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Dental leaders eye national issues, page 14 ◆ SUCCESS seminars, page 22

AMERICAN DENTAL ASSOCIATION
ADA News®
www.ada.org
AUGUST 4, 2003 VOLUME 34, NO. 14

Residencies in peril?

ADA fights agency proposal to cut dental funding

By Arlene Furlong

The American Dental Association is leaving no stone unturned in its efforts to strike a proposed rule that dentistry's leaders say would put dental education and uninsured patients at risk.

The Centers for Medicare and Medicaid Services is calling for a policy change that would eliminate graduate medical education funding for many dental graduate residency training programs in non-hospital locations. More than 500 dental students in residency programs at dental school clinics, rural health clinics, community health centers and federally qualified health centers would be affected.

■ **Medicaid study shows many kids lack care, page 18**

CMS officials would not disclose how the agency plans to address proposed policy change in a July 25 meeting with ADA and American Dental Education Association leaders. The debate centers on Section IV (F)(2) of the proposed rule on changes to the hospital inpatient prospective payment systems and FY 2004 rates, published in the May 19 Federal Register. CMS will finalize the rule on Aug. 1.

Together and separately, both associations submitted comments contending that the proposed graduate medical education provision counters what Congress intended with the passage of the Balanced Budget Act of 1997—"to encourage primary care training in non-hospital settings in which care is provided to enable underserved populations, such as children and the elderly."

The BBA of 1997 extended funding

See RESIDENCIES, page 10

At the Summit

Give Kids a Smile earns highest honor for community service

By Stacie Crozier

No doubt, giving one million children healthier, happier smiles was its own reward for the ADA and the thousands of volunteers who participated in the first-ever Give Kids a Smile access-to-care event Feb. 21.

But the one-day, nationwide access program for underserved kids also has been recognized with the highest honor bestowed by the American Society of Association Executives, the association of associations.

ADA officials learned July 15 that Give Kids a Smile had received ASAE's prestigious Summit Award for public service programs that "better our communities and quality of life," said Daniel Fullenkamp, awards committee chairman.

Dr. Jones: The Summit Award "rightfully recognizes the many dentists who volunteer time and service."

Sharing the award with the ADA are the many state and local dental societies; dental schools and clinics; individual dentists, dental hygienists and dental assistants; and the corporate sponsors who made GKAS a resounding success.

ASAE represents about 10,000 associations serving more than 287 million people and organizations.

"An honor of this magnitude rightfully recognizes the many dentists who volunteer time and service—providing more than $1 billion in donated care annually," said Dr. T. Howard Jones, ADA president. "It also helps spotlight the needs of underserved children to our legislators and policymakers."

GKAS was named July 1 as one of a baker's dozen of award-winning association programs through the ASAE's Associations Advance America awards program, making it a contender for the Summit Award.

Dentists and GKAS participants across the country united to bring much-needed dental care to nearly 1 million children at more than 5,000 locations, providing about $100 million in free dental care to underserved children.

See SUMMIT, page 20

More dental students joining

By Karen Fox

The number of dental students choosing organized dentistry is on the rise, according to an ADA Department of Membership Information report issued July 24.

At the end of the academic year, the market share of students for the 2002/2003 school year stood at 84.4 percent with 14,916 members—an increase of 315 members over last year at this time. Last year's student market share was 83.9 percent with 14,601 members.

The increase in student members is in many ways thanks to the American Student Dental Association. Dr. Cynthia Brattesani, Council on Membership chair, applauds ASDA for promoting ASDA/ADA membership during dental school and ADA membership after graduation.

"Building a relationship with

See STUDENTS, page eight

BRIEFS

Save the date: Living, loving and working is the theme of the upcoming 10th National Institute on Dentist Well-Being, Sept. 4-6 at ADA Headquarters.

Sessions on self-care and depression are among topics designed to help dentists manage work, marriage, mood and addiction.

For more information, go to ADA.org or call Linda Keating, manager of the ADA Council on Dental Practice's Well-Being Program, toll-free, Ext. 2622. ■

Sessions change: The ADA Board of Trustees voted to hold the 2007 ADA annual session in San Francisco, Sept. 27-30, and the 2008 annual session in San Antonio, Texas, Oct. 16-19.

The meetings were changed to the new dates from San Antonio in October 2007 and San Francisco in October 2008 based on convention center space availability. The San Antonio District Dental Society and the California Dental Association supported the change.

Here's the ADA annual session schedule through 2009:

- San Francisco, Oct. 23-26, 2003;
- Orlando, Fla., Sept. 30-Oct. 3, 2004;
- Philadelphia, Oct. 6-9, 2005;
- Las Vegas, Oct. 16-19, 2006;
- San Francisco, Sept. 27-30, 2007;
- San Antonio, Oct. 16-19, 2008;
- Honolulu, Oct. 1-4, 2009. ■

INSIDE

Driving history

Dentist recreates first cross-country auto trip. **Story, page 16.**

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PUBLISHER: Laura A. Kosden
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ASSOCIATE PUBLISHER, EDITORIAL: James H. Berry
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Simplify payroll and save money with SurePayroll

SurePayroll, an online payroll processing system endorsed by ADA Member Advantage, has just made payroll easier and more reliable for dentists.

With the new QuickBooks Data Export, dentists and office mangers can now download their payroll data from SurePayroll into their accounting software.

What's more, dentists who are already using QuickBooks software can integrate SurePayroll's service to reduce their administrative costs by up to 50 percent.

Dentists who manage their payroll in-house may think outsourcing is not cost effective. Others outsource payroll and find exorbitant rates that they believe are the industry standard.

"SurePayroll is typically 50 percent less expensive than other outsourcing solutions," said James Sweeney, chief executive officer of ADA Business Enterprises, Inc.

The nation's leading provider of online payroll services, SurePayroll—endorsed by ADA Member Advantage since 2000—focuses on the needs of small businesses (fewer than 10 employees) by processing payroll and filing all federal, state and local payroll taxes.

Access to SurePayroll's new Data Export means eliminating duplicative manual data entry. The integration is designed for small businesses and requires no training, significant installation or administration.

While many payroll providers offer functionality such as direct deposit, multi-state payrolls or payroll tax filings, they often charge extra for each additional offering. While there is a small fee for the QuickBooks Data Export, all other product costs including payroll tax filings are included in the baseline pricing.

SurePayroll also provides a tax filing penalty guarantee that assures dentists that taxes are paid correctly and on time. The average small business can pay $845 a year on payroll mistakes alone.

For more information about SurePayroll and the QuickBooks Data Export, call 1-866-535-3592 or go to "www.surepayroll.com". ■

ViewPoint

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

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

MyView

Getting to know Dr. Bob

I once heard it said that to be a winner, you have to model yourself after a winner. In business, politics and sports, it's easy to spot the winners. But in dentistry it is difficult.

Oh, we all recognize the "famous" dentists. But most of us will never hit the lecture circuit. Since most of us are isolated in our own little practices, we never meet our peers who are winners.

Recently, I met one such anonymous dentist.

At my last council meeting in Columbus, we were introduced to a new member of our committee. Dr. Bob is 66 years old and has been practicing dentistry for 40 years in a small town in Ohio.

Thomas J. Perrino, D.D.S.

Over lunch, I got to know Dr. Bob a little better. I found out that Dr. Bob plans to practice at least three more years until his wife turns 65, and then he may continue full time or cut back some but doesn't think he will ever fully retire.

When I asked Dr. Bob how many hours he worked each week, he sort of chuckled. First he explained that he is a morning person who doesn't require much sleep. Then he explained that about 15 to 20 years ago many of his patients who worked at a large factory in his town asked him if he would consider opening one morning each week so that they could come straight from their third shift for dental appointments.

Dr. Bob went one better. Dr. Bob begins every morning at 5 a.m. "Well, at least you get to quit early," I said. Dr. Bob chuckled again. You see, it wouldn't be fair to his evening patients, so Dr. Bob works two nights a week until 7 p.m., but he does quit early (5 p.m.) on two other nights.

On Fridays and Saturdays, he "only" works six to seven hours. Yes, Dr. Bob works approximately 60 hours a week.

Dr. Bob has two assistants who split the day because they have families. His hygienist is a wonderful person, but can only work about 40 hours each week because she gets tired. One of Dr. Bob's sons played football for Kent State. During the four-year span, Dr. Bob worked all day on Fridays during football season so that he could attend every Kent State football game.

I could tell that Dr. Bob feels that he let down his Saturday patients during that time. When I asked him about vacations, Dr. Bob enthusiastically said that he takes two weeks vacation every year. One week is at the ADA annual session. He and his wife have always enjoyed catching up with old friends and exploring new cities. The other week is spent in Florida.

These days the factory has fallen on hard times, so Dr. Bob accepts Medic-

See MY VIEW, page five

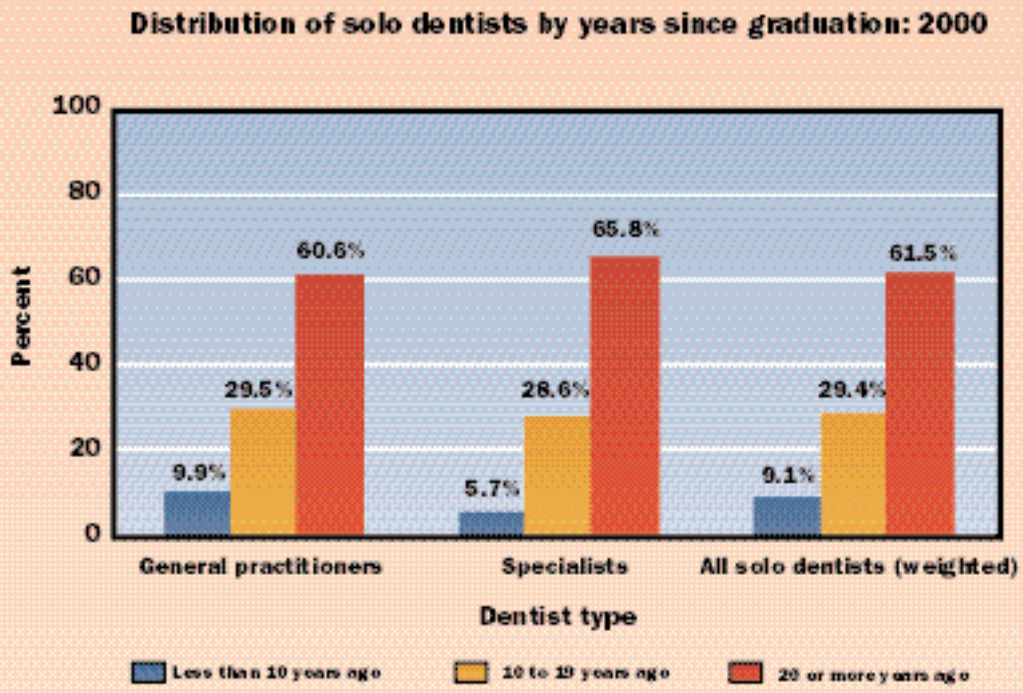
Letters Policy

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

Snapshots of American Dentistry

Dental practice

Slightly more than 60 percent of all solo dentists graduated from dental school more than 20 years ago.



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

Letters

Annual session speakers

In these days of economic hardship, as ADA dues have not decreased, can the membership be made aware of the payments made to Mayor Giuliani and General Schwarzkopf in return for their speeches at our annual meeting in San Francisco?

Tony Schwartz, D.D.S.
Baltimore

Editor's note: The Council on ADA Sessions reports that no dues money is used to pay for the Distinguished Speaker Series. For the second year, the series is sponsored by Philips Oral Healthcare, Sonicare. This support is greatly appreciated and gives ADA members the opportunity to attend general sessions with some of the country's outstanding leaders in all fields of endeavor. The council reminds session-goers to obtain their registration badges in advance of the Friday and Sunday morning ADA/Sonicare Distinguished Speaker Series sessions. To register for annual session visit "www.ada.org/session".

UCCI

While reading the May 19 ADA News article, "UCCI Bills Dentists," I wanted to scream: "Why?" and "When?"

Why do dentists continue to sign contracts with managed care companies like UCCI, and when will we wake up and realize that we don't need to be involved with these companies?

Are patient management and technical skills so bad that we have to count on being on someone's "list" in order to get patients into our offices?

I challenge every dentist to commit themselves to manage and treat patients like you would want your family to be treated and fill your chairs with happy, paying patients that want to be in your office and do not have to be there because you are on the "plan."

Wake up, fellow dentists, and tell companies like UCCI what they can do with their contracts.

