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AMERICAN DENTAL ASSOCIATION News®

ADA

APRIL 5, 2004

www.ada.org

VOLUME 35, NO. 7

Aetna settlement update Court awards preliminary approval

BY JAMES BERRY

A Miami federal judge March 26 awarded preliminary approval to an agreement settling the ADA's class-action lawsuit against insurance industry giant Aetna Inc.

The agreement, disclosed in

■ **Settlement dollars can go to ADAF, page 27**

August 2003 and reported with regular updates in the ADA News,

requires Aetna to take specific actions aimed at eliminating business practices the Association considers unfair to dentists and patients.

The Associated Press reported that Judge Federico Moreno of South Florida's U.S. District Court in

Miami gave preliminary approval to the settlement plan and set a July 20 hearing on final approval.

Along with sweeping changes to its business practices, Aetna has agreed to establish a settlement fund
See AETNA, page 27

BRIEFS

Philadelphia: The 11th Carlos Finlay Symposium will convene April 24 focusing on the link between dental and overall health.

"The mouth is the window to the body, and [dentists and physicians] are all working on the same body," says Dr. Manuel Cordero, the first dentist to be president of the Society of Ibero Latin American Medical Physicians, a symposium sponsor, adding it will be "an exciting gathering because it brings together both dental and medical professionals in our area."

For questions on continuing education credit or for more information, call event co-sponsor the Cardiovascular Institute of Philadelphia at 1-215-389-2300 or visit "www.cviphiladelphia.org".

AGD to meet: The Academy of General Dentistry will hold its 52nd annual meeting July 8-11 in Anaheim, Calif.

The American Dental Assistants Association and American Association of Women Dentists will conduct concurrent meetings.

Dentists can expect 2,500 peers to network with, presentations by 60 clinicians, continuing education, 250 exhibit booths, a golf outing benefit and lots of family activities.

Pre-registration is \$350 until June 5. For more information, call the AGD at 1-888-243-3368 or visit "www.agd.org". ■



Photos by Anna Ng Delort

Meet the press: Rep. Mike Simpson (R-Idaho) speaks March 24 about the "silent epidemic of untreated dental disease" while ADA President Eugene Sekiguchi (left) and UCLA's Dr. James J. Crall look on.

Dentistry focuses media on 'silent epidemic'

BY CRAIG PALMER

Washington—The American Dental Association invited congressional and media attention March 24 to "a silent epidemic of untreated dental disease" in stark severity among poor children.

"It is nothing short of a national disgrace," ADA President Eugene Sekiguchi told a National Press Club newsmaker audience.

See EPIDEMIC, page eight

Dental leaders gather in DC

Medicaid, dental access and amalgam issues top agenda

BY CRAIG PALMER

Washington—Dental leaders from across the country convened in the nation's capital March 22-24 for the annual Washington Leadership Conference, the largest ever of the springtime sessions hosted by the American Dental Association.

More than 500 grassroots volunteers and state association leaders registered for the event described by



Leaders: Dentists from across the country keep on top of the latest legislative issues last month in Washington.

■ **ADA, March of Dimes, page 28**

ADA President Eugene Sekiguchi as having a global focus on professional issues. The dentist volunteers in political advocacy were there to discuss a range of issues with their leg-

islators as they canvassed Capitol Hill and heard House and Senate members describe the political scene and the national health agenda.

Sens. Jim Bunning (R-Ky.), Susan Collins (R-Me.) and Chuck Hagel (R-Neb.) were among scheduled speakers.

See LEADERS, page 11

INSIDE



New senior staffer

Dr. Ronald E. Inge is named director of ADA Division of Dental Practice. **Story, page six.**

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Foundation leaders: The ADA Foundation's new vice president Steven W. Kess, left, and new president Dr. Arthur A. Dugoni, take the helm at the ADAF Board meeting March 3 in Chicago. Mr. Kess is vice president, Professional Relations, for Henry Schein Inc. Dr. Dugoni is dean, University of the Pacific School of Dentistry, former ADA president (1988-89), former trustee and former treasurer of the FDI World Dental Federation.

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VIEWPOINT

Snapshots OF AMERICAN DENTISTRY

LAURA A. KOSDEN, *Publisher* DR. MARJORIE K. JEFFCOAT, *Editor*

JAMES H. BERRY, *Associate Publisher* JUDY JAKUSH, *ADA News Editor*

MYVIEW

Taking the time to care

Have you seen a physician lately? What first strikes me when I enter a physician's office is a busy and overworked staff. They have little time to chat with patients and they rarely show compassion over the patient's problem. They often seem so overburdened that they don't have the time to show any interest in the patient whatsoever.

The doctor's visit itself is quick, efficient and to the point. Little time is spent in getting to know the patient or relating to life issues that lie beyond the information necessary to make a diagnosis, which primarily relies on symptoms, physical examination and lab results. Once the diagnosis is made, there is a cookbook approach to prescribing treatment, and the thought process often ends the moment the diagnosis is made.



Avrum R. Goldstein, D.M.D.

Most physicians I know work extraordinarily hard, and are kind, caring and conscientious people. Unfortunately, the system that compensates them penalizes them, because their compensation is reduced when they see fewer patients—and this is inevitable if they devote more time to each patient.

Many of us grew up with very special relationships with our physicians. In some respects they were extended members of our families. At the very least, they knew who we were and what we were about as people. Our current health care system makes these kinds of relationships difficult to create and almost impossible to sustain. In the process we have all been shortchanged—the physicians have lost the intimate relationships with their patients that brought so much joy and fulfillment to their lives, and the patients have lost the intimacy and caring which materially contributed to their physical and emotional well-being.

How lucky we are as dentists! To a large degree, we have resisted becoming participants in managed care. Instead, we have chosen to work in a fee-for-service model that allows us the time to develop relationships with our patients, to know them, even to know their families.

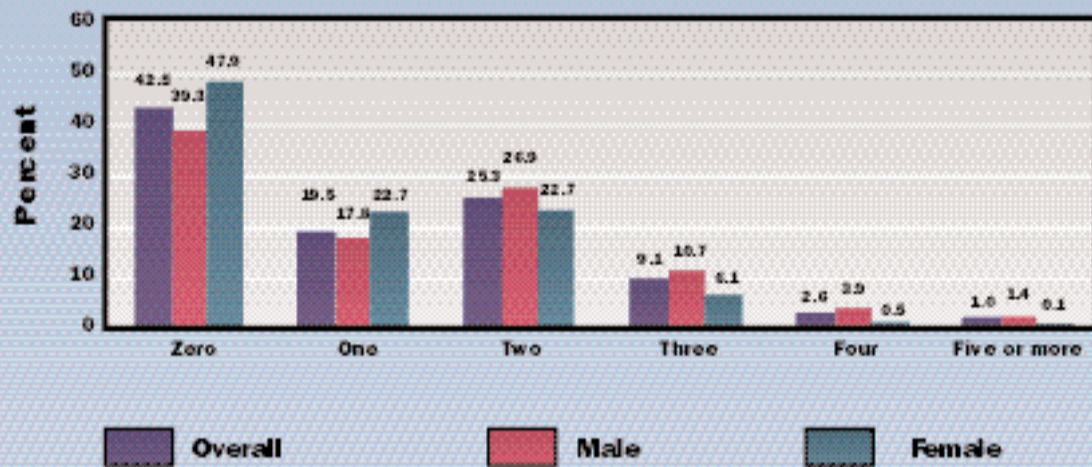
This has not only brightened our lives immeasurably, it has meant better care for our patients. Changing someone's smile is more involved than taking a series of measurements and having an artistic vision. By understanding our patient's needs and feelings, we can learn a lot about them as people, and this allows us to address their treatment in a much more meaningful way.

See MY VIEW, page five

New dentists

Female new dentists (dentists who have graduated within the past 10 years) are less likely to have children than male new dentists.

New dentists' number of children



Source: American Dental Association, Survey Data, 2002, Survey of New Dentists' Financial Issues.

LETTERS

Funding legislators

We as members of the ADA are a family of believers, united in one spirit and dedicated to the treatment and care of our patients.

Ours may be the only profession in creation that works daily toward making itself extinct. Preventive dentistry is more than a catchy phrase—it is a philosophy that we all subscribe to. The general public is well aware that dentistry's position on brushing, sugar intake, flossing, smokeless tobacco and so on is exclusively for the benefit of the public and not self-serving.

Let us never forget that what most people consider dentistry's greatest contribution to our patients—fluoridation of public water supplies—was not accomplished by buying access to legislators so we could convince them of the merits of the program. Rather, the conviction that the public good was being served and the power of a unified front are what influenced legislators in local communities—sending a message to all legislators that dentistry's commitment to patients and the common good was paramount.

Nor was this selfless campaign lost on the general public who for years have rated dentistry at or near the top of the most trusted professions in Gallup polls.

Somewhere along the line, however, it appears that dentistry has lost its sense of mission, and now the cries of less government, less regulations, less taxes but more programs and more public dollars for dental needs appear, at least, paradoxical to the public we serve. Not surprisingly, our trust ratings are slipping and dentistry is perceived as having elected to follow other professions along the path of "What can you do for me?"

Dentistry needs to re-evaluate our mission. The first step in this re-evaluation should be to discontinue

of our organization. In an attempt to gain access to legislators so that dentistry's messages can be favorably received, it has become standard policy to employ lobbyists to ply legislators with monies to influence their vote. This practice has become widespread by associations, corporations, unions and special interest groups of all denominations resulting in conflicting bidding wars of benefit primarily to the lobbyists, legislators and largest contributors.

