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ADA News®

AMERICAN DENTAL ASSOCIATION

JUNE 2, 2003

www.ada.org

VOLUME 34, NO. 11

Free speech upheld

Dismissal order entered on amalgam lawsuits

BY MARK BERTHOLD

Sacramento, Calif.—The Court of Appeal of the State of California May 21 ordered a lower court to dismiss two amalgam-related lawsuits against the state dental association and uphold the association's right of free speech on public issues.

The ADA was named as a codefen-

dant in both complaints—*Kids Against Pollution v. the CDA* and *Tibau v. the CDA*—and has filed its own motion seeking dismissal. A trial court judge will hear the ADA's motion June 27.

"The ADA is very pleased that the court of appeal has remanded the case to the trial court with instruc-

■ Arizona defeats amalgam bill, page eight

tions to dismiss the complaints against the California Dental Association," said Peter Sfikas, ADA chief counsel. "The court of appeal's

decision upholds the CDA's right to participate in the scientific debate on amalgam."

In the suits, plaintiffs alleged that CDA and ADA deceive the public by, among other things, representing amalgam as silver and hiding the existence of mercury in dental fillings.

See *DISMISSAL*, page eight

BRIEFS

Two surveys: The ADA Survey Center is conducting two of their most essential surveys, the 2003 Survey of Dental Practice and the 2003 Survey of Dental Fees.

The Survey of Dental Practice is the ADA's primary source of information on dentists in private practice. Mailed in late April, the survey data will be published in a series beginning next year.

The Survey of Dental Fees is continuing a 20-year series on fees typically charged by general practitioners and specialists. The survey collects data on fees for more than 180 procedures.

The Survey of Dental Practice is a series of four reports: *Income from the Private Practice of Dentistry*, *Employment of Dental Practice Personnel*, *Dentists in Solo and Nonsolo Practice*, and *Characteristics of Dentists in Private Practice and Their Patients*. Each report costs \$50 for members, \$75 for nonmembers and \$150 for commercial firms. Look for an extra volume in 2003: *Annual Expenses of Operating a Private Practice*. The cost is \$75, members; \$112.50, nonmembers; \$225, commercial firms.

The cost for the Survey of Dental Fees is \$100, members; \$150, nonmembers; \$300, commercial firms.

For more information or to purchase copies, contact the Survey Center toll-free, Ext. 2568. ■

Aetna settles physician lawsuit

BY JAMES BERRY

Aetna Inc. has agreed to a \$470 million settlement with about 700,000 physicians who alleged that the insurer wrongly reduced payments to them and interfered with patient care, the Associated Press reported May 22.

The AP said the settlement calls for Aetna to pay \$100 million directly to physicians, \$20 million to establish a health care foundation and up to \$50 million in plaintiffs' legal fees.

Aetna also pledged to revamp its bill payment systems to speed the process and to eliminate unwarranted cuts in reimbursements—actions expected to gain physicians about \$300 million over several years, the AP said.

American Medical Association President-elect Donald J. Palmisano, M.D., told the news agency that the physicians' group "expects this settlement to raise the bar for the entire health insurance industry on fair and open business practices."

The physicians' complaint was
See *AETNA*, page 15



Winning team: A dental clinic in Raleigh, N.C., gets a visit from Mary Easley, North Carolina's first lady (in blue suit), during Give Kids a Smile. The North Carolina Dental Society and the Greater St. Louis Dental Society each received dental school scholarships in recognition of their outstanding Give Kids a Smile programs. Story, page six.

Give Kids a Smile

Resolution to thank dentists gains support in U.S. House

BY CRAIG PALMER

Washington—Rep. Eric Cantor's (R-Va.) Give Kids a Smile resolution is picking up steam in Congress.

House Resolution 136 thanks the nation's dentists "for volunteering their time to help provide needed dental care," emphasizes the need to improve access to dental care for children and congratulates the American Dental Association for the

■ More GKAS participants, page six

annual Give Kids a Smile program launched Feb. 21.

Going into Memorial Day weekend, the resolution had 22 bipartisan cosponsors representing 15 states: Arizona, California, Hawaii, Illinois, Indiana, Kentucky, Louisiana,

Michigan, Nebraska, New Jersey, Ohio, Oklahoma, Texas, Virginia and Wisconsin.

The resolution was referred to the House Energy and Commerce health subcommittee. To read the full text of HRes 136, go to the committee Web site ("energycommerce.house.gov/108/action/bills.htm"), select "legislation referred to the Committee" and choose HRes 136 (Item No. 24). ■