Jay A. Johnson, D.D.S.
Cocoa, Fla.

Insurance 'disturbing'?

I read the article in the May 19 ADA News regarding United Concordia Companies Inc.'s chart auditing ("UCCI Bills Dentists"), and as a young clinician found it very disturbing.

I have been in practice for 10 months, and since I started working have heard nothing but bad things regarding dental insurance. From the delayed reimbursements to requests for refunds, I don't know why any dentist would consider signing a contract.

Every time dentists sign on that line—whether they want to believe it or not—they give away control of their practice and profession. This article is a perfect example. Do you think that the New Mexico doctor is going to think twice before taking that next periapical radiograph?

See LETTERS, page five

Letters

Continued from page four

You're darn right he is. Now who is influencing your decisions when considering treatment?

What many dentists fail to overcome is the fear that these insurance companies put in our heads, and as long as we volunteer to sign on that line it will be there.

Consider this. When dentistry first considered preferred provider organizations, the fear was the loss of patients if you didn't sign up—because if you didn't, the guy next door would. So we all signed up, giving up some control to alleviate that fear.

But wait … now that you're signed up, we are only going to pay you about 80 percent of your fee, because "statistically" your fee is over the UCR. So now you work harder, see more patients and potentially give up some quality in order to keep your profits up.

Then you get these "educational letters" requesting a $30,000 refund because you did a certain procedure too many times in the last 12 months. Again, the fear arises.

Stephen E. Greenleaf III, D.M.D.
Mobile, Ala.

Editor's note: With regard to Dr. Johnson's and Dr. Greenleaf's comments, the ADA Legal Division recommends the Contract Analysis Service. Offering informational analyses of unsigned dental provider contracts between members and dental benefit organizations, the ADA Contract Analysis Service is designed to help members make better-informed decisions about signing dental provider contracts. Contact your state dental association for information on how to submit an unsigned contract for a free analysis.

More on insurance

In the May 5 ADA News, the "My View" article and two letters to the editor referred to dentists' obvious anger and frustration regarding the behavior of third parties.

The ADA works hard to overcome "fraudulent and abusive practices," such as "claims payment fraud, bad-faith insurance practices, inappropriate fee discounting practices," as stated in an editor's note. These practices have been ongoing for years, and will continue without abate regardless of various solutions that are negotiated.

One letter to the editor was from a dentist who indicated frustration over the fact that the insurance carrier deprived him of what was his. What the dentist must understand is that the insurance carrier doesn't owe the dentist; it owes the patient. Of course, this isn't the case if the dentist has joined a business entity and has agreed to work for insurance fees.

In the indemnity circumstance, the insurance company owes the patient only that which the patient chose to purchase. The dentist is under only one professional mandate—to provide professional service to the patient for a fair fee.

By the way, "fair fee" is one that is fair to both patient and dentist. Remember, the insurance company is a money broker, not a provider of health services. By all means, doctor, help the patient receive from the insurance company that which he or she purchased. But have the patients pay you, doctor, for the dentistry they have purchased.

The ADA is doing yeoman's work to help its members through the frustrations of dealing with the money brokers, but at times it is helping the dentist accomplish something when the shoe is on the wrong foot.

Maurice H. Martel, D.D.S.
Holden, Mass.

MyView

Continued from page four

aid patients. I'm sure it's not because he has to, but because Dr. Bob feels he owes it to his community. Dr. Bob also spoke glowingly of his children and grandchildren. I'm sure Dr. Bob doesn't think of himself as anything special. In fact, he kept telling me how lucky he is.

There are many other Dr. Bobs in our profession. In fact, the gentleman that I worked for when I first graduated from dental school is 74 years old and still practicing four full days a week. I remember the day several years ago when he was smiled from ear to ear and told me that he had finally given up Saturdays and now had a three-day weekend every week. Although if there is a continuing education course during the week, he still makes up for it by working Friday.

No, we will never know all the anonymous dentists who quietly serve their patients and their profession, day after day, year after year. But I'm sure if you look around, you will find a Dr. Bob in your neighborhood. Model yourself after him or her and you will appreciate dentistry and life even more.

Dr. Perrino is the president of the Cincinnati Dental Society. His comments, reprinted here with permission, originally appeared in the May issue of the Cincinnati Dental Society Bulletin.

Dental practice survey follow up

The Survey Center just began a follow-up mailing to dentists who were mailed the 2003 Survey of Dental Practice but did not complete and return the questionnaire.

Dentists who have received the survey are encouraged to complete as many questions as possible and return it.

Postage has already been paid by the ADA.

Questions about the survey can be directed to the ADA Survey Center, toll-free, Ext. 2568. ■

Patient advocates

Dentists, physicians join forces to address needs of disabled

By Stacie Crozier

Patients with mental retardation or developmental disabilities—some of the nation's most vulnerable population groups—have a new champion crusading to improve their oral health through education and research.

Responding to the challenges laid out in the Surgeon General's Conference on Health Disparities and Mental Retardation in December 2001, a dedicated group of dentists and physicians founded the American Academy of Developmental Medicine and Dentistry. The organization marked its first birthday in May.

In the United States, there are an estimated 65 million Americans with disabilities—7.5 million of those with mental retardation. The mission of the new academy is to enhance the quality and availability of care to these patients by training medical students, dental students and other health care professional students—the next generation of caregivers—in the fundamentals of caring for this special population group.

Breaking for lunch: AADMD leaders pause during an executive board meeting last March. From left: Drs. Hood, Perlman, Rader and Fenton.

Dr. May

An integral part of the educational focus will serve to build a bridge between physicians and dentists, says Philip May, M.D., president of AADMD.

"Our organization serves as a collaboration between medicine and dentistry to work together for the overall good health of patients," says Dr. May. "You can't have good overall health without good oral health. We need to use a team approach. We can't be two separate but parallel groups. We need to create bridges between the two professions to help address the needs of patients with mental retardation or developmental disability.

"Getting clinicians from the trenches," adds Dr. May, "who have problem-solving skills and knowledge, and getting them into the universities is exactly what we need to be doing."

During its first year, the academy "gained a lot of momentum," says Dr. Henry Hood, AADMD policy director. "We have recruited many talented physicians, dentists and advocates from across the country. That we have many distinguished members on our board speaks to the quality of our leadership. And we've only just begun."

The academy's board and advisors include special needs advocates like Dr. Steven Perlman, global clinical director of the Special Olympics Special Smiles program; Dr. Sanford Fenton, professor and chair of pediatric dentistry and community oral health at the University of Tennessee dental school; Rick Rader, M.D., editor-in-chief of Exceptional Parent Magazine; Timothy Shriver, chairman of the board for Special Olympics, and David Satcher, M.D., the former U.S. surgeon general whose work in identifying and eliminating health disparities among those with mental retardation spurred the formation of AADMD.

"As AADMD was getting off the ground, the ADA complemented its mission by passing its historic Res. 66H-2002 last October," says Dr. Fenton, an expert in the field of special needs patients and a consultant for the ADA Council on Access, Prevention and Interprofessional Relations. "The ADA has been instrumental in the battle, becoming the first national organization to give legs to the surgeon general's report."

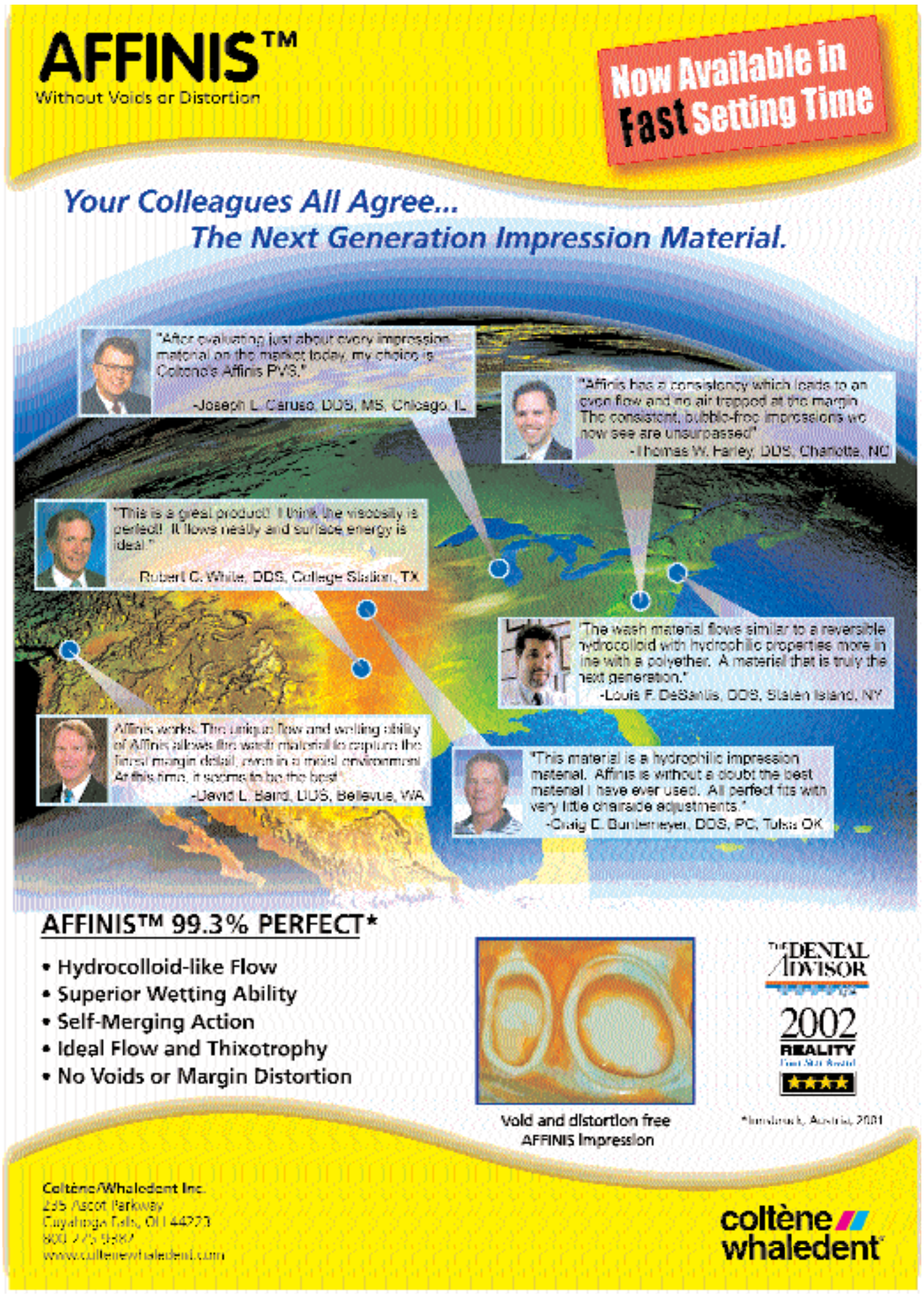
Res. 66H-2002 directed the ADA to support "appropriate initiatives and legislation to improve and foster the oral health of persons with special needs," encourages constituent and component dental societies to support related state and local initiatives and legislation, and encourages dental and allied dental programs to educate students about the oral health needs and issues faced by people with special needs.

"The pioneer dentists worked with this vulnerable part of society because they saw that persons with developmental disabilities often had difficulty accessing comprehensive dental services," adds Dr. Fenton. "It led us to recognize that we needed to gain more visibility for this issue."

AADMD offers three types of memberships:

- Full members—who must be physicians or dentists with academic appointments who have experience in working with individuals with developmental disabilities;

See PATIENTS, page seven



AccessUpdate

Breaking barriers

Armed with a three-year grant of nearly $250,000 from the U.S. Department of Health and Human Services Health Resources and Services Administration, the Children's Hospital of Wisconsin Dental Center will wage war on barriers to dental care for Milwaukee kids.

This summer, the grant will enable the dental center's pediatric residency program to launch the Clear Path Program, a community outreach program that allows families and dental care providers to communicate about barriers to care, form partnerships and improve local children's dental health. The grant will also enable pediatric dental residents to perform a variety of community-based rotations to help them gain perspective on the issues that low-income families face.

Iowa offers kids free dental care

More than 10 years and 2,600 patients treated since its inception, a University of Iowa program provides free dental care to children and young adults with disabilities.

Participants—patients who might normally "fall through the cracks"—receive about $300 worth of preventive and restorative care a year, including examinations and sealants, says Gayle Gillbaugh, program director. Currently, about 100 patients are enrolled in the program that is designed to help them improve and maintain their oral health with regular care.