The very practice of seeking to buy influence at best hints of impropriety and could possibly lead to corruption. It is difficult for me to buy into the logic that it's the right thing to do because everyone else is doing it. Each of us as individuals, and collectively as our Association, must take responsibility for our actions and their



attempting to influence legislation by buying legislators. Our legacy of selfless actions over the years has brought our profession to where it is. It was not built on supporting the "underlying cause of the public's disgust with politics" (U.S. Senator John McCain on announcing his candidacy for president, Jan. 30, 1999).

At a time when the very moral fiber of our government is threatened by the influence of special interest money pursuing access to legislation favorable to its cause, it appears that the ADA has lost sight of the mission

results. The bottom line is that we are attempting to curry favor with legislators by contributing money in hopes of securing legislation favorable to our special interests. It is wrong, we know it is wrong, and yet we have been caught up in this "What can you do for me?" rat race.

No government can continue to operate under such a system. It completely disenfranchises those without funds. The First Amendment guarantees free speech and as long as those with the most money have the loudest

See LETTERS, 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".

LETTERS

Continued from page four
voice, this constitutional right is being denied.

If the younger generation that is presently so disgusted with the current process that they stay away from the polls in droves is ever to develop a trust in the political system, significant changes must be made in the process.

There are alternatives to political action committees and soft money. Public financing of campaigns is being utilized in several states and others are exploring it. Public financing forces candidates to discuss the issues and eliminate the continuous need for focusing on fundraising for election or re-election.

The ADA grassroots movement has the potential to be one of the most successful and beneficial programs in existence. It can be particularly effective as long as the participants are convinced that the merits of their efforts are for the proper purpose, and the stigma of attempting to influence legislation with money is removed.

If you share my concerns about current ADA policy of contributing money to legislators, let your ADA Trustee know so that at least the appropriateness of such a policy can be reconsidered. ADA Trustees are hard-working, well-meaning representatives of their constituents and need to be made aware of members' concerns about this issue.

John B. Mattingly, D.M.D.
Louisville, Ky.

Editor's note: While respecting Dr. Mattingly's right to express his views, the Association takes issue with his premise that the ADA wishes to "influence legislation by buying legislators." The Association's intent is to participate in the political process and to support those who share its views on issues of vital importance to the dental profession and the patients it serves. This is the ADA's right as well as its obligation. When asked which of the Association's many services they value most, members routinely rank legislative advocacy at or near the top of the list. The ADA is at the legislative table, therefore, because its members want it to be. As Dr. Mattingly knows, there is no public financing of congressional campaigns, and there is no credible likelihood of such financing anytime soon. If, therefore, the ADA were to adhere to Dr. Mattingly's wishes and withdraw from the political process, the Association would be abandoning those legislators who support its efforts to improve the nation's oral health.

Medicaid claims

The article regarding Medicaid in West Virginia ("Medicaid 'Review' Angers Dentists in West Virginia," Feb. 2 ADA News) contains some very alarming items, notably the question of how dentists should bill for services rendered.

The ADA contends, and rightly so, that dentists should bill for what was actually done (not what the state or insurance might pay for) and let the state (in this case) interpret it as it chooses. The example given was that if the dentist, for reasons unknown and immaterial, had done an mesial occlusal and a distal occlusal restora-

tion on the same tooth on the same day, it should be billed as such and not as a mesial occlusal distal.

On other side of the coin, suppose a dentist were to do an MO and a DO on the same tooth on the same day, bill it as an MOD (and sign a statement that says that he or she did an MOD) and someone at some insurance company somewhere were to accuse the dentist of fraud ("You billed for something you really didn't do!").

This is not a mess that most dentists want to create or become involved in. The message is clear: Claim that you did what in fact you actually did and let the state, the insurance company, the welfare agencies, whatever and whoever, do with it what they will. This is the stance that the profession must insist upon.

We need to recognize that so many of the peo-

ple we deal with in these situations do not know teeth or dentistry, and, what is worse, they know not that they do not know.

John Allan Bier, D.D.S.
San Francisco

Medicaid audit

It is so typical that in a period of time when the American Dental Association is trying to increase access to care through state Medicaid plans that the state of West Virginia would decide to pull an audit on the very providers to this plan ("Medicaid 'Review' Angers Dentists in West Virginia," Feb. 2 ADA News).

I can fully understand how the providers to the Medicaid program in West Virginia would have second thoughts about continuing their par-

ticipation in such a Draconian system.

And who suffers from all of this? We as practitioners can stick our heads out our windows and yell, "We're mad as hell and we're not going to take it any more." Yet the patients, mostly poor women and children, are the ones who suffer in this system. They are generally non-voters and are hardly a bump in the road on the way to political office.

Yet there is suffering here and a great deal of waste. Yet we still as dentists have to go before both federal and state commissions and justify our existence in order to care for these patients. There are so many issues involved. I'm glad that the ADA has pulled together the Medicaid Symposium.

David L. Sykes, D.M.D.
Linwood, N.J.

MYVIEW

Continued from page four
After all, the brightest smiles are those that come from within.

Dr. Goldstein is the president of the New Haven Dental Association (Connecticut). His comments, reprinted here with permission, originally appeared in the March issue of the NHDA Newsletter.

New AED for Dental Practice

Dr. Ron Inge brings wide experience to ADA senior staff post

Dr. Ronald E. Inge, a general dentist with extensive knowledge of the many issues affecting the daily practice of dentistry, has been appointed associate executive director to oversee the ADA's Division of Dental Practice.

A veteran of 15 years in private practice and nine years in the dental benefits industry, Dr. Inge will supervise a staff of 32 in a division that includes the Department of Dental Informatics and three councils: Dental Practice, Dental Benefit Programs, and Access, Prevention and Interprofessional Relations. Dr.

Inge will officially join the ADA's senior staff April 5.

"It has been my goal to have a positive effect on my profession, and now I have that opportunity with the ADA," Dr. Inge said of his new post.

In announcing his appointment, ADA Executive Director James B. Bramson described Dr. Inge as "passionate about the dental profession" and possessed of a "keen understanding of the needs of private practicing dentists."

Added Dr. Bramson, "He has the reputation



Dr. Inge

of being very fair, professional, compassionate and understanding of the complexity of the often divergent business needs of dentists, purchasers and third-party carriers, which will serve

us well in our ongoing and improving relationships with third-party carriers."

Dr. Inge, 49, received his baccalaureate degree in Human Biology in 1977 from Stanford University, where he was a star running back for the Cardinals football team. In 1981, he earned his dental degree from the University of California, Los Angeles, School of Dentistry. After dental school, he settled in the San Francisco Bay area, opening his own practice in San Jose. During that time he served two years as an associate clinical professor at the University of California, San Francisco, School of Dentistry.

Dr. Inge later entered the dental benefits industry, holding several executive positions over a period of years. In August 2002, he was named chief dental officer for Aetna Inc., where, during the recently concluded litigation, he impressed dental leaders with his appreciation of the concerns of practicing dentists.

"His years in private practice helped him understand the importance of advocacy and open communications with the dental benefits industry, for private practicing dentists and the patients they serve," Dr. Bramson said of Dr. Inge.

The ADA's newest associate executive director decided while still in high school that he would become a dentist. Heavily recruited as a gifted athlete (he still runs eight miles a day), Dr. Inge visited a number of universities during his junior year in high school.

On one such visit, he met a young orthodontist at UCSF who showed him how dentistry can help improve people's lives. "From that moment on there was no question that I would become a dentist," said Dr. Inge, a strong advocate of oral health as a key to general health. "I am still fascinated today by the way dentistry can affect patients' physical health as well as their perceptions of themselves."

Dr. Inge sees his new post at the ADA as a logical step in a career devoted to serving his profession. He also sees it as fate. "Anyone looking at my activities in dental benefits will see that I have always tried to improve the relationship between dentists and insurers," he said. "Now the relationship between dentists and third-party payers is improving, in no small part because of the efforts of the ADA. Dr. Bramson has opened the door to better communication, and I am encouraged by his efforts."

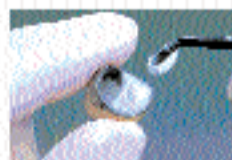
Dr. Inge and his wife, Patti, will relocate to Chicago from their home in Hartford, Conn. ■

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New editor for Journal of Dental Research named

Anthony J. Smith, Ph.D., a researcher specializing in pulp biology and dental regeneration, is the new editor of the Journal of Dental Research, the International and American Associations for Dental Research announced last month.

Dr. Smith, a professor of oral biology at the University of Birmingham, United Kingdom, succeeds Dr. Mark Herzberg, a professor from the University of Minneapolis who served as JDR editor for 11 years.

Dr. Smith received the IADR's Distinguished Scientist Award in Pulp Biology Research at the organization's 2004 general session in Hawaii. ■

'We are all Americans'

Indian dental students raise money for access through ADA Foundation

BY KAREN FOX

New York—With surplus monies on hand from fundraising activities, the 150-member Indian Student Dental Association at New York University's College of Dentistry sought advice on how to spend it, and they knew just where to go for guidance.

"I kind of back off; I don't like to tell them what to do," said Dr. Chad Gehani, an NYU faculty member and advisor for the ISDA.

But why not donate the funds to the ADA Foundation?

