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ADA News[®]

AMERICAN DENTAL ASSOCIATION

JANUARY 20, 2003

www.ada.org

VOLUME 34, NO. 2

Dentists plan for Feb. 21

Give Kids a Smile sites, access to care activities abound

BY KAREN FOX

The ADA's first national access-to-care initiative is bringing out the best in ADA members, dental societies and individual ADA members.

A quick scan of the sign-up

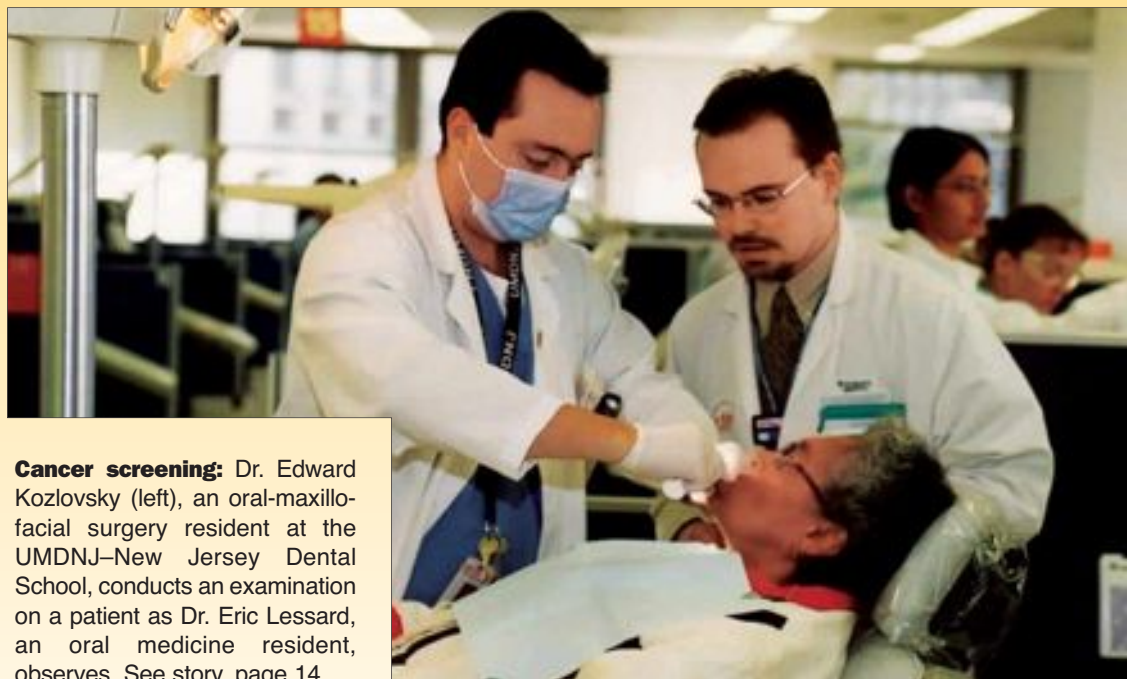
sheets for Give Kids a Smile reveals the intentions of dental professionals as they draw on their community resources to provide free care for underserved children on Feb. 21. Here are just a few of

Are you participating in GKAS? Let the ADA know, page 16

the planned activities:

- The Fort Worth District Dental Society is sponsoring a program that is prepared to treat 1,000 children in offices and community clinics.

See GKAS, page 16



Cancer screening: Dr. Edward Kozlovsky (left), an oral-maxillofacial surgery resident at the UMDNJ-New Jersey Dental School, conducts an examination on a patient as Dr. Eric Lessard, an oral medicine resident, observes. See story, page 14.

Photo by Arthur Katcher

Big jump

Dental spending shows steepest rise in 10 years

BY CRAIG PALMER

Washington—Americans spent a record \$65.6 billion for dental care in 2001 against the grain of economic recession, matching trends in national health care spending unseen for a decade, government actuaries reported Jan. 8.

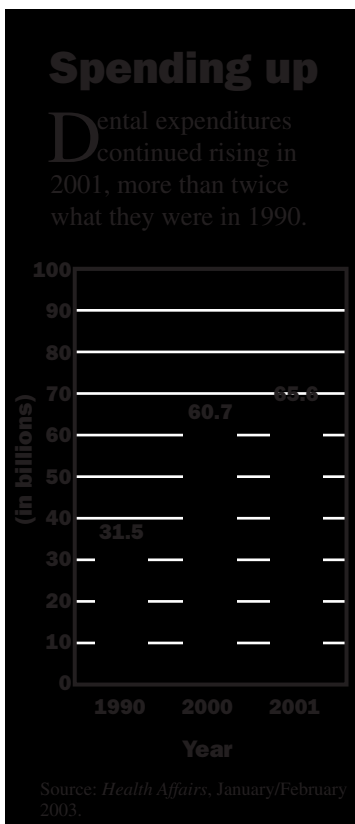
Dental spending increased by 8 percent from \$60.7 billion in the year 2000, which is the largest annual rate of growth in dental expenditures since 1991-92, according to the government's annual health spending report issued by the Department of Health and Human Services. A report on the National Health Accounts and

ADA plans bioterrorism conference, page seven

trends in U.S. health care spending is published in the January/February health policy journal Health Affairs.

The dental spending increases match trends in total health care spending although the overall rate of growth in the health economy was slightly higher at 8.7 percent.

The nation's health care bill totaled \$1.42 trillion or an average \$5,035. See JUMP, page 11



HIPAA advice

Don't buy what you don't need

BY ARLENE FURLONG

Just say "No."

It may be the best way dental office staff can respond to high-pressure sales tactics for HIPAA courses dentists don't care to attend.

Some entrepreneurs reportedly are targeting health care providers since HHS announced administrative simplification provisions under the Health Insurance Portability and Accountability Act of 1996.

They first began calling dental offices to advertise consultants and products related to electronic transaction and code sets under HIPAA. Now the privacy rules—and not yet released security rules—are in their scripts.

Several ADA members called the ADA News to report what they described as scare tactics to promote HIPAA courses of unproven merit by presenters of undisclosed qualifications.

See HIPAA, page 15



BRIEFS

Oral conscious sedation: Revisions to the Association's anesthesia guidelines address the use of repeated dosing of orally administered sedative agents. (See story at "www.ada.org/prof/pubs/daily/0211/1105sed.html".)

Since their passage in the 2002 House of Delegates, the changes have generated a significant response from dentists who use oral conscious sedation. At its Feb. 4 meeting, the Council on Dental Education and Licensure's anesthesiology committee will discuss the issues raised. The council will consider the committee's report and recommendations at its April 2003 meeting.

Updates will follow in the ADA News.

Talent needed: Do you have vocal or instrumental talents and a desire to harmonize and travel with the largest medical musical group in the nation?

The VA-National Medical Musical Group is taking applications for new members. In 2003, the group will perform on Flag Day in June in Washington and on Veterans Day in Honolulu.

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INSIDE



DARW

Nationwide, assistants are honored in March. Story, page 18.

Visit ADA News online

New, expanded dental coverage

BY JOE HOYLE

"Today's News" on ADA.org has a new look and a new mission: to serve as a one-stop, comprehensive resource for the latest dental news.

Recast as "ADA News Today" and tied more closely to the print ADA News, the daily online news section has been expanded with new, regularly updated features and content and a new graphical interface.

In addition to breaking Association and professional news, updated every business day, a series of links to "Hot Topics" gives fast access to the latest developments in the ADA's Give

Kids a Smile dental access campaign, the Health Insurance Portability and Accountability Act, dental materials, water fluoridation and dental wastewater issues, with more to come as issues develop.