In addition to treating patients at the dental school in Iowa City, about 20 dentists from around the state also participate in the program from their offices, making it more convenient for patients to see a dentist in their home area.

"Kids and their parents are so appreciative that someone can help make a difference for them," says Dr. Deborah Grandgenett, a program volunteer and pediatric dentist who treats children and adults with disabilities in her Ames, Iowa, office. "Their access problems stem from economics more than their disabilities, and I am happy to help."

Volunteer honored in Massachusetts

The Robert Wood Johnson Foundation has bestowed its highest honors on volunteer and community activist Dr. John Gusha of Holden, Mass.

Dr. Gusha received a $120,000 Community Health Leadership award for founding and serving as project director of the Central Massachusetts Oral Health Initiative, a coalition of 25 organizations that work to improve oral health in the region. The initiative included opening a free dental clinic, training physicians and nurses to perform oral health screenings and training outreach workers to educate young mothers about preventing tooth decay in children. Dr. Gusha's efforts merited an Access Recognition Award from the ADA Council on Access, Prevention and Interprofessional Relations in March 2002.

As a community activist, Dr. Gusha also worked for passage of state legislation to expand access to dental care for Medicaid patients. During his tenure as chairman of the Holden Board of Health, he was able to bring fluoridation to the community as well as a prohibition of secondhand smoke in public places.

RWJF awarded a total of $1.2 million to honor health innovators through the CHLP. Dr. Gusha received $105,000 to support his oral health initiative and a $15,000 personal award.

—Compiled by Stacie Crozier

Patients

Continued from page six

- Members-in-training—medical or dental students, residents or fellows who have a special interest in the care of individuals with developmental disabilities;
- Associate members—caregivers who support the ideals of improved care for individuals with developmental disabilities.

For more information on the academy, log on to "www.aadmd.org" or e-mail the executive director, Matthew G. Holder, M.D., at "mattholder@aadmd.org", or write to 2545 East Sunrise Blvd., #192, Fort Lauderdale, Fla. 33304. ■

Standards reports available

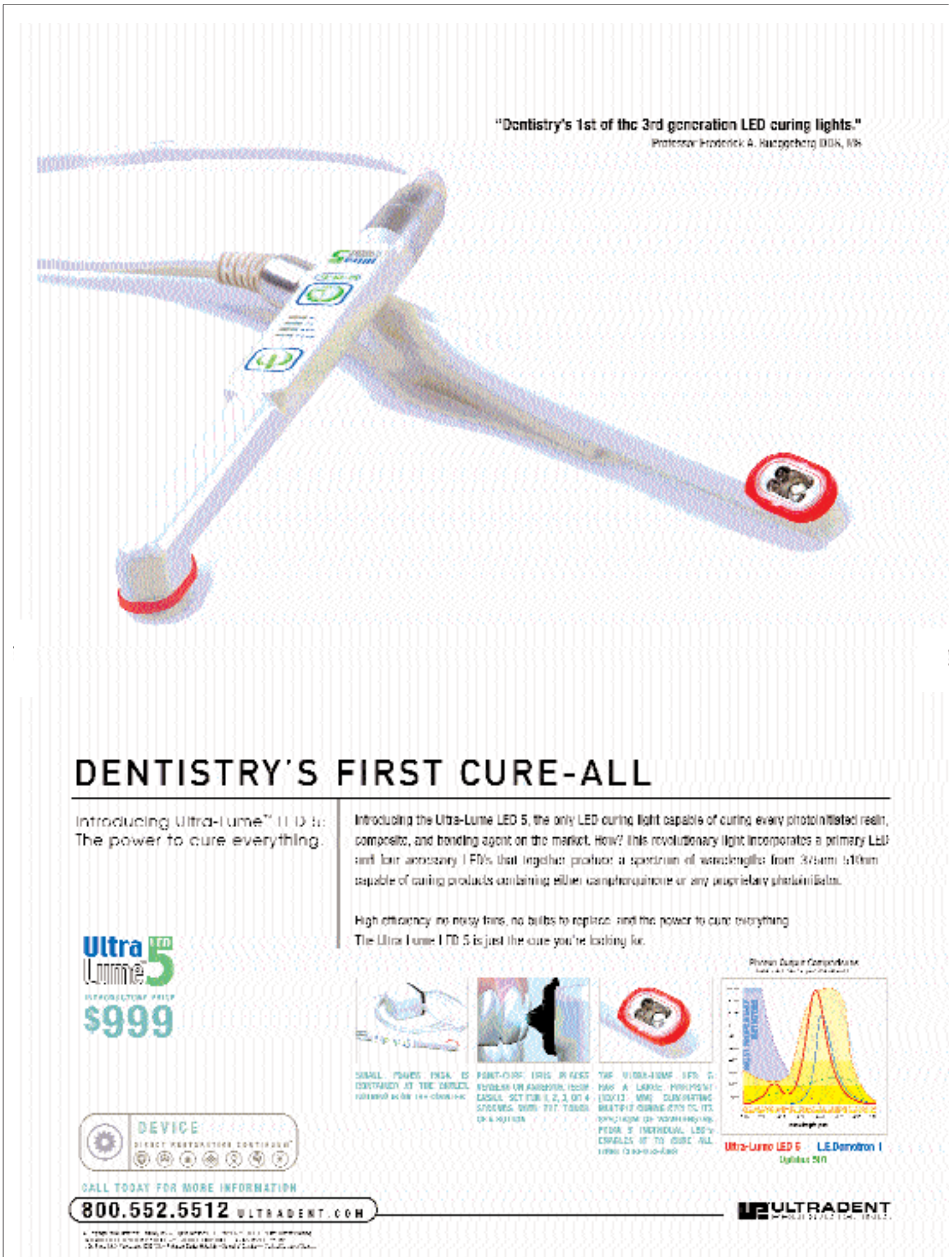
The ADA Standards Committee on Dental Informatics has approved for circulation and comment the following proposed technical reports:

- Proposed Revision to ADA Technical Report No. 1004 for Computer Software Performance for Dental Practice Software;
- Proposed ADA Technical Report No. 1029: Guide to Digital Dental Photography and Imaging;
- Proposed ADA Technical Report No. 1031 for Internet Security Issues for Dental Information Systems.

Also, the ADA Standards Committee on Dental Products has approved for circulation and comment the proposed revision to ANSI/ADA Specification No. 46 for Dental Patient Chairs and the proposed revision to ANSI/ADA Specification No. 58 for Root Canal Files, Type H (Hedstrom).

Free copies of the above documents can be obtained by calling the ADA toll-free number, Ext. 2506 or 2533.

Or, to obtain informatics technical reports from the ADA.org Web site, go to "www.ada.org/scdi" and click on "All Interested Parties Review." For SCDP specifications go to "www.ada.org/scdp". ■



Outstanding: The North Carolina Dental Society and the Greater St. Louis Dental Society were recognized for their achievement in Give Kids A Smile programming July 12. Mike Sudzina, Procter & Gamble's director of professional and scientific relations, made a special appearance during Management Conference Week in Chicago to present each society with a $5,000 dental school scholarship. Above left, Mr. Sudzina (at left) and Dr. James Bramson, ADA executive director (at right), award the constituent society check to (from left) Faye Marley, NCDS executive director, Dr. M. Alec Parker, NCDS president, and Dr. Kent Tucker, NCDS president-elect. Above right, the component society award is presented to Beverly Shabansky (center), executive director of the Greater St. Louis Dental Society. Both societies will bestow the scholarships on dental student(s) of their own choosing. Procter & Gamble, one of the four corporate sponsors for Give Kids A Smile, donated the scholarship awards.

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2004 SMILES CALENDAR

Introducing the NEW 2004 ADA Smiles Calendar –

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Students

Continued from page one

members begins in dental school, so we love to see market share increase in this key segment," said Dr. Brattesani. "ASDA's efforts to promote organized dentistry are paying off. Kudos to those dentist volunteers and programs that spread our message to students."

ASDA President Sayeed Attar points to the grassroots approach—"down in the trenches, one on one"—as the most effective method of increasing market share.

"The trend we've been noticing is that schools with strong ASDA chapters also have great working relationships with the state and/or local societies," he said.

"Although most of the responsibility still lies on the shoulders of local leaders," Dr. Attar continued, "the programs and funding the ADA has approved to aid in offsetting the cost of local societies fostering that relationship is crucial. Bottom line is that we need to get the message of what organized dentistry can offer students out there with enough weight behind it."

In the coming year, the number of student members could further increase with help from the 2001 House of Delegates-approved Tripartite Grassroots Membership Initiative. Built into the initiative is a focus on outreach to senior dental students that is designed to highlight the value of organized dentistry and increase the number of new graduates who convert to active membership. ■

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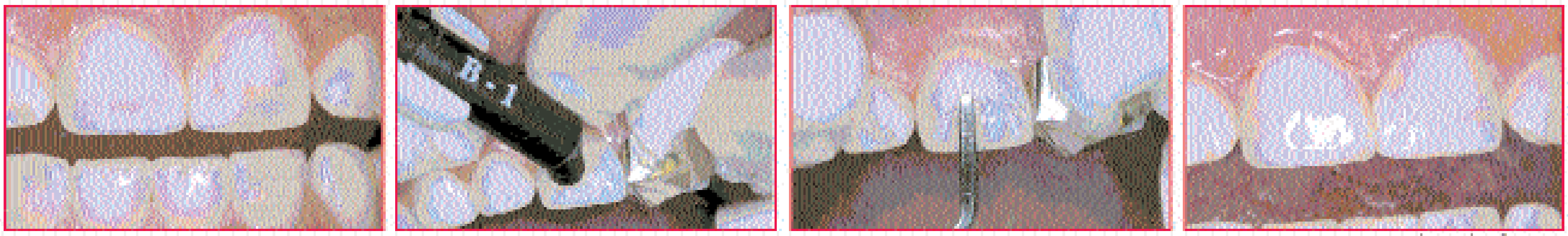

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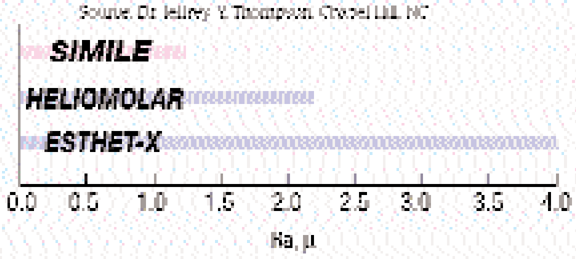

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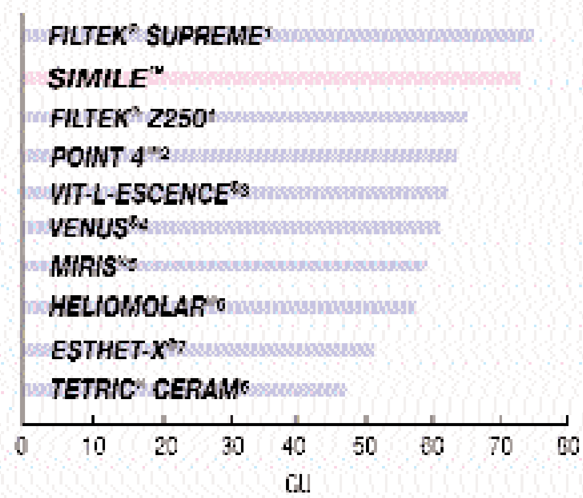

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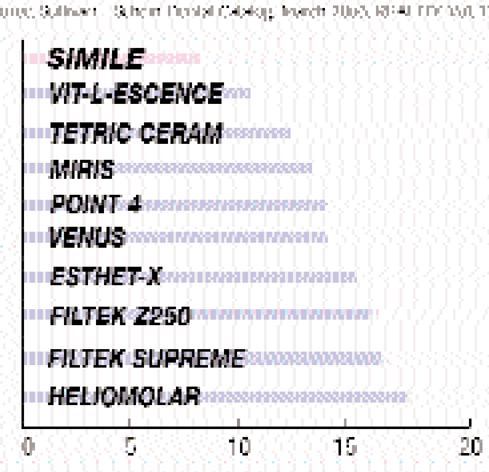

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Residencies

Continued from page one

to include indirect medical education funding to hospitals for programs in non-hospital settings. Since 1987, hospitals have received direct graduate medical education funding for resident training in non-hospital settings.

Now, CMS is invoking what the ADA and ADEA view as arcane principles, never applied in the past, "to unravel a program that it believes is too costly," the organizations told CMS in July 2 comments.

