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# ADA News®

AMERICAN DENTAL ASSOCIATION

AUGUST 18, 2003

[www.ada.org](http://www.ada.org)

VOLUME 34, NO. 15

## ADVOCATING FOR MEMBERS

# Aetna **suit** settled

## Agreement to improve claims processing, benefit dentists, patients, ADA Foundation

BY JAMES BERRY

At press time, lawyers representing the ADA and insurance industry giant Aetna Inc. were hammering out the final details of an agreement expected to settle a class-action civil lawsuit the Association filed against Aetna exactly two years ago.

The agreement, to be signed Aug. 15 and requiring court approval, calls for Aetna to establish a settlement fund containing \$5 million, including \$1 million to be paid directly to the ADA Foundation, the Association's charitable arm. The remaining \$4 million will be available for payments to class-member dentists.

Exactly how much each class

■ **The agreement calls for Aetna to establish a settlement fund containing \$5 million, including \$1 million to be paid directly to the ADA Foundation.**



member could expect to receive in a one-time payment can't be determined until the claims are processed, though dollar amounts are expected to be similar to those from Aetna's recently settled suit with physicians. In that settlement, individual physicians were eligible for about \$120 each as class members.

Class members in dentistry's complaint can opt to donate their share to the ADA Foundation settlement fund if they choose. (See related story, page four.)

Watch for more information on how to submit a claim in a future  
*See AETNA, page four*

## BRIEFS

**Look inside:** ADA.org, the official Web site of the American Dental Association, is getting a whole new look.

In mid-September, the ADA will launch a new, enhanced Web site that counts among its many features easier navigation, more user-friendly content and an updated search function on every page.

"The ADA.org redesign is one part of an organization-wide effort to enhance meaningful information for members and consumers," said ADA Executive Director James Bramson. "ADA.org needed to be better organized and more user-friendly, and I believe we've accomplished that with the site redesign."

"Go Site-Seeing: Your Road Map to Success," a guide to the newly designed site, is inserted in this issue of the ADA News, between pages four and five.

For regular users, there are some familiar aspects to the new ADA.org. From the entry page, you will be directed to one of three options: Dental Professionals, The ADA or Your Oral Health (resources for the public).

Early in the redesign process,  
*See ADA.ORG, page four*



## Back to school Satellite media tour

BY KAREN FOX

In a rare collaboration with the American Academy of Pediatrics, the ADA this month launched a satellite media tour that included a video news release urging parents to make dental exams a regular part of their children's back-to-school routine.

"It is just as important to examine the mouth as the rest of the body," said Dr. Kimberly Harms, an ADA consumer advisor. "Most parents don't realize that tooth decay is a bacterial disease. Just like hand washing can help prevent the spread of disease, brushing, flossing and seeing your dentist regularly can help prevent tooth decay caused by dental disease."

The VNR garnered a record number of airings: 273 reaching more than 6 million people over a two-day period. To watch the VNR, go to "[www.ada.org/public/media/vnr/index.html](http://www.ada.org/public/media/vnr/index.html)". ■



**Lights! Camera! Action!** Dr. Harms, left, and Alycia Rodgers, M.D., a pediatrician, prepare for a media barrage in a Chicago television studio Aug. 7.

## HIPAA Electronic transactions deadline coming

BY ARLENE FURLONG

Is the dental claims market ready for the Oct. 16 deadline for HIPAA standard electronic transactions and code sets?

It depends on whom you talk to. The president of an independent testing agency says, "No. It's very troubling." The e-claims manager of a dental practice management software  
*See HIPAA, page 10*

## INSIDE



### NIDCR going strong

NIH reorganization plan keeps NIDCR. Story, page six.



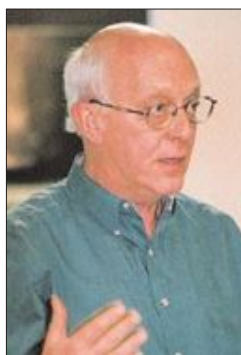
# Fluoride researcher Dr. Horowitz dies Aug. 10

BY STACIE CROZIER

Bethesda, Md.—Dr. Herschel S. Horowitz, a public health dentist whose work in fluoride and sealants research and community water fluoridation influenced the dental health of communities worldwide, died Aug. 10 in his Bethesda home. He was 71.

"He was a fervent believer and supporter of the importance of fluoride," says Alice Horowitz, Ph.D., his wife of 33 years and an education specialist at the National Institute of Dental and Craniofacial Research. "He was the epitome of helpfulness and he was an advocate for everyone having access to preventive care in their communities."