INSIDE

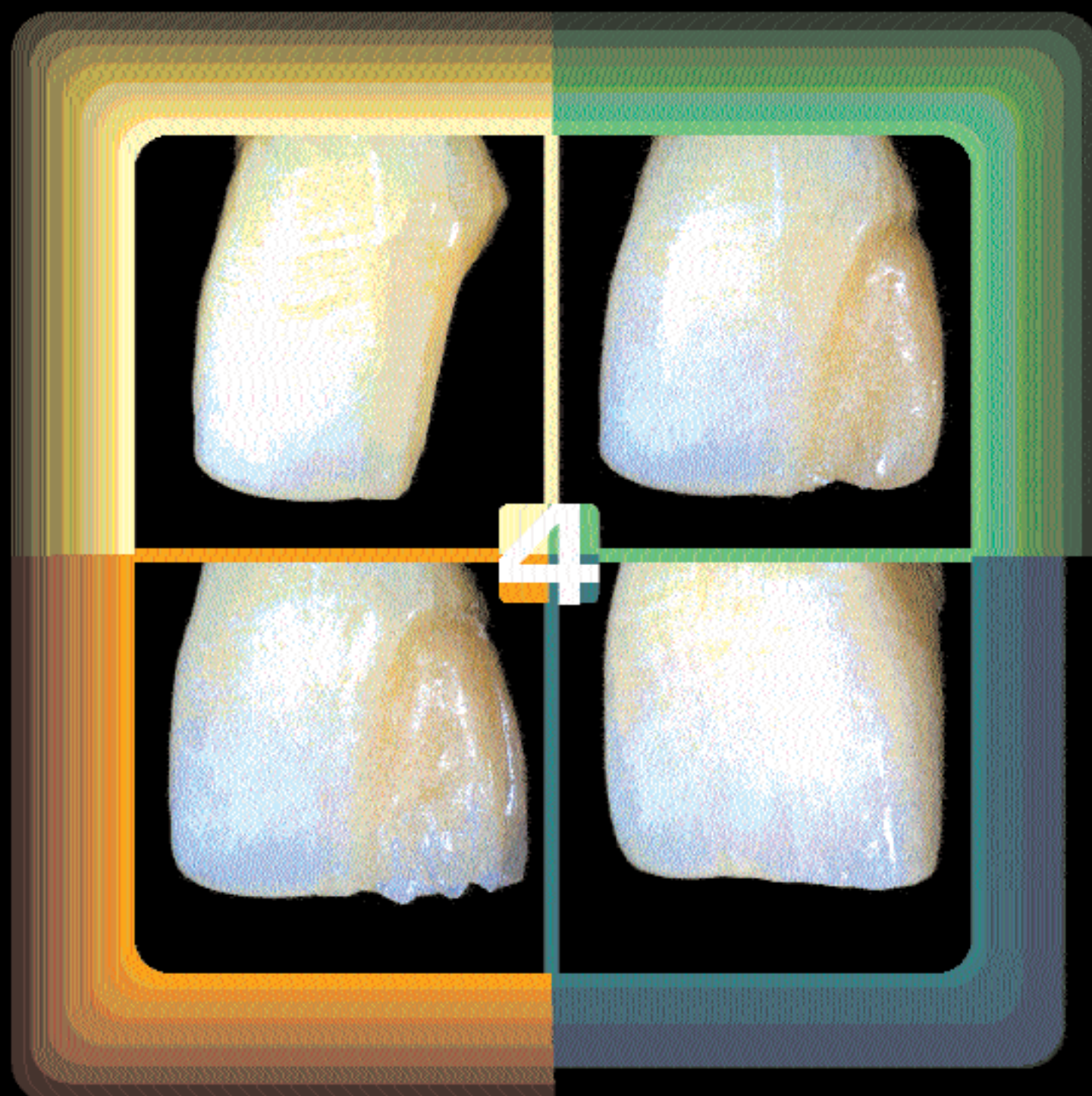


Aussie welcome

FDI meeting highlights. Story, page 14.

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ADA News

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Future dental researchers

Top dental researchers help dental students consider a career in clinical investigation at the 39th Annual Dental Students Conference on Research. Held April 5-8 at the University of Rochester, the conference was sponsored by the ADA through its ADA Foundation with the support of Pfizer Consumer Healthcare.

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VIEWPOINT

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*Editorial*JUDY JAKUSH, *ADA News*
Editor

MYVIEW

Hubris: Predicting the future

Recently, while researching historical material in old WSDA News issues, I chanced upon an editorial from 1978 titled "A Choice for the Future."

It quoted three prominent lecturers of the days, Alvin Toffler, Avrom King and Dr. Bob Barkley. While Toffler and Barkley limited themselves to broad-brush generalities about the inevitability of change and the need to accommodate to those affecting dentistry, King jumped right into the hazardous water of prediction. Looking back on his remarks now is an object lesson in not letting your self-assurance overcome whatever common sense you may be blessed with.



Curtis F. Smith, D.D.S.

Avrom King, for those who came in late, was a tremendously popular figure on the dental meeting lecture circuit of the 1970s and early 80s. He was a behavioral psychologist who concerned himself solely with dentistry and practice. Why he picked us, given his total lack of training in the field, I have no idea. I do know that he was often quoted by those in the profession who regarded themselves as extremely future oriented and his views were regarded as gospel. Given that, it's interesting and more than a little amusing to see just how wrong he was.

King based his view of the future on four assumptions: (1) The past is not indicative of the future. (2) Through the utilization of mathematical simulation models, it is plausible to anticipate the future. (3) Based upon these models, economic and behavioral profiles for three distinct dental care delivery systems can be constructed. (4) The constructions provide a highly reliable basis for prediction and thereby, individual preparation for a future of choice, not change. He then went on to predict that by the year 2000, dental practice would be divided into three types. He referred to the three types as Tier 1, Tier 2 and Tier 3.

Tier 1

A closed panel, in-house corporate medical-dental clinic. This model would employ 20 percent of American dentists.

Tier 2

Would involve 60 percent of dentists in a retail mall setting. He reasoned that by applying marketing and advertising techniques, large retailers could tap the 50 percent of the population that never sees a dentist and create a demand that did not exist at the time (and still doesn't). He had a variety of rationales

See MY VIEW, page five

LETTERS POLICY

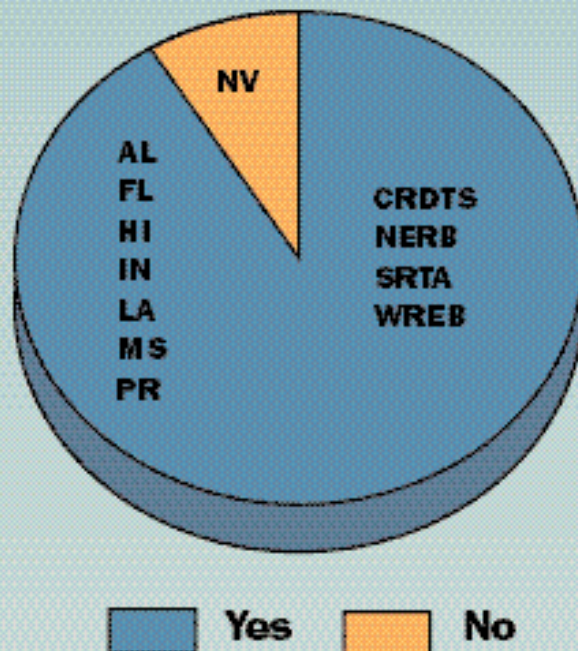
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Snapshots OF AMERICAN DENTISTRY

Dental licensure

All clinical testing agencies, except for the Nevada Board of Dental Examiners, report seeking advice from consultants with expertise in tests and measurements to design their scoring systems.

Clinical testing agencies that seek advice from consultants about scoring system design



Source: American Dental Association, Survey Center, 2002, Survey of Clinical Testing Agencies.

LETTERS

Refuse insurance?

Regarding Dr. Bruce Terry's My View column, "Insurance and ADA Membership" (May 5 ADA News), I have a question for Dr. Terry and all other dentists who participate in yet complain about insurance practices (delayed fee payments, low fee payments, interference in treatment planning, denial of necessary procedures and so on).

What would happen if all dentists refused to participate as providers in insurance programs?

How would you would feel if you had control of your office whereby you and your patients made the necessary decisions as to treatment plan, amount for fees and methods of payment? Does a yearning for freedom in the way you practice without being subject to third-party payer interference inspire and energize you?

If there were no dentists subjugating themselves to the whims and practices of insurance companies, there would be no need for an ADA department to help dentists with "these crazy third-party payers."

Stuart Blaustein, D.M.D.
New York City

Photo errs

In looking over a short stack of ADA News issues I had on my desk, I read with interest the articles on military reserve dentists.

However, I was quite surprised and distressed to see the photo of Dr. Lisa Franklin and her assistant at Ft. Hood, Texas ("Dentists at

and we do not treat patients or perform a simple exam without proper personal protective equipment for the dental team and the patient. This does not put the U.S. Army in a good light. I'm sure I'm not the only one who noticed.

Tamara Koss, D.D.S.
Indianapolis, Fla.

Editor's note: ADA News checked with Fort Hood and received this response: "The photo is posed and all Army dentists practice full infection control protocols."

Amalgam's demise?