"These are your future patients," Dr. Gehani told the students. "Why not use it for Give Kids A Smile, or something that is constructive to the people you'll serve?"

The ISDA presented a \$2,000 donation March 26 to the ADA Foundation during the Annual Conference on Membership Recruitment & Retention at ADA headquarters.

At first, the ISDA had collected \$1,200—mostly from member dues and charity events—but thought it too paltry a sum for the ADA Foundation. To seal the deal, Dr. Gehani offered to make it an even \$2,000 by making up the difference out of his own pocket.

The ISDA-NYU chapter's president, Kiren Gehani, was on hand to give the check to ADA President Eugene Sekiguchi.

"The ADA Foundation works to get all Americans dental care. The ISDA is very enthusiastic about raising money, and very proud to give back to the community," said Ms. Gehani, who is also Dr. Gehani's daughter.

The Gehanis are a true American success story. Dr. Chad Gehani attended dental school in India and emigrated to the United States in 1975 for training in endodontics at NYU.

"I had never been to the dentist before going to dental school," said Dr. Gehani, who had an early interest in medicine. "The public dental school was more affordable because I came from a poor family. Once in school, I found that I loved dentistry."

He now practices with his wife Rekha, an orthodontist, in Jackson Heights, N.Y. Two of their three children are in dental school: Kiren, in her third year at NYU, and Daniel, a second-year student at State University of New York at Stony Brook School of Dental Medicine. The Gehanis' youngest son, Neal, is in medical school at Albany Medical College.

Now the executive director of the Indian Dental Association, Dr. Gehani has had an active role as a volunteer in organized dentistry. Among his many posts, he is a New York State Dental Association team leader for the Tripartite Grassroots Membership Initiative and a former member of the ADA Council on Membership.

"When you're new to the country, you see things differently, not because you want to see things differently, it's just a lack of education," he said. "I try to educate Indian dentists that working together with the American Dental Association makes a lot of sense. The ADA is here to further the advancement of the science of dentistry as well as for the protection of the American public. After all, we are all Americans." ■

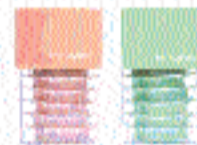


Generosity: The ADA Foundation receives a \$2,000 donation from the NYU Indian Student Dental Association March 26. Pictured from left are Barkley Payne, senior director, ADA Foundation; Dr. Chad Gehani, ISDA advisor and NYU faculty member; Dr. Sekiguchi, ADA president; Kiren Gehani, the ISDA-NYU president; and Dr. James Bramson, ADA executive director.



Ooh La La!

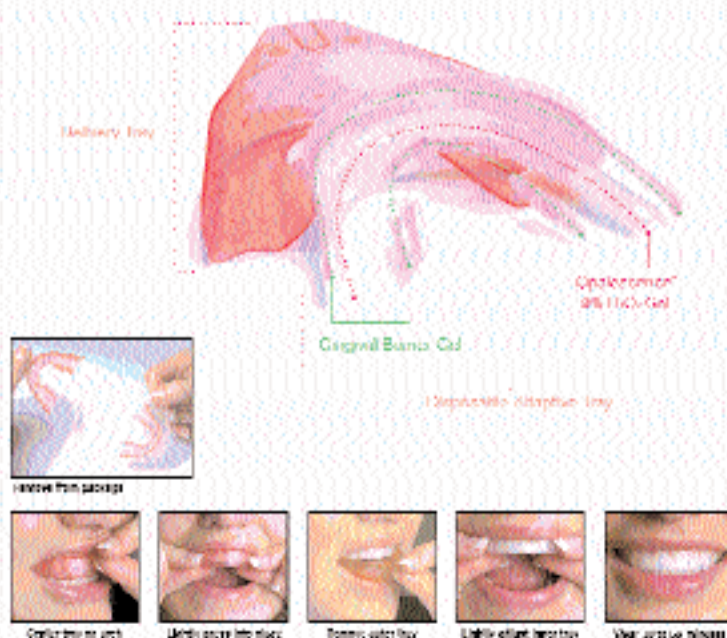
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News outlets pick up on access message

BY CRAIG PALMER

Washington—The AP and UPI wire services, Capital News Service, The Standard-Times, New Bedford, Mass., several newsletters and the ADA News were among media covering the March 24 news conference on the “Crisis in Children’s Dental Care: The Silent Epidemic Continues.”

Initial published reports focused on ADA-proposed “models for change” for increasing

children’s access to Medicaid dental services.

United Press International reported, “Most U.S. children covered by Medicaid do not get dental treatment, but seven states offer models for change, the American Dental Association said Wednesday.” UPI identified Alabama, Delaware, Georgia, Indiana, Michigan, South Carolina and Tennessee as states where public-private initiatives led to improved patient care

and “better” reimbursements for dentists.

Capital News Service quoted ADA President Eugene Sekiguchi, “Let’s pick a day, draw a line, say that from that moment forward every child born in this country will enter a continuum of oral health care, will visit a dentist by their first birthday and return on a regular schedule.”

The ADA News report on the event is available online. (See story, page one.) ■

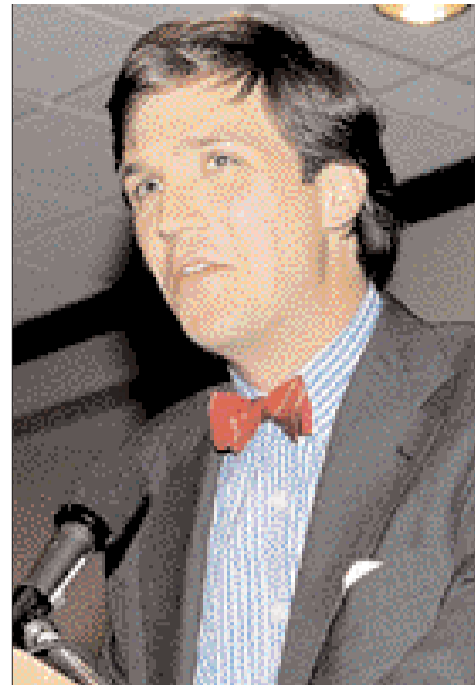


Photo by Anna Ng DeLort

Media presence: Tucker Carlson, CNN political analyst and co-host of “Crossfire,” addresses the Washington Leadership Conference March 22.

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Epidemic

Continued from page one

“Thousands of children can’t eat or sleep properly; they can’t pay attention in school; they are ashamed to smile.” Dental disease early, severe and untreated “impedes their general development and they fail to thrive.”

Rep. Mike Simpson (R-Idaho), who practiced dentistry 22 years before election to the U.S. Congress, joined the ADA president and Dr. James J. Crall of the UCLA School of Dentistry in a message to the media while dentists from across the country canvassed Capitol Hill with similar messages for their representatives and senators.

“Millions of Americans, children and adults, lack access to dental care in rural areas like Idaho and other areas,” Rep. Simpson told the national news media representatives. “It’s sad because dental disease is almost 100 percent inevitable and almost 100 percent curable. It’s particularly sad when that affects children. Thousands of dentists provide free and reduced care, and I applaud their efforts, but we need to do more.” He said he would support legislation to increase access to dental care in rural areas and restore dental residency funding.

Dr. Sekiguchi, ADA president, said the Association and its members “are committed to change through both advocacy and direct action.” The ADA represents more than 147,000 member dentists.

“In my experience, dentists are incredibly generous in volunteering their time and facilities to treat people for free,” he said. “But in the long run, dentists alone cannot solve the problem; no amount of charity can. Charity is not a health care system.”

Dr. Sekiguchi joined dentists from across the country in describing for the media and members of Congress the participation of 15,000 dentists in local Give Kids A Smile care last month for an estimated one million children who don’t get regular dental care.

“But the real story is what we couldn’t do,” the ADA president told the news media. “There are 24 million children enrolled in Medicaid; three quarters of them won’t see a dentist this year.”

Dr. Crall, UCLA pediatric dentistry professor and chair, pointed to improved access to care for poor children in certain states through private practice-public partnerships. Many state Medicaid programs are underfunded and unable to meet the needs of eligible children, he said. Federal law requires state Medicaid programs to provide dental screening, diagnosis and treatment services to Medicaid-eligible children.

The National Press Club newsmaker event, “Crisis in Children’s Dental Care: The Silent Epidemic Continues,” can be heard in an archived audio Web cast (“connectlive.com/events/ada/”). ■

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Congress welcomes dental leaders

Annual meeting key to communication, rapport between dentists, legislators

BY CRAIG PALMER

Washington—Dr. Jessica Meeske came to the annual Washington Leadership Conference to thank her senator.

Sen. Chuck Hagel (R-Neb.) made it easy. He came to her and the 500-plus dental leaders taking part in the largest WLC ever. Traffic between Capitol Hill and the meeting hotel was heavy in both directions during the March 22-24 conference in demonstration of that easy communication between the dental profession

and Congress so evident at the WLC. These are the nation's dentists taking part in their profession's political activities, leaders of grassroots action teams at home and voices for the profession with their hometown lawmakers.

"We take a lot of pride in our grassroots program at the ADA and are grateful you have taken the time out of your practices to carry our message to lawmakers," Association Executive Director James B. Bramson told the dental leaders.