Feature stories take a closer look at how some ADA members work in their communities and the interesting ways they spend time away from the office. A current feature, titled "New Mexico Dentist Brings Museums to the Blind," tells the story of Dr. Steven Wagner and the "touch" models he helps develop for the blind.

Editorials reprinted from publications

throughout the tripartite offer thought-provoking views on professional issues in ethics, science, dental practice and other topics. The opinions of ADA members are also highlighted in a letters to the editor section.

"In the Media" is a digest of articles and reports involving dentists and dentistry that have appeared in the popular press.

"We're delighted to offer our readers this expanded online news coverage as part of our efforts to serve as the best source of dental news on the Internet," said Laura A. Kosden, publisher of ADA Publishing, a division of ADA Business Enterprises, Inc. "We hope our members will come to the site every day."

If you have not visited lately, take a look at ADA News Today at "www.ada.org/goto/adanews". And let us know what you think with an e-mail to "hoylej@ada.org". ■



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JADA update

Advisory board enables dental product review

BY JAMES BERRY

Nearly a year ago—in February 2002—The Journal of the American Dental Association formed an Industry Advisory Board to help secure information on new or improved dental products.

The 12-member Board currently includes representatives from seven well-known dental manufacturers.

Over the past decade, notes JADA Editor Marjorie K. Jeffcoat, readership studies consistently have shown that JADA readers want more information about new products entering the dental marketplace. Establishment of an Industry Advisory Board is one of several actions JADA has taken to help meet that need.

"The fact is that clinical trials today are expensive, and much of the cutting-edge product research is supported by manufacturers themselves," notes Dr. Jeffcoat. "In order to best serve our readers, we needed to be in that loop—while continuing to safeguard the integrity of The Journal."

As described in its mission and goals (published in JADA each month), the Industry Advisory

Board is meant to improve "the flow of information from the manufacturing community to the practicing dentist" by encouraging submissions to JADA.

But the Advisory Board has no role in The Journal's manuscript review or acceptance process, notes Dr. Jeffcoat.

Built into that review process are a number of checks and balances that apply to all manuscripts, whether supported by government, individual dentists or industry.

The Journal, for example, is served by a nine-member Editorial Board of well-regarded dental researchers, educators and clinicians who are not paid for their opinions.

JADA also has six nonpaid associate editors who assist in gathering information in targeted areas—esthetic dental care, for example, and information technology.

And then there is the peer-review process. At least three recognized experts chosen by Dr. Jeffcoat from a cadre of more than 800 reviewers scrutinize every research and clinical practice manuscript JADA receives.

"That includes manuscripts that describe research or products supported by industry," assures the JADA editor. She notes, too, that it can take more than a year for a paper to travel through the process, from submission to publication, and that roughly a third of the manuscripts submitted each year to JADA are rejected.

"A manuscript may be rejected because the science doesn't support the conclusions," says Dr. Jeffcoat. "Other times, it's just a badly designed study. Still other times, it may not be a good fit for JADA in terms of what our readers expect from their Journal."

JADA, she says, is "pleased to look at any manuscript that comes our way, but we evaluate each one in terms of its quality and relevance to our readers."

"The process of manuscript review is carefully guarded and sacrosanct," added Dr. Jeffcoat, "which means that The Journal itself is carefully guarded and sacrosanct." ■

Scholarship fund

Portland, Ore.—The Oregon Health and Science University School of Dentistry received a \$50,000 scholarship endowment from the daughter of one of its distinguished alumni last year.

June Dickson made the donation in memory of her father, Dr. Toivo S. Johnson, a graduate of the Pacific Dental College, now the OHSU dental school. The endowment benefits full-time OHSU dental students who are least able to pay the full cost of their dental education. "This scholarship fund will help us ensure a diverse candidate pool and retain outstanding students," said Dr. Sharon Turner, OHSU dental dean. ■



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Bioterrorism confab

Landmark meeting spells out dentistry's role

BY ARLENE FURLONG

The ADA is accepting registration for the first-ever conference to outline dentistry's role in responding to bioterrorism and other disasters.

"Dentistry's Role in Responding to Bioterrorism and Other Catastrophic Events"—open to dental professionals, emergency responders and other public health workers—will convene March 27-28 in Washington, D.C.

Sponsored by the ADA and the U.S. Public Health Service, the two-day program will feature U.S. Surgeon General Richard H. Carmona and the National Institutes of Health's Dr. Anthony Fauci.

Dr. Albert H. Guay, lead staff person in the Association's activities surrounding bioterrorism, says the conference will provide dental professionals and others an opportunity to learn from national, state and local experts about the current threat of bioterrorism and how they can prepare to respond to an attack.

"The Association strongly encourages dental professionals, dental educators, local dental society representatives and local public health and emergency response personnel to attend," says Dr. Guay.

Topics will include:

- how to recognize and manage potential biological and chemical agents and other threats to the public's health;
- roles dentists and their office staff members can perform in the event of a public health emergency;
- steps needed to educate dental professionals about how to prepare and respond to a public health emergency;
- ways dentists can interact more closely with the public health community to facilitate their involvement in state and local emergency planning efforts.

Online registration and a link to registration at the host hotel, Renaissance Washington, D.C., is available in the Meetings and Events area of ADA.org at "www.ada.org/prof/events/adaevent/bioterror/index.html".

Online registration at ADA.org is available until March 21. Registrations will be accepted onsite at the conference.

The cut-off for confirmations on hotel reservations at the Renaissance Washington, D.C., is Feb. 28. Rooms will be available on a space available basis thereafter.

Registrations can also be submitted by fax or mail. The downloadable form, also available in the Meetings and Events area of ADA.org—"www.ada.org/prof/

events/adaevent/bioterror/index.html"—can be faxed to the ADA at 1-312-440-2702 or mailed to the American Dental Association, Accounting-Cashier, Bioterrorism Conference 2003, 211 E. Chicago Ave., Chicago 60611-2678. The conference cost is \$200.

For more information, call Dr. Donald Collins at the American Dental Association, toll-free, Ext. 2895 or e-mail Dr. Collins at "collinsd@ada.org". ■



Dr. Carmona: The U.S. Surgeon General headlines the 2003 bioterrorism conference.



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Nova opens new Biologic Research Center

Fort Lauderdale, Fla.—The Nova Southeastern College of Dental Medicine dedicated its Biologic Research Center Oct. 4, 2002.

Dr. Lawrence A. Tabak, director of the National Institute of Dental and Craniofacial Research, served as keynote speaker.

As part of the university's Health Professions Division, the Biologic Research Center enables faculty and students to collaborate with the disciplines osteopathic medicine, pharmacy, optometry and medical sciences. Research topics include oral infections, oral cancer, the role of saliva and the complications that stem from diabetes.

"It's exciting to see our dream become a reality," said Dr. Robert Uchin, dean. "As the first accredited dental college in the United States in over 30 years, we are fully aware of our professional responsibility to add to the existing knowledge and information in the area of oral health." ■



Big agenda: CERP committee members meet Oct. 3 with more than 100 applications for review. Pictured in the front row (from left) are Drs. Thomas G. Lengowski, Deron J. Ohtani, Gerald A. Smith (chair), William F. Wathen, Thomas A. Howley Jr. and William L. Gallagher. In the back row (from left) are Drs. Steven K. Patterson, Lois Duerst, John W. Preece, Mr. William E. Zepp, Drs. Michael A. Kahn, Edward F. Sugarman, Peter A. Shapiro, Ana Karina Mascarenhas and Richard D. Riva.

CERP record

More continuing education providers seek recognition

BY KAREN FOX

The ADA Continuing Education Recognition Program is kicking off the new year with record activity.