Dr. Horowitz, whose name was synonymous with fluoride research, was a commissioned officer in the U.S. Public Health Service for 26 years. In a career that spanned more than four decades, Dr. Horowitz studied the caries prevention efficacy of self-applied fluoride toothpastes and mouthrinses and professionally applied topical fluoride agents and the systemic benefits of



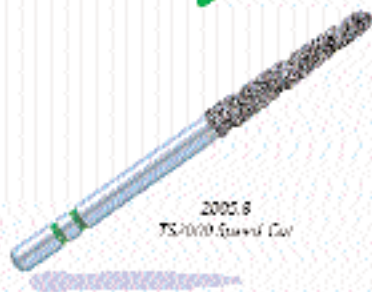
Dr. Horowitz

school-based fluoride supplements and water fluoridation. He was a tireless advocate of community water fluoridation both nationally and internationally. His work earned him many honors, including the H. Trendley Dean Award from the International Association for Dental Research, the Distinguished Service Award from the American Association of Public Health Dentistry and the John Knutson Distinguished Service Award in Dental Public Health from the American Public Health Association.

"He was my long-time friend and colleague," says Dr. Ernest Newbrun, professor emeritus at the University of California San Francisco. See DR. HOROWITZ, page three



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# Guidelines update

## Session course eyes the latest from CDC, OSHA

San Francisco—The ADA has planned a special annual session registered clinic to help you stay up-to-date on Occupational Safety and Health Administration and Centers for Disease Control and Prevention guidelines for dental practices.

Dr. William Carpenter and Eve Cuny, M.Sc., assistant professor and director of environmental health and safety at the University of the Pacific School of Dentistry, will present "OSHA: Not Just Another Four-letter Word," on

### Annual Session

Saturday, Oct. 25.

Ms. Cuny is one of the collaborators who worked on the production of new CDC guidelines for dental office infection control. The revised guidelines are due to be released this fall.

"This program is pertinent to dentists nation-

wide," says Ms. Cuny. "We will not only provide California dental professionals with the continuing education required by their state's regulations, but cover the comprehensive guidelines that all offices need to follow in dental practice."

The program will be presented twice, 9:30 a.m.-12:30 p.m. (Course code: C56A) and again from 2-5 p.m. (Course code: 56B). Tickets are \$55 in advance.

For more information or to purchase tickets



Dr. Carpenter



Ms. Cuny

for this clinic, log on to ADA.org and follow the links to register for annual session, or to add this course if you've already registered.

Registration forms are also available in the May 19 ADA News, the July issue of the Journal of the American Dental Association, the Preview or online. ■

## ADA session showcases cool courses on hot topics

San Francisco—When you "Celebrate the Community of Dentistry" by attending annual session this October, you can take home the latest dental techniques and procedures and gain first-hand exposure to next-generation dental technology.

Log on to "www.ada.org/prof/events/session/index.asp" to find the programs that best fit your continuing education interests. And save money by registering and buying your tickets by Sept. 26.

Some of the hottest course choices include:

- Technology Day VI, Thursday, Oct. 23, 8 a.m.-5 p.m. Tickets are \$295 for dentists; \$195 each staff member. (Course code: C3.)

- Women's Health Conference: Successful Patient, Practice and Personal Wellness, with Drs. Ellen Byrne, Marjorie Jeffcoat, Linda Niessen, Barbara J. Steinberg and Mollie A. Winston, Thursday, Oct. 23, 8 a.m.-5 p.m. Tickets are \$95 in advance. This course is partially underwritten by a grant from the Colgate Palmolive Company and The Compendium. (Course code: C4.)

- Making Endodontics a "Walk in the Park," with Dr. John D. West, Thursday, Oct. 23, 9:30 a.m.-noon. Tickets are \$55 in advance. (Course code: C11.)

- Current Controversies in Vital Bleaching, with Drs. William M. Dorfman, Van B. Haywood, Harald O. Heymann and Gerard Kugel, Thursday, Oct. 23, 9:45 a.m.-12:15 p.m. Tickets are \$55 in advance. (Course code: C14.)

- Porcelain Veneer Restorations: Benefits, Risks and Alternatives, with Drs. James R. Dunn, Mark J. Friedman and Ross W. Nash, Thursday, Oct. 23, 2:30-5 p.m. Tickets are \$55 in advance. (Course code: C19.)

- Oral Health Products For Home Use: What Should I Use? with Karen A. Baker, Thursday, Oct. 23, 2:30-5 p.m. Tickets are \$55 in advance. (Course code: C24.)

- Diagnosis of Restorative and Prosthodontic Problems: Part 1—An Interactive Session, with Dr. Terry T. Tanaka, Friday, Oct. 24, 9:30 a.m.-noon. Tickets are \$65 in advance. (Course code: C34.)

- Local Anesthesia Update, with Dr. Stanley F. Malamed, Friday, Oct. 24, 9:30 a.m.-noon. Tickets are \$55 in advance. (Course code: C36.)

- Porcelain Veneers: Essential Tools to Create Exquisite, Long-lasting Restorations, with Dr. Mark J. Friedman, Friday, Oct. 24, 9:30 a.m.-noon. Tickets are \$55 in advance. (Course code: C37.)