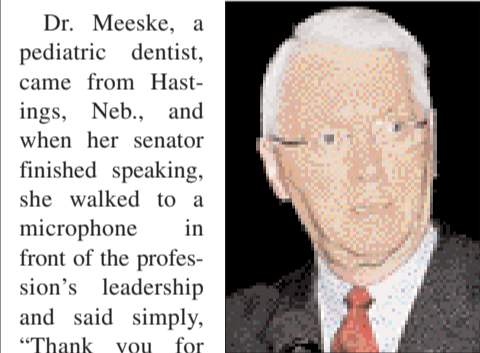


Photos by Anna Ng Delort

Capitol interchange: ADPAC Treasurer Edward Vigna of Lincoln, Neb., (left) and fellow Nebraskan Dr. Jessica Meeske pose with their U.S. senator, Chuck Hagel.



A little levity: Sen. Collins (R-Me.) and Dr. Jeffrey Dow, president-elect of the Maine Dental Association, take a break.



Sen. Bunning (R-Ky.)

Dr. Meeske, a pediatric dentist, came from Hastings, Neb., and when her senator finished speaking, she walked to a microphone in front of the profession's leadership and said simply, "Thank you for being such a champion, not just of dentistry in Nebraska and across the country but especially for children's oral health and the underserved children."

There's a story there of his support on children's health issues back home and support in the Senate for legislation increasing access to care, she explained.

There is a story, too, in Dr. Meeske's gracious acknowledgment of this professional-congressional communication. Sen. Hagel put it this way, "Look at the tremendous advances in your profession. Not just as a senator, but as a father and a citizen, I appreciate what you do."

Sen. Susan Collins (R-Me.) thanked the dental leaders for supporting legislation cosponsored with Sen. Russ Feingold (D-Wis.) to increase access to dental care in rural areas and asked for continuing support for the appropriations to make it work. Sen. Jim Bunning (R-Ky.) thanked dentists for the second annual Give Kids A Smile campaign. "You should be commended for your hard work and dedication to those in your community," he said.

A WLC reception in the Cannon Caucus Room, the one room on the House side of Capitol Hill that best says "reception" and most frequently hosts these affairs, attracted more than 30 members of Congress and several dozen congressional staff members, quite a turnout for a Capitol Hill evening event. The reception offered dentists and lawmakers a social complement to their legislative discourse. Many met more formally during the conference to discuss issues of interest to the dental profession. ■

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Leaders

Continued from page one

Breakout sessions on Medicaid, private contracting with community health centers, wastewater regulation and congressional appropriations were held. "We have placed a special emphasis on the importance of dental care in children's Medicaid," said Dr. James B. Bramson, ADA executive director. The Association, dental and Medicaid representatives also are scheduled to discuss access issues with the media March 24 at the National Press Club.

In opening the Washington Leadership Conference, the ADA president cautioned the dental leaders against expecting too much of a Congress "focused on the elections and the voters back home." Dr. Sekiguchi said the profession should look in this global age to forming alliances and working with international colleagues "for consistent public policy that will improve oral health for the entire world.



Your turn: Rep. Rahm Emanuel (D-Ill.), takes a question during his talk on the upcoming presidential election.

"Nevertheless, we do have some issues in play," he said, citing access to dental care, amalgam in dental office wastewater and upcoming volunteer dental care in Alaska in response to the 2003 ADA House of Delegates. Dr. Sekiguchi said the second annual Give Kids A Smile events in February and March "spotlighted one of the proudest achievements in the history of our organization."

Amalgam in wastewater "is a challenging and contentious issue, and one that will continue to occupy much of our time, energy and resources for the foreseeable future," the Association president said.

Six representatives of the ADA Council on Government Affairs and ADPAC have volunteered a week each to provide care in remote areas of Alaska "where we have concerns about the quality of dental care certain native populations may receive," Dr. Sekiguchi said. Fourth District Trustee Bernard K. McDermott heads a task force created by the ADA House. The seven-dentist, three-staff task force departed March 24 for a site visit to Alaska. (See story, page 26.) Six council representatives each will volunteer a week of care later in areas "the Indian Health Service is struggling to serve," said Dr. Sekiguchi.

ADPAC is the American Dental Political Action Committee. ■



Support: Carol Reitz, legislative chair of the Alliance of the American Dental Association, takes the microphone.



Networking: From left, Dr. Zeb F. Pointexter III, Texas; Dr. Orrin D. Mitchell, Florida; Dr. Wisdom F. Coleman Jr., Tennessee; and Dr. Joseph S. Gay, Florida enjoy a break during the 2004 Washington Leadership Conference.

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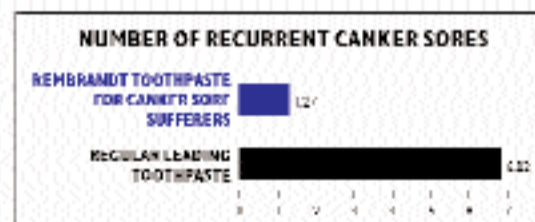
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2004 Distribution of Dentists Survey in the April mail

The 2004 Distribution of Dentists, the American Dental Association's census of all dentists in the United States, will be sent to 78,000 dentists this month.

The Distribution of Dentists in the United States by Region and State, which presents state and regional-level data on professionally active dentists and private practitioners, will be updated using the data from the census. The information will also be used to update the Association's Dental Workforce Model. Dentists with questions about the survey should call the ADA Survey Center, toll-free, Ext. 2568. ■



Spreading the word: From left, Arizona dentist Dr. Donald C. Simpson and the AzDA's Rick Murray speak with their congressman, Rep. Jeff Flake, at the Washington Leadership Conference.

Dentists canvass capital

Visits to lawmakers coincide with new support for GKAS resolution

BY CRAIG PALMER

Washington—Take a look at the power of positive dental lobbying.

Rep. Eric Cantor (R-Va.) March 17 introduced H. Res. 567 citing need to increase access to dental care for children and thanking dentists for their part with Give Kids A Smile. Rep. Mike Simpson (R-Idaho), one of three dentists in the U.S. House of Representatives, was the first cosponsor. (See story, page 13.)

Dental leaders convened March 22-24 for the annual Washington Leadership Conference, and legislative lobbying topped their agenda with traffic heavy in both directions between Capitol Hill and the WLC hotel.

As dentists paid calls on their hometown lawmakers in Congress, the Cantor-Simpson resolution picked up two more cosponsors the first day

■ "In Colorado more than 200 dentists ... saw 3,000 kids that (GKAS) day," said Gary J. Cummins, executive director Colorado Dental Association.

of the WLC and over the next two days 34 more from both sides of the political aisle. When the WLC ended, Rep. Cantor's resolution had nine Democrat and 27 Republican cosponsors. Within a week there were 64 bipartisan cosponsors.

"So, a million kids?" said Rep. Jeff Flake (R-Ariz.). Give Kids A Smile events offered dental services to Boys & Girls Club members in South Phoenix and underserved areas in Arizona and an estimated million children across the country, said Dr. Donald C. Simpson, Sierra Vista, and Rick Murray, Arizona Dental Association executive director. "It really brings attention to the need that exists."

"Have you heard about Give Kids A Smile?" Colorado dentists asked Rep. Bob Beauprez (R-Colo.). "I have not," he replied. "In Colorado more than 200 dentists, we figure, saw 3,000 kids that (GKAS) day," said Gary J. Cummins, executive director Colorado Dental Association. "Who sponsors the resolution?" Rep. Beauprez asked. "Eric Cantor? I had dinner with him last night."

Reps. Flake and Beauprez, who met with dentists in their Capitol Hill offices the last day of the WLC, were not among initial cosponsors of the Cantor-Simpson measure, but the dentists had their attention. The Cantor-Simpson resolution was referred to the House Energy and Commerce Committee. ■

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West Coast contingent: From left, Dr. Russ Webb, California Dental Association president-elect, joins CDA's Michelle Rivas, Kathy Wat (wife of Dr. Norman G. Wat) and Dr. Jeffrey Persons at last month's Washington Leadership Conference.

Leaders share ideas



Photos by Anna Ng-Delant

New Mexico: Thomas J. Schripsema (left) and Dr. William R. Valentine traveled from Albuquerque for the WLC.



South and east: Dr. Peter Tan of Frederick, Md., poses with Dr. Donna Moses of Carrollton, Ga., at the WLC.

Capitol Hill: Leaders of the Colorado Dental Association meet with Rep. Bob Beauprez (R-Colo.). In back (from left) are Drs. Tom Pixley, CDA trustee, and Pat Stranahan, CODPAC chair. In front (from left) are Gary Cummins, CDA executive director; Dr. Tom Ready; Rep. Beauprez; Dr. Rhett Murray, CDA treasurer; and Dr. Ken Versman, president-elect.



Wisconsin: Dr. Monica Hebl of Milwaukee speaks at one of the WLC sessions.

GKAS congressional resolution builds sponsor momentum

BY CRAIG PALMER

Washington—Congress extended another thank you March 17 to the nation's dentists, the dental team and corporate sponsors volunteering time and support to "bring a smile" to the faces of a million needy children during the second annual Give Kids A Smile campaign.

The newest of two bipartisan resolutions introduced in the U.S. Congress congratulates the American Dental Association for sponsoring Give Kids A Smile, "which emphasizes the need to improve access to dental care for children."

Rep. Eric Cantor (R-Va.) offered H. Res. 567, cosponsored by Rep. Mike Simpson (R-Idaho), one of three dentists in the House of

Representatives. Rep. Charles Rangel (D-N.Y.) on Feb. 4 introduced H. Res. 518 recognizing the efforts of thousands of volunteers to improve the dental health of disadvantaged children.