The CERP committee received more than 100 applications and re-applications for CERP recognition at its fall meeting—compared with an average of about 60.

"I think this speaks to the value that continuing education providers place on their CERP recognition," said Dr. Gerald A. Smith, chair of the CERP committee.

A standing committee of the Council on Dental Education and Licensure, CERP was created to help ADA members and other groups identify and participate in quality continuing dental education.

The CERP committee evaluates CE providers—not individual courses, credits or instructors—to determine the organization's ability to plan and implement continuing dental education programs in accordance with CERP standards and procedures. Providers include dental schools, constituent and component societies, specialty organizations, study clubs, CE companies, laboratories, hospitals and even the ADA itself.

CERP recognition is intended to ensure members that a particular provider meets the criteria for a quality continuing dental education experience.

"In other words, members can quickly determine whether a particular course will give them significant value for their dollar," said Dr. Smith.

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Look for the logo: When evaluating CE offerings, the CERP committee urges dentists to inquire whether the provider is recognized by ADA CERP and to look for this logo.

The standards that guide CERP are designed to:

- assure participants that recognized providers have resources and acceptable educational quality;
- promote uniform standards for CE that can be accepted nationally by the profession;
- assist regulatory agencies and other organizations responsible for granting CE credit toward licensure or membership requirements.

The record number of applications to the committee this year can be attributed in part to the dental schools applying for re-recognition (required every three years). Dental schools were among the first providers to apply and for most, this marks their fourth cycle of re-recognition.

One provider applying for re-recognition this year is the University of Texas Health Science

See CERP, page 10

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Equipment decisions

How to purchase—lease or buy—involves looking at pros and cons of loan type, impact on taxes

BY KAREN FOX

Lease or purchase?

With the start of the new year, many dentists are considering how new equipment can impact the success of their practice. Whether leasing or purchasing, your bottom line is affected by the equipment financing you choose. So which option is best for your practice? Here's an overview.



Leasing equipment vs. purchasing—With leasing, you can normally deduct your monthly payment as a business expense from your tax liability. At the end of your lease agreement,

you can elect to purchase your equipment from the lessor, generally at the current fair market value. With a term loan, tax deduction comes from depreciation and interest.

There are added benefits to leasing. Typically, your monthly payments are lower than they would be with a term loan. You can also maximize your tax benefits over a shorter period—a great advantage to start-up practices

that often require 40 percent to 50 percent of their total production for leasehold improvements.

Term loan—For certain equipment purchases, term loans make more sense, especially if you can take advantage of Section 168K and/or Section 179 of the federal tax code or the American Disabilities tax credit. Check with your tax advisor to determine if any of these are applicable.

IRS tax benefits—Many financial services organizations are not set up to offer a true lease. Rather, it may be disguised as a lease with an already pre-determined purchase option such as 10 percent or \$1 at the end of the term. In order to qualify as a lease and take advantage of those tax benefits, the end of lease option needs to have language that includes Fair Market Value.

Leasing—Leasing is particularly advantageous to start-up practices, but any practice will profit from the tax benefit and lower payments that ease the business' cash flow. Today, eight out of 10 companies in the U.S. use leasing as a financing option. They also find they can upgrade the quality of their equipment because the same monthly payment buys greater value in a lease than in a term loan.

Finally, remember to ask questions of both your lending institution and your tax advisor before you make your final choice.

For more information about finding the right financing program for your practice, contact The Matsco Companies at 1-888-937-2321, or visit them on the Web at "www.matsco.com". Matsco offers preferred interest rates for ADA members. ■

CERP

Continued from page eight
Center at San Antonio Dental School, which conducts about 155 CE offerings a year.

"We do everything from one-hour luncheons to daylong conferences to major symposiums," said William Butler, director, UTHSCSA's Continuing Dental Education.

Having ADA CERP recognition is one way the dental school supports lifelong learning, said Mr. Butler. "CERP holds the standards for continuing education," he added. "And dental professionals recognize this fact."

The nine-year-old program has also kept pace with changes in the profession, particularly in its responsiveness to the needs of dentists and dental societies.

"CERP is continually reassessing our procedures and trying to simplify the application process while maintaining our high level of standards," said Dr. Smith. "We have had to evolve to keep up with the times."

Among recent changes, CERP now recognizes online and distance learning programs, the review process is now open to international dental education providers and a representative from the American Society of Constituent Dental Executives now sits on the CERP committee.

William Zepp, executive director of the Oregon Dental Association, is the first ASCDE member on CERP, adding the societies' perspective to a review process that encompasses CE providers within and outside the dental profession.

"There are always a lot of questions about the CERP process because the standards are so rigorous," said Mr. Zepp. "To have credibility, CERP has to have standards that go across the board. There have been some positive changes, and I think we're moving in the right direction."

For more information on the ADA's Continuing Education Recognition Program, a list of standards and procedures or to verify whether a provider is ADA recognized, go to "www.ada.org/prof/ed/ce/cerp/index.html" or call the ADA toll-free number, Ext. 2869. ■

Jump

Continued from page one

per person, which included \$231.70 for dental services. How we pay for care varies by the type of health service. Dental consumers pay a greater share out-of-pocket than do consumers of other health care services, \$100.60 per person in 2001. Private insurance covered \$117.50 of the dental bill, other private funds 50 cents and public funds \$13.10. Medicaid is the primary public payer.

Patients pay directly for nearly half the costs of dental care, spending \$28.5 billion out-of-pocket for dental services or 43.4 percent of all dental spending. But across the board, consumers pay just 14 percent out-of-pocket for their health care.

The U.S. Census Bureau reports a slightly smaller out-of-pocket payment for dental care in 2001 but the same bottom-line revenue for dentists' offices, \$65.6 billion. Patients continue to spend more out of pocket for dental care than they spend for physician services, according to the Census data. HHS measures expenditures, the Census Bureau revenues.

Both agencies have made a concerted effort in recent years to balance their bottom lines in reporting on the health care economy.

The health spending/revenue reports are posted online at the Centers for Medicare & Medicaid Services ("www.cms.hhs.gov/statistics/nhe") and Census Bureau ("www.census.gov/econ/www/servmenu.html") Web sites.

Total health spending accelerated in 2001 against the grain of a sluggish economy, a situation somewhat similar to what

was seen in the 1990-91 recession, the report's authors said.

It was the fifth consecutive year in which total health spending grew at a faster rate and at a rate well above the average growth rate over most of a decade in which managed care proliferated.

Sharp rates of growth in public spending—Medicare and Medicaid—and in private health insurance premiums are also reported. The rate of growth in the federal-state Medicaid program is the fastest since 1993. Health insurance premiums accelerated for the fourth consecutive year, increasing by 10.5 percent in 2001.

"Historically, jumps of this size have been closely followed by major initiatives in the private and/or public sector to reduce spending growth," said report co-author Katharine Levit, director of the National Health Statistics Group for the HHS Centers for Medicare and Medicaid Services.