See COOL COURSES, page eight

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# NIDCR stays as NIH agency

## Report to Congress maintains status quo for dental research

BY CRAIG PALMER

Bethesda, Md.—The National Institute of Dental and Craniofacial Research, born more than a half century ago of professional and public advocacy, will remain a separate agency directing the nation's oral health research with the strong support and partnership of the dental profession.

"I am happy to report that NIDCR appears likely to remain an independent agency within NIH," ADA Executive Director James B. Bramson said in recent communications with the nation's dental leaders.

"Congress mandated a study of the NIH because of concerns that the agency had become too fragmented and unwieldy," said the ADA executive whose participation last year with other profession leaders in a historic meeting on the NIH campus underscored the dental community's longstanding support for a strong and independent NIDCR.

"But the report by the National Academy of Sciences National Research Council and Institute of Medicine made no mention of any change in NIDCR's status," Dr. Bramson said.

### Government

The leadership of the American Dental Association, American Dental Education Association and American Association for Dental Research met with the director of the National Institutes of Health last year to press the profession's case for continued independent dental research within the NIH as Congress called for advice on whether the NIH is "optimally configured for the scientific needs of the 21st century."

The National Academy of Sciences convened a committee to advise the U.S. Congress on such matters as consolidation and management of the 27 separate institutes and research agencies comprising today's National Institutes of Health.

Again the dental profession stepped up with testimony urging the NAS panel against recommending changes in the NIDCR's status as a separate NIH institute. Research supported by the NIDCR is fundamentally important to practicing



**Bethesda view:** Building 30 houses the major part of NIDCR's research efforts on the NIH Maryland campus.

dentists, dental education and public health, the dental organizations told the NAS panel during public hearings held in response to the congressional mandate.

"Consolidating dental research into broader medical research has failed notably in other parts of the world," the ADA and ADEA testified.

The NAS panel released its report to Congress, the Bush administration and the public July 29. The panel's 14 recommendations to improve the management structure of the world-renowned biomedical research center included consolidation and reorganization of several institutes but not the NIDCR.

The report noted the historical importance of dental research in shaping today's NIH but made no recommendations that would alter the independent status of the NIDCR, the primary public agency supporting dental behavioral, biomedical, clinical and translational research that is put into practice. ■

## NIDCR: historical perspective

BY CRAIG PALMER

Washington—When Johnny came marching home from World War II, President Harry S. Truman took note of the role of dental health in the fitness of America's fighting force and expanded the National Institutes of Health to meet the challenge.

The NIH had grown from humble beginnings in the late 19th century as a one-room laboratory with a \$300 government allocation to a modest research enterprise on the verge of expansion. The American Dental Association was on a quest for new knowledge. Pent-up pressures for increased biomedical research enlivened campus and Congress. It was the heyday of health advocacy, public and professional.

The partnering of dental health and citizen advocacy in a dance of legislation plays prominently in the post-war expansion and organization of the National Institutes of Health, today a \$27-billion-a-year research system "that justifiably enjoys enormous public and congressional support" in the view of a National Academy of Sciences panel.

"Citizen advocacy for NIH funding and growth grew in scale and sophistication after World War II and changed national health policy," said the 21-member panel response to a congressional mandate to study the NIH organizational structure. (See related report, page seven.) Wartime experiences of leading government scientists and successful research and development efforts "brought about wide acceptance of a federal role in supporting research in our nation's universities," the panel said.

"In addition, military recruitment and mobilization produced greater recognition of the roles of health and disease in determining the physical fitness of American military personnel. For example, during the early 1940s, about 21 percent of the 2 million potential military recruits could not meet Selective Service dental requirements."

"This observation led President Truman to sign legislation that created the National Institute of Dental Research (NIDR) on June 24, 1948. At that time, NIH consisted of three institutes—cancer, heart and dental."

The American Dental Association achieved a longtime goal with enactment of Public Law 80-775, which authorized construction of a separate dental research institute within the National Institutes of Health. The NIDR has since been renamed the National Institute of Dental and Craniofacial Research and is one of 27 institutes and centers comprising today's NIH. ■

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# Dental patients reap benefits of NIDCR research: Dr. Tabak

BY CRAIG PALMER

Bethesda, Md.—The National Institute of Dental and Craniofacial Research generates knowledge that helps dentists provide the best possible care for their patients, says Dr. Lawrence Tabak, institute director.

“Our resources are devoted to scientific research aimed at improving the oral, dental and craniofacial health of the American people and training the next generation of oral health researchers,” he told the ADA News last year in an interview.

“Most of the research we support is carried out in schools of dentistry located throughout the country, and it is through the dental profession’s adoption of science-based innovations that patients enjoy the benefits of the research investment.”

Dr. Tabak is the institute’s seventh director and a member of a steering committee formed by the NIH director to give “crisp strategic direction” to the NIH and streamline its decision-making processes. The in-house committee was announced July 25, just days before a National Academy of Sciences panel sent a report to Congress and the Bush administration recom-

made at the interface of traditional disciplines. We must remain vigilant to ensure that our oral health research workforce reflects the diversity of our nation and is trained at the cutting edge of interdisciplinary sciences.”

