructor at Louisiana State University dental school's department of prosthodontics; and she works with the membership and peer review committees of the New Orleans Dental Society.

Dr. Palmisano may be learning by example the importance of working for her profession, jokes her father, Donald Palmisano, M.D., J.D., a New Orleans general and vascular surgeon, lawyer and president-elect of the American Medical Association.

"My goal as a parent is to encourage my daughter to be happy, healthy and to do something she loves," says Dr. Donald Palmisano. "It's exciting to be a medical or dental professional today. We have so many opportunities and new discoveries that people could only dream about years ago. It's rewarding to be able to relieve pain and enhance life, and also to work to bring these things to people by taking on a role outside practice."

Dr. Palmisano says she shares a special bond with her father: she graduated from high school on the same day he graduated from law school.

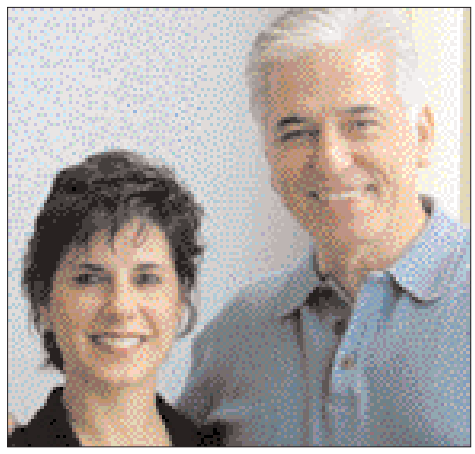
"He is an outstanding man," she says. "He practiced during the day and went to law school at night. He's one of the most hard-working, conscientious and honest men I know. He speaks straightforwardly and he represents the concerns of his profession admirably.

"I will also speak and fight for what I believe in," she adds, "but I'm different than he is. I don't like to get up on a podium and speak. I'd rather work hard in the background to see that something important gets done."

Dr. Palmisano adds that she's proud to be a part of organized dentistry, though a number of her colleagues don't make it a priority.

"The people in organized dentistry will get up and fight to give our patients the best dentistry possible," she says. "That's what keeps the profession alive and kicking."

"Children learn not from what you say, but by what you do," says her father. "Donna is my favorite dentist. She's terrific! Her office is comfortable, cheerful and homelike and she is a very caring, compassionate and technically adept professional. I'm also proud that she puts maximum effort into not only her work, but in the rest of her life." ■



All in the family: Dr. Donna Palmisano was inspired to care for patients and serve her profession by her father, Dr. Donald Palmisano, and other family members.

ADA HIPAA Privacy Kit, Seminars

The Health Insurance Portability and Accountability Act of 1996 requires dental offices that transmit health information electronicaly to comply with all aspects of HIPAA.

The HIPAA Privacy Rule is mandatory on April 14, 2003.

Uniquely positioned to help, the ADA is conducting Privacy Seminars at state and local dental societies. These comprehensive half-day courses are designed to provide members with concise, accurate information.

If you can't go to a seminar—which includes the ADA Privacy Kit—you can purchase a copy.

The ADA Privacy Kit, which includes a CD-ROM, specifically addresses dental office issues by summarizing more than 300 pages of regulatory requirements.

To order, call 1-800-947-4746. Kits cost $125. ■

ViewPoint

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

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

MyView

Prevention still key to our future

H. William Gilmore, D.D.S.

Professionals are favorites of the postal service because they receive many pieces of mail each day. Occasionally there are dynamite items to read, and one that invaded my free time was the NIH Consensus Statement booklet, "Diagnosis and Management of Dental Caries Throughout Life."

The booklet summarizes a high-level conference held last year by the National Institutes of Health that used worldwide experts to analyze the last 40 years of caries research. The findings were reported in an open forum to help health care providers and the public make important informed decisions about this important public health issue. After all, the Centers for Disease Control and Prevention has identified fluoridation of the drinking water as one of the 10 great achievements in public health during the 20th century.

In addition, the development and use of fluoride dentifrices, noncariogenic sweeteners, chlorhexidine, the gels and combinations of treatment interventions has made it possible for most people to maintain their teeth for a lifetime.

The improvements made in caries prevention since the close of World War II have been memorable professional advancements. In fact, the cosmetic age of dentistry has been made possible by improved management of caries, the time-consuming problem issue of dental practice in the 1960s and 70s. Still, the battle against dental caries continues, given these sobering statistics presented by the NIH:

- Nearly 20 percent of 2-, 3- and 4-year-olds have experienced dental caries.
- Almost 80 percent of 17-year-olds have had at least one cavity.
- More than two-thirds of adults between 35 and 44 have lost at least one permanent tooth due to dental caries.
- One-fourth of those between 65 and 74 have lost all of their natural teeth.

Most of us are aware of populations at risk for dental caries. It is true that today 60 percent of dental caries is found in 20 percent of the population, usually our society's most vulnerable—the low socioeconomic groups, the aging population, the debilitating diseases and those with low health aspirations.

Yet the early phases of tooth decay are still difficult to detect. True, the best indicator of risk is the previous caries experience, and the dental profession now has a variety of intervention treatments to help prevent all future tooth decay. But even radiographs are limited in detecting the early decay.

This, according to the consensus panel, is where dentistry must advance next, in the development of more sensitive diagnostic techniques to detect caries in its earliest phases, paving the way for noninvasive treatment options—even the reversal of the caries process. May some of you see the disappearance of the drill in

See MY VIEW, page five

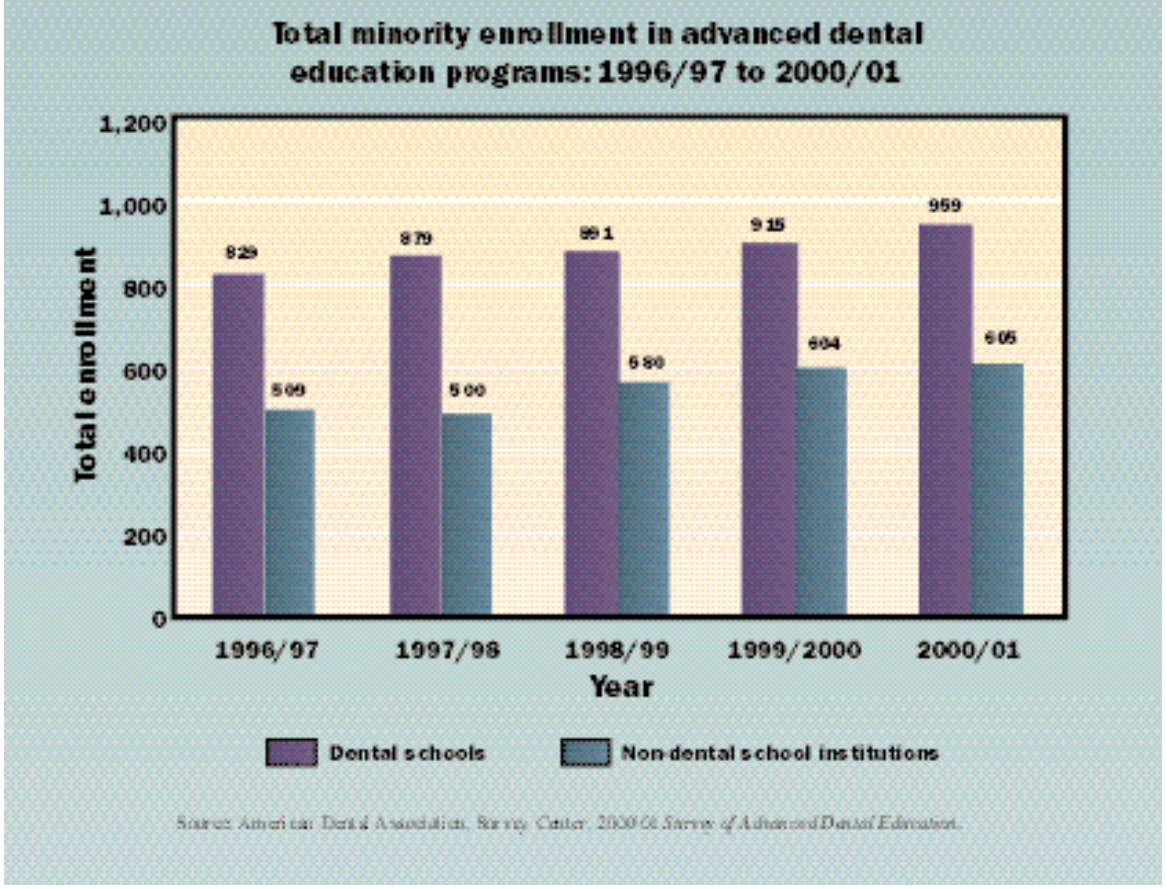
LettersPolicy

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

Snapshots of American Dentistry

Dental education

Minority enrollment in advanced dental education programs is steadily increasing.