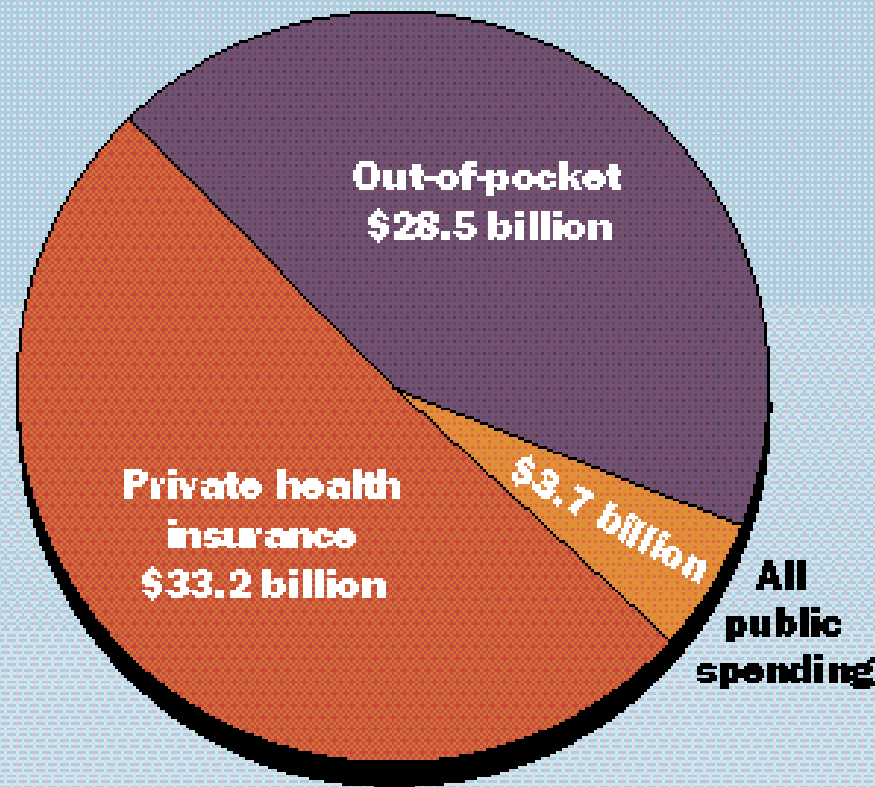
"Government and employers are feeling enormous pressure on their ability to finance rapidly rising spending with resources that are growing more slowly," she said.

The spending increases offer further indication of the waning influence of managed care, she said. The between-recessions era was dominated by managed care, and as "managed care loosens its grip" on spending, payers of health care bills will have to find other solutions for tempering growth, said Ms. Levit.

A continuing enrollment shift from tightly managed, lower-cost health maintenance organization (HMO) plans to more loosely managed, higher-cost preferred provider organization (PPO) and point-of-service (POS) plans suggests employees are showing preference for broader access to providers despite higher costs, the report said. ■

Who's paying?

Patients in 2001 paid for 43.4 percent of dental care, and private insurance paid nearly 51 percent. Total spending was more than \$65 billion.



Source: Health Affairs, June 12/February 2003

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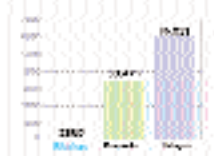
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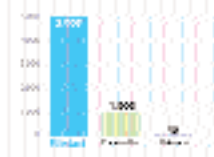
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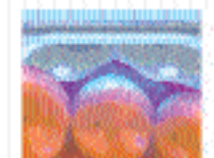
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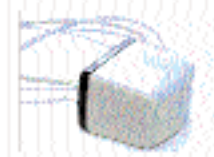
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Health & Science

Court denies injunction against ADA Seal program

BY JAMES BERRY

A federal judge Dec. 31 rejected a dental manufacturer's plea for an injunction that would have prevented the ADA from going public with a decision to lift its Seal of Acceptance from all products containing the base metal beryllium.

In denying the preliminary injunction sought by CMP Industries LLC, Judge John A. Nordberg of the Northern Illinois U.S. District Court said the Association's Council on Scientific Affairs relied on a "significant amount of new evidence" in deciding to withdraw the ADA Seal from products containing beryllium alloy.

New York-based CMP sued the ADA in October 2002, alleging that the council had unlawfully revised its requirements for acceptance of base metal alloys to exclude beryllium as a component of an ADA-accepted product. The company also sought an injunction to bar the Association from making its decision public knowledge. (See related story, right).

Judge Nordberg noted in a six-page opinion that, in making its decision, the council reviewed a warning on beryllium from the U.S. Occupational Safety and Health Administration, as well as other information on beryllium safety.

In April 2002, OSHA issued a Hazard Information Bulletin warning that beryllium exposure posed a serious potential health threat in dental workplaces. The agency also recommended, for the first time, that alternatives to beryllium be used.

CMP is one of nine companies with a total of 14 beryllium-containing products granted the ADA Seal since the mid-1960s. Used in fabri-

cating some partial dentures and crowns, beryllium has been linked to respiratory ailments in humans.

ADA Chief Counsel Peter M. Sfikas hailed Judge Nordberg's decision as a victory for both the Association and the public at large.

"The court's decision recognizes the importance of the ADA as a respected and impartial body, and reaffirms the right of the ADA to express its opinion on matters affecting public safety," Mr. Sfikas said.

CMP argued that the ADA's proposed statement on beryllium constituted "trade disparagement" because it implied that CMP's products are unsafe. Judge Nordberg said he found it "hard to see how the implied statement is untrue."

He added, "The ADA correctly states that the only implied statement that can be taken from the proposed announcement is that the ADA believes that beryllium products pose enough of a safety concern to justify removing the Seal. This statement cannot be untrue; the ADA's opinion is what it is."

CMP also argued that the ADA must have a "significant amount of new evidence" that a product is no longer safe or effective before revoking the Seal or declining to renew it.

"The argument," said Judge Nordberg, "boils down to whether the OSHA bulletin could be considered significant new evidence. The ADA council thought it was, and this court agrees."

If CMP were to prevail in this case, he said, "the harm to the ADA would be significant. It would be unable to express a truthful opinion on an important public safety issue, its reputation as

an impartial body could be questioned, and it would be subject to lawsuits from those harmed from products bearing the ADA Seal."

The Council on Scientific Affairs "acted in a conscientious manner," Judge Nordberg said. "Its decision was not specifically targeted at CMP but applied to all applicable companies."

He added, "The reason that the Seal is so

respected—and, in fact, the reason why CMP is fighting so hard to keep it—is that it represents the independent and respected opinion of the ADA."

CMP's lawsuit contending the ADA wrongfully terminated the Seal is still pending before the court. The ADA has filed a motion to dismiss the lawsuit. ■

Change of requirements for ADA Acceptance of base metal alloys

The Council on Scientific Affairs recently changed the requirements for ADA Acceptance of base metal alloys. Products containing beryllium will no longer be considered for Acceptance. This action was taken in response to an April 2002 OSHA Hazard Information Bulletin (HIB) titled, Preventing Adverse Health Effects for Exposure to Beryllium in Dental Laboratories.

The OSHA HIB makes the following points:

- Cases of chronic beryllium disease (CBD) are continuing to occur among dental laboratory technicians working with dental alloys containing beryllium.
- Recent studies have questioned whether the permissible exposure limit (PEL) is adequate to prevent CBD among exposed workers. The current PEL limits occupational exposure to 2.0 mg/cubic meter over an 8-hour time weighted average.
- Extensive engineering, work practice and other controls are recommended to protect workers exposed to beryllium in dental laboratories and dental offices where appliances containing beryllium are fabricated or modified.

However, the very first OSHA recommendation is, "Where possible, alloys that do not contain beryllium should be substituted for beryllium-containing alloys in dental work."

There are many substances used in dentistry that require proper handling by dental care workers to avoid occupational risk. However, this is the first time that OSHA has gone on record recommending substitution of one dental product for another as the first level of control.

The council concluded that suitable base metal alloys without beryllium are available to replace beryllium-containing alloys in all dental applications. Consequently, beryllium-containing base metal alloys will no longer be considered for ADA Acceptance.

The council saw no evidence to suggest that dental devices made from items made from beryllium-containing alloys (for example, crowns, bridges, partial dentures) cause any ill effects in patients.