The enduring partnership of the American Dental Association and the National Institute of Dental and Craniofacial Research is “vital to the success of our common goal of improving the

nation’s oral health,” Dr. Tabak told the ADA News. “Without the continued support of the ADA, there would be no NIDCR. Without the partnership between NIDCR and the dental profession, patients would receive limited benefit from research advances.

“Close working relationships with the ADA and other professional organizations are also the means by which NIDCR remains sensitive to

the practical needs of dental professionals,” Dr. Tabak said.

NIDCR-supported research is fundamentally important to practicing dentists, dental education and the public health, the ADA and American Dental Education Association testified jointly in supporting NIDCR’s continued independent status within the National Institutes of Health. ■



**Dr. Tabak:** “Without the continued support of the ADA, there would be no NIDCR. Without the partnership between NIDCR and the dental profession, patients would receive limited benefit from research advances.”

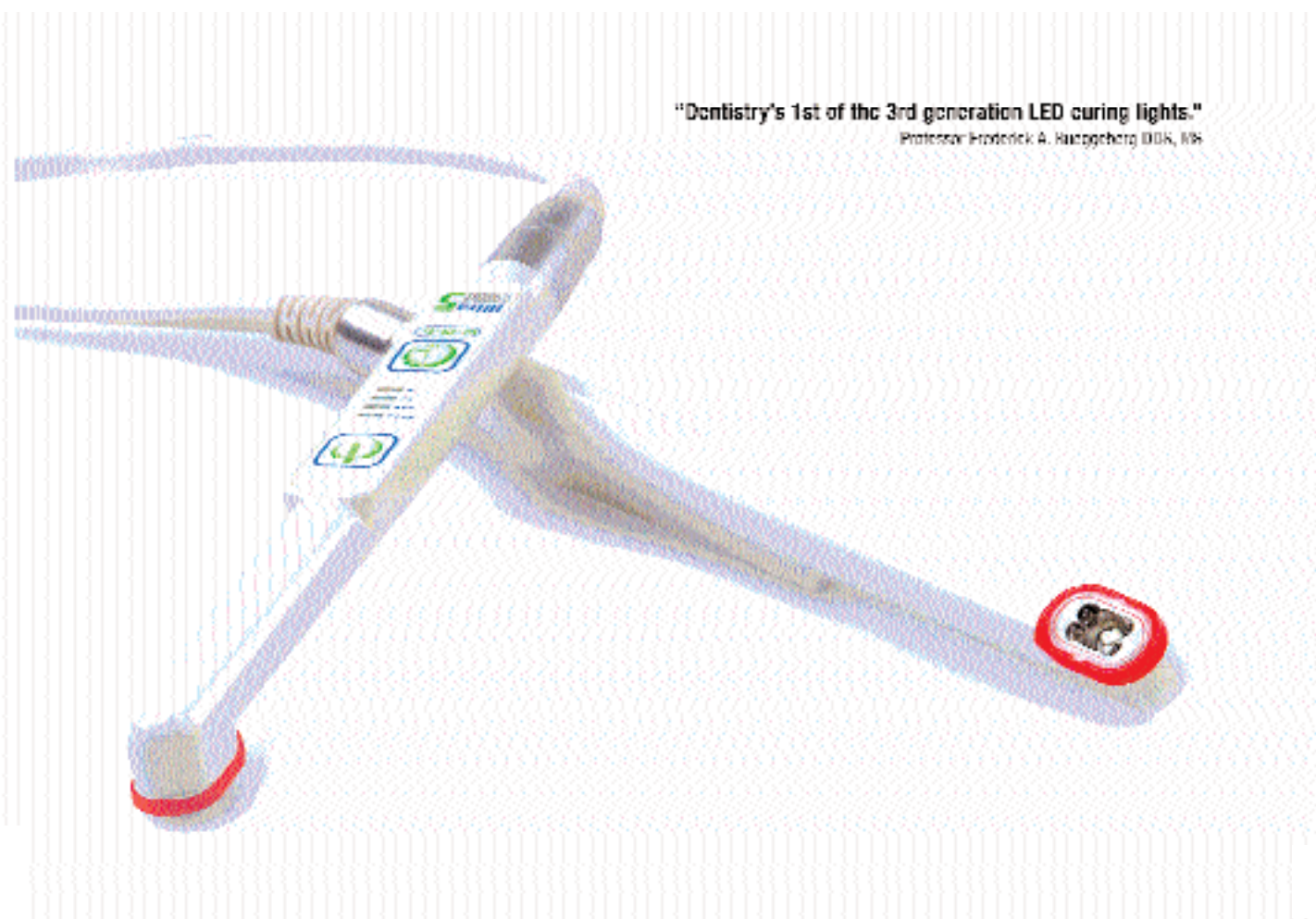
mending changes in the NIH organizational structure. (See related report, page six.) Congress is investigating NIH management issues.