Both measures were referred to the Energy and Commerce Committee. (The full texts of H. Res. 567 and H. Res. 518 are available in PDF format on ADA News Today posted March 18 at "www.ada.org/prof/resources/pubs/adanews".)

Dentists provide an estimated \$1.7 billion annually in non-reimbursed dental care, says the Cantor-Simpson resolution. Additionally, the participation of dentists in providing Give Kids A Smile care across the country primarily on Feb. 6 but throughout the month "serves to

remind people in the United States about the need to end untreated childhood dental disease."

The resolution thanks the dentists, dental hygienists, dental assistants and other volunteers providing free education, screening, dental care and services at more than 2,500 sites to an estimated 1 million children in 50 states and the District of Columbia.

The resolution thanks the numerous GKAS corporate sponsors including Crest Healthy Smiles 2010, Sullivan-Schein Dental, DEXIS Digital X-ray Systems and Ivoclar Vivadent Inc. "for their generous support which helped make this year's Give Kids A Smile program a success."

Such resolutions are non-legislative measures effective only in the chamber in which they are introduced and requiring neither concurrence by the other chamber nor approval by the president. They are consecutively numbered in the order of their introduction. The House Energy and Commerce Committee will consider both H. Res. 518 and H. Res. 567. ■



Rep. Tom Reynolds: This New Yorker chairs the National Republican Congressional Committee.

ADA Reports

Poised for practice success?

Business leaders share hot tips at summer meeting in Chicago

BY ARLENE FURLONG

Just as business information and technology transform the work of stockbrokers, they can change the work of dental professionals as well.

To keep dentists ahead of the curve, the ADA will host 2004 Dentistry As A Business: Money, Management, Marketing and Technology, July 16-17 at ADA Headquarters in Chicago.

Designed to help successful dentists reach their goals, this two-day conference, last held in 1999, will draw on the expertise of 11 leading business speakers. Progressive, growth-oriented practitioners, their spouses, staff members and



Robin Wright



Kenneth Janke

dental students can learn about new investment strategies, communication methods and technology innovations.

"This conference will give dentists the opportunity to gather information from many experts in practice administration in one place," said Dr. George Stratigopoulos, chair of the ADA Council on Dental Practice. "Running your practice as a business is paramount to continuing to provide excellent dental care to your patients."

Program topics slated to build a thriving dental practice include:

- providing exceptional customer service;
- monitoring and improving production and efficiency;
- dental technology innovations;
- financial solutions and investments for daily practice and retirement;
- how gender affects communication;
- the entrepreneurial dentist.

Among the lineup of speakers is Kenneth Janke, chairman and CEO of the National Association of Investors Corporation. NAIC's mission is to provide sound investment information, education and support that helps create successful lifetime investors.

"If you're smart enough to be making a living, you're smart enough to be making your own investment decisions," said Mr. Janke. "You know what your own goals are and you know what you want to accomplish, so you should be making own investment decisions."

Robin Wright, president of Wright Communications, author of dental publications and an ADA Seminar Series speaker, will call on her combination of humor, enthusiasm and expertise to explain gender communication differences. She also conducts a Seminar Series called Top 10 Skills for Success in Dental Communication.

"Men and women can adapt their communication styles by borrowing from the opposite gender to improve employee performance, increase patient treatment acceptance or influence colleagues," says Ms. Wright. "We might be from different planets, but we can deal with it effectively."

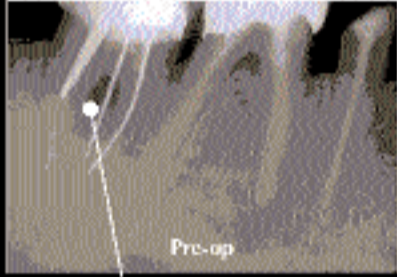
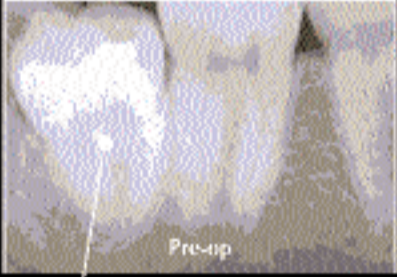

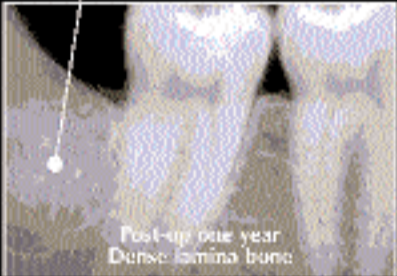
For information or questions about the conference, e-mail Laretta Allen, senior project assistant, at allenl@ada.org, call toll-free, Ext. 2895, or direct 1-312-440-2895. Dr. Don Collins, senior manager, Special Projects, is the program's coordinator. You may reach him toll-free, Ext. 2895, or e-mail collinsd@ada.org.

To register for the conference online, go to www.ada.org/prof/events/featured/index.asp. Participants can qualify for up to 14 continuing business education hours.

Practice management vendors and exhibitors are still welcome to purchase a limited number of small-size booth spaces and tabletops at the conference. For details and an application, see www.ada.org/prof/events/featured/business/exhibitor.asp. ■

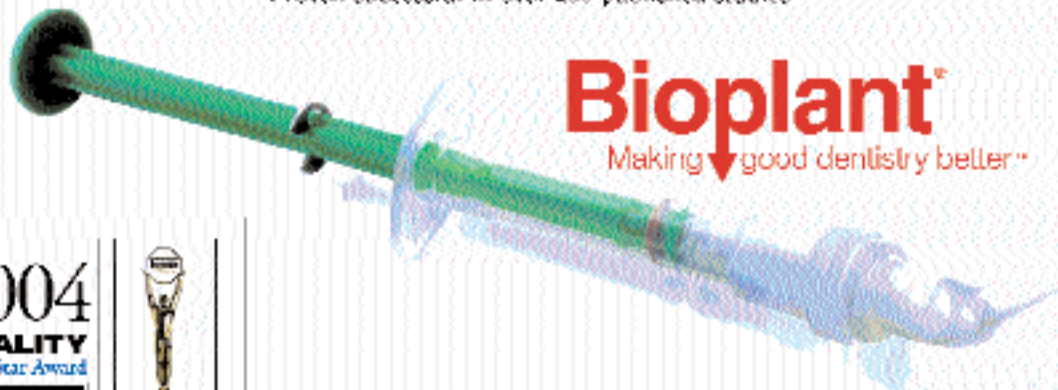
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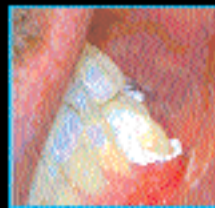
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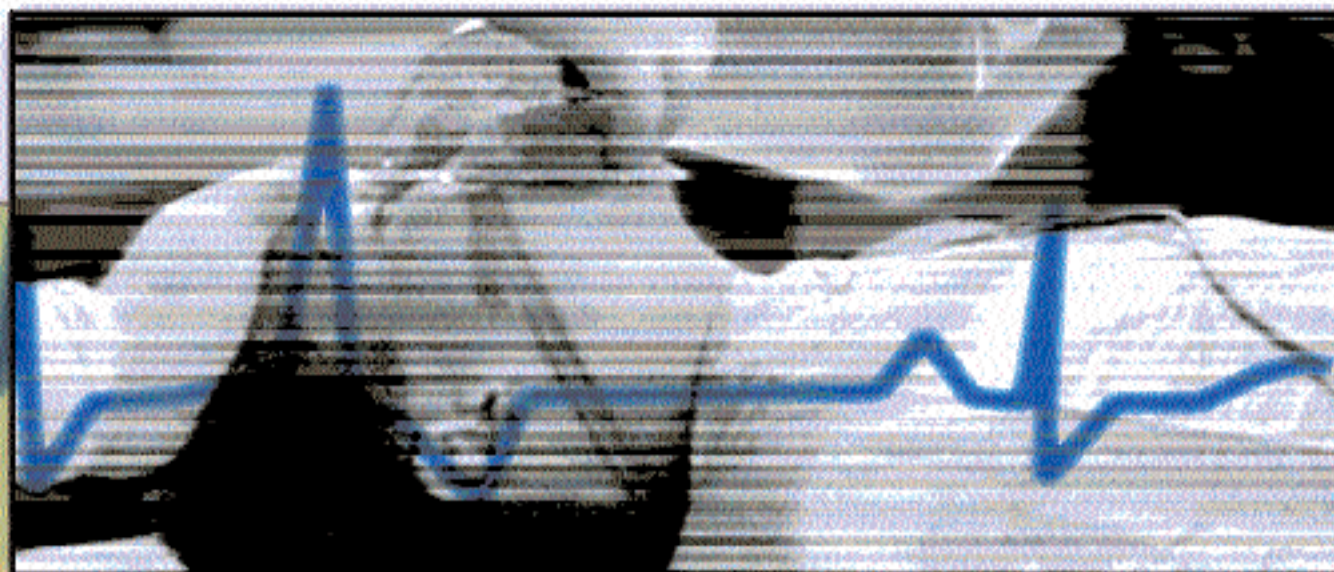
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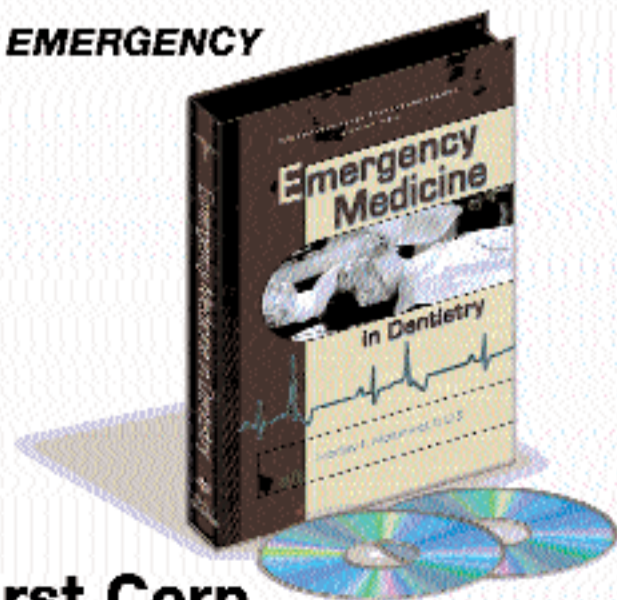
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BY ARLENE FURLONG

It's the end of the first quarter. The stock market is showing negligible gains and interest rates are flat.