For more information, see the statement on the proper use of beryllium-containing alloys on the Web at "www.ada.org/prof/prac/issues/statements/alloys.html". ■



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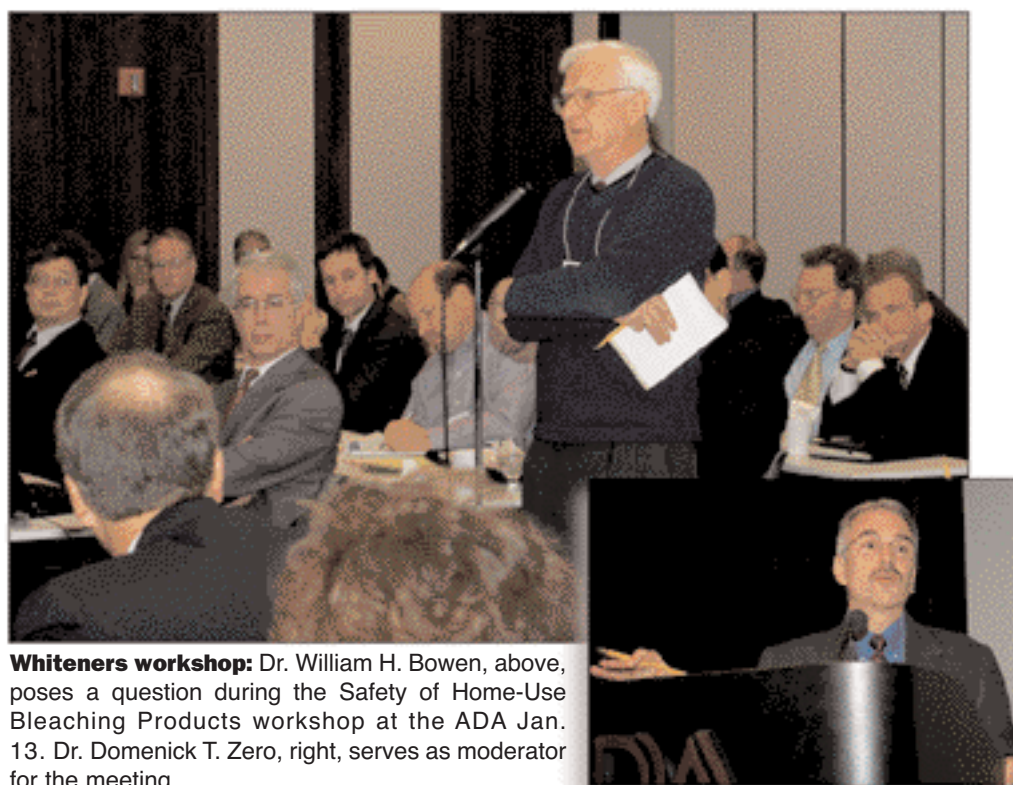
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Whiteners workshop: Dr. William H. Bowen, above, poses a question during the Safety of Home-Use Bleaching Products workshop at the ADA Jan. 13. Dr. Domenick T. Zero, right, serves as moderator for the meeting.

Are power toothbrushes better?

Cochrane group reviews power toothbrush controlled trials

BY MARK BERTHOLD

Boston—Scientists reviewing how well toothbrushes work said Jan. 11 that rotational oscillation power toothbrushes are more effective than manual or other powered toothbrushes.

The results of the Cochrane Oral Health Group review were announced at the Evidence Into Action conference sponsored by the Forsyth Center for Evidence-Based Dentistry.

According to the findings, toothbrush heads that rotate in one direction and then the other are more effective in both removing plaque and reducing gingivitis than manual toothbrushes and power toothbrushes that use side-to-side action, circular action, sonic and ultrasonic action or "unknown" action.

"Rotational oscillation toothbrushes removed up to 11 percent more plaque and reduced gingival bleeding by up to 17 percent more than did manual or other power toothbrushes," said coordinating editor William Shaw, Ph.D., MScD.

Dr. Richard Niederman, director of the Forsyth Center, added that this study was "one of the most comprehensive independent reviews of powered toothbrushes ever conducted."

"While this information can be useful to a practitioner," said Dr. Kenneth Burrell, director of the ADA Council on Scientific Affairs, "he or she has to take into account the oral health status of an individual patient. We already know that some patients do benefit from the power tooth-

brushes cited in the study. We also know that many patients do just as well with manual or other types of power toothbrushes."

Dr. Burrell noted that because the study has not been published, the dental community has not had the opportunity to review its contents in depth. "We will certainly be interested in reading the study to determine its clinical relevance."

Researchers reviewed data from 29 clinical trials conducted between 1964 and 2001, involving a total of 2,547 participants in North America, Europe and Israel. According to the

study release, the trials compared the effectiveness of all forms of manual and six types of power toothbrushes with mechanically moving heads for periods of one month and up to three months.

Dr. Shaw emphasized the results do not indicate that toothbrushing is only worthwhile with rotational oscillation action. All toothbrushing reduces gingivitis and may prevent periodontitis, "whether the brush is manual or powered," he said.

The powered toothbrushes studied were the

Braun Oral-B Plaque Remover (rotational oscillation); the Philips Sonicare (sonic side-to-side action); the Interplak (counter oscillation); the Teledyne Aqua Tech (circular action); the Ultrasonex brush (ultrasonic side-to-side action); and the Rowenta Dentiphant, Rowenta and Plaque Dentacontrol Plus (unknown actions).

The review will appear in the January issue of The Cochrane Library, a quarterly electronic collection of evidence-based systematic reviews of data from health care studies prepared by the Cochrane Collaboration. ■

JCAHO patient safety goals

Oakbrook Terrace, Ill.—Six new patient safety goals that encompass 11 required actions designed to prevent medical mistakes took effect Jan. 1, the Joint Commission on Accreditation of Healthcare Organizations announced in December.

All of the 17,000-some health care organizations that the JCAHO accredits are required to meet any safety goals that are relevant to their provision of care.

The new safety goals include:

- Patient identification—making sure a patient is identified using at least two patient identifiers (but not a patient's room number) whenever taking blood samples or administering medications or blood products;

- Communication—reading back medical orders given over the phone to reduce the likelihood of miscommunication among caregivers and standardizing abbreviations, acronyms and symbols used;

- High-alert medications—removing concentrated electrolyte medications from general patient care units;

- Wrong-site surgery—marking the site where surgery will be performed and involving the patient in the marking process to reduce the risk of wrong-site, wrong-patient and wrong-procedure surgery;

- Infusion pumps—making sure infusion pumps have free-flow protection to reduce risk of medication overdose;

- Alarm systems—testing clinical alarm systems and making sure the alarm can be heard over background noise within the unit.

The Joint Commission intends to issue new or revised patient safety goals and requirements every year.

For more information or a complete listing of the goals and requirements and frequently asked questions, visit the JCAHO Web site, "www.jcaho.org". ■

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Oral cancer screen

East coast consortium sees increased awareness

BY KAREN FOX

Newark, N.J.—The Oral Cancer Consortium of New Jersey and New York held its fourth annual free oral cancer screening Nov. 7, 2002, bringing the total number of patients screened in the past four years to well over 4,000.

At the UMDNJ-New Jersey Dental School and the University Dental Center in Somerdale, N.J., 225 participants received comprehensive oral cancer exams, said Dr. Arnold H. Rosenheck, associate professor of oral and maxillofacial surgery and assistant dean for Hospital Affairs and Institutional Development.

"Dentists are telling us that they are becoming more aware of the early stage lesions and are using the brush biopsy more often," said Dr. Rosenheck, commenting on the impact of the screenings. "In addition, we're finding that patients are becoming more aware that dentists are on the front line of diagnosing oral cancer."