The proposed rules change, say ADA and ADEA officials, would eliminate hospital eligibility for GME funding altogether, unless the hospital incurred the costs of all expenses from the off-site program's inception. As the great majority of off-site programs started before 1997, before hospitals incurred costs, many programs would suddenly be ineligible, dental leaders say.

Mr. Bresch

Dr. Bramson

Jack Bresch, director of the ADEA Center for Public Policy and Advocacy, says CMS is trying to "back into" policy with the proposed provision.

"This is about money," he said. "It's an opportunity for the Department of Health and Human Services to make a savings contribution to the OMB [Office of Management and Budget] at a time when the administration is dealing with lots of other budget priorities. But this is not about policy."

"Ill-conceived" is how ADA Executive Director James Bramson described the provision.

"We're fighting this from every angle," said Dr. Bramson. "If implemented, this change will cost much more in terms of patient care and dental expertise than could possibly be saved."

Dentistry already won the first legislative rounds with persistent grassroots advocacy through members. Senator Charles Grassley (R-IA), Senate Finance Committee Chairman, accepted legislative language advanced by the ADA and ADEA into Senate Resolution 1, the Medicare Prescription Drug Benefit bill, approved by the Senate in June. The language seeks to overturn the proposed rule. The House bill does not contain a similar provision.

Exploring all options to fight the proposed rule, the ADA and ADEA advanced language adopted by the House Appropriations Committee in the FY 2004 appropriations bill.

"The Committee urges CMS to reconsider the proposed policy change in light of the number of residency and faculty positions that would be eliminated, the additional costs that would accrue to States, and the resulting significant loss of medical and oral health services to all patient populations, but especially to uninsured and underserved populations," the bill now reads.

ADA President T. Howard Jones says dentistry must cover all its bases to show HHS the importance of quality residency programs.

"We must continue to heighten Congressional awareness of this issue's importance," said Dr. Jones. "Dental residents are a primary source of oral health care to underserved, uninsured populations."

ADEA's Mr. Bresch called the ADA contributions "critical" in successes already achieved.

Dental leaders began to question CMS intentions in August 2002, during a meeting convened to clarify the effective payment date on GME arrangements—contract implementation or signing date.

Because the effective date issue was already processed according to generally accepted accounting principles, dental leaders asked directly about CMS support for GME arrangements. That CMS officials assured the ADA and ADEA of the agencies' wholehearted support was among the associations' comments in response to the proposed change.

The proposed rule change is already having a devastating effect on dental education, according to Mr. Bresch.

"It hasn't even been finalized and it's already being treated like law," he said. "Hospital administrators are saying 'if we don't get the GME money, we can't give any money to dental schools. And deans at the dental schools can't ignore the possibility.' "

Further complicating the issue and blurring any foreseeable outcome is a difference between the regulatory and legislative timelines. Even if Congress passes the prescription drug bill and the rule is overturned, it may not happen until perhaps as late as December. If the proposed rule is finalized August 1, it will go into effect Oct. 1.

Other dental organizations opposing the rule and seeking a legislative solution are the American Academy of Pediatric Dentistry, the American Association for Dental Research and the National Dental Association.

Because the provision doesn't apply only to dental schools, but also medical residencies, other opposing health organizations include: American Academy of Family Physicians, American Association of Colleges of Osteopathic Medicine, American College of Osteopathic Family Physicians, American Osteopathic Association, Association of Academic Health Centers, Association of American Medical Colleges, Association of Departments of Family Medicine, Association of Family Practice Residency Directors, National Association of Community Health Centers, North American Primary Care Research Group, and Society of Teachers of Family Medicine.

Additionally, a coalition of 37 universities and health care institutions joined together to send a letter to CMS opposing the proposed rule. The coalition letter argues that GME funding is needed to ensure that dental schools continue to fulfill their mission of providing quality educational experiences for graduates, helping to build and sustain a quality health care workforce and providing vital health services to needy and underserved populations—all of which are essential to meeting the nation's growing health care needs. ■

Down under

FDI hosts women in dentistry

By Stacie Crozier

Sydney, Australia—Women in dentistry can combine the wonders of "down under" scenery, FDI World Dental Congress pageantry, ADA CERP-recognized continuing education plus a special opportunity to network, develop international relationships and gain knowledge and support for their personal and professional lives.

The Four O's: Opportunities, Options, Obstacles and Optimism, a special symposium for women in dentistry presented by FDI Women Dentists Worldwide, is set for Sept. 21.

This special all-day symposium will feature an international panel of speakers who will focus on how women in dentistry can make the most of their opportunities, manage career options, overcome obstacles and view their future with optimism. Speakers include Dr. Pamela Dalgliesh, Victoria, Australia; Dr. Michelle Aerden, Belgium; Dr. Jane Chalmers, Melbourne, Australia; Dr. Norian Abu Talib, Malaysia; Dr. Carolyn Hong, Sydney, Australia; Dr. Pilar Martin, Spain; and Dr. Zephie Cerny, New South Wales, Australia.

Sydney: Wonders, like this wallaby, await travelers to the 2003 World Dental congress.

The 2003 World Dental Congress will convene Sept. 18-21 at the Sydney Convention and Exhibition Centre, located amid parks, gardens, museums, shops and amusement areas on the shore of Darling Harbor.

The World Dental Congress welcoming ceremony will offer a fusion of Australian heritage and the arts, from the traditional flag ceremony to cultural feature performances.

The four-day session offers courses in adhesive dentistry, clinical preventive dentistry, endodontics, esthetic dentistry, implants, implant prosthodontics infection control, managing elderly patients, minimally invasive caries treatment, new technologies, oral surgery, orofacial pain, orthodontics, periodontal chemotherapy, practice management, regenerated tissue engineering, sleep apnea, sports dentistry, TMD and more.

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 e-mailing "hernj@ada.org". ■

Eat it

Food alliance delivers dental news to kids

As schoolchildren across the country sit down to hot meals, they'll get an added benefit: oral health messages, courtesy of the ADA.

As a creative way to get oral health information to the public, the ADA has forged a relationship with Preferred Meal Systems Inc., an Illinois-based company that provides meals to 220 elementary school districts in 13 states and the District of Columbia.

The ADA supplies Preferred Meal Systems with posters and oral health information used for tray liners in school cafeterias and a parent newsletter. In April, over 600,000 students were exposed to the ADA's oral health messages.

"Our schools are usually in large urban areas," said Marilyn Nelson, Preferred Meal Systems' director of marketing. "We have schools that are very poor but we also have Beverly Hills, so we cover the gamut."

Tray liner: ADA placemat art.

As a purveyor of ovens and freezers that can be used as an alternative to kitchens, Preferred Meal Systems tends to work with older school districts that lack cooking facilities.

"The nice aspect of working with these districts is that children are now able to get hot meals at schools without kitchens," said Ms. Nelson.

Local health professionals and community organizations might find it difficult to work with larger urban school districts—creating "a wonderful opportunity for the ADA to get its messages to children who might not otherwise have access to this information," she said.

"For some children, the only hot meal they get is the one that we give them. Putting that into perspective, these children may not have the opportunity to learn about things like good dental health," said Ms. Nelson.

And the costs are very low: the company absorbs all program costs, while the ADA financed only the design of the tray liner. ■

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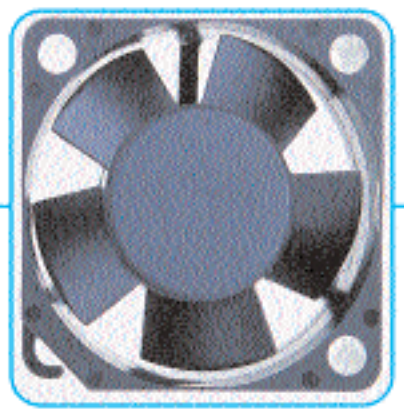

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SYBRON DENTAL SPECIALTIES

ADA Reports

National issues draw state leaders

Elected officials and execs discuss diversity, current topics

By Karen Fox

The ADA brought constituent society leadership teams together for the National Issues Conference July 11-12 for an appraisal of current dental issues, including a glimpse into the growing diversity of the U.S. population and its effect on the dental profession.

The group of 125 constituent society presidents, presidents-elect and executive directors representing 48 states participated in sessions on dental workforce issues, restorative materials, insurance/amalgam litigation, legislative advocacy, HIPAA and the Tripartite Grassroots Membership Initiative.

"It's a unique format, and a special time together for constituent presidents, presidents-elect and executive directors," said Dr. T. Howard Jones, ADA president, who led the conference. "To be able to, as a state leadership team, sit down and look at national issues and network on-site is extremely beneficial to the state societies and the ADA."

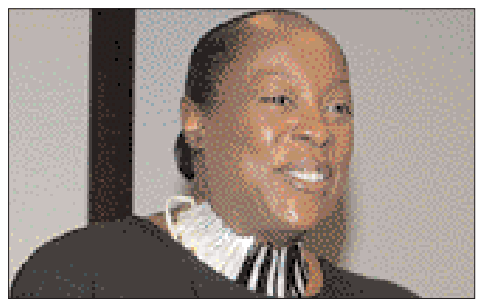
Networking with colleagues, Dr. Debra Finney, president-elect of the California Dental Association, said many of her fellow presidents-elect had taken over leadership roles since the President-Elect's Conference in January.

"It was helpful to reconnect and hear what their experiences have been like as president," she said. "The issues have not changed since January, but it was an opportunity to hear how other states are addressing the issues. That is important information to take to our trustees and component leaders."

See LEADERS, page 15

State news: At left, Dr. Teri-Ross Icyda, president of the Florida Dental Association, confers with Dr. Jones at the National Issues Conference.

Open forum: Dr. Michael Donohoo, president of the Wisconsin Dental Association, speaks out during the National Issues Conference.



Speaker: Sheila Thorne addresses the crowd July 11.

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CROSS INTO THE BLUE

State, local dental societies welcomed to Management Conference Week

More than 100 constituent and component society executive directors and key staff attended the 54th Annual Management Conference at ADA Headquarters and Northwestern University's Kellogg School of Management July 12-13.

The ADA's collaboration with Kellogg—one of the nation's top-ranked business schools—adds value to management and leadership programs. During the Management Conference, Kellogg faculty presented sessions on executive management, negotiations and financial issues. ■

Managers and leaders: Executive directors Camille Kostelac-Cherry, Pennsylvania Dental Association, and David Owsiany, Ohio Dental Association, listen to a Kellogg speaker July 12.

Colleagues: At left, Dr. Bruce DeGinder, president-elect of the Virginia Dental Association, greets Dr. Kathryn Kell, president-elect of the Iowa Dental Association.

Nancy Honeycutt appointed ASDA's new executive director

The American Student Dental Association July 14 named Nancy Honeycutt executive director.

Ms. Honeycutt comes to ASDA from an international association of accounting firms. Her primary focus at ASDA will be on membership benefits the association can provide to assist members in making the transition from student to practitioner.

Ms. Honeycutt

"ASDA has many key ingredients for success: a commitment to serve the needs of its members, a clear vision, specific goals and a dedicated, impressive leadership team working in concert with a professional staff," said Ms. Honeycutt.

"It is a privilege to join this team as executive director," she added. ■

Leaders

Continued from page 14

One topic that struck a chord with constituent leaders centered on "Addressing Diversity," a presentation on the key challenges and action steps regarding diversity, the profession and organized dentistry.

Speaker Sheila Thorne, president of Multicultural Healthcare Marketing Group, dis-

Arizona confab: From left, Dr. Brian Wilson and Rick Murray, president and executive director of the Arizona Dental Association, exchange information.

cussed findings from the 2000 U.S. Census Report and suggested changing the term minority to "emerging majority."

"The changing demographics transform politics, business and most certainly health care," she said, adding that dentists are missing a tremendous opportunity if they don't consider the health needs of emerging minorities.