Over many decades, pin amalgams and even amalgam crowns and amalgam cores have gained a great deal of popularity.

Yet amalgam's inherent initial weakness, comparative lack of esthetics, artificial high cost and its partnership with mercury have all contributed to its demise ("Anti-Amalgam Bills Introduced," March 17 ADA News).

I have several amalgams in my own mouth and would not think of

See LETTERS, page five



War," April 7 ADA News). They are not in compliance with the Occupational Safety and Health Administration, and I really don't care if they are posing for the photographer or not, they should be properly dressed when practicing dentistry.

Dr. Franklin has neither eye protection or a mask, and neither does her assistant. The patient has no eye protection. This is quite unsatisfactory for all three people in the photo.

I am an Air Force reserve dentist,

LETTERS

Continued from page four
removing them except for very valid reasons. I also have placed some very serviceable amalgam restorations.

But today, composite cores and even composite crowns can be constructed in a fraction of time and are incomparably esthetic. Some all-metal restorations like bonded inlays, onlays and crowns are much stronger than any amalgams and comparatively cheaper, too.

Finally, the insurance compensation for complicated amalgams is grossly inadequate.

*Andrew M. Senkowsky, D.D.S.
Van Etten, N.Y.*

MYVIEW

Continued from page four
for why this would be a tremendous investment opportunity for the retail sector, including the success of mall vision clinics. Mall dental clinics put in a brief appearance and then disappeared without a trace. The whole idea was an illusion, based on lack of understanding of the difference between dental practice and optometry, plus a wholly erroneous assumption as to why half the population doesn't seek dental care.

Tier 3

The remaining 20 percent of dentists would remain in private, fee-for-service practices.

This whole construct is so wrongheaded as to be absolutely breathtaking. And hilarious.

Of course what we know now, after 25 years is that, technical changes notwithstanding, dental practice remains remarkably similar to what it looked like in 1978. The vast majority of practices continue to be the private, sole proprietor, fee-for-service model that has existed pretty much forever.

But beyond the humor of a look back at the predictions of someone who really didn't have a clue, there is a cautionary note. If you feel compelled to broadcast your view of where we are heading, be a little circumspect. Someone may remember what you said, many years after the fact.

Dr. Smith is a past editor and past president of the Washington State Dental Association. His comments, reprinted here with permission, originally appeared in the April WSDA News.

Prosthodontics refresher course

The American College of Prosthodontists will offer a three-day refresher course for dental professionals who want to review current trends, provide esthetic and restorative procedures to their patients or prepare for a specialty exam.

The course will convene Nov. 13-15 at the Intercontinental Hotel in Chicago. Registration fee is \$995 (or \$595 for students), including continental breakfasts, literature reviews, take-home study aids and a Friday night reception. The ACP is an ADA Continuing Education Recognition Program—or CERP—provider.

Call the ACP at 1-312-573-1260 to request a registration form or log on to "www.prosthodontics.org". ■

Promote your practice

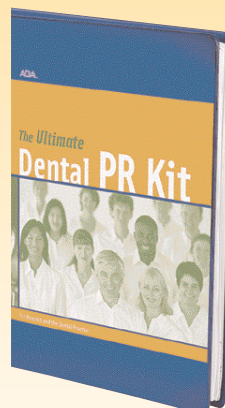
BY ARLENE FURLONG

Your practice record is flawless. Your office staff is friendly and efficient. Your patients are happy. Could you still use some good PR?

The ADA Council on Dental Practice says yes.

Its new guidebook, "The Ultimate Dental PR Kit," tells dentists how using public relations ideology helps patients, as well as dentists.

In this information-driven society, the public is increasingly



involved in managing its own health care. They want more information about oral health and wellness, advances in dentistry, dental benefits and community issues, such as fluoridation. The Ultimate Dental PR Kit tells dentists how to best provide this information and shape public opinion about their practices and the profession overall.

The book begins by defining PR for dentistry and simplifying key PR tasks. It delves into related ethical

issues, spells out practical steps for creating a practice identity and planning a PR campaign.

Sample forms and practical resources for getting a dental practice noticed, from using the media advantageously, to developing dental practice Web sites and public speaking techniques are detailed in each chapter. Dense with ideas, information and tools, the comprehensive guidebook can help dentists in a myriad of activities, from gaining attention to a national dentistry issue to gaining new patients from a specific demographic region.

For more information about The Ultimate Dental PR Kit, call Susan Collins, manager, CDP marketing, toll-free at Ext. 2927 or e-mail "collinss@ada.org". Call 1-800-947-4746 or visit "www.adacatalog.org" to order. ■

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Dental career camp debuts

Aims to foster teen interest in dentistry

BY KAREN FOX

Indianapolis—Summer camp: it's more than mosquitoes and canoe races.

From July 27-Aug. 1, 20 high school students will get a taste of what it's like to be a dentist at the first "University of Indianapolis Summer Dental Camp."

Camp is the brainchild of Dr. Richard K. Shelly, a retired Indianapolis dentist who received his undergraduate degree from UI in 1963.

Throughout his career, Dr. Shelly has worked to generate interest in dental careers. He never missed a high school career day, opened his office doors for job shadowing pre-dental students and mentored students as an Indiana University athletic department dentist.

But in spite of the efforts of Dr. Shelly and

countless dentists like him, the supply just isn't keeping up with demand. Statistics show that by 2014, the number of retiring dentists will surpass the number of graduates coming out of dental schools.

Some see building interest in dental careers among young people as one way to stem the tide.

"We need a program designed to inform and



Dr. Shelly

educate high school students about the practice of dentistry, the business of dentistry and undergraduate education," said Dr. Shelly. "It's already difficult for retiring dentists to find young dentists to buy their practices, and it's only going to get worse."

Dr. Shelly approached his alma mater with the idea of summer camp for high school students. It turns out that the private coed university has a strong interest in educational programs that attract high school students to its campus, and UI officials agreed to provide one hour of college credit for students attending summer dental camp.

In short order, the Indiana University Medical Center dental school and the Indiana Dental Association pledged their support, and component societies like South Central Dental Society (Bloomington, Ind.) donated funds.

"It's become a true collaboration of dental organizations," said Dr. Shelly, noting that the majority of camp faculty are, like him, alumni of the University of Indianapolis.

Four faculty members from the IU dental school are slated to teach at the camp, and two IU

dental students are serving as camp counselors.

Activities are designed to stimulate young peoples' interest in dentistry. Field trips to a dental laboratory, a dental supply house, the Marion Co. water treatment plant and a visit to the IU Medical Center dental school for hands-on activities are on the itinerary.

Tuition for the University of Indianapolis Summer Dental Camp is \$380—covering tuition, field trips, room and board and meals. Scholarships are available, and there are opportunities for dentists to sponsor students from low-income families. Dr. Shelly already has a few dentists signed up to do that.