Although the status of several institutes could be altered if the NAS advisory panel’s recommendations were fully implemented, the independent status of the NIDCR within the NIH would not be affected. The panel recommended consolidation of several institutes, not including the NIDCR.

Dr. Tabak’s “Director’s Message” at the NIDCR Web site (“www.nidcr.nih.gov”) emphasizes several themes struck by the NAS panel in calling for increased emphasis on multidisciplinary research and a research establishment structured for quicker response to new challenges and to social and behavioral influences on health and disease.

“Extraordinary advances in biomedical and behavioral sciences have provided us with new tools to tackle the most difficult problems of oral health,” says Dr. Tabak’s message. “However, much remains to be done, as underscored by the report of the Surgeon General, ‘Oral Health in America’.

“Research discoveries are increasingly being



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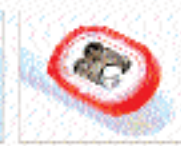
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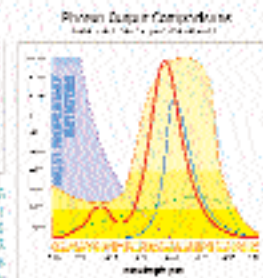
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# Amalgam lawsuits dismissed

BY MARK BERTHOLD

San Francisco—The Superior Court of the State of California Aug. 8 dismissed two amalgam-related lawsuits against the ADA and upheld the Association's right of free speech on public issues.

The California Dental Association, a codefendant in both complaints—*Tibau v. the ADA* and *Kids Against Pollution v. the ADA*—had its motion denied by the Superior Court. However, this decision was reversed by the Court of Appeal and in effect granted the CDA's motion to dismiss May 21.

"The ADA is extremely pleased that the

Superior Court has dismissed the complaints against the ADA," says Peter Sfikas, ADA chief counsel. "The Superior Court's decision reaffirms the ADA's constitutional right to express its opinion in the scientific debate on amalgam."

Originally filed June 12, 2001, the two virtually identical complaints stated four causes of action alleging violation of California's "Unfair Competition Law." Plaintiffs claimed the ADA and CDA deceive the public by, among other things, representing amalgam as silver and hiding both the existence of mercury in dental fillings and the controversy about its health effects.

Adding a fifth cause of action against the ADA,

plaintiffs also alleged violation of the California Health and Safety Code, section 25249.6—better known as "Proposition 65."

Under this statute, which requires public disclosure of hazardous chemicals, the plaintiffs alleged that the Association's Principles of Ethics and Code of Professional Conduct, Section 5.A on dental amalgam, in effect "gags" dentists who believe amalgam is dangerous by prohibiting those dentists from "forthrightly sharing with their patients the alleged ill health consequences of dental amalgam."

Judge A. James Robertson II, however, granted the ADA's "anti-SLAPP" motion (California's

"strategic lawsuit against public participation" statute). He found that the Association "acts in furtherance of the ADA's right of petition and free speech" and that "the subject matter embraced in [the ADA's] claims concern an issue of public importance."

Also concluding that the plaintiffs failed to establish a probability of prevailing on their claims, Judge Robertson ordered all five of the plaintiffs' causes of action to be stricken, and the matters be dismissed in favor of the ADA.

"The Superior Court's dismissal of the complaints against the ADA represents a significant victory both for dentistry and the public at large," says Dr. James B. Bramson, ADA executive director. "The decision upholds the ADA's right to form an opinion on a scientific issue and communicate that opinion to dentists and their patients." ■

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## Case dismissals nationwide

BY MARK BERTHOLD

Starting with the California lawsuits filed in June 2001, a total of 32 very similar amalgam-related complaints—in which the ADA has been a defendant and formally served—have been filed in other states. Most have been brought by the same attorney: Shawn Khorrami of Van Nuys, Calif.

But one by one, courts across the country have unanimously dismissed these complaints against the ADA and state dental societies. In New York Feb. 18, for example, Supreme Court Judge William Roy dismissed two amalgam suits against the ADA, New York State Dental Association and 5th District Dental Society.

In Georgia, a federal court Feb. 24 granted an ADA motion to dismiss two lawsuits on jurisdictional grounds. Similar suits also have been dismissed in Texas and Maryland.

In addition, the United States District Court for the Northern District of Ohio Sept. 25, 2002, granted plaintiff Buchman et al.'s motion to voluntarily dismiss its case against the ADA. In Georgia this year, state court Judge Susan Forsling signed a consent order March 21 dismissing 20 amalgam lawsuits after the plaintiffs' attorneys asked to withdraw complaints against the ADA and the Georgia Dental Association. ■

## Cool courses

Continued from page five

• Customer Service—the Ritz-Carlton Way, with Cindy Novotny, Friday, Oct. 24, 2:15–4:45 p.m., Tickets are \$55 in advance. (Course code: C48.)