Source: American Dental Association, Survey Center, 2000-01 *Survey of Advanced Dental Education*.

Letters

Why CDT-4?

The Council on Dental Benefit Programs is charged with improving the Code on Dental Procedures and Nomenclature.

According to information I requested from the council, the soon-to-be released January 2003 edition of CDT-4 will order that "local anesthetic be a component part of most dental procedures."

Council chair Dr. Charles L. Cuttino further told me in his letter dated June 24 that "local anesthesia, when used, has traditionally been and is a component of the fee charged for restorative and other dental procedures."

I disagree and question the council's authority to suddenly force me to change my policy of not only itemizing the use of local, but also billing my patients for local anesthetic if and when I administer it.

The act of combining several procedures into one "code" is called bundling, and last I heard, bundling is a "fraudulent and abusive practice" by ADA resolution.

I have recently expressed these concerns in writing, to all 17 ADA caucus coordinators, including the American Student Dental Association. I think that for our profession to command the "bundling" of local anesthetic, without notice, is serious enough to warrant approval of the House of Delegates. I submit the following reasons:

- I am a 31-year, dues-paying member of the ADA, and I feel I have the right to ask the House of Delegates to debate this important issue.

- Combining treatment codes is bundling, and is a fraudulent and abusive practice by ADA standards.
- To mandate the bundling of local anesthetic in this case could set a precedent that would allow further bundling of treatment procedures that can adversely affect the income of generalists—crown build-ups, for example.
- The current Code book provides adequate treatment codes for itemizing the use of local anesthetic, should the provider choose to do so.
- The recommendation to bundle local anesthetic did not come from third parties, but from the Council on Dental Benefit Programs, according to the program director of Delta Dental USA, Janice Oshensky.
- Currently, Insurance Dentists of America allows providers to charge a fee to provide local anesthetic.
- While part of the ADA is busy raising our dues to promote dental health awareness and direct reimbursement, it does not make sense that another part of our Association should be in the business of trying to reduce the incomes of general dentists.
- The bundling of local anesthetic primarily affects the income of general dentists. Though an oral surgeon and a general dentist are held to the same standard of care, the specialist can charge more, gets paid more and can also charge for intravenous sedation when extracting the same tooth. In other words, the oral surgeon can afford to bundle the use of local anesthetic.
- Oral surgeons use local anesthetic to cover the pain following procedure. General dentists, on the other hand, must use local anesthetic to cover pain during a procedure. Often several injections must be made by the gener-

See LETTERS, page five

MyView

Continued from page four

dentistry? Who knows?

While the consensus panel was not entirely positive in its evaluation of the dental research conducted to date (voluminous as it is, it is not all well done), no one denies that many of today's good dental practices and techniques have produced dramatic results in reducing the prevalence of dental caries. In the future, the panel concluded, new diagnostic methods will spark a new era in conservative treatment of the non-cavitated lesions, and new surgical treatments of cavitated lesions will lead to another new era of conservative therapy for the next generation of patients.

As I read through this report, I was struck with how the information it included confirmed the magnitude and volume of research that has driven our profession. It also occurred to me how much the future of dentistry will rely on preventive care. Those who keep up with their professional reading will realize this and be able to serve their patients better than ever before. Those who miss the latest developments—who don't read—will miss out, and so will their patients.

Dr. Gilmore recently stepped down after 22 years as editor of the Journal of the Indiana Dental Association. This is his last column with JIDA. His comments, reprinted here with permission, were originally published in the spring issue of that publication.

Letters

Continued from page four

alist to achieve adequate anesthesia, several carpules of anesthetic must be used and often it takes a good deal of time to get adequate anesthesia. Time and materials are a commodity that general dentists cannot afford to dismiss.

- Bundling has the potential to reduce the amount of money a general dentist can earn from any given dental procedure. This is not as economically critical for specialists.
- Not all patients seen by general dentists require, or want to use, local anesthetic. To make the local anesthetic an integral part of all dental procedures punishes those individuals who do not choose to have, or need, local anesthetic for dental work. To bundle local anesthetic endorses dishonesty and is unfair to patients who do not need it.
- If insurers do not want to cover local anesthetic, so be it. At least let the provider pass the charge on to the customer if the provider so chooses. The marketplace will eventually weed out those providers that may take advantage of patients and overcharge them.

Lloyd A. Wallin, D.D.S.
Burnsville, Minn.

Editor's note: The ADA Council on Dental Benefit Programs advises that the Code is designed to be used for reporting purposes. It is up to the individual dentist to determine how he or she bills for any particular procedure or treatment.

More on the Code

I think the ADA needs to review its leadership role regarding dental insurance. I know the ADA prefers to call it "dental benefits" in an attempt to convey the true message, but then our same ADA walks on both sides of the insurance road when it comes to collecting those insurance dollars.

I applaud the ADA and our Florida Dental Association for implementing the concept of direct reimbursement and putting a team of people together to help grow this segment of third-party assistance.

I have a very hard time seeing my ADA dues money going toward a project like the CDT-4. On the surface, the ADA is doing a great job streamlining codes. That is good management. But a good leader would see what has happened to the American Medical Association and the physicians when they got into bed with the insurance industry. MDs are losing autonomy and are often forced to work for hospitals and insurance companies since they have all the patients.

Good leadership would say no, it is not in our members' best interest to push for CDT-4 or electronic claims filing. This is simply reducing insurance company overhead and increasing their profits. Good ADA leadership would push for the banning of insurance review of claims based on specific procedures (private information that should not be released anyway), and push for legislation that would structure policies more like direct reimbursement. Payment would be rendered based on billing amounts by a licensed dentist, not specific procedures and codes.

What is the ADA doing for me by encouraging me to join the insurance system and file electronically and buy the latest insurance codes, after they develop them with my dues money?

It is time for strong ADA leadership that says don't file anything electronically, send them as many pages as you can. Stop taking assignment of insurance benefits as a method of payment—you end up working for an insurance company.

If you don't think you work for an insurance company and you accept assignment of insurance dollars, stop taking assignment. You probably can't. They got you. You are helping the problem you can't stand to grow by participating.

The ADA leadership should encourage us to be more professional and work for full fee so we can afford the best continuing education and provide the best health care to our patients, rather than compete to see how many we can see in a day.

Stephen G. Blank, D.D.S.
Port St. Lucie, Fla.

Editor's note: According to the ADA Council on Dental Benefit Programs, the ADA supports and defends the prerogative that all dentists have to choose how they deal with dental plans—either administratively on behalf of their patients, as contracting plan participants or not at all. The Association believes, however, that its copyrighted Code on Dental Procedures and Nomenclature is a valuable and efficient way to record and report dental services for both insured and non-

Tornado strikes dental office

ADA, state association, dental school, colleagues help 'like family'

By Karen Fox

Ladysmith, Wis.—A tornado ripped through this town of 3,900 without warning on Labor Day, taking with it a piece of the downtown and the roof of Dr. Blane Christman's dental office.

"It's a total loss. My building suffered severe damage to where rebuilding it is not economically feasible," Dr. Christman said. "My air conditioning unit weighed 600 pounds, and we still haven't found it."

The twister ended up causing $10 million in damage to a three-county area in northwestern Wisconsin, but downtown Ladysmith was hit the hardest.

"I've always heard that tornadoes strike certain buildings hard and go right by others," said Dr. Christman, who employs three associates and three hygienists in an eight-operatory building. "That's just what happened. My wife owns a jewelry store on the other side of the same street, and her store wasn't even touched."

On first glance, Dr. Christman thought his building "looked pretty good."

"It was built around the turn of the century," he said. "I thought it would be up and running within a week. But the next day, the rain came. We tarped it, but without the roof or windows, everything was ruined."

After the disaster, Dr. Christman—a Wisconsin Dental Association trustee and alternate to the ADA House of Delegates—declined his annual session duties that were scheduled for this week in New Orleans.

"He was worried that he wouldn't have the time to prepare and review the materials and serve on the reference committee," said Dr. Kathleen Roth, ADA 9th District Trustee. "In fact, he lost most of the documents in the tornado."

If there is something to be thankful for, it is that the tornado unleashed its worst on a holiday. "Normally we're full at 4:20 on a Monday," said Dr. Christman. "This downtown would have been busy on any other day. It amazes me that there were no casualties. Not a one."

The office will be rebuilt on the same plot of land that the damaged office still stands. For now, he and his staff are renting space from the county in a building vacated by a local college that went out of business last fall.

To help him start seeing patients again, the Marquette University School of Dentistry loaned Dr. Christman—a 1989 graduate of the Marquette dental school—a handicapped-accessible self-contained unit.

Fortunately, Dr. Christman had practice interruption insurance, too. Within a month of the tornado, he also applied for assistance from the ADA Emergency Fund Inc.