The Oral Cancer Consortium includes the dental schools at UMDNJ, New York University, Columbia University, the State University of New York at Stony Brook and the University of Pittsburgh, the New Jersey Dental Association, the Second District Dental Society (New York) and many hospitals and health systems in the Northeast.

Founded in 1999 to combat the stagnant mortality rates for oral cancer, the consortium seeks to "elevate the consciousness of both physicians and dentists to examine thoroughly for oral cancer,



Photo by Arthur Katcher

On the front line for diagnosis: Dr. David Lederman (right) of the New Jersey Dental Association performs an examination Nov. 7 as Dr. Cecile A. Feldman, dean, UMDNJ-New Jersey Dental School, looks on.

and for the public to request an oral cancer screening at least once a year," said Dr. Rosenheck.

In addition to screenings, the consortium gathers data on risk factors and refers patients to smok-

ing cessation programs. "We feel that we will reduce this mortality rate in the next couple of years by having more dentists examining patients' mouths, finding the early innocuous lesions and performing brush biopsies," he added. ■

Health & Science

FDA issues diathermy alert

Rockville, Md.—Dental and medical patients with "implanted deep-brain stimulators" or any implanted metallic/electrical lead should not be exposed to diathermy treatments, warns the Food and Drug Administration.

In at least two reported cases, patients have died after an interaction of a diathermy with the implanted device caused severe brain damage where the lead electrodes were implanted. One patient received diathermy following oral surgery.

"Diathermy" uses electromagnetic energy, usually to put deep heat into the body, and the types of diathermy equipment possibly utilized by dentists include radio frequency (shortwave) diathermy and microwave diathermy.

This warning applies to both heating and non-heating modes. However, this kind of interaction is not expected with ultrasound diathermy, and electrocautery devices are not included in this notification.

According to the FDA, laboratory testing has shown that patients with any implanted metallic lead are at risk of serious injury when exposed to shortwave or microwave diathermy therapy, even if the implanted device is not turned on, and even if the lead is no longer connected to an implanted system.

It is important to note that electrical leads often are left in the body after an implant has been removed.

Before using any diathermy equipment, dentists should inquire whether a dental patient has an implant possibly containing a lead, such as a cardiac pacemaker or defibrillator, cochlear implant, bone-growth stimulator, deep-brain stimulator, spinal-cord stimulator, sacral-nerve stimulator and other nerve stimulators. Diathermy therapy should not be used if the patient has such implants or leads.

For more information, contact Marian Kroen in the FDA's Office of Surveillance and Biometrics at 1-301-594-0650 or e-mail "phann@cdrh.fda.gov".

FDA also encourages dentists to report adverse events with any drug or device to the MedWatch Medical Reporting Program. Call 1-800-FDA-1088 or submit a report at "www.fda.gov/medwatch" to help the agency monitor problems to ensure patient and provider safety. ■

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CROSS INTO THE BLUE

Correctional health care meeting set

Anaheim, Calif.—More than 1,000 physicians, nurses, dentists, psychiatrists, psychologists, administrators and others working in correctional health settings are expected to attend the Clinical Updates in Correctional Health Care conference here April 12-15.

The four-day meeting will include more than 30 clinical workshops; seminars; plenary sessions on topics like professional liability, nursing assessment, legal issues and mental health issues; commercial exhibits; and preconference seminars. The 2003 National Commission on Correctional Health Care jail and prison standards will also be presented in all-day seminars.

The program is sponsored by the NCCHC and the Academy of Correctional Health Professionals. For more information, call 1-773-880-1460 or go online to "www.ncchc.org". ■

HIPAA

Continued from page one

tions. They say various telemarketers are adept at instilling doubts—even in dentists who attended ADA HIPAA Privacy Seminars or reviewed the ADA Privacy Kit. And they are concerned that some of the courses may do more to confuse issues than clarify them.

"I started to think that maybe I was missing something," explains Dr. Rex Gibson of Bend, Ore. "After attending an ADA HIPAA Privacy Seminar, it seemed fairly simple to me, nothing to get excited about. Then I heard about all these things I had to do that I'd never heard about before from dentists who attended courses by other sponsors."

Dr. Gary Wood, of Tulsa, Okla., says he had the same perception after reviewing the ADA Privacy Kit. No big deal.

"Then I got a call saying I'd better get on board with this stuff, attend a mandatory course," said Dr. Wood.

Because he thought the call unusually abrasive, Dr. Wood contacted Megan Barr, communications assistant of the Oklahoma Dental Association. He wasn't the first dentist she'd heard from concerned about high-pressure HIPAA sales calls.

ADA Executive Director James Bramson suggests dentists and their office staff look no further than the ADA to take the confusion out of HIPAA compliance.

"Don't make this harder than it has to be," advises Dr. Bramson. "Seek clarification from the ADA. We're your best-informed HIPAA resource."

Robert Lapp, Ph.D., director of the ADA Department of Dental Informatics, is intimately familiar with the HIPAA legislation's potential effects on the dental practitioner. A longtime advocate of ADA positions on HIPAA issues through consultations with the Department of Health and Human Services and others responsible for drafting HIPAA, he frequently speaks on HIPAA issues and conducts ADA HIPAA Privacy Seminars across the country.

He warns dental office staff to beware of unfounded claims and high-pressure sales pitches. "The ADA is well aware of HIPAA legislation's potential impact on the dental practitioner," Dr. Lapp advises.

"They scared me, and believe me, I don't scare easily," says Joan Whitney, manager of Dr. Michael Hinkle's office in Tulsa, Okla., and a 15-year veteran of the dental profession. "I felt like the lady on the phone was threatening me. She said, 'When the feds walk in you better have all your ducks in a row.'"

Ms. Whitney says she informed the caller that the office doesn't transmit electronic transactions and so is exempt from any possible federal penalty for HIPAA non-compliance. But the telemarketer, from Doctor's Assistance Corp., was undeterred. "That's not the only thing you have to worry about," Ms. Whitney recalls being told. "There are other requirements and you must satisfy them."

A few days later Ms. Whitney received registration confirmation for a course.

"I never even agreed to attend," says Ms. Whitney.

Derrell Braithwaite, manager of registration for Doctor's Assistance Corp., does not deny that some might perceive his company's sales tactics to be high pressure.

"Whether our seminar salespeople are high pressure or not is a matter of opinion," Mr. Braithwaite says. "But if our sales people seem a little forceful, it's because they know after two or three sentences with a dental practice if that practice knows what they need to know about HIPAA."

When asked by the ADA News about reports that sales representatives told dental offices they must comply with HIPAA regulations—even if they do not electronically transmit patients' pro-

ADA Seminar comes to you

VHS and DVD versions of the ADA HIPAA Privacy Seminar will be available by late January for \$99.95.

It's the same seminar that is being presented to thousands of ADA members through April with the cooperation of constituent societies. Or, you can purchase the ADA Privacy Kit, which includes a CD-ROM. Kits cost \$125.

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

To order the Kit, the VHS or the DVD, call 1-800-947-4746. ■

ected health information using standard transactions—Mr. Braithwaite defends his company's practices.

"Electronic transactions have nothing to do with HIPAA regulations," Mr. Braithwaite told the ADA News. "That statement just goes to show what people know about HIPAA."

Peter M. Sfikas, ADA chief counsel, disagrees with Mr. Braithwaite's interpretation of the HIPAA regulations.

"It is clear that only dentists who are covered entities will be legally required to comply with the HIPAA regulations," Mr. Sfikas explains. "A dentist is a covered entity only if he or she transmits certain patient health information—such as claims—in electronic form, either directly or indirectly through a vendor or billing service."