• OSHA: Not Just Another Four-letter Word: Combining the Bloodborne Pathogens Requirements and the California Minimum Standards for Infection Control, with Dr. William Carpenter and Eve Cuny, 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 in advance. (See story, page five).

• Update on Esthetic Restorative Dentistry, with Dr. Terry Donovan, Sunday, Oct. 26, 9:45 a.m.–12:15 p.m. and continues 2:15–4:45 p.m., Tickets are \$95 in advance. (Course code: C75.) ■







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## Education

# International accreditation explored

## Issue is 'on the table,' ADA workgroup to investigate feasibility

BY KAREN FOX

The ADA Commission on Dental Accreditation Aug. 1 accepted an invitation from the Association's Board of Trustees to explore an

international accreditation program.

"We are pleased to participate, and we are in the process of appointing three commissioners who will work in a preliminary manner to inves-

**Jacksonville ortho program gains initial accreditation, page 14**

tigate international accreditation," said Dr. Dennis J. McTigue, CDA chair.

The move is the most recent step in the Association's ongoing study of international accreditation.

The ADA has received numerous requests for accreditation from dental schools outside the United States. International accreditation is an issue that is "on the table, and is going to be dealt with in the next few years," said ADA President T. Howard Jones.

"We realize the importance of what we're doing, and that's why we are participating in this process," said Dr. Jones. "We want to be sure that the commission has the opportunity to engage the voice of the profession on this matter."

Following review of a report from the President's Committee on International Dental Education, the Board of Trustees voted in June to transmit to the 2003 House of Delegates three resolutions:

- encouraging the ADA and CDA to participate in international higher education collaborative networks to ensure that the profession is positioned for future initiatives to promote international standards for dental education and clinical practice;

- urging state boards of dentistry to continue to support CDA's role as the agency responsible for the evaluation of dental education programs;

- calling for the ADA to support one standard of care and caution state boards of dentistry and legislatures to review the full implications of using limited licensure of graduates and non-accredited dental schools as a mechanism for providing access to dental care for underserved populations.

As the ADA agency charged with providing the public with assurance of the quality of the educational preparation of the profession's members, the Commission on Dental Accreditation's involvement in the ADA workgroup was crucial.

"CDA has been the gold standard in accreditation and the main force in elevating dental education in this country," said Dr. Jones. "We certainly do not want any entity outside the profession changing that standard." ■

## ADA to close early Aug. 29 for holiday

The ADA will close early Friday, Aug. 29, at 1 p.m. CDT, for Labor Day weekend. The ADA will open again for regular hours on Tuesday, Sept. 2. The ADA's official hours of operation are 8:30 a.m.-5 p.m. Central Time, Monday through Friday.

To minimize any inconvenience, the ADA encourages members to keep this date in mind so that ADA staff can accommodate requests prior to the early closings. Members can continue to access the ADA through ADA.org. ■



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# No mistake

## Commission: Ortho program meets accreditation standards

BY KAREN FOX

All eyes were on the ADA Commission on Dental Accreditation Aug. 1 as it sought to resolve a formal complaint from the American Association of Orthodontists about a new orthodontic residency program at Jacksonville University.

The issue came down to whether the commission erred in its January decision to extend preliminary provisional approval to JU's advanced dental specialty program in orthodontics and dentofacial orthopedics.

In the end, CDA concluded that policies and procedures were properly followed when PPA was granted to the Jacksonville orthodontic program.

As a separate item of business, the commission reviewed a report on the Jacksonville orthodontic program—which included an April site visit—and changed the status of the program to initial accreditation.

"We heard the concern about Jacksonville's program relative to Standard 1-1, and we looked at the issue very carefully," said Dr. Dennis J. McTigue, CDA chair. "The bottom line is that based on all the information before us, the commission concluded that the program is in compliance with the standards—including Standard 1-1."

At issue with programs like Jacksonville—and an orthodontic program under development at the University of Colorado School of Dentistry—is an innovative approach to funding that supporters say is one way to address pro-

### Education

jected shortfalls in the orthodontic workforce in the midst of funding shortages in dental education.

Through an agreement with the Orthodontic Education Co., 11 of Jacksonville's 14 residents have a post-residency practice commitment in an OEC site in exchange for tuition and living expenses. (See story, page 15.)

The AAO filed a formal complaint against the Commission on Dental Accreditation after the Jacksonville program received preliminary provisional approval in January, and a second complaint with the U.S. Department of Education, the federal agency that authorizes the CDA to accredit educational programs.

Now that Jacksonville has received initial accreditation, the AAO is considering its next course of action.

"The AAO has attempted to obtain essential information from the CDA, but remains unaware of whether JU was required to alter its structure in response to concerns we submitted to the CDA and the U.S. Department of Education," said Dr. James J. Caveney, AAO president.