"After Dr. Christman called me, I sent an e-mail message to [ADA President Greg] Chadwick and [Executive Director James] Bramson to explain what had happened, and within 10 minutes I heard back from both," said Dr. Roth.

"At the time, Greg was waiting to get into a Senate office appointment. He said he forwarded the information to the emergency fund to get the wheels moving to make sure we're helping Dr. Christman out."

Continued Dr. Roth: "I was not shocked, but certainly you never expect a large association to have member-to-member relations like that. It made me so proud to be part of the ADA."

Dr. Christman has words of gratitude for many who provided support in one form or another.

"I am really grateful for the state association and its insurance programs," he said. "It's funny, when I called the WDA office about the practice insurance, the greeting on their machine refers to the 'dental family.' It occurred to me that they really do take care of you like you are family."

"I've always heard that tornadoes strike certain buildings hard and go right by others. That's just what happened."

The same can be said for his dental colleagues. You can count on one hand the dentists in the area, and Dr. Christman says he's "heard from everyone. It's just wonderful. It makes you feel so good that people care and want to help.

"A gentleman in Siren, Wis., had the same thing happen to him two years ago," he adds. "I told him that I owe him an apology for not calling him afterward."

"Usually when we hear of a disaster or need for assistance, we're never sure nationally who might be involved," noted Dr. Bramson. "In this case, it was the tripartite at its best work."

"It makes you feel so good about people in our profession," added Dr. Christman. In fact, an elderly patient for whom he provided free care called him after the tornado, asking what he could do to help.

"He showed up the next day with a chainsaw in hand and worked all day on fallen trees. It just goes to show that good deeds don't go undone." ■

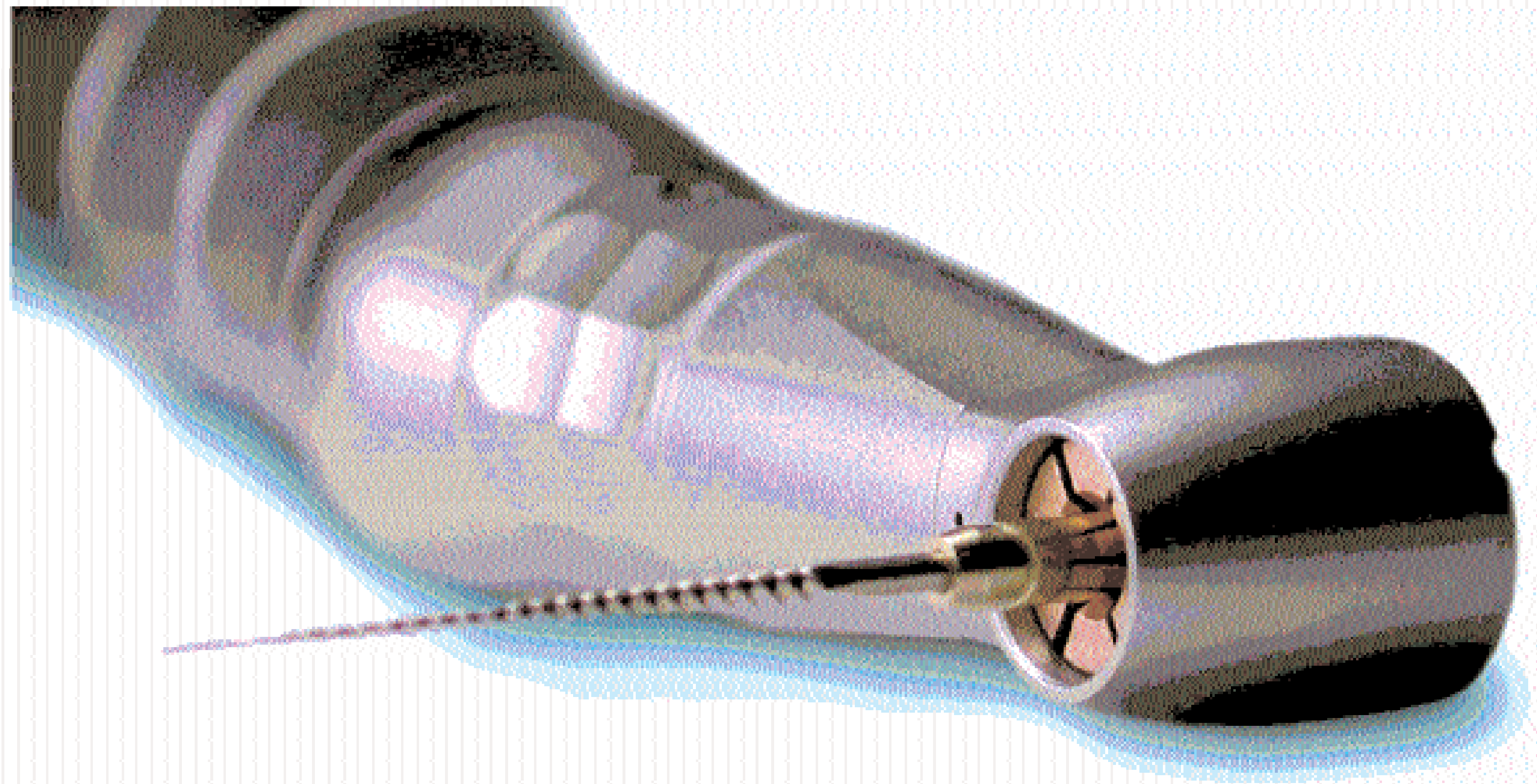
Clean-up: Dr. Christman removes debris from his dental office in downtown Ladysmith, Wis. First, the tornado tore the roof off his building, then the rain came.

Correction

On page 11 of the October 7 ADA News, the fax number for the ADA Council on Dental Practice is given instead of the phone number.

Appraisers, brokers and consultants interested in being listed in the ADA Council on Dental Practice's Directories of Dental Practice Appraisers and Brokers or Dental Practice Management Consultants should call the ADA Council on Dental Practice at 1-312-440-2895, or e-mail "allenl@ada.org".

The ADA News regrets the error. ■



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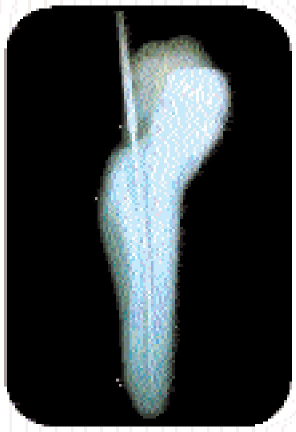

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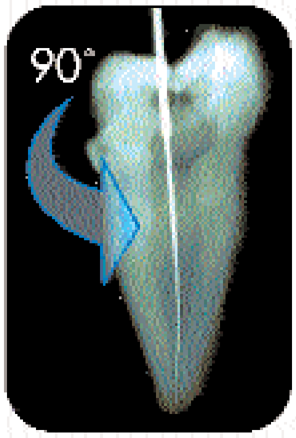

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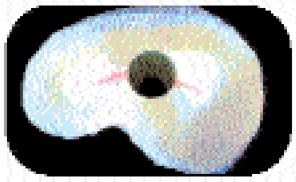
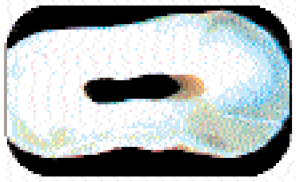


CONVENTIONAL PREP



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Access

Government

Continued from page one

the larger health "safety net" legislation embracing it are among the few health care measures given any chance of passage in a Congress unable to pass more controversial patient rights legislation and focused for now on the Iraq debate and adjournment. Health and Human Services Secretary Tommy Thompson urged Congress Oct. 1 to expedite House-Senate discussions so the safety net, access legislation can become law before Congress adjourns.

Awaiting final approval is legislation reflecting key elements of ADA policy on access to dental services for the underserved, policy adopted by the 2000 House of Delegates and actively promoted by grassroots dentists and ADA leaders and legislative staff. Rarely does policy proceed so quickly from the floor of the ADA House of Delegates to favorable votes from both chambers of Congress.

ADA-backed legislation to increase appeal and other rights of patients under their health plans won House and Senate approval over a longer period of time but repeatedly fell victim to partisanship and is no more likely of final passage by the 107th than by the 106th Congress, let alone the signature of a president to enact it.

Dental access legislation has proceeded in a more timely, less controversial manner.

During the 2000 House of Delegates debate, a delegate speaking from the floor of the ADA House described the access policy as "a historically significant achievement," a demonstration "that the Association can respond to real problems in a timely manner."

A succession of ADA presidents including Drs. Robert Anderton and Greg Chadwick personally lobbied Congress to support access initiatives, not so much with any single piece of legislation as an expressed priority by lawmakers for increasing access to dental care for underserved, indigent and special needs children and adults.