Mr. Sfikas also notes that if a dentist is not a covered entity, he or she will not be subject to

fines or other penalties for failing to comply with the HIPAA regulations.

Kathy Seufert, a seven-year office manager for Dr. Peter Agnos, Everett, Wash., was troubled when a woman she says identified herself as Angie Felt of Doctor's Assistance Corporation tried to pressure her into taking one of only four remaining seats for a January HIPAA course.

"Ms. Felt told us we would be fined for non-compliance and wanted an immediate answer regarding registration," says Ms. Seufert. "When I asked her how she got our office's name, she said it came from the list of dentists who filed for an extension."

Ms. Felts evaded the ADA News' questions about her possession of such a proprietary list, but her supervisor, Ms. Lee, apologized for Ms.

See HIPAA, page 17

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Reaching out to children

ADA, state and local societies ready for Children's Dental Health Month

BY KAREN FOX

National Children's Dental Health Month gets under way in just two weeks.

Media and professional activities for the annual celebration reach millions of people in communities across the country and at numerous armed service bases abroad. This year's preventive education theme is "Don't Let Your Smile Become Extinct," featuring Dudley the Dinosaur and friends.

Activities for National Children's Dental Health Month are directed through the ADA's constituent and component societies. Local observances often include poster, coloring and essay contests; health fairs; free dental screenings; museum exhibits; classroom presentations; and dental office tours.

"National Children's Dental Health Month is an excellent resource for ADA member dentists of all ages to reach out to their young patients and their community to tout dentistry's messages," said Dr. Thomas E. Sullivan, ADA Council on Communications chair.

The occasion is also an opportunity for dentists to help increase access to care, he added.

"Where access to care for children is a primary focus of constituent and component dental societies across the country, it behooves us to use this program as a stepping stone to help with the access problem," said Dr. Sullivan.

The ADA distributed publicity kits, including information on job shadowing and careers in the dental profession, to constituent and component societies in September. All members are

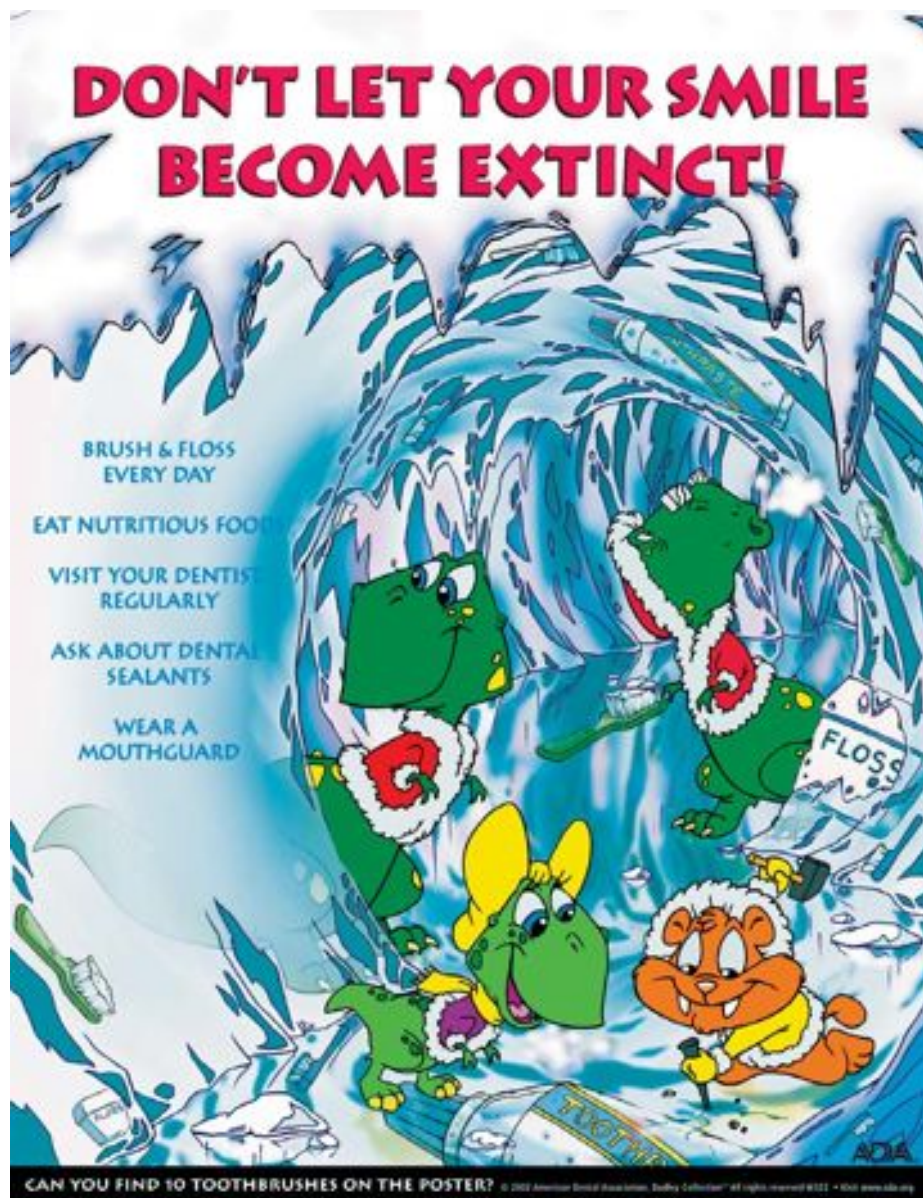


February fun: "NCDHM is an excellent resource for ADA member dentists of all ages to reach out to their young patients and their community to tout dentistry's messages," says Dr. Sullivan.

encouraged to contact their constituent and component societies to participate in activities.

In-office planning kids with posters, brochures, videos, dental office tour guides, activity booklets, children's flip guide and more may be purchased through ADA Salable Materials (1-800-947-4746 or "www.adacatalog.org").

Additional games and posters for National Children's Dental Health Month activities can be downloaded from ADA.org. Go to "www.ada.org/public/topics/ncdhm/index.html". ■



GKAS

Continued from page one

- The University of Louisville School of Dentistry plans to treat children in three phases: Phase I is education for more than 12,000 third through fifth graders; Phase II is treatment of about 400 children at the dental school, set to take place Feb. 21; and Phase III is critical treatment provided by volunteer practitioners.

- The Minneapolis District Dental Society plans to provide dental services for children in a Minneapolis homeless shelter. At least 60 members have signed up to volunteer, said Michelle Quade, executive director, with more forms coming in every day.

- About 500 patients are expected at a Give Kids a Smile event in Roseburg, Ore. Dentists there call it a "community-wide project with several organizations working together. Treatment includes screening, fluoride, sealants, fillings, education ... Clients are screened and sent to a dental office for treatment and education."

- Dr. John Kretschmar, a retired military dentist, is providing care for 500 children in Seoul, South Korea.

- An Air Force dental clinic in the United Kingdom plans to treat 3,000 children for Give Kids a Smile.

- The West Michigan District Dental Society will sponsor dental health activities for 300-400 children at the Grand Rapids Children's Museum.

- Working with the Boys and Girls Club of



Richmond, Va., Dr. Edward Mustian says, "We are starting to identify those children with dental needs and take care of their problems on an ongoing basis."

- The District of Columbia Dental Society and the Howard University College of Dentistry are joining forces to provide care and education for a local elementary school.

- At Fort Totten, N.D., the Spirit Lake Health Center is the site of a Give Kids a Smile event that aims to treat 1,500-2,000 children of the Indian Health Service.

- At least 500 migrant workers and their families will receive treatment and education in Largo, Fla.

- The New York University College of Dentistry is prepared to treat at least 500 children at community clinics for Give Kids a Smile.