Dr. Caveney said one issue remains unclear: "Whether or not the school is in compliance with Standard 1-1 (the sponsoring institution must ensure that support from entities outside of



**Education leaders:** At right, Dr. Dennis McTigue, CDA chair, shares a thought with Dr. Kenneth Kalkwarf, vice-chair, during the Aug. 1 Commission on Dental Accreditation meeting.

the institution does not compromise the integrity of the program or the professional options of the students/residents and/or graduates).

"Once we are able to obtain basic information about the nature of the CDA's decision," Dr. Caveney continued, "we will evaluate whether any further action is necessary to protect the sanctity of the accreditation process and orthodontic education."

AAO's complaint was resolved from the U.S. Department of Education's standpoint once Jacksonville University corrected a statement on its Web site that implied the program would be fully accredited by 2005.

The USDE determined that the remaining issues raised by AAO's complaint were outside the scope of the agency's congressional authority. In a July 7 letter, John Barth, director of accreditation and state liaison in the USDE's office of postsecondary education, responded to the AAO's legal counsel.

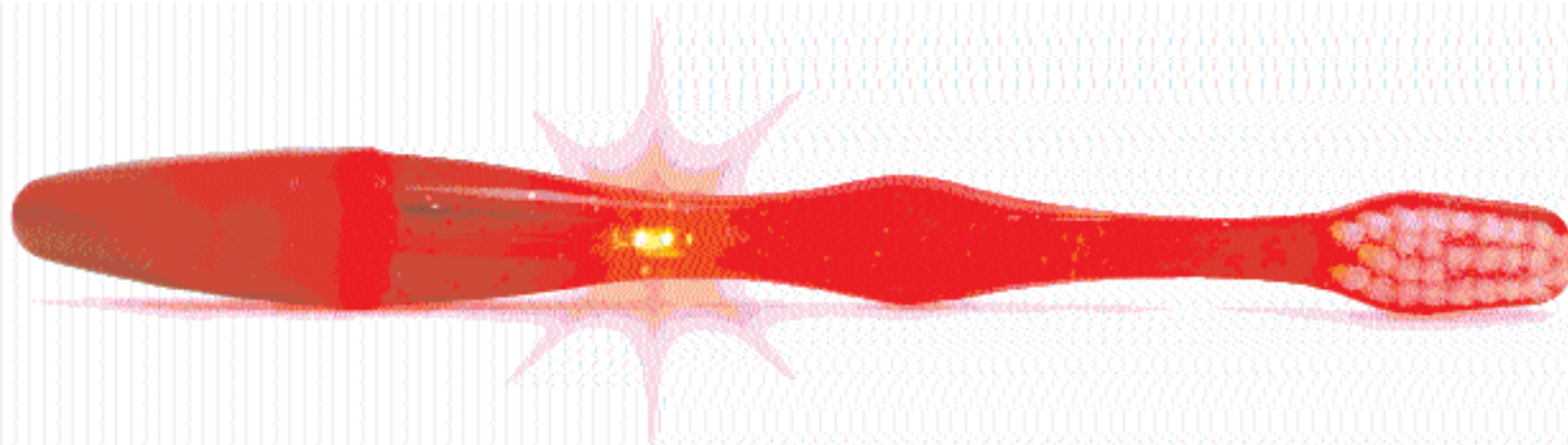
"As you have not submitted any evidence

demonstrating that the [Commission on Dental Accreditation] has conducted any portion of its review activities in a manner that violates the [U.S. Secretary of Education's] criteria and warrants intervention by the Department, at this time, we have no reason to more closely monitor the [CDA's] accreditation review of JU," Mr. Barth wrote.

Even with the resolution of the AAO complaint, the impact of programs like Jacksonville's led the commission to call for a review of new models of educational funding.

An ad-hoc committee of commissioners appointed for this purpose sought to determine whether current accreditation standards address this issue, and whether they sufficiently address any potential impact on program quality and integrity.

In its report at the Aug. 1 meeting, the ad-hoc committee determined that additional requirements might be appropriate. Further review will occur at the January 2004 CDA meeting. ■



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# Education funding alternative Jacksonville ortho program sparks debate

BY KAREN FOX

Jacksonville, Fla.—Fourteen residents begin their education and training in Jacksonville University's first advanced specialty education program in orthodontics this week.

The program received initial accreditation from the ADA Commission on Dental Accreditation Aug. 1. The following week, JU's School of Nursing and Dental School of Orthodontics moved into a new facility funded by a \$3.5 million grant from the Irene and Gaspar Lazzara Charitable Foundation.

Dr. Lazzara is the managing partner/cofounder of Orthodontic Education Co., which seeks to increase the number of practicing orthodontists and enhance practice opportunities for new orthodontists. It's OEC's support of the program at Jacksonville that has stirred debate.

Eleven of Jacksonville's 14 residents are on OEC scholarships. In exchange for tuition and living expenses, those receiving scholarships elected to practice in an OEC site following their residencies.

Programs like Jacksonville's—and a similar one in development at the University of Colorado School of Dentistry—leads some to question whether the financial arrangement with OEC compromises the integrity of the program or the professional options of its graduates.