"Our profession doesn't expect Congress to solve the nation's oral health crisis with the stroke of a pen," Dr. Chadwick told a Senate health subcommittee at a historic hearing this summer on children's oral health. "But we do expect you to join us in making this a priority."

Congress is on the verge of establishing a priority by law.

The legislation offers incentives for the states and private practice dentistry toward "expanding (the) availability of dental services." It is geared to state needs, particularly "dental workforce needs" in designated shortage areas, and expanding oral health services in rural, underserved areas.

Key provisions of the legislation would:

- direct the Department of Health and Human Services to work with dental societies in developing a new formula for determining dental health professional shortage areas;
- direct HHS to develop a plan for increasing the number of National Health Service Corps dental scholarships and loan repayment opportunities;
- authorize a new state dental program for "innovative" programs to address dental workforce needs, including grants and loans to dentists in the Medicaid program toward equipment and overhead costs;
- allow waivers for private practice to service-obligated dentists repaying NHSC loans by providing for "clinical service that is not full-time."

The new grant program gives states broad discretion in using funds from a $50 million five-year authorization; funds would still have to be appropriated. ■

■ "Our profession doesn't expect Congress to solve the nation's oral health crisis with the stroke of a pen," Dr. Chadwick told a Senate health subcommittee. "But we do expect you to join us in making this a priority."

HIV/AIDS oral health services grant

By Craig Palmer

Washington—The Department of Health and Human Services Sept. 27 announced nearly $10 million in grants to dental schools, hospitals and clinics for HIV/AIDS oral health services.

"A weakened immune system can leave people with HIV/AIDS at risk for serious infections, including those that start orally," said HHS Secretary Tommy Thompson. "These grants will help to ensure that people with HIV/AIDS get good oral health services when needed, reducing these risks."

The 66 grants to health facilities in 25 states and the District of Columbia were awarded under the Ryan White Comprehensive AIDS Resources Emergency Act. The Ryan White dental reimbursement program provides support to dental schools, post-doctoral education and dental hygiene education programs for non-reimbursed care provided to persons with HIV disease. ■

Pipeline

Continued from page one

Dental Education Association, and dean, University of Iowa College of Dentistry.

Forty-two dental schools vied for the awards, said Dr. Howard L. Bailit, professor at the University of Connecticut Health Center and director of the school's Health Policy and Primary Care Research Center.

Dr. Bailit is co-director of the Pipeline initiative with Dr. Allan J. Formicola, director of the Center for Community Partnerships at Columbia University School of Dental and Oral Surgery, where the initiative's national office is based.

"Ultimately, I think we will see that the schools will want to sustain these efforts after the funding period has concluded," said Dr. Formicola. "These grants give the dental schools the chance to build changes into their infrastructure and continue these efforts."

The following schools—selected by a national advisory committee that included dentists—received the RWJF grants:

- Boston University School of Dental Medicine—$1,349,880;
- Howard University College of Dentistry (Washington, DC)—$1,500,000;
- Meharry Medical College School of Dentistry (Nashville, Tenn.)—$1,500,000;
- The Ohio State University College of Dentistry (Columbus, Ohio)—$1,500,000;
- University of California, San Francisco, School of Dentistry—$1,345,320;
- University of Connecticut School of Dental Medicine (Farmington, Conn.)—$1,354,863;
- University of Illinois at Chicago College of Dentistry—$1,500,000;
- University of North Carolina at Chapel Hill School of Dentistry—$1,349,520;
- University of Washington School of Dentistry (Seattle)—$1,495,920;
- West Virginia University Research Corporation (Morgantown, W.V.)—$1,350,000.

Some schools will utilize the funds to launch new initiatives, while others will expand existing programs. Each school is required to utilize the funds for three purposes:

- to expand enrollment to include underrepresented low-income and minority students.

"There is good evidence that if you take low-income students and underrepresented minorities and put them in dental school, they will have a tendency to treat people from the same

See PIPELINE, page 19

Schools plan for monies

Princeton, N.J.—The 10 dental schools in the Robert Wood Johnson Foundation's "Pipeline, Profession and Practice: Community-Based Dental Education" initiative are entering their year-long planning phase.

The ADA News spoke to a few of the dental school management teams to learn more about their plans for grant monies.


Dr. Kaste

- A dental school that one faculty member describes as "just starting out," the University of Illinois at Chicago College of Dentistry is now in the process of launching curriculum changes to support a more patient-centered environment.

Dr. Linda Kaste, associate professor and director, Pre-doctoral Dental Public Health, said the college is now implementing community-based dental education for credit, a new clinical structure and will soon have on board a new full-time dean for multicultural affairs.


Dr. Mascarenhas

"This award fits nicely with Dean [Bruce] Graham's vision and other changes in the college," she added, noting that among its partnerships UIC counts a faculty member supported 50 percent by the college and 50 percent by the Chicago department of public health.


Dr. Casamassimo

- Boston University's School of Dental Medicine already has a six-week community-based externship for senior dental students. The RWJF grant will enable the school to double that program, said Dr. Ana Karina Mascarenhas, director, Division of Dental Public Health.

"We're not restricting ourselves to Boston either," she said. "We will extend our reach to Maine, New Hampshire and Cape Cod, among other areas."

For underrepresented minority recruitment, the BU dental school will increase efforts to recruit minority students into dentistry by using programs targeted at pre-college and college students. Activities under consideration include programs for early admissions and post-baccalaureate.

- Extending the dental school's reach in both urban and rural areas was a key element of The Ohio State University College of Dentistry's proposal.

"In Ohio, we have a very poor Appalachian segment of society in the southeast quadrant of the state where dental access is poorest," said Dr. Paul Casamassimo, professor and chair of Pediatric Dentistry at OSU.

"We hope to be able to establish some access there and ideally be able to partner with some state agencies and foundations that address this area."

OSU will also place students in clinical sites around the city of Columbus and other areas of the state and explore partnerships with dental offices that treat Medicaid patients.

"This will link us with the practicing community as well as the public health sector of the care system," added Dr. Casamassimo. ■

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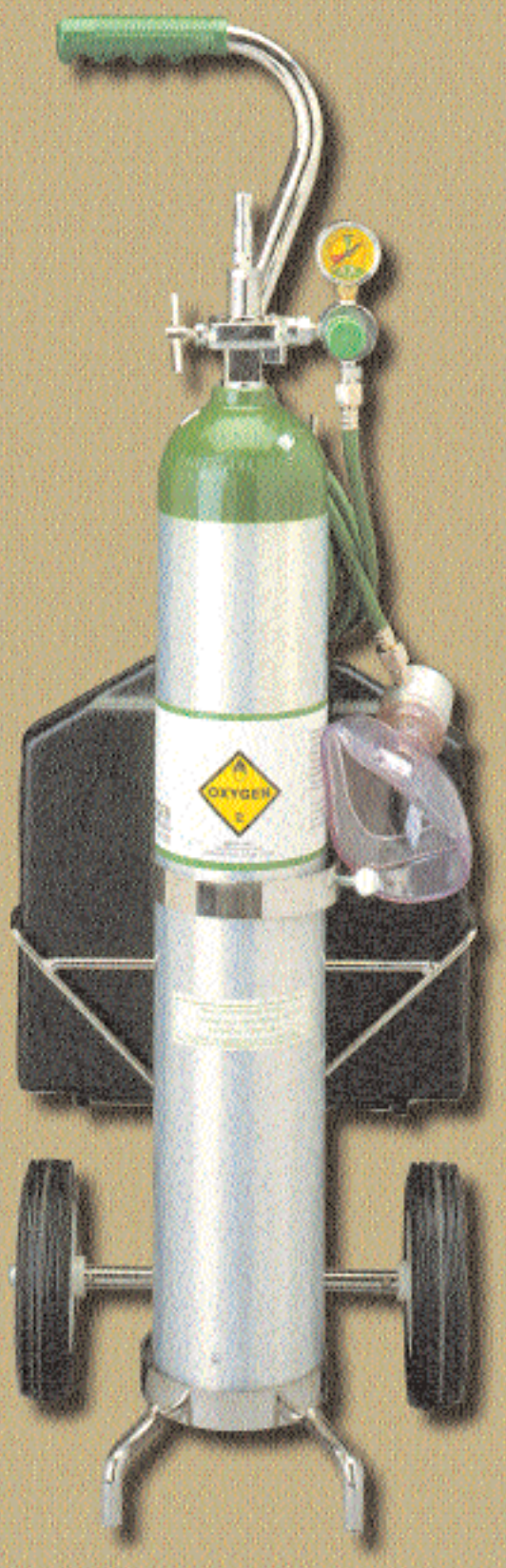