Participation is not limited to students from Indiana. "It's for anyone considering a career in dentistry and wondering what it takes to prepare for a career in dentistry," said Dr. Shelly.

For more information on the UI summer dental camp, contact Dr. Shelly at 1-812-332-6131 or David DeWitt at the University of Indianapolis at 1-317-788-3493. For more on dental camp and promoting dental careers, see stories, page seven. ■

GKAS scholarships

Dental students increase access to care and earn dental school funding from corporate sponsor

BY KAREN FOX

The North Carolina Dental Society and the Greater St. Louis Dental Society each received a \$5,000 dental school scholarship in recognition of their outstanding Give Kids a Smile programs.

Donated by Crest Healthy Smiles 2010, one of four corporate sponsors for the ADA's first national access-to-care initiative, the scholarships were awarded in constituent and component categories. The award-winning societies are free to present the scholarship to a dental student or students of their own choosing.

■ **"Apart from treating the children, a lot of positive things evolved from GKAS."**

"We haven't yet discussed how we'll use the scholarship, but we plan to target a student who has a strong interest in access to care," said Dr. Steve Slott, the North Carolina Dental Society's GKAS committee chair.

Among its Give Kids a Smile achievements, the NCDS garnered participation from all 100 counties in the state. Public health agencies and the community college system joined in, enabling the 1,700 dental volunteers to treat more than 10,000 children.

Dr. Slott holds a new title as a result of Give Kids a Smile: NCDS



GKAS at work: A St. Louis dental hygienist prepares a young patient for treatment.

access-to-care officer.

"Apart from treating the children, a lot of positive things evolved from Give Kids a Smile," said the Burlington, N.C., dentist. "We had discussions with different groups from all around the state about access to dental care, and realized that a one-person focal point for access issues was needed."

The Greater St. Louis Dental Society has yet to identify the lucky recipient of its \$5,000 award, but "we can't wait to help out some dental students in the name of Give Kids a Smile," said Dr. Jeff Dalin, a St. Louis dentist and GKAS cofounder.

In fact, the ADA's Give Kids a Smile program was based on the Greater St. Louis Dental Society's past initiatives. GKAS is a true collaborative effort in St. Louis.

"It's a huge partnership between the dental community and many other public and private agencies," said Dr. Dalin.

Working with elementary school nurses in the St. Louis City School District, Salvation Army, La Clinica Health Center, St. Louis Recreation Center, Special School District and many others to identify children in need of care, the dental society built a program in which 485 dental and lay volunteers treated 421 children.

The Greater St. Louis Dental Society works diligently year-round to keep GKAS on the radar of participating volunteers, sponsors and the media.

It's been a tremendous success, said Dr. Dalin, adding that everything needed for Give Kids a Smile—supplies, equipment, facility, facility insurance, even T-shirts for volunteers—is donated. ■

More GKAS volunteers

The ADA recognizes the efforts of countless volunteers who donated their services for Give Kids a Smile. A list of dental team members and manufacturers appeared in the April 7 ADA News.

The following is an addition to that list.

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Dental school programs expose students to science and oral health professions

BY KAREN FOX

There are several dental schools that offer variations on the University of Indianapolis' summer dental camp:

- Working with the Hartford School District, the University of Connecticut Health Center's multifaceted "Health Professions Partnership Initiative" helps minority and disadvantaged middle and high school students become familiar with careers in the health professions, including dentistry.

Through academic enrichment and activity-based learning, the program strives to increase the number of minority students who pursue health professions, said Boake Plessy, Ph.D., assistant dean of the UCONN department of health career opportunity programs.

"The program is not defined as a summer camp, but during the summer and academic year, middle and high school students interested in health professions will participate in activities, some of which include a focus on dental

medicine at the University of Connecticut School of Dental Medicine," said Dr. Plessy.

- The University of Michigan's 10-year-old "Exploration of Science" program offers six to eight weeks of instruction into various aspects of research, including dentistry.

"Our goal is to expose them to research," said Dr. Todd V. Ester, director of multicultural affairs at the UM School of Dentistry. High school students from disadvantaged backgrounds are selected to partner with research

mentors and develop an independent project.

- With funding from the Washington Dental Service Foundation, 75 junior high school students attended Dental Camp at the University of Washington-Health Sciences School of Dentistry in 2002 as part of the state-sponsored GEAR UP program, which encourages students from low-income families to plan for and succeed in higher education.

UW dental students and faculty served as instructors and advisors, presenting information on oral health professions, basic sciences and the importance of academic achievement. Deemed a success in its inaugural year, the program will be continued on an annual basis. ■



Feeding interest: UW dental student Shawneen Gonzales (right) mentors dental camper and GEAR UP student Alex Chin at last year's dental camp.

ADA campaign promotes dental careers

BY KAREN FOX

Looking for a way to promote careers in dentistry? Visit ADA.org to peruse materials that can help.

In January, the ADA launched a new campaign to attract and encourage qualified students into dentistry and promote dental assisting and hygiene careers.


United under the theme, "Something to Smile About—Careers in the Dental Profession," the campaign features fact sheets, brochures, posters and CD-ROMs. A tabletop exhibit and video will be produced later this year. All campaign materials are sensitive to underrepresented minorities.

Soon to be added to the campaign is a mentoring initiative that will pair practicing dentists with students (K-16) who have expressed an interest in dental careers.

With a focus on sharing the world of dentistry with young people, the mentoring initiative gives students a glimpse of the profession from the practitioner perspective and possibly the opportunity to observe first-hand the practice of dentistry at a young age. Dental society coordinators at the state and local level are being sought to facilitate the initiative.

A brochure, fact sheet and excerpts from a CD-ROM on dentistry are available at "www.ada.org/prof/ed/careers/brochures/dentistry.html".

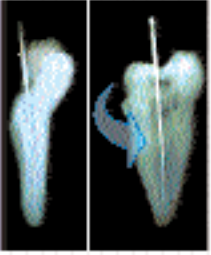


If you have questions or would like more information on the campaign for dentistry or the mentoring initiative, contact Beverly Skoog at Ext. 2390 or "skoogb@ada.org". ■




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Two amalgam bills defeated in Arizona

BY MARK BERTHOLD

Phoenix—Two related amalgam bills, supported by a determined anti-amalgam lawmaker, were nevertheless defeated in the state legislature, thanks to efforts by the Arizona Dental Association.

HB 2467 would have banned amalgam in children, nursing mothers and pregnant women, among other things, while SB 1146 called for warning posters in dental offices stating that dental amalgam is harmful to patients, and urging mothers and pregnant women to consult their dentist about “nonmercury alternatives.”

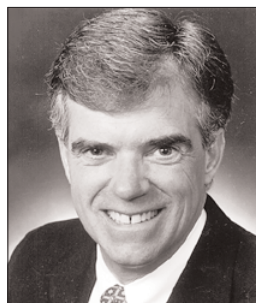
But with ADA support, the Arizona dentists successfully mobilized their VoterVoice grassroots network and generated almost 700 legislative contacts by e-mail, letters and fax, as well as many phone calls.