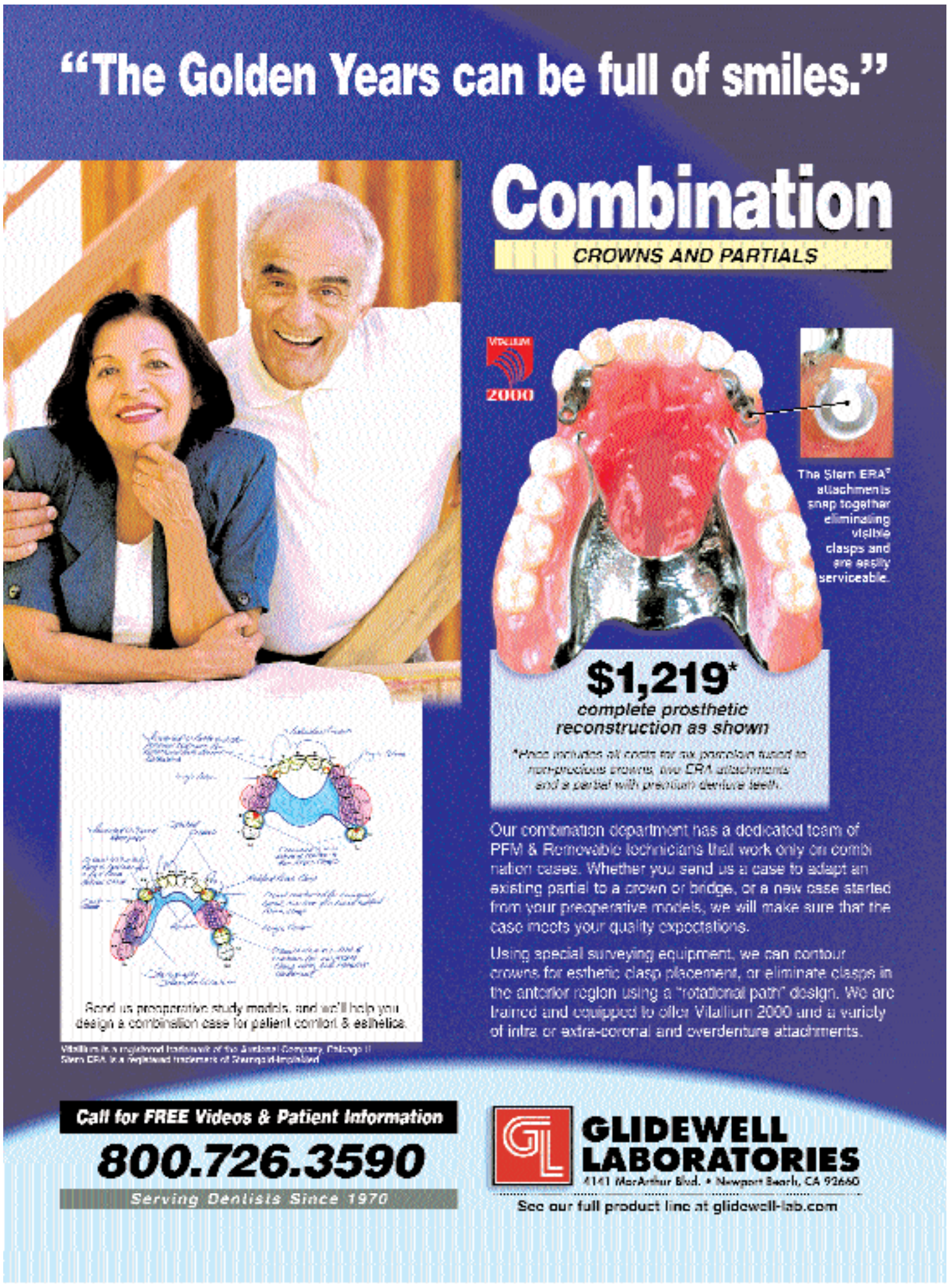
"She really woke the crowd up about where we're heading for the future," Dr. Michael Donohoo, president of the Wisconsin Dental Association, said of Ms. Thorne's speech. "This group because of their leadership roles really took her words to heart."

Dr. Rene Bousquet, the Massachusetts Dental Society president who was born to French-Canadian parents and didn't speak English until age 21, called Ms. Thorne's discussion "insightful and enlightening."

"Diversity is an important issue for me, and as leaders we need to feel the differences between people," he said.

Ms. Thorne added that she is excited about the ADA Institute for Diversity in Leadership, a personal training program designed to enhance the leadership skills of dentists from racial, ethnic and/or gender backgrounds that have been traditionally underrepresented in leadership roles in many sectors of society.

"Diversity and the changing face of our membership is a high priority for the ADA," said Dr. Jones. "The ADA Institute for Diversity in Leadership is a great example of the ADA successfully reaching out to serve all members." ■



People

The 'mad doctor's' drive

Orthodontist/antique car enthusiast recreates history

By Stacie Crozier

LaPorte, Ind.—One hundred years ago, Horatio Nelson Jackson, M.D., made history as the first man to drive cross-country in an automobile. His journey in a 1903 Winton two-cylinder, 20 horsepower motor carriage, chronicled in a book called "The Mad Doctor's Drive," took 63 days.

Exactly one century later, Dr. Peter C. Kesling took the same journey from San Francisco to New York City in a restored 1903 Winton, stopping in the same cities and towns, seeing the same scenic expanses—plus the complications of heavy traffic and minus the modern comforts of roof, windshield and air conditioning.

A modern day adventurer, antique car enthusiast, philanthropist and world-renowned orthodontist, Dr. Kesling showcases his love of antique cars as the owner of the Door Prairie Auto Museum here in LaPorte. The museum houses more than 60 antique and classic vehicles, from an 1886 Benz wagon to a 1957 Dodge Coronet convertible, plus antique toys, airplanes and historic facades spanning 100 years of automotive history.

Accompanied on the historic journey by a small group that included his wife Charlene (driving the family car filled with luggage); Peter Fimrite, a reporter from the San Francisco Chronicle; and Charles Wake, great-grandson of the auto's manufacturer Alexander Winton and an experienced Winton mechanic, Dr. Kesling set out June 17 to recreate the first cross-country auto trip made in the United States. Family and friends flew to San Francisco to offer the team a jubilant sendoff.

Forty days later, they gathered in New York City to welcome them to the finish line. The Winton Re-Run participants chugged into New York City July 26 after 3,720 miles of triumphs and trials.

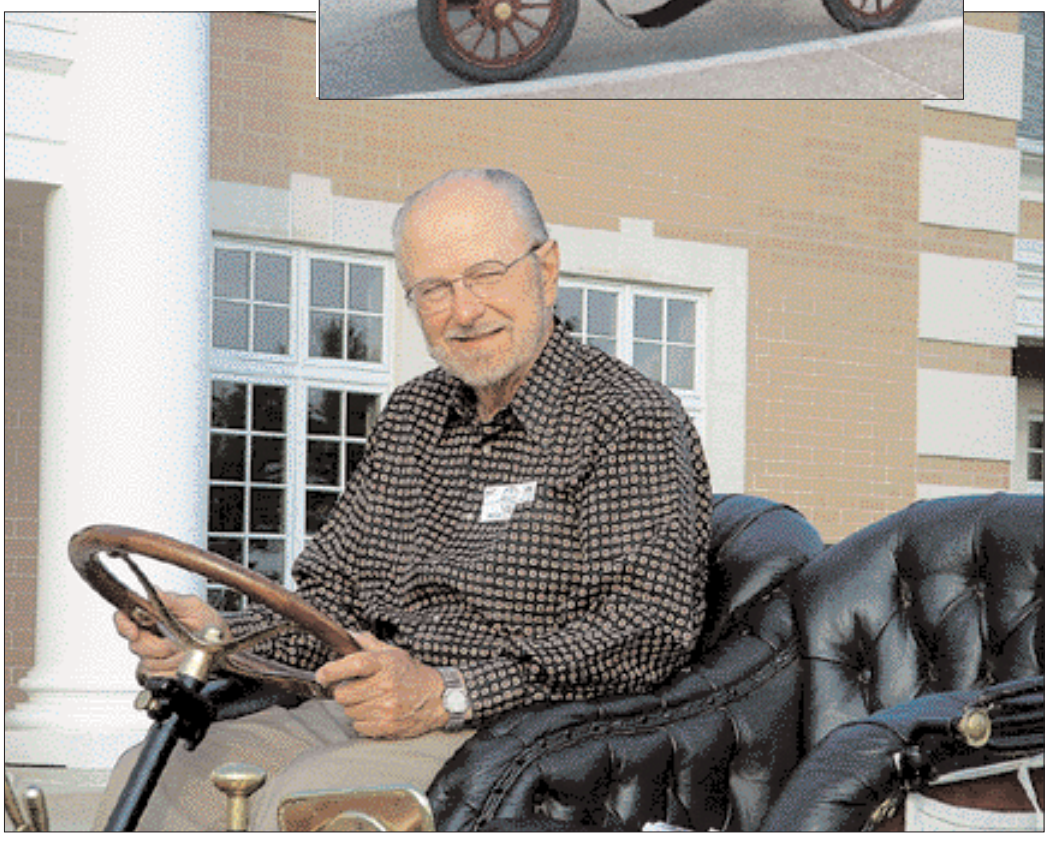
On July 15, some 100 well-wishers and friends, including descendants of Alexander Winton and LaPorte Mayor Kathy Chroback, gathered at the Door Prairie Auto Museum for a special "Winton Bash," celebrating the unofficial half-way point of the journey.

During the dinner celebration, Mr. Fimrite briefly took the microphone to relate, from a reporter's viewpoint, how the crew was lucky to make it out of California, let alone arrive safely in LaPorte.

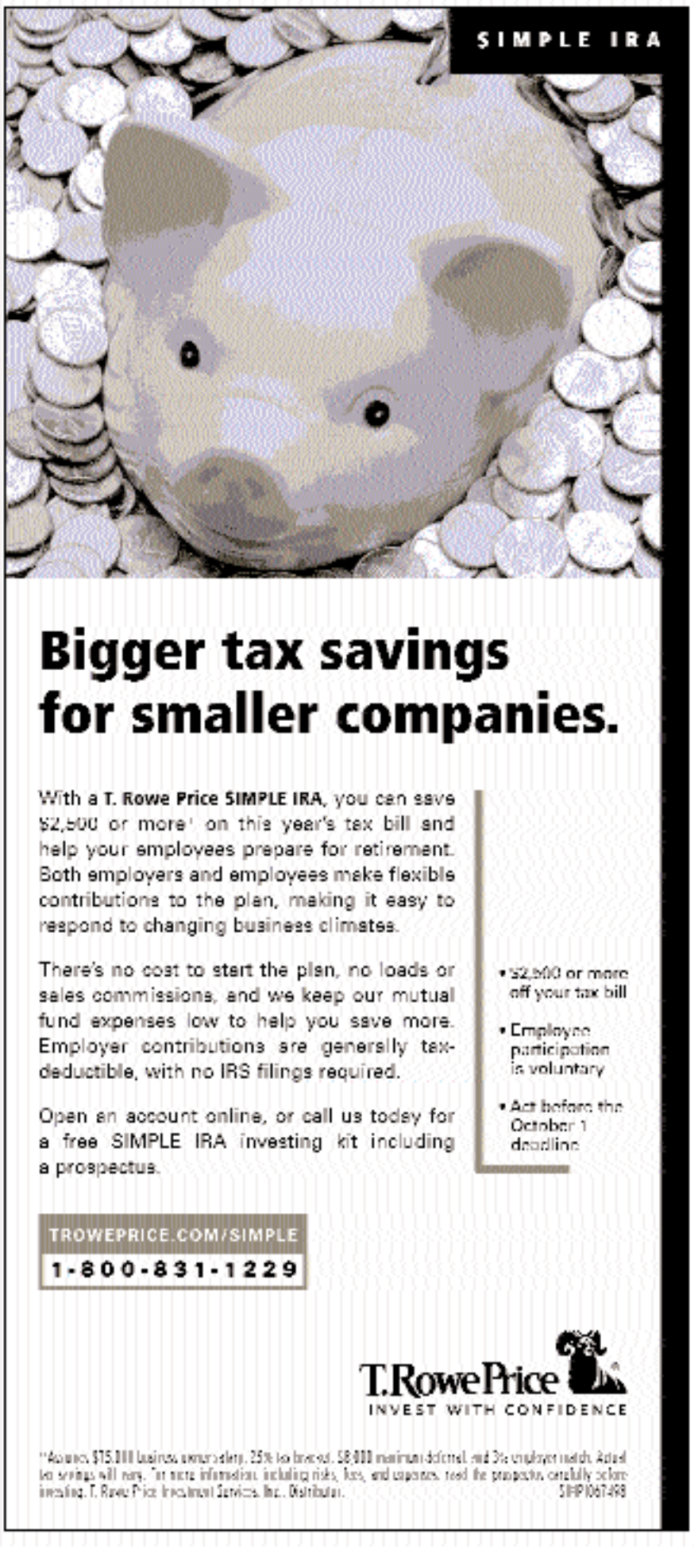
"In the mountains in California, the axle broke and a wheel fell off and we almost went over a cliff," Mr. Fimrite. "I thought, 'OK, this could be serious,' and I looked over at Dr. Kesling. He calmly steered the car off to the side of the road and then he said, 'well [a long pause] … I think the wheel fell off.' "

The coast-to-coast drive was fraught with challenges, Dr. Kesling said. The auto's chain broke right after crossing the Golden Gate Bridge, sidetracking them until Mr. Wake could make repairs on the side of the road. While trying to replace the chain, the chain slipped, cutting Mr. Wake's head.