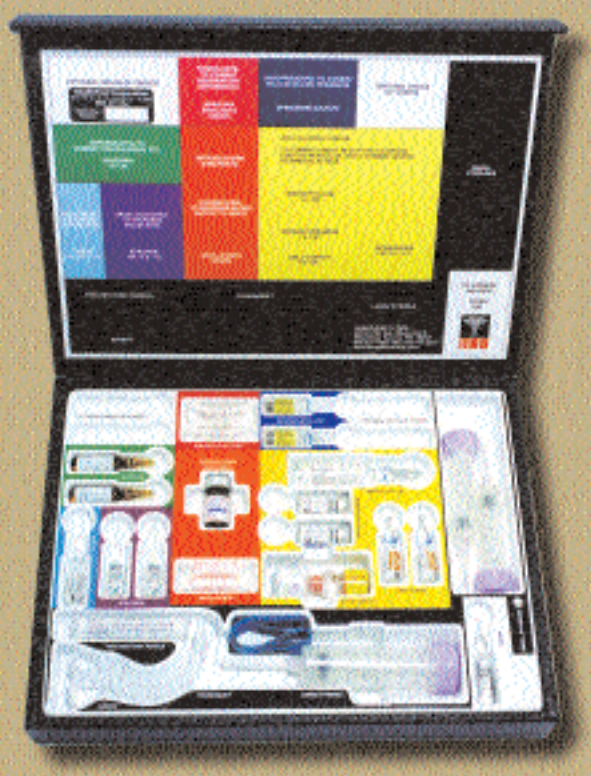

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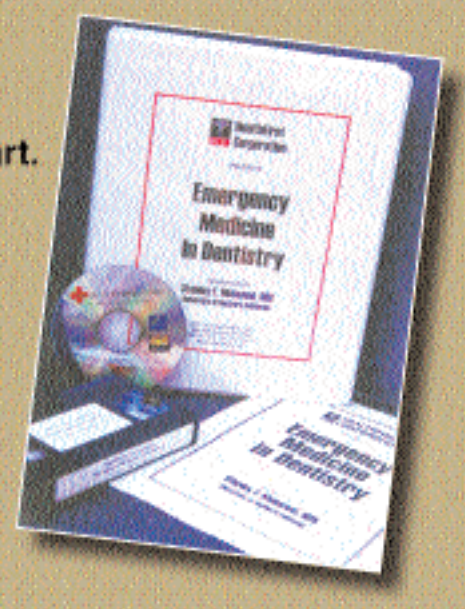

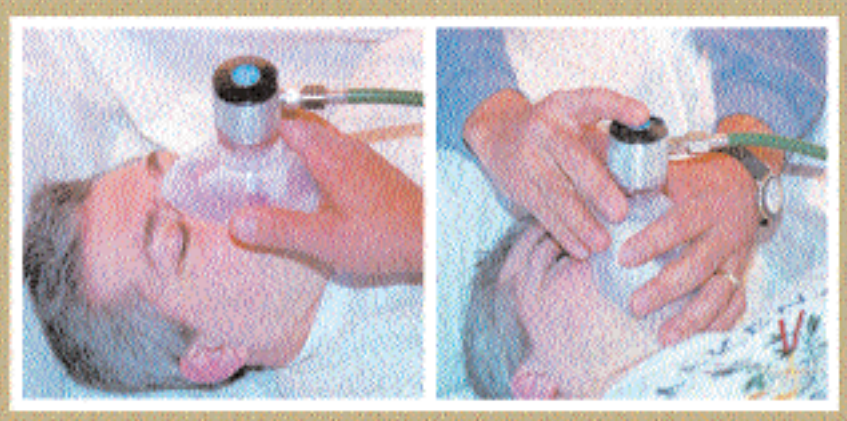

DEMAND VALVE (LEFT) Patient activates valve with breathing. RESUSCITATOR (rt.) The non-rebreathing valve permits it to be used as a resuscitator in combination with a manually operated button easily located on top of the valve.

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Unleashing team spirit

Dental teams thrive at work, play

By Arlene Furlong

"People who work together will win."

That's what Vince Lombardi, renowned coach of the Green Bay Packers said and proved during one of the famed football team's most remarkable eras.

For some, the record proves the value of team spirit as well as any social scientist can—minus the professional jargon. Real-world outcomes evidenced through time, from progressive civilizations to united societies and corporate success stories, confirm the doctrine is difficult to dispute.

Cultivating team spirit is rewarding in terms of both morale and tangible assets, say dental office staff who cultivate such dedication. They find a myriad of ways to motivate themselves and their teams, both routine and recreational.

"We do anything that creates a bond," says Sheila Clancy, office administrator of the Natick, Mass., group dental practice of Drs. Kane, Tesini, Soprowski and Assoc. The Natick, Mass., practice employs 35 people. "Anything we share outside the office transfers into the workplace."

Team Building

Volunteering is one activity the group uses to foster team spirit. Members of the team get together through Project Stretch, a program created to provide dental services in some of the world's poorest places and CHIP, a child identification program.

Proponents of employee volunteerism say it's an excellent way to strengthen team loyalty and pride—characteristics that have a positive impact in the dental office. Staffers say it's a good way to build camaraderie.

"We saw a different side of each other while volunteering together," says dental assistant Maggie Keane about co-worker Sarah Nason. "Having fun together made us closer."

Holiday parties, staff appreciation luncheons and other non-work-related activities get everyone "on the same playing field," says Ms. Clancy.

Francine Bergeron, office manager for the Hartford, Pa., office of Drs. Jeanne Altieri and Stanley Fellman says monthly staff meetings "give us all a chance to be heard and work through problems."

"For example, if somebody has trouble starting on time, he or she can talk about it and maybe find a solution by working it out with another team member who would rather leave earlier in the day."

During the meetings, office staff discuss incidents Ms. Bergeron has noted throughout the month that might be better resolved in the future, as well as situations with surprisingly positive outcomes.

Team Building seminars sponsored by the American Dental Association and constituent and component dental societies help the process, says Ms. Bergeron. "We try to keep up with the scoop and as a result we're functioning better all the time."

Brenda Zavala, assistant office manager, says continuing education courses teach the key to team spirit: communication.

"We've learned how to communicate better—with our doctors, other members of the team and our patients," says Ms. Zavala. "Now we function more like a family."

While continuing education motivates the 12-member staff of Smith and Smith Dental Corporation, "so does bonus money," says office manager Patricia L. De Hart. Team members collect a $100 bonus each time they meet a monthly production goal.

"The incentive motivates us to help each other out just a little bit more than we would otherwise," says the 17 year veteran of the Charleston, W. Va. practice.

Collecting co-pays, tracking insurance and selling dentistry are a few measurable ways the office tracks performance, says Ms. De Hart.

"We all work harder because we want to reach the goal, we want that extra bonus," says Reva McCallister, a dental assistant there for 11 years. "We all work to sell the practice, instead of just the doctors doing it all."

The initiative rewards patients, as well, she says. "The whole atmosphere of the office has improved since we started the program a few years ago."

In some 30 years of working in dentistry, Ronald Skipper, 1st Sgt., Field Dental Unit, U.S. Army Reserves, says he's hearing people say "thank you" to each other more often lately.

He believes the additional niceties are the result of a compressed work schedule giving employees the option of a three-day weekend, twice each month.

"The initiative is improving workers' attitudes toward each other and boosting morale, he says. "To get the extra time off people are working longer hours and helping each other out."

And while the budget doesn't always allow for the same financial perks granted in the private sector, a lot of team motivation comes from patients, says Mr. Skipper.

"Our patient population—veterans—have made a lot of sacrifices and most of them are grateful for what we do," he says. "It's an honor and privilege for us to provide quality service to them with a smile.

For more information on Team Building or to express ideas for Team Building articles, contact Joan Block toll-free at Ext. 2762 or e-mail "blockj@ada.org". ■

Continuing education: Learning and laughing together at the New York State Dental Association meeting last year are (from left) Dr. Jeanne Altieri, Francine Bergeron, Dr. Stanley Fellman, Brenda Zavala and Blanca Burns.

Mr. Skipper

Why it began

The impetus for Team Building articles originated with the Dental Team Advisory Panel, a group of clinical assistants, hygienists, dental business managers and laboratory technicians, who expressed a desire to the ADA Council on Dental Practice for a means of communication between the Association and dental team members. ■

Volunteers: Dental assistants and co-workers (from left) Jessica Koch, Maggie Keane and Sarah Nason work together in the office and and volunteer together after hours.

What's the best way to recruit and retain staff?

To attract and keep quality employees, "Recruiting and Retaining Staff: A Guide for the Dental Office," a publication produced by the ADA Council on Dental Practice, suggests:

Be a good role model. If you expect your team members to arrive at work on time with a smile, don't arrive 15 minutes late complaining about the traffic. If you meet your own standards for work behavior, employees will feel better about meeting them as well.