Dr. Jason Pavlik doesn't think so. The 2003 graduate of the University of Pittsburgh School of Dental Medicine is an OEC scholarship recipient who begins his orthodontic training at Jacksonville this week.

"It is abundantly clear that the educational side is completely separate from OEC," he said. "OEC allows people who are well qualified both academically and clinically to attend a post-graduate program who otherwise would not be able to due to financial constraints."

Further, "It was made clear up front what the commitment was after graduation and that if I didn't feel it was the right situation for me, I was under no pressure to continue the application process," Dr. Pavlik said.

The idea of starting an orthodontic program at Jacksonville University began well before Rear Adm. David Harlow, U.S. Navy (Ret.), began his tenure as JU president in 2000.

"We are a university that is very much interested in community service," said Rear Adm. Harlow. "When you start a new residency program, you have to have a lot of patients that the residents can work with. From our experience with the School of Nursing, it looked like we could do a lot of orthodontic care here."

"We had interest from a donor [Dr. Lazzara] and after all our discussions, it seemed like this was something we could do and continue to be a good neighbor," he said. "It just made sense to us."

There is evidence of need for health services in the Jacksonville area, and the school's orthodontic program will provide care for underserved and low-income patients in the city and southeastern Georgia, said Dr. Joseph Pelle, executive director of orthodontic education.

"A preliminary survey of our first 75 patients starts this summer revealed that 67 percent were minorities, 76 percent had household incomes below \$50,000 a year and 20 percent had household incomes below \$20,000 a year," said Dr.



Rear Adm. Harlow



Dr. Pelle

Pelle, who has held academic posts at the University of Pittsburgh and West Virginia University dental schools.

The area is also home to three U.S. Naval Bases. There are no Navy-sponsored accredited orthodontic programs in the United States. One-quarter of JU's patient starts are from the bases.

Thirty-one years ago, Dr. Pelle may have taken advantage of a scholarship like OEC's. He likens the OEC support to borrowing from a bank but with more advantages.

"In this instance, OEC is the bank, and they provide added benefits and opportunities that my bank never provided to me," he said. "My bank made a profit doing business with me, just as OEC will make a profit from the practice opportunities they arrange."

Jacksonville's Dental School of Orthodontics has reached out to the orthodontic community in Florida and plans to host an open house for the state's dental practice community next month.

"We are here to serve all and want to be part of the team," said Dr. Pelle.

Any new institution—whether based publicly, privately or on a business model—requires scrutiny, said Dr. Teri-Ross Icyda, president of the Florida Dental Association.

ident of the Florida Dental Association.

"With the highest standards of trust, integrity and caring, we can maintain ourselves as a profession to be proud of and not be diminished to a trade," said Dr. Icyda. "The FDA will welcome any graduate of an accredited program of these tenets."

OEC's support for orthodontic programs may not be the answer to the complex problems associated with funding dental education, but many associated with the Jacksonville program believe it's worth looking into.

"As conventional funding sources become more limited, corporate funding is a source worth tapping," Dr. Pelle said.

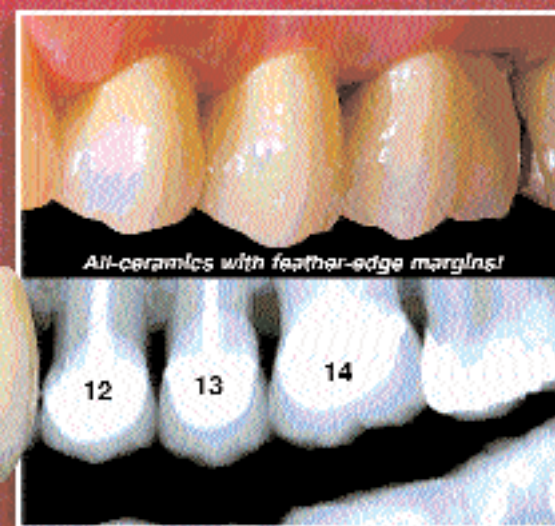
Added Dr. Pavlik: "I want other potential applicants to realize what a great program this is here and not hesitate if they are thinking about applying. It really is as good as it sounds." ■

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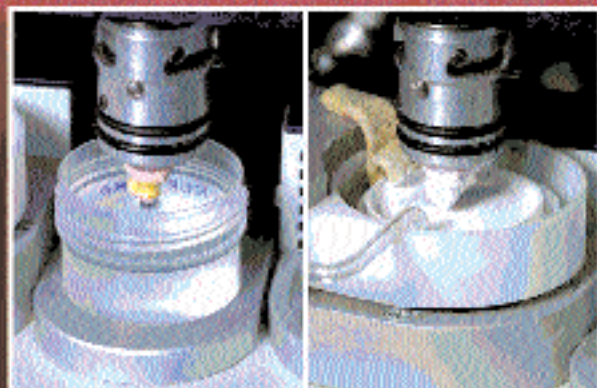


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