The Winton crew had to leave Mr. Fimrite behind during the first leg of the journey when he came down with appendicitis, and the reporter jokingly added that he left his appendix in Boise, Idaho.



History on wheels: At right, Dr. Kesling's 1903 Winton rests outside the Door Prairie Auto Museum during the historic Winton Re-Run. Below, halfway through his recreation of the first coast-to-coast automobile drive, Dr. Peter C. Kesling poses at the wheel of his prized antique automobile.



"But we're making it each day and it's very satisfying to overcome the challenges," said Dr. Kesling.

If you're wondering what it's like to tool across the country in a 1903 Winton: you're driving between 20 and 30 mph, from 90 to 120 miles each day in an open buggy with wooden spoke wheels, sans windshield and roof (think bug, sun, wind and rain protection).

"If you can imagine putting lawn chairs on the roof of your car and then driving on the open road, that would give you a good idea of what the days are like," he explains. "A hundred years ago, Dr. Jackson drove across the nation when there were no roads to follow, where it was a daily struggle to find food and lodging and gas. Although we have more conveniences now than the Mad Doctor had, we don't have any chance to relax. Driving on interstates, through mountains, in all kinds of weather in a car like this is dangerous."

Dr. Kesling caught the vintage automobile bug when he purchased a Model T Ford as a teenager.

Twenty-five years ago, Dr. Kesling read "The Mad Doctor's Drive," a diary of Dr. Jackson's historic journey, and he was intrigued by both the story and the automobile.

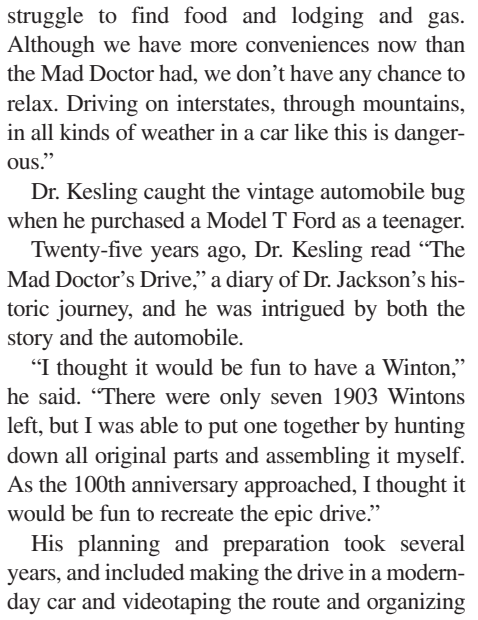
"I thought it would be fun to have a Winton," he said. "There were only seven 1903 Wintons left, but I was able to put one together by hunting down all original parts and assembling it myself. As the 100th anniversary approached, I thought it would be fun to recreate the epic drive."

His planning and preparation took several years, and included making the drive in a modern-day car and videotaping the route and organizing the trip for three other Winton owners as well. Last summer, he faced a huge setback when he and his Winton were involved in a crash that totaled the antique car. "I was lucky, I had a few stitches, but I wasn't hurt," he said. And he was able to rebuild it in time to make the centennial trip.

After leaving LaPorte for New York City, the Winton Re-Run crew had to wait for a funeral ceremony in Indiana's Amish country to conclude, so that one of its attendants, an antique car expert, could reattach the car's broken steering wheel. They labored through driving rains, thunder and lightning in mountainous upstate New York. Overheated radiator, malfunctioning clutches, crotchety carburetors and touchy brakes also called for continual attention.

On July 26, a police escort over the George Washington Bridge and into the Manhattan's traffic-crowded streets nearly resulted in accidents, but Dr. Kesling and his entourage ended the harrowing journey as unflappably as they began.

He told a reporter the evening after the journey's end, "What now? Now we're gonna get out of here. We're going home tomorrow as soon as the car is loaded up. I'll get back to teaching orthodontics."



Bagpipes: Winton owner Bob Stormont entertains guests at the Winton Bash July 15 at the Door Prairie Auto Museum in LaPorte, Ind., by playing a few tunes on the bagpipes.

Dr. Kesling joined his father Dr. H.D. Kesling and Dr. Robert Rock in orthodontics practice in Westville, Ind., in 1958. The group treats patients, conducts research and development in orthodontics and trains orthodontists from around the world in its methods. His son, Dr. Christopher Kesling, also works in the orthodontics group, which claims to be the world's oldest orthodontic group practice.

Half way there: Winton owners, from left, Manny Souza, Bob Stormont, Dr. Peter Kesling and Charles Wake gather around a sculpture of a 1903 Winton the night before hitting the road for New York City.

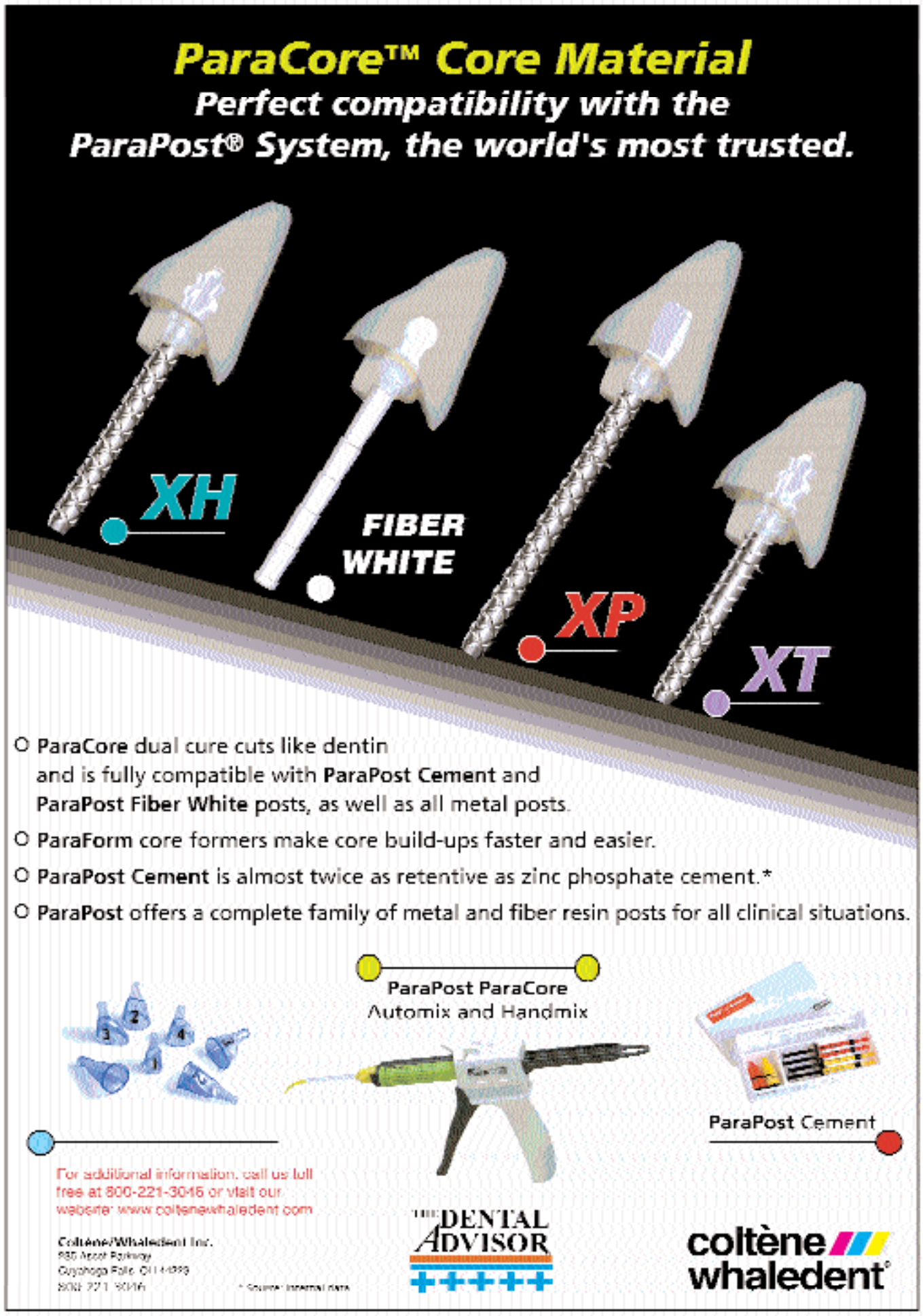
Dr. Kesling, 71, has also been an associate professor of orthodontics at St. Louis University Center for Advanced Dental Education for more than a quarter of a century, and he donated $1 million to renovate the facility.

Dr. Kesling says the next challenge on his horizon will most probably be orthodontics-related.

Dr. Kesling's enthusiasm for the Winton and his love of publishing spurred him to republish "The Mad Doctor's Drive," which was last printed in 1964. The new edition, published in 2002, also contains additional photographs and illustrations from the 1903 drive, plus the Winton sales brochure and instruction manual.

For more information or to order the book, contact Door Prairie Auto Museum, P.O. Box 1771, LaPorte, Ind. 46352-1771; call 1-219-326-1337; e-mail "dpmuseum@csinet.net"; or log on to "www.dpautomuseum.com".

To read about the day-to-day events of the Winton Re-Run as told by San Francisco Chronicle reporter Peter Fimrite, just enter "winton" in the search box on "ww.sfgate.com". ■



Dental Medicaid studied

Extensive review confirms children don't receive care

By Mark Berthold

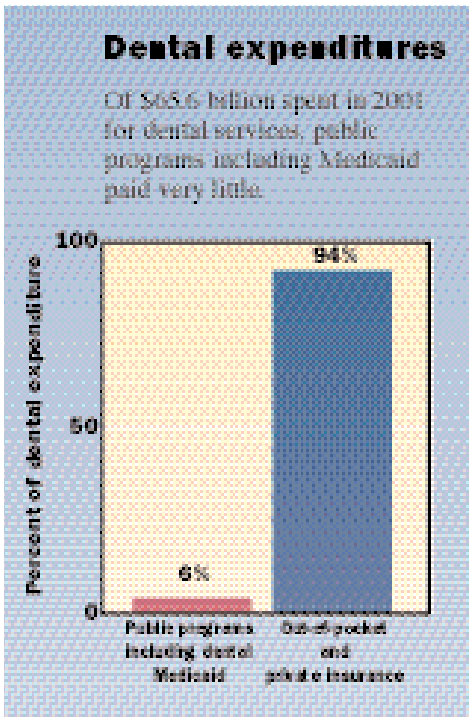
A new report on dentistry and the Medicaid program substantiates the claim that far too many children in the United States have difficulty accessing dental services.

Medicaid and Dental Care for Children: A Review of the Literature, a report from the ADA Health Policy Resources Center, was conducted to identify factors that contribute to young children's lack of access to Medicaid and the State Children's Health Insurance Program and to identify dentistry-related literature.

And what the literature clearly establishes may not surprise anyone: a significant burden of oral disease in the children of poor Americans, a widespread unmet need for oral health care, a well-documented lack of access to dental services and an extremely low level of utilization—countered by insufficient services available, insufficient funding of dental Medicaid and a low level of participation by the nation's dentists.

"There's a vast, drastic difference between the number of children who are eligible for dental treatment under the Medicaid program and those who actually receive treatment," says lead author Ian Coulter, Ph.D. "The simple conclusion is that many, many children who need dental care cannot get it, and the most vulnerable children have the worst oral health."

Echoing other experts in issues related to dental access, Dr. Coulter identifies Medicaid's low reimbursement and cumbersome administration as major obstacles. But he also emphasizes a need for the dental profession to work with government toward improving access for children.



"The key point for dentistry is to respond," he says. "A large group of children is not getting care."

Children of indigent families, the report observes, are not the only ones with difficulty accessing dental care. An alarmingly growing number of children who are falling between the cracks come from the "working poor": families in which both parents work yet neither parent's employer pays for health insurance—yet they don't qualify for Medicaid. As a consequence, these kids have the highest caries and gingivitis scores and the fewest filled teeth—even worse off than the poorest kids who receive Medicaid coverage.