Listen well. If you truly know your people—their habits, anxieties, goals and strengths—you will be better able to appreciate them. You will also know what type of appreciation they value most.

Compliment. Tell your employees what they do right. Praise their skill in front of a patient. Mention instances of outstanding performance at each staff meeting. Set a goal for yourself to compliment in public, but to criticize in private.

Share your vision. Let employees know how their day-to-day responsibilities contribute to the success of the entire practice. Involve them in the long-range goals for the practice growth.

Keep employees informed. As valued members of your team, employees are entitled to know what's going on. Keep them up-to-date on changes in the field of dentistry and developments within your practice. Take the entire staff to continuing education seminars.

Get participation in management. When people have a say in a decision, they are much more likely to work for its success. Involve your staff in as many practice decisions as is feasible. Also, a sense of appreciation goes hand-in-hand with a sense of ownership. Delegate responsibility and decision-making power to the person who performs the function whenever appropriate.

Remember birthdays. A birthday cake at lunch break, flowers in the hospital after an illness or a practice-sponsored baby shower are excellent ways to express appreciation.

Reward creativity. When an employee tries the "new and different" rather than the "tried and true," don't react with "but we've never done it that way."

Say "thank you." A genuine expression of thanks is one way to prevent taking an employee for granted and goes a long way.

Order "Recruiting and Retaining Staff: A Guide for the Dental Office," for $49.95 by calling the ADA Catalog at 1-800-947-4746 or online at "www.adacatalog.org". ■

Motivating your team

By Cathy Jameson, Ph.D.

Motivating your dental office staff is one of the most challenging and rewarding practice management skills you can develop.

It's a big job. And many dentists and dental practice managers think it's their sole responsibility.

But as psychologists Frederick H. Kanfer, Ph.D., and Arnold P. Goldstein, Ph.D., describe in "Helping People Change," quite the opposite is true. Motivation comes from within, from self-management.

Drs. Kanfer and Goldstein describe how an environment that induces change and improvement develops when people are encouraged to take steps to self-manage. Their research is supported by others, including Michael Le Bouf, Ph.D. In his bestseller, "GMP: The Greatest Management Principle in the World," Dr. Le Bouf describes how people discover inner motivation and learn and thrive in an environment of positive reinforcement.

So dentists' real challenge and responsibility to their employees is to create an environment where people feel good about themselves and can discover inner motivation.

Remember, positive reinforcement is key. People who don't feel good about themselves won't perform to maximum potential, and people who don't work to maximum potential usually don't satisfy dentists' expectations.

Help create a win-win situation for both yourself and your team by taking a few easy steps:

- Make sure everyone is crystal clear about job descriptions; what they need to do, how they need to do it and time parameters for task completion. Each member of the team has to understand why his or her performance is crucial to the performance of other team members and the well-being of the practice as a whole.
- Develop monitors that allow team members to evaluate their own progress. Get together with each team member on a regular basis to review the system and the employee's performance.
- Acknowledge progress by any team member, no matter how great or small. When you take the time to note progress, you solidify performance.
- Reward performance. You can do this individually or have a system in place that rewards the entire team.

Keep in mind that for most people, a reward isn't as valuable as a sincere acknowledgement of excellent performance. Feeling appreciated is the ultimate motivator. ■

Cathy Jameson is president of Jameson Management Inc., a dental lecture and consulting firm. At the 2002 ADA annual session she presented "Great Communication=Great Production" and was one of six presenters at "Team Building Conference VII: Making it Easy in the Big Easy."

Law

Dentists sue Heraeus Kulzer

Artglass 'defective,' marketed 'without sufficient testing'

By Mark Berthold

New York City—At least one class-action lawsuit and numerous individual civil suits have been filed against dental manufacturer Heraeus Kulzer Inc. and a subsidiary concerning Artglass resin materials.

The class-action suit by general dentist Dr. Mario Catalano of Catskill, N.Y., contends that Artglass dental products have "an unreasonably high premature failure rate"; have "fractured, cracked, 'popped-off' and chipped … in the past or are likely to do so in the near future"; and are "defective and unreasonably dangerous."

Dr. Catalano

The suit also charges Kulzer with marketing Artglass "without sufficient testing and development"; failure to disclose various complaints by clinicians and dental laboratories while continuing to market the products; and "negligent, intentional, fraudulent and otherwise illegal conduct."

In relying on Kulzer's reputation, the suit contends, dentists who installed Artglass restorations have suffered substantial loss of income, professional chair time, existing and future patients, and business reputation.

"Heraeus Kulzer's premarket testing of Artglass was not adequate and their representations to dentists of its efficacy have proven to be false and inadequate," said Dr. Catalano's lead counsel, Ira Podlofsky, who also represents dentists in several individual suits.

"Many dentists have been financially damaged by having to repair faulty and inadequate restorations through no fault of their own."

"Data reveal that failures of the Artglass products have occurred, no matter which laboratory was involved in the process," he continued. "Many dentists have been financially damaged by having to repair faulty and inadequate restorations through no fault of their own."

"The Catalano class-action suit was dismissed by the court April 18, 2002," said an attorney (who asked not to be identified) representing Heraeus Kulzer. "The plaintiffs have filed a notice of appeal. I'm not certain it would be appropriate to comment on pending litigation."

In Cherry Hill, N.J., Dr. John DiPonziano has launched an individual lawsuit, charging Kulzer with manufacturing Artglass "in a defective manner"; then "negligently … selling the defective product"; and breaching its express and implied product warranties. It then made "false and misleading" representations; and "intentionally concealed" Artglass failure rates.

The suit also complains that Kulzer "prepared a report that blamed the plaintiff for the cause of the failures of the Artglass-to-metal crowns and bridges."

Reached for comment, Dr. DiPonziano's lead attorney Robert Sugarman added, "The Heraeus companies have perpetrated a serious material misrepresentation which induced responsible professionals like Dr. DiPonziano to utilize a product which was inherently defective and known not to be what was represented to them."

Keith Von Glahn, Kulzer's attorney for this case, said, "It is our firm policy to not comment on any ongoing litigation." ■

FDA warns Heraeus Kulzer

Jamaica, N.Y.—The Food and Drug Administration issued a warning letter Nov. 19, 2001, to Heraeus Kulzer Inc., regarding its Artglass dental restorative material.

The letter, which followed an October inspection by FDA of Kulzer headquarters in Armonk, N.Y., noted four alleged adulterations of the Food, Drug and Cosmetic Act that were not in conformance with the Code of Federal Regulations.

These deficiencies concerning Artglass were listed as follows:

- failure to establish procedures for receiving, reviewing and evaluating complaints;
- failure to analyze all sources of data to identify nonconforming product or quality problems;
- failure to maintain adequate device master records for packaging and labeling specifications;
- failure to document training to ensure personnel are trained adequately to perform their assigned responsibilities.

"The specific violations noted in this letter and the Form FDA 483 issued to and discussed with you at the conclusion of the inspection may be symptomatic of serious underlying problems in your firm's quality system," wrote Jerome Woyshner, FDA district director.

Kulzer submitted a written response Dec. 18, 2001, to the warning letter, says Bruce Goldwitz, the FDA compliance officer assigned to the case. The agency reviewed this response, issued an acknowledgement letter two days later, and this July 15 completed a follow-up inspection.

"I can't comment right now on whether Kulzer has complied, but requests for that information can be made through the Freedom of Information Act," says Mr. Goldwitz. Visit the FDA Web site for more details.

Dentists who experience problems with Artglass restorative products—or a serious adverse event or problem with any drug or device—are encouraged to voluntarily report them to the FDA's MedWatch Medical Reporting Program.

Call 1-800-FDA-1088 or submit a report electronically at "www.fda.gov/medwatch" to help the agency track manufacturing defects and monitor the incidence of dental product failures to ensure patient and provider safety. ■

Make music!

Attention dentists with a passion for making music: The largest medical musical group in the nation—VA-National Medical Musical Group—is recruiting accomplished musicians and vocalists for its chorus and symphony orchestra.

The fall program's Veteran's Day concert, "From 1812 to 9/11," on Nov. 11 in Louisville, Ky., is with the annual meeting of the Association of Military Surgeons of the U.S. The MMG will also make a concert tour of England, Scotland and Ireland Nov. 12-21. All health care personnel, faculty and students—both VA and non-VA, and their families and friends may participate. The MMG received the Congressional Medal of Honor Society's Bob Hope award in 2002.

For more information, call Adella Pocavich at 1-202-797-0700, fax 1-202-797-0771, write to MMG, P.O. Box 7712, Gurnee, IL 60031, e-mail "vanmmg@hotmail.com" or visit the Web site: "www.medicalmusical.com". ■

After-hours care is dentists' obligation

By Mark Berthold

ADA members uphold certain ethical obligations that include making reasonable arrangements for emergency or after-hours care, say the ADA Councils on Ethics, Bylaws and Judicial Affairs and Dental Practice.