Yet even throughout 2003—when few investors could boast about substantial returns, the ADA reported a greater than 4:1 return on its Direct Reimbursement investment.

The \$2.65 million 2003 DR budget resulted in 52,093 new participants in DR plans. Based on an average per capita expenditure for dentistry of \$200 per year, these new DR partici-

Gaining Ground

pants potentially generated more than \$10 million in private practice, fee-for-service dental spending. (Average of \$200 per year per U.S. Department of Commerce, 1999 Statistical Abstract of the United States.)

Between 1997-2004, ADA data shows a steady and substantial rise in new DR implementations each year, reaching almost 670,000 new participants by the end of the

first quarter of 2004.

"Direct reimbursement continues to gain at a consistent pace," says Dr. Larry Lipton, chair of the ADA Council on Dental Benefit Programs, "and a larger percentage of dental spending goes to dental practices under DR than under any other plan."

Dental offices and patients reap the dividends. Claim forms, substantiation for treatment provided and other lengthy communications with insurance providers are moot points for dental practices when patients are covered

Believe it.

A simple, cost-effective dental plan really does exist.



Are Medications Drying Up Your Patients Oral Health?

Dry Mouth is a serious problem because it happens gradually and goes unnoticed. Over 400 medications such as: Lipitor[®], Norvasc[®], Prilosec[™], Zoloft[™], Claritin[®], Prevacid[®] and Celebrex[™] will cause Dry Mouth and the disruption in saliva's natural defense system.

If left untreated, Dry Mouth can lead to oral infection, tooth decay, discomfort or burning sensation and bad breath.

Dry Mouth can also be caused by radiation treatment or auto immune diseases like diabetes and Sjogren's Syndrome.

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by direct reimbursement. It's a fee-for-service plan that provides patients freedom to choose any dentist they want.

Often called a win-win-win for dentists, patients and employers, DR allows dentists and patients to create a treatment plan without preauthorization requirements, waiting periods or questions about coverage. It's a simple, cost-effective alternative to traditional dental insurance that requires little paperwork and no red tape.

"DR supports the doctor-patient relationship, as no other plan can," said Dr. Lipton. "It empowers dental patients and offers employers a high value employee benefit."

DR brokers and state dental societies around the country are working hard to make direct reimbursement a plan that organizations throughout the country recognize. But they say the most successful leads come from dentists.

"When a dentist recommends a specific dental plan to a patient, that patient takes the plan very seriously," says Audrey Edwards, a North Carolina consultant. "After all, patients trust their dentists' opinion about dental treatment, so they're inclined to trust their opinions about a beneficial dental plan."

Dr. Robert Singer, chair of the CDBP Dental Benefit Information Service subcommittee, says, "Informed dentists can educate their patients, who in turn can convey the advantages to their employers."

Dentists can learn how to best answer all the questions they or their patients might have about DR at ADA.org. Go to "www.ADA.org/DR". Or, Contact DBIS administrator Joan Berger, toll-free, Ext. 2749, or DBIS manager, Dennis McHugh, toll-free, Ext. 2586., E-mail Ms. Berger at "bergerj@ada.org" or Mr. McHugh at "mchughd@ada.org". ■

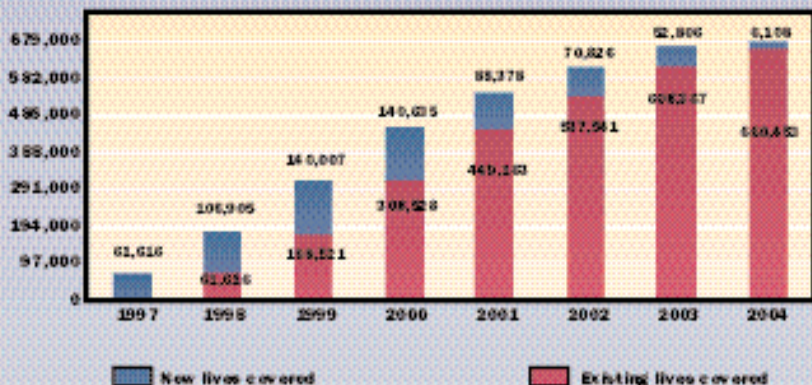
Learn more at DR Days

DR Days 2004 is scheduled for July 30-31, at ADA Headquarters in Chicago. A special session for first-time participants will be held on July 29.

Brokers, consultants, third-party administrators, constituent and component dental society staff, and dentists interested in promoting direct reimbursement are invited. Participants will learn about the Association's national marketing campaign, network with fellow DR promoters and share DR promotion ideas. In addition, companies that market DR-related products and services will be exhibiting at the meeting. For more information about DR Days 2004, call the ADA's Council on Dental Benefit Programs toll-free, Ext. 2746. ■

Direct Reimbursement participants

Lives covered as of 3/25/04



Key: Lives covered is calculated using an industry standard formula provided by Great West Life Insurance Co., which assumes that 52 percent of employees are single and 48 percent have a family with 2.8 dependents.

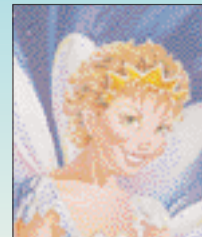
ADA offers resources to help you educate patients about DR

If you don't tell your patients about DR, who will? The Tooth Fairy?

• Direct reimbursement is a freedom-of-choice, fee-for-service dental plan promoted by the ADA.

• DR is a simple, cost-effective alternative to traditional dental insurance.

• DR means no preauthorization requirements, no waiting periods and no questions about what's covered.



• DR lets you plan treatment with your patient alone, with no interference from a third party. It can also reduce paperwork and red tape in your office.

• The ADA and many dental societies have developed free resources to assist your dental

office in promoting direct reimbursement to patients. Call the ADA's Council on Dental Benefit Programs, toll-free, Ext. 2746 or contact your state dental association. ■

More oral cancer CE courses scheduled

The ADA's "Dentist Saves Patient's Life! Early Oral Cancer Detection and Tobacco Use Cessation" five-hour continuing education course will be held at the following locations through July 31:

Contact the individual course site for more information or to register:



• Anaheim, Calif., April 16, California Dental Association, 1-866-232-6362, "www.cda.org";

• Jackson, Miss., April 23, University of Mississippi, Frances Gordy, 1-601-984-6071, "fgordy@sod.umsmed.edu";

• Milwaukee, April 29, Wisconsin Dental Association/Marquette University, Lani Becker, 1-800-364-7646, "lbecker@wda.org";

• Detroit, May 22, Michigan Dental Association, Bernie Droste, 1-517-346-9401, "www.smilemichigan.com";

• Destin, Fla., June 9, Mississippi Dental Association, Connie Lane, 1-601-982-0442, "www.ms dental.org";

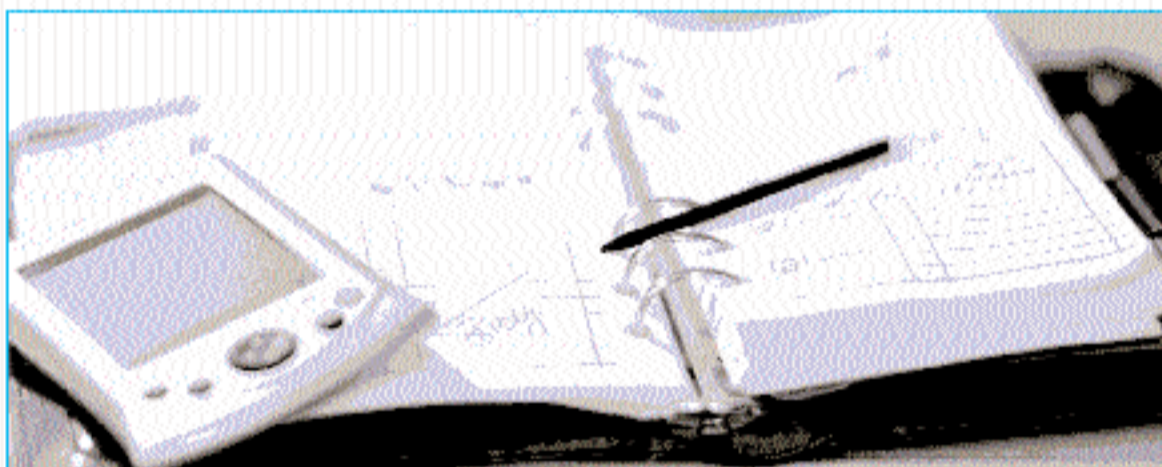
• San Diego, June 4, University of California in San Diego, Kathleen Deleo, 1-858-822-3735, "kdeleo@ucsd.edu";

• Los Angeles, July 31, National Dental Association, Lavette Henderson, 1-202-588-1697, "lhenderson@ndaonline.org".