To bring oral health care into the lives of the working poor and their children, Dr. Coulter suggests a reasonable level of insurance coverage for a very low individual cost. "If the number of enrollees is great enough, the government could spread the overall cost to the point where the cost to the individual person can be low," he says.

Dr. L. Jackson Brown, associate executive director, ADA Health Policy Resources Center, believes that devising a financially viable system is crucial to fixing the dental access problem.

"Medicaid originally was intended to provide children living in poverty with access to dental services—but that hasn't really happened," says Dr. Brown. "If we want to see commensurate improvement in the oral health of children living in poverty, then fiscally workable programs must be established to provide these children with care."

Dr. Coulter's report also notes the various cultural and attitudinal barriers on the part of patients; some studies rank dentists' frustration with Medicaid patients—and image of low compliance and broken appointments—as second in importance only to low financial reimbursement.

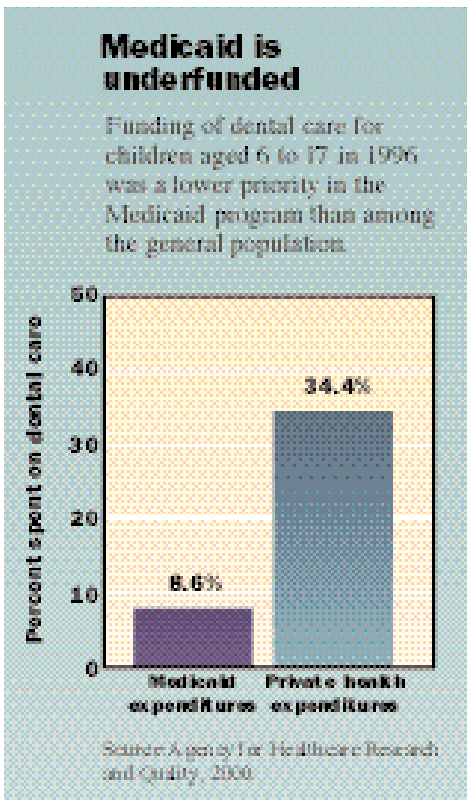
But the report takes issue with the notion that patients' low level of utilization implies a lack of value by parents for their children's oral health. According to a 1997 National Health Interview Survey, among parents who felt their children have an unmet health care need, 57 percent reported the need was for dental care. Another study found that Medicaid-eligible parents were more likely to have a regular physician and dentist for their children than for themselves.

The report also observes that Medicaid recipients have less disposable time, yet wait almost 40 percent longer for their first appointment than persons with private insurance. Medicaid recipients have less transportation options available and less disposable income, yet must travel much farther to reach a dentist who will treat them. They often lack knowledge of Medicaid's policies and benefits, yet must navigate a complex system to receive basic care.

Making further assumptions about other social and cultural barriers to utilization is difficult without knowing the major demographic and social variables, which itself is difficult since the Medicaid dental population has been studied so little, the report notes.

"However, steps can be taken toward improvement regardless of cultural barriers," says Dr. Brown. "For example, it is a well-known fact that public programs are underfunded but fail to limit the size of the eligible population to match the funds available. Perhaps policy analysis and formulation should concentrate on making Medicaid work for segments of the population most in need (for example, preschool children living in poverty) or, if it does not, on replacing it with an alternative program that will do so."

To obtain a copy of Medicaid and Dental Care for Children: A Review of the Literature, contact the ADA Health Policy Resources Center at Ext. 2568 or e-mail "survey@ada.org". ■



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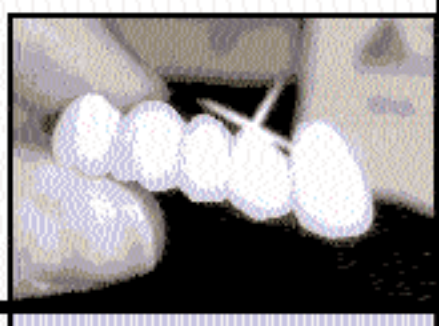

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State study eyes access for kids

By Craig Palmer

Washington—Dental care remains the most prevalent unmet health care need for children in the United States, says a study of children's health insurance and access to care.

But children covered by public programs are "far more likely" to receive medical than dental care, the study said. An issue brief from The Child Health Insurance Research Initiative, "Children's Dental Care Access in Medicaid" reports on children's dental care use in the Alabama and Georgia Medicaid programs before these states moved to improve dentist participation in public insurance programs.

Increasing dentist participation in Medicaid is often cited as one of the ways to improve access to dental care, and the researchers reported finding "some support" for this in the two states. Medicaid-enrolled children were more likely to receive restorative and somewhat more likely to receive preventive dental care in areas with greater dentist participation than areas with lower levels of dentist participation in the public programs.

Less than 40 percent of Medicaid-enrolled children in the study states received dental care during the study period. Nearly half the children who had some dental care received intensive services such as emergency and restorative care and nearly all of these children received preventive dental care.

The CHIRI is funded by the Agency for Healthcare Research and Quality and the Health Resources and Services Administration, agencies within the U.S. Department of Health and Human Services, and by The David and Lucile Packard Foundation. The CHIRI issue brief is posted at the AHRQ Web site ("www.ahrq.gov/about/cods/chiridentt.htm"). ■

Californians for patient choice

CDA supports reimbursement for non-amalgam restorations

By Mark Berthold

Sacramento, Calif.—Legislation to let dentists bill Medicaid for non-amalgam restorations has passed the state assembly.

By affording the dentist some reimbursement from DentiCal (Medicaid) for non-amalgam fillings, A.B. 999 would allow dentists and patients the choice to use either amalgam or non-amalgam filling materials to restore teeth.

Ms. Mudge: Proposed legislation would give dentists more flexibility to meet patients' needs.

Dentists would receive reimbursement at the same rate paid for amalgams. Under current DentiCal restrictions, a dentist who uses another filling material in posterior restorations receives no reimbursement from DentiCal—only amalgam is reimbursed for posterior restorations. The state dental Medicaid program also defines using another material, yet billing for an amalgam, as a fraudulent billing practice.

"The California Dental Association supports the current draft of this bill," says Cathy Mudge, manager of legislative and regulatory affairs for the CDA, "because it will provide flexibility that we and the American Dental Association have always supported—to allow patients to consult with their dentist about the best treatment for them."

She adds, "The CDA opposed the original bill as written because it was filled with unsubstantiated negative findings about dental amalgam. But with suggestions from the CDA, the bill was significantly amended to delete these negative findings."

In a letter to the California State Assembly, the CDA notes that dentists should be allowed to recommend the appropriate restorative material to meet the patient's needs, and that amalgam has been the material of choice in the DentiCal program because it is safe, extremely durable, long-lasting and cost effective.

The bill is now with the state senate. ■

NJDA wins battle for dental Medicaid

By Mark Berthold

Trenton, N.J.—More than 400,000 of New Jersey's most vulnerable citizens can breathe a sigh of relief, reports the New Jersey Dental Association.

Gov. James McGreevey signed a new budget July 1 that includes $14 million in state funds earmarked for adult dental Medicaid. With an additional $14 million in matching federal funds, the dental portion of Medicaid is now a fully funded program.

The revised budget is a victory for the NJDA, which led a grassroots action plan to persuade Gov. McGreevey and state legislators to revisit their plans to eliminate the adult dental Medicaid program. With New Jersey in a budget crisis, the governor had originally proposed the cut as a means of cost savings.

In announcing its legislative victory, the NJDA said its strategy consisted of an "integrated, multi-point public relations campaign" and "clear incremental goals" to ultimately restore the adult dental Medicaid program to the state's budget. This included NJDA dentists contacting their legislators, writing editorials in local newspapers, testifying before the state senate and assembly and participating in press conferences.

"The governor and legislature understood they can't balance the budget at the expense of the poor, elderly and disabled," says Dr. Sid Whitman, chair of the NJDA's Medicaid committee. "They listened to their constituents and decided it was a program worth saving."

State Assemblyman Louis Greenwald lauded the efforts of the NJDA, saying in a press statement, "The citizen groups and individuals who crusaded for restoration of the dental services are the real heroes and deserve commendation." ■

Summit

Continued from page one

GKAS corporate sponsors who helped make the access event possible included Crest Healthy Smiles 2010, Sullivan-Schein Dental, Ivoclar Vivadent Inc., and DEXIS Digital X-ray Systems. Together, the corporate sponsors donated more than $6 million in products and services, including 470,000 product sample bags from Crest.

The Boys & Girls Clubs of America, United Way of America and the National Head Start Association also participated.

After the award was disclosed, ADA Executive Director James B. Bramson sent a note to Association leaders.

"We truly can be proud of this phenomenal program and the teamwork among members, societies, leaders, staff and our corporate sponsors that made [GKAS] so successful—and in only its first year," wrote Dr. Bramson.

Dr. Jones said the award was a "tremendous compliment to all who made it happen," a sentiment echoed by President-elect Eugene Sekiguchi.

"Everyone at every level deserves the credit because [GKAS] is the sum total of everyone's effort," said Dr. Sekiguchi.

Dr. David Neumeister, ADA first vice president, said it was "a pleasure to see the enthusiasm that good works can generate."

Dr. Edwin Mehlman, ADA 1st District Trustee, said the honor was "great for the ADA, great for ADA component and constituent staff, great for the volunteers. This was a combined effort and it paid off."

The ADA will receive its Summit Award Sept. 30 at a dinner ceremony in Washington, D.C.

Next year's Give Kids A Smile event is set for Feb. 6, 2004. (See story, this page, for information on how to register for next year's program.) ■

Selected facts about Give Kids a Smile '03

Children treated free: About 1 million
Sites involved: 5,000 nationwide
Value of donated care: $100 million
Crest's contribution: 470,000 sample product bags; two $5,000 scholarships; total value of contribution, $3.2 million
Sullivan-Schein's contribution: 43 Schein vendors put together 41 supply and product packages; total value, $1.25 million
DEXIS' contribution: 50 staffed-and-equipped digital dental X-ray units; total value, $1 million
Ivoclar Vivadent's contribution: 5,000 kits of preventive, restorative materials; total value, $550,000

Log on and sign up!

Registration is now open for 2004 Give Kids a Smile event

Online registration for the 2004 Give Kids a Smile event should give program planners an added reason to smile—a new, easy-to-use format.

Online registration will be up and running on ADA.org by Aug. 1.

The streamlined online registration process contains three parts:

- contact information;
- event information;
- request for dental products.

After registering online, participants are encouraged to access their records as many times as they want to provide updated information on the location, number of volunteers, number of children treated and so on as their individual event evolves.

Updating Give Kids A Smile information after the event will also help the Association tally the final totals of programs held, children treated, amount of care provided and volunteers who participated.

When you log on to "www.ADA.org/goto/GKAS", you can register as:

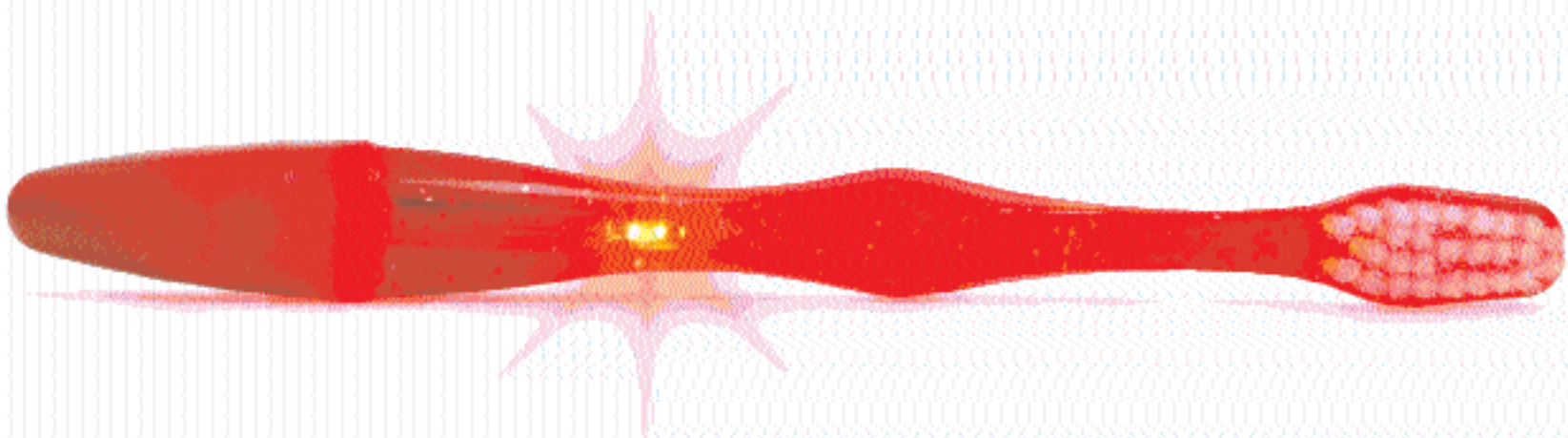
- an individual dentist/student;
- a multi-dentist practice/clinic;
- a federal services dentist;
- a dental/dental hygiene school;
- a dental society or community group.