This obligation is consistent with the ADA Principles of Ethics and Code of Professional Conduct, Section 4.B, which reads:

"Dentists shall be obliged to make reasonable arrangements for the emergency care of their patients of record. Dentists shall be obliged when consulted in an emergency by patients not of record to make reasonable arrangements for emergency care. If treatment is provided, the dentist, upon completion of treatment, is obliged to return the patient to his or her regular dentist unless the patient expressly reveals a different preference."

The dentist, not the physician, is the professional with primary responsibility for rendering oral health services. The vast majority of dentists already have successful arrangements for after-hours care in their respective districts, CEBJA and CDP members note. There also are advantages of liaison with medical practitioners in their communities.

Nonetheless, the councils also recognize the importance of the issue for all dentists, and want to increase ADA members' awareness of their ethical obligations and voluntarily agreement to abide by the Code as a condition of membership.

"The ADA Code of Ethics appropriately addresses the dentists' ethical obligation regarding emergency and after hours care for patients of record," says Dr. Arthur Schwartz, chair of CEBJA. "We urge our members to be familiar with that obligation."

"Dentists recognize emergency care as a vital service we provide our patients. It makes us a caring profession, and our record is exemplary," says Dr. Michael Rainwater, chair of CDP. "Let us all strive to make our patients' access to us timely and efficient." ■

Starting Out

New dentists: grab a pencil

Survey views on finances will help ADA plan programs, policies

By Karen Fox

New dentists who received the 2002 Survey of New Dentist Financial Issues are holding a gateway to future ADA programs and policies.

Mailed in August to a diverse group of new dentists, the survey seeks information on income, debt and occupational issues that will assist the ADA Committee on the New Dentist as it recommends policies, programs, benefits and services to serve new dentist members (those in practice less than 10 years).

"The data is necessary to help determine the need for new ADA policies and programs, and to help the Committee on the New Dentist serve as a valued resource for new dentists and dental students," said Dr. Wendy Brown, Committee on the New Dentist chair. "We're closing the information gap with this survey."

Dr. Brown

Surveys were mailed to a sampling of new dentists in every dental occupation. Dr. Brown reminds recipients to return completed surveys to the ADA within 15 days. So far, 1,500 new dentists have already returned surveys.

"Please take the time to complete the survey," Dr. Brown urged. "It helps us better represent the perspective of new dentists and provide students a reasonable idea of their financial prospects."

Through its "Getting Off to a Smart Start" and the "New Dentist Transition Program," the Committee on the New Dentist facilitates programs on educational, practice and financial issues for dental students. (See story, page 17.)

"One question we hear a lot from the students is, 'What can I expect to earn when I graduate?'" said Dr. Brown, who is in private practice and also teaches part-time at the University of Maryland Dental School. "The answer to that question depends upon whether that student pursues a residency, an academic career, buys a practice or enters an associateship, or goes into the military or public health service. When you add information regarding student debt, you get a more complete financial picture."

Student debt is a major concern for the dental profession. Between 1980 and 2000, the level of debt rose from an average of $20,000 per graduate to nearly $100,000. The staggering amount leads many to question whether dental students' practice, educational and training options are limited upon graduation.

"We try to incorporate financial data into our programs so that when dental students graduate, they understand all their options," said Dr. Brown.

To guide decisions right now, the Committee on the New Dentist utilizes older data and surveys of private practice owners.

"We are hoping the 2002 survey will reach those new dentists in the military, in associateships, new dentists who are teaching and other niche groups," said Dr. Brown.

The data will also help the House of Delegates and Board of Trustees make critical decisions regarding new dentists.

"We know that finances are a big concern for new dentists," explains Dr. Brown. "We have ample documentation about the level of student debt, but we don't have the other half of the picture—income."

Data collection will continue with a third mailing of the survey at the end of October. At seven pages, the survey may appear lengthy but actually is not.

"I was a recipient, too," said Dr. Brown. "It seems long, but you only complete the section that pertains to your own occupation."

The Committee on the New Dentist plans to review the survey results and make recommendations at its meeting in January. For more information, contact the CND office at Ext. 2779 or "newdentist@ada.org". ■

Researcher, educator wins excellence award

Dr. John R. "Jack" Thompson Sr., the dentist, researcher and educator whose more than 60 years of pioneering study set the standard for knowledge of mandible movement and temporomandibular joint function, was honored for his lifelong service with the Frederick S. McKay Award for Excellence in Dentistry.

Dr. Thompson, of Cassopolis, Mich., was named the 2002 recipient of the biennial award, sponsored by the ADA Health Foundation with support from The Procter & Gamble Company. It recognizes a dental practitioner who, in private practice or academia, has made a significant research or clinical contribution to the public's oral health. Dr. Thompson's award was announced during the annual Procter & Gamble Luncheon at the ADA's annual session on Oct. 18 with the ADA Board of Trustees.

"Dr. Thompson's receipt of the McKay Award is clearly established as his contributions to the profession and to the public in the area of functional dental occlusion are significant and have been sustained through 60 years of contribution to the profession, making him richly deserving of this award," said Michael Sudzina, director of Professional and Scientific Relations for Procter & Gamble Co. "We support the McKay Award to recognize individuals who have made a significant difference in advancing the dental profession through their own intellectual curiosity and passion to improve the lives of the people they serve. It is our privilege to recognize individuals like Dr. Thompson for a lifetime of contributions to dentistry."

Dr. Thompson earned his dental degree from Northwestern University dental school in 1934. Early in his career, he served four months as the dentist for a missionary expedition in Newfoundland-Labrador province of Canada, practicing dentistry from a steamer trunk. Sir Wilfred Grenfill, an English physician and missionary who focused his efforts in Labrador, led the expedition.

Dr. Thompson spent more than a half century as an educator and researcher at Northwestern University and the University of Illinois dental schools. His work with the concept of recording the rest position and its importance to dentistry has been utilized in many research studies and incorporated into all segments and phases of dental therapy worldwide. His lectures, publications, graduate and continuing education programs attracted international recognition.

Dr. Thompson

In 1947, Dr. Thompson organized and established the Cleft Lip and Palate Institute at Northwestern. He gathered a team of surgeons, speech pathologists, social workers, psycholo-

See AWARD, page 18

Programs help students during, after dental school

The ADA offers two programs that help dental students adjust to dental school, and graduates-to-be transition to dental practice or graduate training.

- "New Dentist Transition Program"—Designed primarily for dental school seniors (though juniors are welcome), the Transition Program demonstrates how ADA member resources can help make students' transition from dental school to practice or graduate training more successful. Students learn firsthand about the benefits of organized dentistry, including practice management resources, marketplace issues, insurance programs and the support of member dentists.
- "Getting Off to a Smart Start"—This program focuses on the needs and concerns of first-year dental students and highlights ADA resources that assist with dental education, and includes a special emphasis on the importance of smart financial management.

Presenters for both the Transition Program and Smart Start include representatives from the ADA's Committee on the New Dentist, ADA staff and new dentists from the area.

Smart Start is offered in conjunction with the Transition Program, either a same-day morning/afternoon program or on consecutive days. A school facility is needed to present the 90-minute programs.

For more information or to sign up, contact the ADA Office of Student Affairs at Ext. 2386 or "studentaffairs@ada.org". ■

Harris Awards showcase NCDHM success stories

By Karen Fox

The South Carolina Dental Association scored a "three-peat" in this year's Samuel D. Harris National Children's Dental Health Month State Program awards.

For the third consecutive year, SCDA took home the top honors. How do they do it?

"It's probably because I am a former schoolteacher," said Dr. Carol French, planning committee chair. "A lot of the things we do are based on lesson plans and ideas that teachers need to have for classroom instruction."

This year's meritorious award winners were the New York State Dental Association and the California Dental Association. The SCDA won $2,000; the CDA and NYSDA each won $1,000.

Thanks to a generous grant from Dr. Harris, the ADA established the awards to promote excellence in National Children's Dental Health Month activities at the state level. Entries were judged on:

- overall program impact;
- originality and creativity;
- member and local society involvement;
- affiliated group participation;
- planned program continuity.

Awards are presented with the intent that they be used to provide further statewide coordination of NCDHM programs.

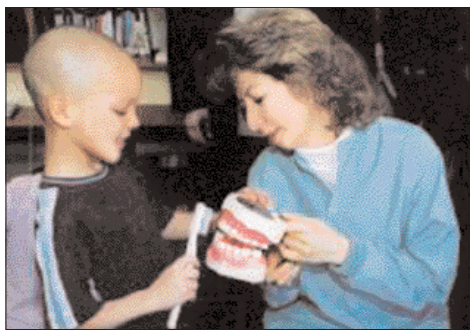
With a campaign that again focused on classroom visits, media events, billboards and banners, and its mascot, "Loosy Toothy," the SCDA produced more than 1 million copies of a dental-themed newspaper called "Loosy Toothy News." The newspapers—delivered statewide to classrooms every Monday in February—included dental tips for children, games and puzzles in English and Spanish.