“The contacts made by AzDA members were extremely effective and were obviously the catalyst for defeating this legislation,” says AzDA president Dr. Brian Wilson.

Adds Rick Murray, AzDA executive director, “The testimony [in support of the bill] was the

typical emotional rhetoric. I was two sentences into my presentation when [House Appropriation Committee chair Russell] Pierce (R-East Valley) cut me off and asked for questions from the committee.

“At this point, we started making our contacts with the legislators,” he says. “We used our grassroots e-mail system to contact all AzDA members in our swing vote districts.” ■



Dr. Wilson

Dismissal

Continued from page one

They also alleged that CDA and ADA prohibit dentists from discussing health effects of amalgam with their patients by forcing them to adhere to the state and local dental groups' ethical codes. The plaintiffs alleged that the codes bar dentists from having such discussions.

The appellate court said that, under California's anti-SLAPP (strategic lawsuit against public participation) statute, the suits attacked the CDA's right to express its views on a matter of public interest—the safety of dental amalgam. The court of appeal also found no evidence that the CDA prevented dentists from speaking to their patients about amalgam or retaliated against them for having these discussions.

Peter DuBois, CDA executive director, praised the court's decision, citing the right of professional associations to form scientific opinions and communicate those opinions to the public without fear of litigation.

“We are pleased by the court's decision to dismiss the case,” said Mr. DuBois. “As we promised when this suit was filed, a vigorous defense was mounted and we prevailed. CDA is grateful to those who participated in our defense and eventual victory, especially the California Civil Justice Association, which filed an amicus curiae [friend-of-the-court] brief on CDA's behalf.”

Linda Seifert, the CDA's general counsel, added that the plaintiffs attempted to invoke



Mr. DuBois



Ms. Seifert

California's “Unfair Competition” law, Business and Profession code 17200. However, “the collaborative efforts of the American Dental Association and the California Dental Association demonstrated to the courts that this did not apply,” she said.

“In effect,” she explained, “plaintiffs' complaint could not be used to prohibit CDA from speaking out, and we had the constitutional right to speak freely about our position on the safety of dental amalgam.”

The full opinion of the California Court of Appeal, First Appellate District, Division Three, can be accessed at “www.courtinfo.ca.gov/opinions”, case no. A098396.

The California suits resemble amalgam-related complaints filed in other states, most of them brought by the same attorney, Shawn Khorrami of Van Nuys, Calif.

Since January, courts across the country have dismissed amalgam-related complaints against the ADA. In Georgia, for example, a federal court Feb. 24 granted an ADA motion to dismiss two lawsuits on jurisdictional grounds. In New York Feb. 18, Supreme Court Judge William Roy dismissed two amalgam suits against the ADA, New York State Dental Association and 5th District Dental Society. Judge Roy said the plaintiffs had “failed to state a claim for which relief could be granted.” Similar suits also have been dismissed in Texas and Maryland.

In addition, Georgia state court Judge Susan Forsling signed a consent order March 21 dismissing 20 amalgam lawsuits after the plaintiffs' attorney asked to withdraw complaints against the ADA and the Georgia Dental Association. ■

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No tooth marking required

Joint Commission adopts ADA's 'common sense' safety guidelines

BY STACIE CROZIER

Paying heed to recommendations from the ADA, the Joint Commission on Accreditation of Healthcare Organizations has dropped the requirement to mark teeth before surgical extraction and has revised a compliance requirement for the patient safety goal on marking surgical sites to prevent wrong-site, wrong-patient surgeries.

When the Joint Commission instituted its 11 recommendations to support the new patient safety goals Jan. 1, member dentists began calling the ADA to ask about Goal No. 4—marking sur-

gical sites to prevent wrong-site, wrong-patient surgeries, said Sharon Muraoka, manager of Interprofessional Relations.

"The most common question asked by dentists—especially those who work in hospital settings—was 'How do I mark a tooth?'" said Ms. Muraoka.

So dentists and staff from the ADA Council on Access, Prevention and Interprofessional Relations began consulting with experts to answer members' inquiries and continue to put patient safety at the forefront.

"All of us are aware of the serious problems related to medical errors—including wrong-site surgery," said Dr. David Whiston, the Association's commissioner to the Joint Commission and a consultant to the council. "We certainly want to help with solutions, and being a part of JCAHO allows us to do that."

An oral and maxillofacial surgeon in Falls Church, Va., Dr. Whiston is also an ADA past president and past trustee and now serves as secretary of the JCAHO board of commission-

ers and chairman of the organization's accreditation committee.

Dr. Whiston said CAPIR agreed that tooth extraction should be considered a procedure exempt from marking, like other procedures performed through or adjacent to a natural body orifice, like a tonsillectomy.

"We had a lot of anecdotal information about marking teeth," said Dr. Susan Bestgen, chief of dental service for the Boston VA Healthcare System. "But no one seemed to know a foolproof way to mark teeth before extracting them."

For instance, she noted, a leading manufacturer of markers used to identify surgical sites said that their product was designed for use on unbroken skin, but not inside the mouth.

"And denture markers tend to smear inside the mouth," she added. "The experts we consulted came to the same basic conclusion—there is no effective way to mark a tooth before extraction."

The ADA drafted a letter to the Joint Commission, noting that while marking teeth isn't a practical or ideal way to meet the objectives of Goal No. 4, there are other steps that can help prevent errors. Focusing on patient identification, effective communication, procedure identification, marking of teeth to be extracted on radiographs or in patient records and using a "time out" for a final check with the patient and involved health care personnel could help reduce the possibility of wrong-site, wrong-patient tooth extractions.

"Working on good communication with the patient and between health care professionals is the best way to address this issue," Dr. Bestgen concluded.

Dr. Bestgen, as a representative for the ADA, and representatives from the American Association of Oral and Maxillofacial Surgeons, the American Hospital Association and 20 or so other organizations that deal with invasive procedures performed in health care settings met May 9 to discuss wrong-site, wrong-patient issues. The Joint Commission coordinated the Wrong Site Summit.

"They listened to what we had to say and that was really great," said Dr. Bestgen. "And on May 16, the Joint Commission announced that, effective immediately, they would support the ADA's recommendations in lieu of marking teeth before extraction."

The JCAHO asks health care professionals to follow these guidelines to be in compliance with patient safety goal No. 4:

- Review the dental record, including the medical history, laboratory findings, appropriate charts and dental radiographs. Indicate the tooth number(s) or mark the teeth site or surgical site on the diagram or radiograph to be included as part of the patient record.
- Ensure that radiographs are properly oriented and visually confirm that the correct teeth or tissues have been charted.
- Conduct a "time out" to verify patient, tooth and procedure with assistant present at the time of the extraction (two person rule).

"I think that we've reached common-sense, best-practice efforts that should, at the end of the day, decrease errors and improve outcomes for our patients," concluded Dr. Whiston. "Using specific protocols and process improvements with the patient as part of the team will help us improve all oral health care."