Additional courses will be held through November 2006.

Watch the ADA News for future course listings or contact Mary Wheatley at the toll-free number, Ext. 2839, or e-mail "wheatleym@ada.org". ■

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*ADA Advisors does not offer legal or tax advice.



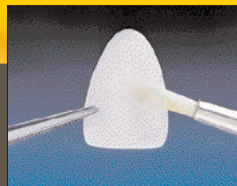
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Coltène/Whaledent Inc.
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Den-Mat/Cerinate
Booth #1340



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The Dental Record
Booth #2222



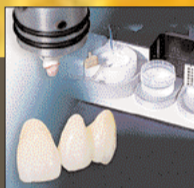
DRNA Waste Management offers first all-inclusive recycling kit for all dental amalgam, capsules, extracted teeth with amalgam, and used Dispos-a-Traps and Evac-u-Traps. Kits may be used by dental offices in all 50 states and each kit includes as much as \$168 in FREE Kerr products! Kit includes an UN-approved waste container, pre-paid shipping both to and from the office, recycling at a USEPA-certified facility, and certification of the process with DRNA's signature Assurance Program.

DRNA Waste Management
Booth #1206



The new DEXcam USB-2 by Sopro is a USB-2 version of the acclaimed Sopro 595 intra-oral camera, developed especially for DEXIS. It connects to any standard USB 1.1 or 2.0 port and does not require a video capture card or any additional hardware. The convenient USB connection ensures that the DEXcam has true "plug 'n' play" flexibility, making it perfect for multi-operator environments.

DEXIS Digital X-Ray
Booth #134



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Booth #1434



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Sunstar Butler
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Trident Dental Laboratories
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Ivoclar Vivadent, Inc.
Booth #1372



The latest addition to the RelyX family of cements, RelyX Luting Plus Cement, is an advanced, resin-modified glass ionomer luting cement with improved product performance when compared to powder-liquid cements. RelyX Luting Plus cement offers paste/paste delivery from the new, easy-to-use Clicker dispenser for 1:1 dosing and easy mixing. The self-contained delivery system reduces mess and assures consistent, reliable cement properties.

3M ESPE
Booth #537



Tréswhites new patent-pending technology delivers a custom fitted tray without the need for impressions, models or lab time. Tréswhites' thin membrane tray is pre-loaded with two distinct gels, an activating gel and a barrier gel. The activator gel contains 9% hydrogen peroxide and will actively whiten teeth for up to 60 minutes. The barrier gel is loaded along the gingival margin and acts as a protector for the tissues.

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HemaSeal & Cide with 4% chlorhexidine is a unique and superior, tissue friendly, dentin wetting, disinfecting and desensitizing agent. The dual pole, positive charged chlorhexidine molecule in this solution is attracted to the negatively charged tooth surface and draws the Hema and water with it. A void-free bond zone is created. The benefits include total elimination of post-op sensitivity, ease of use and compatibility with all dentin

Advantage Dental Products, Inc.
Booth #2154



Gift to museum: On hand for the Wall of States check presentation are, from left, back row: Dr. Richard Haught, ADA president-elect; Dr. James B. Bramson, ADA executive director; Dr. John Patterson, NMD board of visitors chair; Dr. Russell Webb, CDA president-elect; Dr. Roddy Feldman, ADA 13th District trustee; and Peter DuBois, CDA executive director; front row: Dr. Eugene Sekiguchi, ADA president; Ms. Rosemary Fetter, NMD executive director; Dr. Debra Finney, CDA president; and Kyle Carter, NMD assistant director for development.

'Wall of States'

CDA joins ranks of peers at Harris National Museum of Dentistry

BY CRAIG PALMER

Washington—ADA and California Dental Association officials presented a \$30,000 CDA check March 23 to the Dr. Samuel D. Harris National Museum of Dentistry in Baltimore, Md., the newly designated official museum of the dental profession in the United States. President Bush signed the congressional resolution into law last Nov. 11.

With the check presentation during the annual Washington Leadership Conference, the 20,000-member CDA became the 38th state dental association supporting the museum's Wall of States with member contributions to museum activities. The Wall of States includes dental associations representing 100,000 dentists across the country. Participation is by donation. Recently joining states include Arizona, Georgia, Nebraska and Pennsylvania.

"We are thrilled to have rallied the support of all of our members and look forward to building strong relations with the museum," said Dr. Debra S. Finney, CDA president. "With the museum continuing to create learning opportunities through traveling exhibits, web lessons and oral health awareness programs, we want to show our support and help to promote the museum's mission nationally." The museum received a check and letter from the CDA.

The museum acknowledges state dental association participation with a Wall of States donor board in the foyer, at the museum's Web site ("www.dentalmuseum.org") with links to association Web sites, and in dental-related publications including NMD's *The Articulator*.

ADA leaders taking part in the ceremonial presentation included President-Elect Richard Haught, museum national advisory committee representative for Oklahoma. Dr. Roddy Feldman, 13th District trustee, "played a key role in solidifying CDA's participation in the Wall of States program," said a museum spokesperson. ADA President Eugene Sekiguchi and Executive Director James B. Bramson also represented the ADA, a strong supporter of the museum and its recent designation as the official national dental museum. ■

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To earn two hours of CE credit free of charge, members should visit "www.ada.org/goto/cdc".

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An African experience

NDA to host 10-day tour to Kenya

BY STACIE CROZIER

Washington—The National Dental Association's 10-day tour to Nairobi, Kenya, Aug. 23-Sept. 1, isn't designed to be a "vacation."

"It's not a vacation; it's an 'experience,'" says Dr. Brian Swann, tour escort for the NDA. "I'll be telling people to build up their stamina—drink water, walk more, eat healthy—so they'll be ready to see and experience the amazing sights and culture that East Africa offers. They'll want to be wide awake and full of energy for the entire trip."

Dr. Swann will lead travelers through an action-packed itinerary that includes exploring Nairobi museums and art galleries; view-

ing African wildlife in Nairobi National Park; shopping in a Maasai market; playing 18 holes of golf at the world famous Muthaiga Golf Club; looking for a pink "cloud" of flamingos on Lake Nakuru; traveling to the northern Serengeti Plains to watch herds of wildebeest and zebra make their annual migration from Tanzania; and taking camera safaris in the Maasai Mara to see elephants, hippos, cheetahs, giraffes, gazelle and other wildlife.

Tour participants will also visit the dental school at the University of Nairobi and St. Mary's Hospital. Plus, they'll have the option to earn continuing education credits by



Photo by Heidi Jamison

Pride of Kenya: Lions are part of the landscape on the Serengeti Plains of Kenya.

attending two days of the joint meeting of the International Association of Dental Research East and Southern Africa Division.

"It's a very intense and broadening trip," Dr. Swann adds. "Our group generates a lot of excitement. We attract public attention and have the opportunity to meet local citizens and local dentists through receptions and home visits. Dentists in Africa want to meet American dentists to learn what our issues are and share their issues. It's common to meet people in Africa who speak five or more languages, which dispels any myths about primitive cultures. You'll be able to immerse yourself while you are there."

This year's trip will be the NDA's fourth Africa tour in the last five years. Previous tours have visited Zimbabwe, South Africa and Tanzania. Next year, the NDA is planning a tour to Ethiopia.

Travelers will also have the opportunity to lend some room in their check-in luggage to pack resources that can be shared with their African hosts—medical and dental supplies, school supplies and other items.

"Last year we were able to share a variety of items, from dental models for toothbrushing demonstrations to soccer balls," says Dr. Swann. "These are simple things that can be easily packed and will be greatly appreciated

and not forgotten. We don't consider it charity, but a way to express our thanks for our hosts' sharing of their time, hospitality, culture and resources with us."

Dr. Swann also emphasizes that tour participants will stay in some of the finest hotels in the world and state-of-the-art safari lodges—all for a very affordable price: \$2,995 for ADA and NDA members, including airfare, lodging, ground transportation, meals specified in the itinerary and many more extras, departing from New York. (Additional fees for the IADR meeting apply.)

After the Kenya tour, Dr. Swann will also host an optional six-day visit to Zanzibar, where travelers can switch gears and spend time relaxing and exploring this luxurious island in the Indian Ocean. The additional tour is priced at \$995.

For a tour itinerary, prices and more information, contact World Travel Vignettes Inc. by calling Fran or Marissa at 1-800-567-5047 or 1-215-657-7522 or e-mailing "marissa@wtvinc.com". Travelers must submit a deposit by May 1 to secure a spot for the tour.

For information on the IADR meeting, log on to "www.dentalresearch.org/iadr/esa/esa.pdf" for a copy of the first meeting announcement and call for abstracts. ■

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COMPLETE DENTURE UPDATE 2004: CONTEMPORARY THERAPY FOR EDENTULISM
September 10-11
Marriott Hotel • Buffalo, NY

The demand for removable prosthodontic services is projected to increase significantly over the next 15-20 years. Changing demographics and a high or level of functional and esthetic expectations from patients have fueled this increase. Fortunately, with the advent of newer concepts and materials many of the frustration factors and unpredictability of complete denture care can be eliminated. Implant treatment has proved to be a reliable adjunct to denture treatment and will be emphasized in this program with several supportive lectures and a hands-on experience. A comprehensive review and update of the fundamental principles of removable prosthodontics will include tissue conditioning, edentulous anatomy, contemporary impression technique, jaw registration, tooth selection, denture occlusion, processed base, etc.