Then you will be directed to the appropriate form to enter your contact information as well as details about your planned GKAS event.

When you return to the Web site to update your information, you'll only need to enter your last name and city to pull up your records.

Requests for products will be available soon and must be made online before Dec. 1.

Log on today and start planning your Give Kids a Smile event for Feb. 6, 2004. ■



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Scientific program sizzles

Annual session offers courses on the hottest issues in dentistry

San Francisco—The 144th Annual Session of the American Dental Association is the place to be for continuing education that focuses on today's hot topics—new ideas that can revolutionize the way you practice dentistry.

Some of the scientific programs you won't want to miss include:

● Team Building Conference VIII: Celebrating the Diversity of the Team—This two-day conference is designed to help your entire team work together effectively and happily after you return from annual session and in the future. A survey of past team building conference participants reports that 84.5 percent would consider attending another team building conference and 64 percent implemented new skills or concepts in their offices that they learned at team building. Find out for yourself by attending this year's program. Presenters include Drs. Mark Hyman and Roger Levin, Bruce Machion, Petra Marquart, Joy Millis and Connie Podesta. Team building is Friday and Saturday, Oct. 24-25, from 9:30 a.m.-5 p.m. at the Argent Hotel. Tickets are $295 for dentists; $195 for staff members and include morning coffee and lunch. (Course code: C25.) This course is presented in cooperation with the ADA Council on Dental Practice.

● Building Blocks for Success—This registered clinic will help you plan, build and manage a successful dental practice and maximize your investment, whether you're interested in new office construction, expansion or remodeling. Experts in dental architecture, design, ergonomics and financing—Drs. Mark Hyman and Michael Unthank, Patricia Carter, John Devine, Alison Farey, Mary Govoni, Brian Hufford—will help you design the practice of your future. Building Blocks is Thursday, Oct. 23, 8 a.m.-5 p.m. at the Moscone Center. Tickets are $95 for new dentists (or $115 on-site) and $145 for all others (or $160 on-site), including lunch. (Course code: C7.) This course is underwritten by The Matsco Companies and presented in cooperation with the ADA Committee on the New Dentist.

● Women's Health Conference: Successful Patient, Practice and Personal Wellness—This interactive, conference will offer practical tips on patient and practice management and cover the latest scientific developments and trends in health for women at all ages. Topics will include optimal aging, herbal products and dental health contraindications, preventive care and more. Speakers include Drs. B. Ellen Byrne, Marjorie Jeffcoat, Linda Niessen, Barbara J. Steinberg and Mollie Winston. The women's conference is Thursday, Oct. 23, 8 a.m.-5 p.m. at the Moscone Center. Tickets are $95 ($115 on-site). (Course code: C4.) This course is presented in cooperation with the American Association of Women Dentists.

● Pampered Patient Care: Amenities To Comfort the Patient—Learn how to pamper your patients and make their experience comforting, relaxing and efficient. Presenters Drs. Shirley Brown and Michael Unthank and Risa Simon explain how amenities like color, texture, lighting and sound; adjunct treatments, therapies and relaxation techniques; and efficient, cooperative care and exit interviews help provide an atmosphere your patients will look forward to and tell their friends about. This free open session will be held Sunday, Oct. 26, 9:45 a.m.-12:15 p.m. at the Moscone Center.

● OSHA: Not Just Another Four Letter Word: Combining the Bloodborne Pathogens Requirements and the California Minimum Standards for Infection Control—This special registered clinic provides a comprehensive office infection control program. Dr. William Carpenter and Eve Cuny will present this half-day program, which meets the new California Board of Dental Examiners' requirements for continuing education in infection control for licensed dentists, hygienists and registered dental assistants. Choose from two sessions at the Moscone Center on Saturday Oct. 25: 9:30 a.m.-12:30 p.m. (Course code C56A) or 2-5 p.m. (Course code: C56B). Tickets are $55 ($65 on-site).

For more information on annual session's scientific programs, check out your annual session Preview or log on to "www.ADA.org" and follow the links to a searchable list of sessions and speakers. ■

Dr. Levin

Dr. Unthank

Dr. Steinberg

Annual Session

Estate planning

ADA annual session program gives dentists the help they need

Annual Session

Results from a 2002 annual session survey point to a need among members for more help with their estate planning.

"We're very encouraged that about 70 percent of dentists have a will," says David Shantz, account executive for the ADA Insurance Plans and vice president for Great-West. "But we discovered that at least 30 percent hadn't reviewed their will for several years, and even fewer have a defined succession plan for their practice."

That revelation prompted ADA Insurance Plans and Great-West to present the seminar, "Estate Planning: Common Pitfalls, Practical Solutions," during the ADA annual session in San Francisco. The program is scheduled for 2:30-5 p.m. on Friday, Oct. 24.

The seminar will feature a case study of a successful dentist and illustrate how even simple changes to an estate plan can make a dramatic difference in its value.

Survey results showed that only 16 percent of ADA members had included a succession plan for their practice as part of their overall estate plan.

"We had an overflow crowd at our estate planning seminar last year in New Orleans and unfortunately had to turn many people away. This indicates the keen interest that members and their spouses have in this very important but often neglected subject," says Mr. Shantz.

In conjunction with the seminar, Great-West will distribute a Personal Estate Planner—a free 24-page workbook to catalog your assets, document your wishes and help reduce estate planning fees—just for attending. Members unable to attend the seminar can request a planner. Call the ADA Insurance Plans at 1-888-463-4545. ■

ADA Foundation's HSP will offer skin patch tests at annual session

San Francisco—Free skin patch testing for dermatological problems related to dental practice returns for a command performance at the ADA Foundation Health Screening Program at annual session this fall.

If you are experiencing skin problems that might be related to gloves or chemicals used in the dental office, you can drop by the HSP booth in the Moscone Center North Hall to don a test patch on Thursday, Oct. 23, or Friday, Oct. 24. Participants need to return two additional consecutive days to have their test sites evaluated. (Participants will obtain best results if they receive their patch on Thursday, Oct. 23.)

The ADAF Health Screening Program will run Thursday, Oct. 23, through Sunday, Oct. 26. SmartPractice, a manufacturer of gloves used for dentistry, will again underwrite the skin patch test, for the sixth time since 1997.

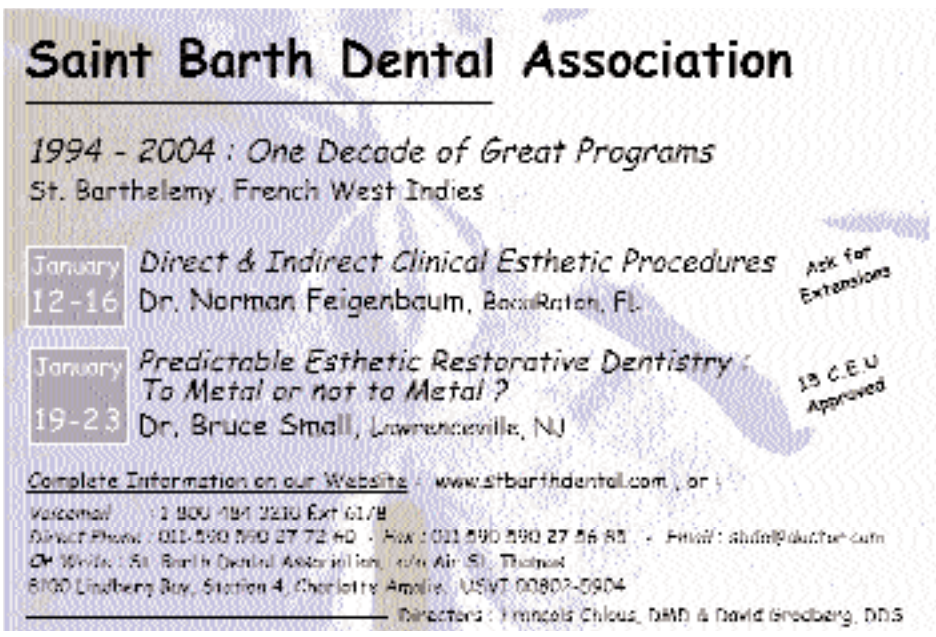
This test, when ordered by a physician, can cost up to $500, plus the expense of time away from work. Last year, about 120 dental professionals participated in the free skin patch test at annual session in New Orleans.

Patch testing can help participants detect dermatological problems that have eluded detection by a skin prick test. It can detect delayed hypersensitivity to residual chemicals used in manufacturing gloves, as well as to many other chemicals used in a dental operatory: nickel, alloys, alcohols, ointments/soaps, topical antibiotics, cements, flavorings/fragrances, cinnamaldehyde, eugenol, acrylates, adhesives, sealants, disinfectants, rubber accelerators/antioxidants and mercury.

Test results can provide clues to the most effective treatment strategies for eliminating skin problems and help investigators to better understand the type and extent of problems associated with using chemicals or being exposed to other allergens in dental offices.

Detailed information about this test will be available on-site. Dentists, dental hygienists and dental assistants are eligible for this test and should talk to the attending physician at the latex hypersensitivity area at the HSP to be included in the testing.

For more information before annual session, contact Chakwan Siew, Ph.D., senior director, ADA Division of Science research and laboratories, by calling the toll-free number, Ext. 2842 (or e-mail "siewc@ada.org") or Steve Gruninger, assistant director, safety and biocompatibility, Ext. 2552 ("gruningers@ada.org"). ■



Marketplace

Find SUCCESS

ADA program for dental students reveals practice management tips

In its 21st year, the ADA SUCCESS practice management program offers strategies and tips to junior, senior and graduate dental students about the business aspects of owning and operating a dental practice.

The seminar covers practice options, associateship considerations, the Health Insurance Portability and Accountability Act, managing money and practice financing, office staffing, dental pre-payment plans, dental practice marketing and other topics.

Students attending the seminar will receive the SUCCESS Seminar Manual. Senior dental students later will also receive the practice management publication, "Starting your Dental Practice: A Complete Guide."

Dates and locations for the 2003-2004 SUCCESS seminar season follow:

- Sept. 9, The University of Iowa;
- Sept. 11, Indiana University;
- Sept. 17, Meharry Medical College;
- Oct. 2, University of Missouri-Kansas City;
- Oct. 10, University of Illinois at Chicago;
- Oct. 21, University of Alabama;
- Nov. 7, University of Nebraska;
- Nov. 12, West Virginia University;
- Nov. 18, The Ohio State University;
- Nov. 18, University of Florida;
- Dec. 4, University of Mississippi;
- Dec. 4, State University of New York at Stony Brook;
- Jan. 8, 2004, University of Tennessee;
- Jan. 9, 2004, University of Washington;
- Jan. 16, 2004, University of Texas Health Science Center-Houston;
- Jan. 22, 2004, University of North Carolina;
- Jan. 26, 2004, Medical University of South Carolina;
- Jan. 30, 2004, Baylor College of Dentistry;
- Jan. 31, 2004, University of Minnesota;
- Feb. 7, 2004, Columbia University;
- Feb. 19, 2004, Louisiana State University.

Sponsors of the 2003-2004 SUCCESS Seminar series include A-dec Inc.; The CNA Insurance Cos. and Brown and Brown Insurance; DENTSPLY International; The Equitable Life Assurance Society of the United States; Great-West Life and Annuity Insurance Co.; John O. Butler Co.; The Pankey Institute for Advanced Dental Education; Patterson Dental Supply Inc.; Procter & Gamble Co.; Sullivan-Schein Dental, a Henry Schein Company; and Pfizer Consumer Healthcare Division, Pfizer Inc.

If you are a new dentist and would like to attend a seminar at a school near you, contact the school directly to determine space availability.

For more information about the SUCCESS Seminar program, call GraceAnn Pastorelli of the ADA Council on Dental Practice, toll-free, Ext. 2882 or e-mail "pastorellig@ada.org". ■

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