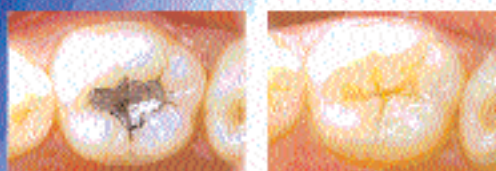
All of the 17,000-some health care organizations that the JCAHO accredits are required to meet any safety goals relevant to their provision of care. For more details on the goals and requirements, check out the Joint Commission Web site: "www.jcaho.org". ■

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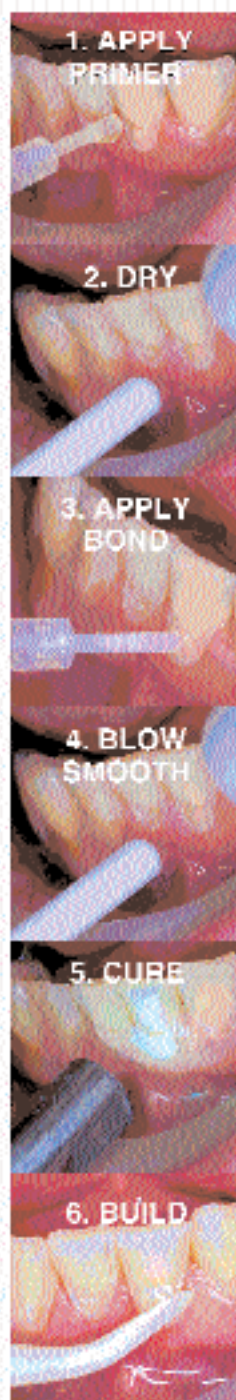
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California musts

ADA presents legal, OSHA courses at annual session in San Francisco

San Francisco—Attention, California dental professionals!

You can fulfill your continuing education requirements by attending two special courses at the ADA's annual session.

On Thursday, Oct. 23, Arthur W. Curley, J.D., will present California Dental Law: The Required CE Program, a course designed to meet California Board of Dental Examiners requirements for dentists, dental hygienists and dental assistants. The program will cover the dental practice act, auxiliaries, scope of practice, prescribing medications and license renewal issues.

Mr. Curley is a senior trial attorney in a San Francisco-based health care defense firm and assistant professor of dental jurisprudence at the University of the Pacific School of Dentistry.

Tickets are \$55 in advance, \$65 on-site. Choose either the morning course, from 9:30-11:30 a.m. (course code C8A), or the afternoon course, from 2-4 p.m. (course code C8B).

On Saturday, Oct. 25, Dr. William Carpenter and Eve Cuny will present OSHA: Not Just Another Four Letter Word. The course will cover the requirements of OSHA regulations,

Annual Session

emphasizing practical implementation for the dental office. Participants will receive sample written safety programs and a resource guide.

Dr. Carpenter is professor and chairman of the University of the Pacific School of Dentistry department of pathology and medicine. Ms. Cuny is director of environmental health and safety and assistant professor of the University of the Pacific School of Dentistry department of pathology and medicine.

Tickets are \$55 in advance, \$65 on-site. Choose either the morning course, from 9:30 a.m.-noon (course code C56A), or the afternoon course, from 2-4:30 p.m. (course code C56B).

For more information

on these courses, or annual session's comprehensive range of open sessions, registered clinics, hands-on workshops, conferences and other continuing education opportunities, check out the annual session Preview, call the ADA toll-free, Ext. 2745, e-mail "annualsession@ada.org" or log on to "www.ada.org/goto/session". ■



Photo courtesy of Silverado Resort

Learning and luxury: ADA post-session seminars feature a fabulous blend of continuing education, golf and spa pampering in California wine country.

Learn in luxury

Register for post-session in Napa

Napa, Calif.—The ADA has blended together the beautiful scenery and tastes of wine country, the luxury and the links at Silverado Resort and Spa and terrific continuing education opportunities for the 2003 ADA Post-Session Seminars Oct. 28 and 29.

Choose to attend one or both seminars:

- Update on Clinical Endodontics: What's Hot and What's Not, by Dr. Richard Walton, from 8:30 a.m.-noon on Tuesday and Wednesday, (\$200 in advance; \$250 on-site; Code: PS1);

- Improving Patient Care Through Authentic Communication, by Mary Osborne, from 1-4:30 p.m. on Tuesday and Wednesday, (\$200 in advance; \$250 on-site; Code: PS2).

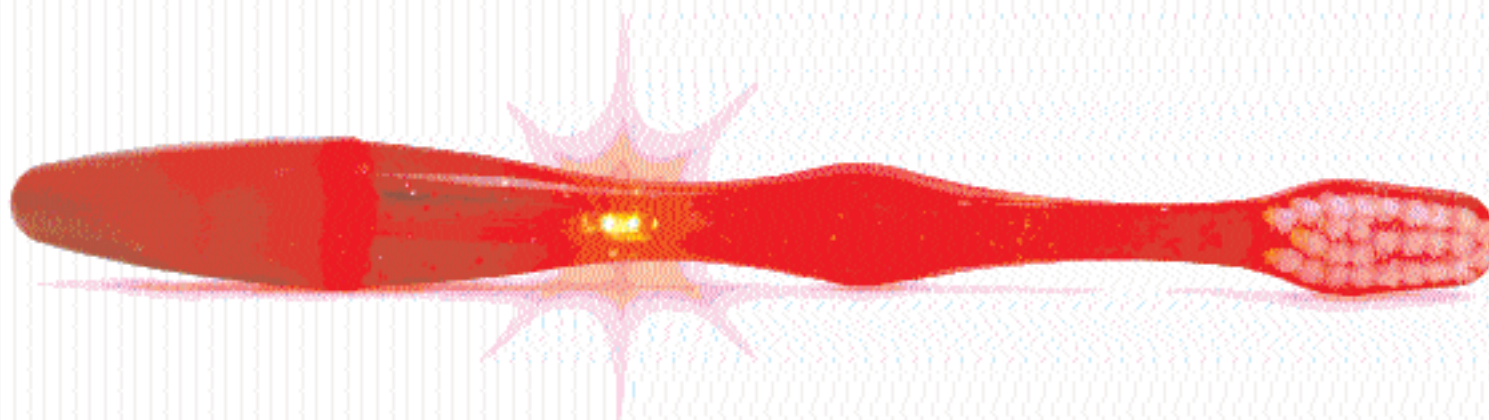
ADA post-session seminar attendees will receive a special rate of \$230 per night plus

tax, and enjoy access to a full range of luxurious spa, fitness and salon services; golf and tennis; and fine dining within the elegant, 1,200-acre retreat. Hotel forms for Silverado Resort and Spa will be sent to all post-session registered attendees.

Space is limited for these programs. Be sure to register in advance.