"A child came into my office one day with a Weekly Reader, and I thought, 'Wouldn't it be a good idea to get all the children interested in dentistry by producing a dental Weekly Reader?' " said Dr. French.

Teachers around the state took notice. In fact, a representative from the state's department of education later requested permission to include Loosy Toothy News in a pilot learning program she will head next year.

The New York State Dental Association received a meritorious Harris award for the second year in a row.

Reaching out: Dr. Jonathan Levine sponsors an oral health event for children with serious illnesses at the New York City Ronald McDonald House.



Hands-on fun: Events at the Brooklyn Public Library "Dental Health Day" net Harris Award honors.

Its efforts, coordinated through the state's 13 component societies, reached more than 126,000 children in school programs.

The NYSDA planning committee worked with many organizations to carry their dental-health messages, including the state's four dental schools, hygiene programs, the New York State Dietetic Association and the New York City Health and Hospitals Corporation.

This year's events featured a creative contest, "Keeping Smiles Brighter," where kids designed a placemat with a dental message; "Sugarless Wednesday," a day (Feb. 13) set aside to encourage children to consider non-essential sugars in their diet; free dental exams and mouthguards; a "Lion King" performance with dental health theme at the Brooklyn Public Library; a "Sugar Exchange," where children in the Syracuse area traded in poor snack foods for healthier choices and celebrated a soft–drink-free day; and a "Draw a Picture of Your Dentist" contest in Suffolk County.

"New York state's program grew beyond our expectations in 2002," said Dr. Chester Palmieri, New York's NCDHM chair. "More than 31,000 children from preschool through 12th grade submitted an entry to our 'Keeping Smiles Brighter' creative contest."

In all its NCDHM activities, the California Dental Association—which also earned a meritorious award—cited the need to reverse a trend that classified the oral health of California children as the worst in the nation.

The CDA used billboards, public service announcements, community health fairs and media events to educate parents, children and teachers. Specific areas targeted were low-income areas where oral health among children and adults are often identified as high priority. Billboard impressions alone reached 13 million consumers.

"This year, CDA components and members participated in dental screenings and oral health education at schools, clinics and churches," said Dr. Suzanne P. Berger, chair, CDA council on community health. "There were 15 articles published and over 5,000 children were treated. We are thrilled with the outcome."

The CDA incorporated the national Groundhog Job Shadow Day into its activities by planning a month-long program where high school students shadowed dental office employees to promote careers in dentistry.

The ADA Department of Public Information is now in the process of distributing to dental societies packets for the 2003 campaign. For more information, contact the ADA at Ext. 2593. ■

Rainbow of smiles: Dorothy, left, meets the "Wonderful Dentist of Oz" in Suffolk County, N.Y.

Great grins: An avid reader of "Loosy Toothy News," part of South Carolina's award-winning campaign.

Award

Continued from page 17

gists and dental specialists in pediatric dentistry, orthodontics, prosthetics and general dentistry to examine, prepare treatment protocols and devise treatment plans for dental school departments or referring physicians or dentists. To date, the Institute has been involved in the diagnosis and treatment of over 10,000 patients of all ages. Today, the program continues to function in nearly the same format created by Dr. Thompson 55 years ago, though it moved to Shriners Hospital of Chicago after Northwestern closed its dental school.

Dr. Thompson also established a clinic in Northwestern's orthodontics department to diagnose and treat patients with temporomandibular joint disturbances and facial pain.

In addition to his teaching and research, Dr. Thompson developed many continuing education programs for general dentists and specialists, and had a private dental practice in Chicago.

His work has provided the profession with the basic understanding of functional malocclusion, the complexity of this joint and its importance to sound dental health and function. His lectures, teaching, continuing education courses, publications and books on this subject were the standard for the profession's understanding of the temporomandibular joint and its symbiotic relationship to dental occlusion, the rest position and mandibular movement.

The ADA Health Foundation established the McKay Award to honor Dr. Frederick S. McKay, the "father of fluoridation," whose work in epidemiology helped the U.S. Public Health Service determine optimal levels of fluoridation to benefit the oral health of the public. ■

Amalgam

Continued from page one

is an explosive, while elemental oxygen is combustible—in combination, however, they produce water.

"Saying that amalgam will poison you is like saying that drinking water will make you explode or burst into flames," says the NCAHF. "Amalgam is the most thoroughly studied and tested filling material now used. Compared to other restorative materials, it is durable, easy to use and inexpensive."

Stephen Barrett, M.D., is NCAHF's vice president and director of Internet operations. He's also the editor of Consumer Health Digest, a weekly online newsletter accessible free of charge through either of the two Web sites listed above.

Dr. Barrett described the NCAHF position paper on amalgam as "the end product of something that's been evolving for a long time." He said he hoped dentists would use the document in discussing the safety of dental materials with their patients—and that it would be useful in combating the "fear campaign and frivolous lawsuits" of anti-amalgamists.

Other points made in the NCAHF position paper:

- Many "prominent organizations" have concluded that dental amalgam is safe and effective for restoring teeth, including the ADA, Consumer Union (publisher of Consumer Reports), U.S. Food and Drug Administration, U.S. Public Health Service and World Health Organization.
- "No illness has ever been associated with amalgam use in patients," except for rare findings of allergy.
- "Inappropriate removal of amalgam fillings is usually followed by replacement with a more costly material. But removing good fillings is not merely a waste of money. In some cases, it results in significant damage or loss of the tooth."
- Dentists attempting to "diagnose" or "treat" "heavy metal toxicity" are not practicing dentistry; dentists who suspect a patient has a medical condition should refer the patient to a physician or other health professional as appropriate.
- Promoting a dental practice as "mercury-free" is "unethical because it falsely implies that amalgam fillings are dangerous and that 'mercury-free' methods are superior."

The position paper cites 27 references from a wide range of reports and publications. The paper concludes with a short list of targeted recommendations for patients, dental organizations, dental licensing boards and legislators.

Legislators, for example, are urged not to be "misled by false claims that amalgam is dangerous" and to oppose laws that would restrict or discourage its use.

Patients are assured that "there is no logical reason to worry about the safety of amalgam fillings." What's more, patients should be suspicious of health professionals who say amalgam fillings cause disease or should be removed as a "preventive measure," the paper says.

To read the full position paper on amalgam, go either to "www.ncahf.org" or to a related Web site, "www.dentalwatch.org". Dentists without Internet access can get a printed version by sending a self-addressed 4 × 9″ envelope and 60 cents postage to NCAHF, 119 Foster Street, Bldg. R, 2nd Flr, Peabody, Mass. 01960. ■

Pipeline

Continued from page 10

community," said Dr. Bailit.

- include community-based dental education in the dental school curriculum.

"Students will need to be prepared clinically and didactically for this change, which includes understanding the epidemiology of dental disease and low-income communities, how communities are organized, how people receive health care, issues of cultural competency and dealing with patients of varying ages and ethnicities and special needs," said Dr. Bailit. "That is, we want the students to have an understanding of the environment before they get out there and start treating patients."

- deliver oral health care to the people who need it most.

"Students in patient-centered delivery systems will increase their productivity by three to five times," noted Dr. Bailit. "You'll see a big increase in their skill levels, too. Since the sites they practice in are dedicated to treating underserved patients, we expect to have a big impact on treating the underserved."

Several factors influenced the Robert Wood Johnson Foundation's commitment to the Pipeline initiative.

"Through our Local Initiatives Funding Partners, we learned there was a need for oral health services, which was certainly underscored by the 2000 Surgeon General's report on access disparities," said Ms. Stavisky of RWJF.

Equally important were the findings from the Josiah Macy Jr. Foundation study published in the Journal of Dental Education that assessed the feasibility and impact of community-based programs on the delivery of dental care to underserved patients.

The Macy Foundation—whose representatives in the dental profession included Dr. Bailit and Dr. Robert Anderton, a past ADA president—recommended additional funding to assist dental schools in making changes to expand their community-based programs. Armed with those findings, the RWJF sought ways to make it happen.

"We took time to investigate areas where would be able to make the most impact, and determined that building and training the dental workforce to provide these oral health services was our top priority," said Ms. Stavisky.

Each dental school in the Pipeline initiative has its own management team and will implement programs locally with administrative assistance from the Robert Wood Johnson Foundation. (See story, page 10.)

The initiative was launched in May 2001. The current year is set aside as a planning year for the dental schools, to be followed by four years of operation and evaluation.

To read more about "Pipeline, Profession and Practice: Community-Based Dental Education," go to "dentalpipeline.columbia.edu". ■

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