- The Virginia Dental Association will utilize community clinics, a hygiene school and

private offices to treat 1,000 children on Feb. 21.

- The Medical University of South Carolina College of Dental Medicine is collaborating with two hygiene schools to treat 600-800 children. MUSC dental officials report: "We are operating three locations at once throughout the state and are partnering with local charities and community organizations to help get kids scheduled and transported to the sites. Everyone's ready to go!"

Individual dentists are making an impact, too.

- Dr. Christy Chen, an Escondido, Calif., general dentist, says she is "making the whole day available to see and treat as many kids as possible."

- Teresa Rowland, a first-year dental hygiene student from Fresno, Calif., says, "I would like to help and contribute in any way that I can."

It's not too late to participate in 2003 Give Kids a Smile

Planning for Give Kids a Smile events across the country is moving forward at a rapid pace.

Programs signed up to participate in the Feb. 21 event now total 3,603, ranging in size from 10,000 down.

More than 100 programs are registering daily, and that is an essential aspect of the program.

If the magnitude of the event—and of the need for better access to oral health care for the underserved—is to be conveyed to policymakers, all those participating should make sure they are counted by signing up on ADA.org at "www.ada.org/prof/accessinfo.html". ■

Editor's note: The Give Kids a Smile activities listed here are based on information from the online registration forms. Planned activities were not confirmed with the individual participants and are subject to change.

For up-to-date information, individuals should contact the sponsoring organization. ■

Annual Session

Oct. 23-26

New format offers just as much learning in less time out of office

BY STACIE CROZIER

San Francisco—With the magnificent Golden Gate and Bay bridges in the background, you can cross over to envision your ideal practice by attending the ADA's 144th annual session here Oct. 23-26.

Annual session's new Thursday-through-Sunday format will offer maximum opportunities to learn, update and network with a minimum of time away from the office.

Choose from more than 180 scientific sessions, extensive continuing education opportunities for every member of the dental team, a huge three-day technical exhibition to meet all your business needs, the Distinguished Speaker Series, networking and entertainment events and much more. The ADA has gathered the leading experts in the field to introduce cutting edge clinical techniques and procedures, innovative strategies to enhance practice profitability and the latest technologies and products available.

So, mark your calendar and plan to spend a long weekend enhancing your practice, meeting with colleagues and enjoying the wonders of beautiful San Francisco with its outstanding sightseeing, shopping, dining and entertainment.

For the latest session information, log on to "www.ada.org/goto/session" or call toll free, 1-800-232-1432. ■



Photo by Carol Simowitz

Old and new: The Victorian "Painted Ladies" of San Francisco's Alamo Square historic district are showcased against a modern backdrop—the skyscrapers of the Financial District.

HIPAA

Continued from page 15

Felt's statement. "She should not have said that," explained Ms. Lee. "We don't have names of dentists who filed for extensions."

Dental offices filed extensions, also called compliance plans, by Oct. 16, 2002, in order to



Variety: ADA members can choose from the Privacy Kit and soon-to-be-released DVD and VHS versions of the ADA Seminars to learn about the privacy rule.

extend the deadline for compliance with electronic transactions standards and code sets until Oct. 16, 2003. Those extensions were filed with the HHS Centers for Medicare and Medicaid Services.

"We haven't shared that list with anyone," says Karen Trudel, deputy director at the HHS office of HIPAA standards. "Furthermore, I don't know any way anybody could obtain access to the names of dentists who filed extensions."

If you have HIPAA questions, e-mail the ADA department of Dental Informatics at "HIPAA@ada.org", go to "ADA.org/goto/HIPAA" or call Ext. 2750 for more information. ■

Saying 'thanks'

Dental assistants get their due during DARW

BY ARLENE FURLONG

What a difference a week makes.

So say dental assistants around the country about Dental Assistants Recognition Week.

"It gives us the recognition we don't get throughout the year," explains Bunny L. Miller, echoing colleagues nationwide.

Coming up March 2-8, DARW is designated by the American Dental Association, the Canadian Dental Association, the American Dental Assistants Association and the Canadian Dental Assistants' Association as the time to acknowledge the versatility and talents of dental assistants.

"It's recognition much deserved," says Dr. Julian Fair, chair of the ADA Council on Dental Practice. "If the dental office can be compared to an engine, dental assistants are the oil that makes that engine run smoothly."

His definition of dental assistants, "a vital part of the team effort to deliver quality oral health care to patients," is exactly what Karen Waide, ADAA president says DARW celebrates.

"It helps dentistry show what is often said—that dental offices can't function without dental assistants," says Ms. Waide.

As part of DARW, a contest showcases what dental offices, dental assistant societies and dental assistant schools do to show appreciation for dental assistants.

Anyone who boarded a Grand Rapids, Mich., bus or happened to drive behind one during March or April of last year read "Dental Assistants are the Heart of Every Dental Office."

Advertised in big, bold letters and graphics, the publicity was just what assistants needed, says Ms. Miller, president of the Grand Rapids Dental Assistants Society. The group was the first-place winner of DARW 2002 in the dental society category.

"The recognition is important because it encourages those already in the profession to stay and encourages those who aren't to join," she explains. "It's a great profession and people out there should know it."

Letting people know about dental assisting programs, while helping others, is how the College of Southern Idaho won an honorable mention in the dental assisting schools category.

Dental assistant students there gave the first baby born during DARW week in each of three area hospitals a baby blanket and a variety of dental care products to use throughout their childhoods. The group also provided an oral hygiene course to children in a nearby program for kids who don't have a place to go after school.

Tonja Bowcut, program manager, says DARW participation helps the school, the program and the profession.

"It lets people know we're out there," she says. "And the notoriety gets people interested in the program. One day we'll win this competition."

Dr. Paul Jones of University Park Endodontics saw a story about DARW in an



On tour: News gets around in Grand Rapids, Mich. City buses there displayed the DARW spirit both coming and going in honor of Dental Assistants Recognition Week 2002.



ADA News issue and thought it would be fun to celebrate.

"I'm not always so good at giving compliments so this is a good way to say 'Thanks,'" he says. "Anything we can do to let staff know they're important is a good idea."

The Leawood, Kan., office did something special each day. From breakfasts and lunches to a chance to win a massage and facial at a local spa, dental assistants there had fun, were treated specially and won second place in the DARW competition.

The practice of Dr. Timothy J. McMann in Dry Ridge, Ky., was another winner among dental offices.

"It was such a small thing to do and so good for public awareness," says dental assistant Veyann Henry of her trip to a kindergarten class to teach kids about oral hygiene.

To enter the DARW competition, dentists or their staff should describe in 100 words or less how they celebrated DARW.

Winners will be selected from entries postmarked by April 5 in the following categories:

- dental offices;
- dental assistant associations;
- dental assisting schools.

Participants should send a photo of their dental team with their entry.

For entry forms, ready-to-use ad slicks for your state publications and promotional kits,



Time out: Dr. Jon Ash donates in a 2002 blood drive sponsored by Ohio's Stark County Dental Assistants for DARW 2002.



Smiles abound: Dental assistants at University Park Endodontics during DARW 2002.

call the ADA toll-free, Ext. 2895. Or, e-mail Joan Block, dental team activities and publications, at "blockj@ada.org".

Want to offer a special thanks to your dental assistant? The ADA Catalog is offering a silver picture frame with the DARW logo that will display a four-by-six-inch picture.

The item number is J622 and the cost is \$10.95 each. Call 1-800-947-4746 to place an order. ■



Tis the season: Dental assistants at McConnell Air Force Base, Kansas, celebrate DARW 2002 with a few innings of baseball.