In the event that the ADA post-session seminars do not meet the minimum number of required participants, the ADA reserves the right to cancel them and issue a full refund to participants.

For more information on the post-session seminars or the Silverado Resort and Spa, check out the new 2003 Preview to annual session or log on to "www.ada.org/goto/session". ■



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Team forum

Alliance with Kellogg to boost tripartite leadership skills

BY KAREN FOX

Marking the debut of a new collaborative effort with Northwestern University's Kellogg School of Management, the ADA Leadership Team Forum was held at Kellogg facilities May 9.

Leadership teams from 20 constituent and component societies and national dental organizations attended. Working with faculty and staff from Kellogg enables the ADA to intensify its focus on management and leadership programming for tripartite leaders.

"Kellogg is top-rated among business schools in this country and abroad," said Dr. James Bramson, ADA executive director. "We're very pleased with the value that Kellogg brings to our programs, and there's more to look forward to for staff and leaders of our tripartite organizations."

The one-day Leadership Team Forum featured presentations on leadership from Kellogg faculty and management consultant Mary Byers. ADA President T. Howard Jones and Dr. Bramson hosted a lunch-hour discussion on leadership, communication and strategic planning.

Evaluations showed that many believed the involvement of the Kellogg School of Management added value to the event, taking this year's Leadership Team Forum to a new level.

Kellogg faculty will also be on hand when the first class of the ADA Institute for Diversity in Leadership meets this fall.

"Leadership is the single most important issue in graduate management education," said Vennie Lyons, Kellogg associate dean. "The Kellogg School believes it is up to management

schools to address the need for the development of more effective leaders. We are looking forward to our collaboration with the ADA in the development of these management and leadership programs." ■

Partners: Vennie Lyons, associate dean, Kellogg School of Management (left) shows the team spirit with Dr. James Bramson, ADA executive director.



NHDS: Dr. Pamela Baldassarre, New Hampshire Dental Society president-elect, was among the 20 dental leaders represented at the May 9 team forum.



Leadership team: Dr. Charles Weber, Pennsylvania Dental Association president-elect, listens to the proceedings.

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Sydney to host 2003 World Dental Congress

BY STACIE CROZIER

Sydney, Australia—The FDI World Dental Federation is preparing a warm and fuzzy welcome to one of the world's most intriguing locations when it convenes its annual world dental congress here in September.

Dentists and exhibitors from around the globe will gather in the magical land of koalas and kangaroos for the FDI's 2003 World Dental Congress Sept. 18-21 at the Sydney Convention and Exhibition Centre.

The four-day meeting's world dental exhibition will feature more than 100 leading international dental manufacturers who will showcase their products. A comprehensive scientific program will include continuing education courses from the FDI—an ADA Continuing Education Recognition Program, or CERP, recognized provider. Social events and tours are also planned to help visiting dentists and their guests learn the latest in global dentistry, network with



Old-timer: A koala enjoying a eucalyptus tree. Fossil remains of koala-like animals that date back some 25 million years have been found in Australia.

colleagues and enjoy the wonders of the land "down under."

Registration fee is €540 (or approximately \$628) now through Aug. 1; on-site registration will be €580 (or approximately \$675). (Dollar amounts are based on exchange rates at press time.)

For more information or to receive a program and registration materials with detailed information, contact John Hern, FDI USA Section by calling the ADA toll-free number, Ext. 2727. Or, you can e-mail "hernj@ada.org". Online registration is open at "www.fdiworldental.org". ■

ADA seeks help with 'who's who' guide for international volunteers

Do you know of an international dental volunteer program that should be a part of the ADA's "who's who" and "how-to" guide to international volunteer dentistry?

The ADA Center for International Development and Affairs wants your help as it prepares to update its reference guide, "International Dental Volunteer Organizations: A Guide to Service and a Directory of Programs."

For information or to recommend a program for the guide, contact the Center for International Development and Affairs by calling toll-free, Ext. 2726, faxing 1-312-587-4735 or e-mailing "szymczyk@ada.org". ■

Famed public health dentist dies

BY STACIE CROZIER

Silver Spring, Md.—Dr. Viron L. Diefenbach, a champion for public health dentistry, died April 28. He was 81.

Dr. Diefenbach spent three decades working with the U.S. Public Health Service, from the beginning of his career as a dental intern to assistant surgeon general. During this time, Dr. Diefenbach conducted studies that helped establish water fluoridation as an important public health intervention, promoted studies to develop more efficient ways for dentists to deliver care through expanded duties for dental hygienists and dental assistants, and promoted studies on innovative methods to pay for dental care through dental insurance.

From 1970-73, Dr. Diefenbach served the ADA as assistant executive director for dental health. In 1973, he joined the faculty of the new School of Public Health at the University of Illinois at Chicago. There, he developed the dental public health program and recruited students from a broad range of disciplines. He later served as the School of Public Health's associate dean from 1977-1978 and dean from 1978-1983. He was a professor emeritus with the school until his death.

Dr. Diefenbach was a diplomate of the American Board of Dental Public Health, section chairman and secretary of the American Public Health Association, and member of the American Association for the Advancement of Science, the American College of Dentists, the American Association of Public Health Dentists and the FDI World Dental Federation.



Public health advocate: Dr. Diefenbach, deputy chief of the U.S. Public Health Service Division of Dental Health, second from left, presents Chicago Mayor Richard J. Daley with a plaque from the U.S. Public Health Service "for his continued and invaluable efforts in advancing the dental health of children" in January 1966. Dr. Harold Hillenbrand, left, ADA secretary, and Dr. Steve Lynch, president, Chicago Dental Society, share the occasion.

His honors include the Scholarship Gold Medal from the University of Maryland, the Meritorious Service Medal from the USPHS,

membership in Omicron Kappa Upsilon and the American Public Health Association's John W. Knutson Distinguished Service



Honored: Dr. Diefenbach receives the American Public Health Association's John W. Knutson Distinguished Service Award in Dental Public Health, the highest given in public health dentistry, in November 1999.

Award in Public Health Dentistry—the highest award given in the field of public health dentistry.

A student scholarship fund has been established in Dr. Diefenbach's memory at the University of Illinois. Donations can be made by mail to the Viron L. Diefenbach Public Health Scholarship Fund, University of Illinois Foundation, Harker Hall, 1305 Green St., Urbana, Ill. 61801. Make checks made payable to the UIF Diefenbach Fund. ■

HIPAA help for members

BY ARLENE FURLONG

The ADA continues to help members comply with the privacy rule—in effect since April 14—under the Health Insurance Portability and Accountability Act of 1996.

Products available for dentists, their patients and office staff include:

- The HIPAA Privacy Kit;
- The HIPAA Privacy for Dental Professionals Seminar DVD and VHS;

- The Notice of Privacy Practices Poster;
- The Notice of Privacy Practices Brochure;
- The HIPAA Privacy Poster for Non-Covered Entities.

Order products by calling the ADA Department of Salable Materials at 1-800-947-4746 or by visiting "www.adacatalog.org". ■



Variety: ADA members can choose from the Privacy Kit or the DVD or VHS versions of the ADA seminars to refresh their understanding of the privacy rule. The Notice of Privacy Practices Poster and Brochure informs patients about the rule and are personalized with office contact information. The Poster for Non-Covered Entities is for patients in offices that are not filing electronic transactions and are not covered by the privacy rule.

Forensic expansion

Council adds second mass disaster training

BY ARLENE FURLONG

The ADA is adding a second session to the 2003 Dental Mass Disaster Training at ADA Headquarters in Chicago.

High advanced interest prompted the Council on Dental Practice to add the additional program.

Participants, on a space available basis, may enroll for either Session A—July 18-19, or the newly added program, Session B—July 20-21. At press time, both sessions had vacancies. However, the Council expects the programs to fill quickly and recommends early registration.

Dr. William Morlang, forensic odontologist and consultant at the Armed Forces Institute of Pathology, will present both programs. He will teach the basic techniques dental response personnel need to identify mass disaster victims. Dentists, dental hygienists, dental assistants, dental students and others interested in forensic dentistry are invited to attend.

"Identifying and returning loved ones to their families is paramount in helping living relatives to get on with their lives," says Dr. Morlang. "Without a death certificate, it can be very diffi-

cult for families to get their legal affairs in order and get through the grieving process."

The 2003 lectures and workshops will incorporate lessons learned after the Sept. 11 attacks, he says, including the WinID computer-assisted identification program used at Dover Air Force Base in Washington.

The first day's seminar topics include disaster assistance and site management and forensic identification. Day two will feature a mock disaster workshop and critique.

Maximum enrollment in either session is 100.

Although the council will attempt to place registrants in the session of their choice, it may be necessary to balance attendance between sessions. If you are assigned your second choice and the arrangement is unacceptable, you can cancel your registration in accordance with the ADA's usual cancellation policy outlined in the registration brochure, online or from the council.

All information and registration information is available at ADA.org in the meetings and events section. Or, contact the ADA Council on Dental Practice, toll-free, Ext. 2895. ■



Dr. Morlang: Forensic work helps the survivors "get on with their lives."

Aetna

Continued from page one

among dozens of lawsuits against insurers that have been consolidated in U.S. District Court in Miami.

Among the complaints pending in Miami are three class-action civil suits filed by the ADA, starting with a suit against Aetna dating to August 2001. A second ADA lawsuit, filed in March 2002, targets certain business practices of Wellpoint Health Networks Inc.

The Association's most recent complaint, filed in Miami May 19, levels conspiracy and racketeering charges against:

- Cigna Corp., its subsidiary Cigna Dental Health Inc., and Cigna affiliate, Connecticut General Life Insurance Co.;
- MetLife Inc. and its subsidiary, Metropolitan Life Insurance Co.;
- Mutual of Omaha Insurance Co.

The Association alleges that the defendants "aided and abetted each other" in a conspiratorial "dental enterprise" to gain "money and property belonging to the plaintiffs."

The complaint, which includes two member dentists as class representatives, centers on the use of automated claims processing systems that the ADA says "downcode," "bundle" or "pend" claims as a way to "deny, reduce and delay" payments. The suit also alleges that the insurers use their economic power and marketplace dominance to "coerce plaintiffs with the threat of being denied patient referrals."

The ADA seeks damages, punitive damages, court costs and legal fees, as well as an injunction requiring the defendants to amend their business practices. The complaint invokes the Racketeer Influenced and Corrupt Organizations Act—better known as RICO—and state statutes.

The court granted the physicians' suit class-action status in September 2002, "giving insurers more incentive to settle," AP reported.

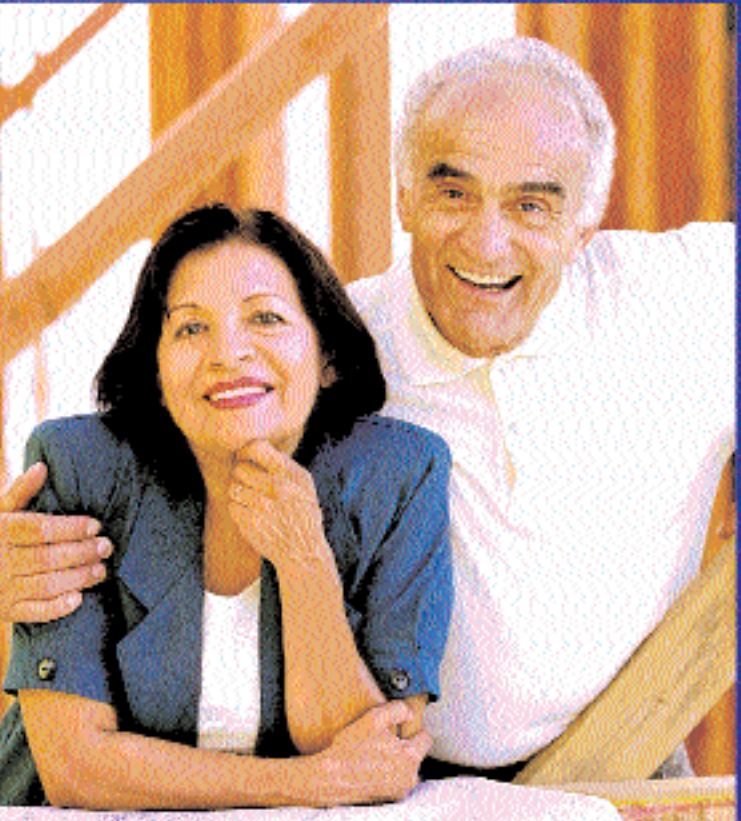

Joining the physicians in their complaint were more than a dozen state medical societies, the Wall Street Journal reported May 22. The Journal speculated that the settlement actually "ought to be good for Aetna's business, which has recently begun to show strong signs of a successful turnaround after posting a series of quarterly losses because of spiraling medical costs."

The business daily said the litigation has been "a drain on resources and cash" for Aetna, and a "public relations problem" as well. ■

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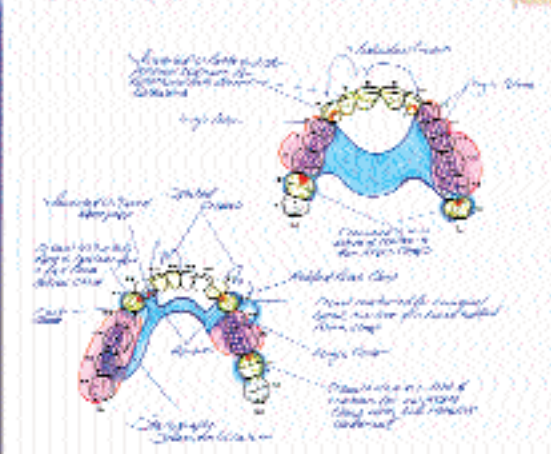
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