INTRODUCTION TO IMPLANT SURGERY

Are you a Prosthodontist interested in gaining introductory level skills through CPE hands-on experience in implant placement? If so, this course is for you. You will be trained to diagnose, treatment plan and deliver state-of-the-art care in complete and partial edentulous patients, as well as experience first hand the surgical aspects of implant dentistry by placing dental implants in patients. (Previous systems include Astra Tech, Nobel Biocare, Straumann.) Courses are coarsely scheduled for the University of North Carolina, Loma Linda University and Harvard University. Call the ACP for upcoming dates and locations.

Visit: www.prosthodontics.org

For more information:
American College of Prosthodontists, Center for Prosthodontic Education
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Tel: 312-573-1260 • Fax: 312-573-1257 • Email: acp@prosthodontics.org

Time to apply for PFA grants and scholarships

The Pierre Fauchard Academy Foundation will award up to \$350,000 in grants and scholarships in 2004. Applications are due June 1.

Since 1996, the foundation has awarded nearly \$3 million through more than 720 scholarships to dental students and about 250 grants to dental programs that promote access to dental care.

All U.S. dental schools and 28 non-U.S. schools are eligible for a \$1,500 scholarship to be awarded to a qualifying junior with leadership potential. Nonprofit programs that use volunteers to serve the indigent, uninsured or underserved according to the foundation's mission statement can apply for a grant.

For more information or to find out if your organization qualifies for a grant, contact Dr. Fred Halik, 30 Spruce Ridge, Fairport, N.Y. 14450-4278; phone: 1-585-218-9393; e-mail: "fpfa@rochester.it.com". Or log on to "www.fauchard.org". ■

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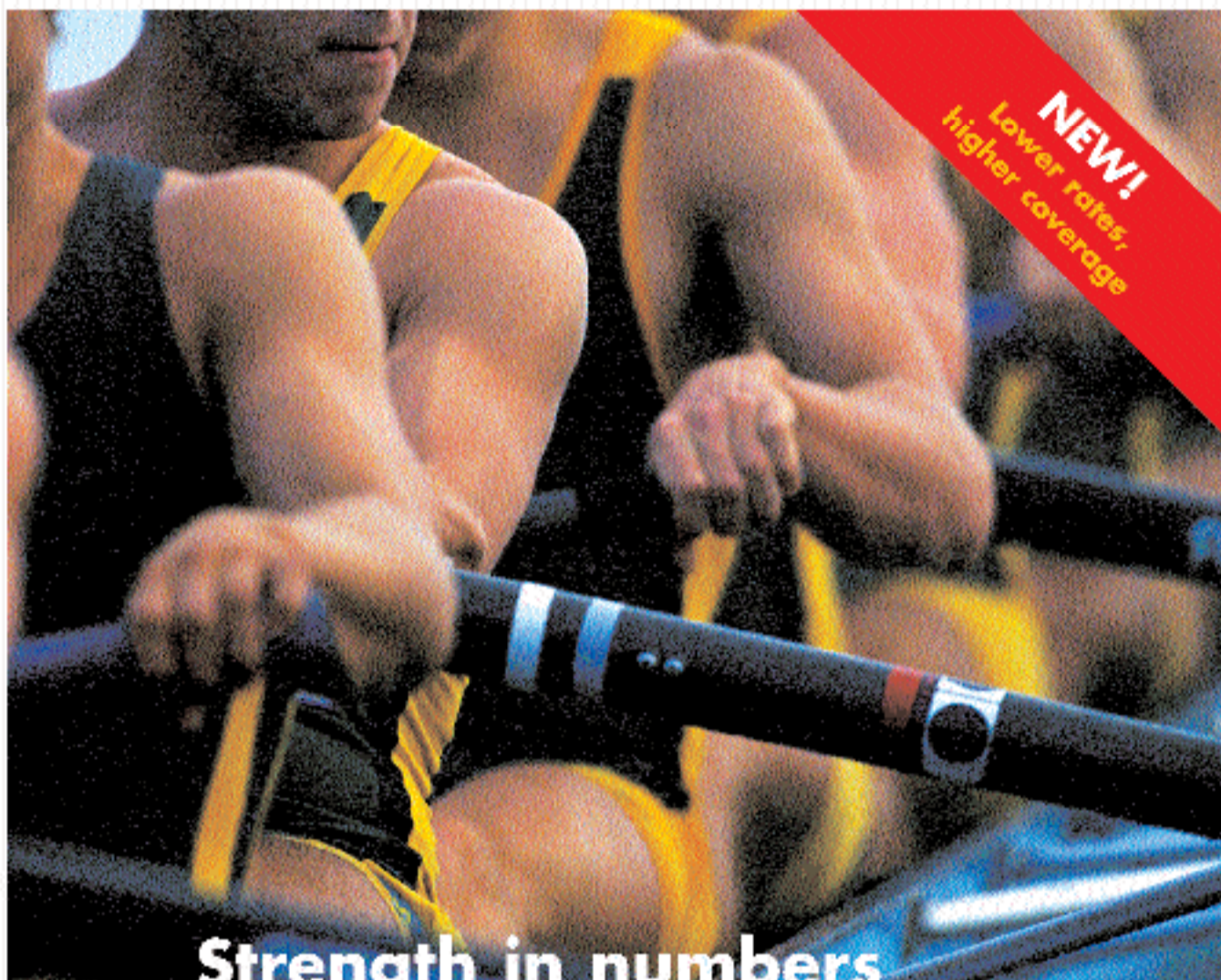
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Log on to “www.jcaho.org” or “www.qualityforum.org” for a nomination form or call the Joint Commission at 1-630-792-5800. ■

North to Alaska

ADA sends task force to study access issues for Alaska Natives

BY CRAIG PALMER

The American Dental Association, responding to a 2003 House of Delegates resolution, sent a seven-member task force to Alaska March 25-27 to explore options for delivering high quality oral health care services to Alaska Natives.

The ADA Task Force on Oral Health Access

for Alaska Natives is making headlines: "Dental Group Questions Alaska Aide Program; Natives: Visits by Dentists Can be Rare in Rural Areas" (Anchorage Daily News, March 30).

The report quoted chair Dr. Bernard K. McDermott, ADA 4th District trustee, and discussed March 25-27 task force meetings in

Anchorage, Bethel and Fairbanks with Natives, tribal leaders and practicing dentists.

The 2003 ADA House established a seven-member task force by Res. 50H to improve dental care for American Indians and Alaska Natives, Dr. McDermott said. The 10-person group, including Council on Government Affairs and ADA Washington Office staff, was in the state to explore ways of improving dental care for Alaska Natives, especially in remote areas.

Task force members include Drs. Michael E. Biermann, 11th District trustee; Dr. Leon A. Assael, chair, Council on Dental Education and Licensure; George Stratigopoulos, chair, Council on Dental Practice; Joseph S. Young, Council on Access, Prevention and Interprofessional Relations; and N. Tyrus Ivey and Robert W. Robinson II, CGA.

A second group of six dentist volunteers representing CGA and ADPAC (American Dental Political Action Committee) travels separately to Alaska through June to provide remote area care under Indian Health Service auspices, each for a week.

CGA volunteers include Drs. Larry W. Osborne, chair, Curtis Ray Johnson, Robert B. Raiber, William Kenneth Rich and Gary L. Roberts. Dr. Jane Grover, ADPAC chair and CGA ex-officio, is scheduled for a first-time




"North To The Future": Drs. Gary L. Roberts (left) and Robert W. Robinson II, members of the ADA Council on Government Affairs, are both involved in an ADA task force on access-to-care issues for Alaska Natives.

trip to "The Last Frontier" for a week of care in April and again in June as PAC chair to address the Alaska House of Delegates.

"Whenever you go to a public health setting you gain maturity as a practitioner," she said. "We're the dental version of a space shuttle. We're going to a frontier of a different sort, a dental frontier." Alaska state motto: "North To The Future."

CGA-ADPAC volunteers will report to the task force which in turn reports to the ADA Board of Trustees "with appropriate recommendations" for the Oct. 1-5 House of Delegates in Orlando, Fla., "on options available for delivering high quality oral health care services to Alaska Natives." ■



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ADA Institute nets award

The Association Forum of Chicagoland March 30 named the ADA Institute for Diversity in Leadership the winner of its Association Management Programming Award.

The Institute is a personal training program designed to enhance the leadership skills of dentists belonging to racial, ethnic and/or gender backgrounds traditionally underrepresented in leadership roles.

"The ADA Officers and Board of Trustees support this program as a path to encourage dentists to significantly contribute in all professional arenas," said Dr. Eugene Sekiguchi, ADA president.

"In addition to our dental organizations, dentists bring special expertise and commitment to community organizations, corporate boards, legislative efforts and other advocacy initiatives to improve oral health," he added.

The Association Forum of Chicagoland is the 3,000-member "association of associations" for more than 1,500 business, charitable, civic and professional organizations headquartered in the Chicagoland area. ■

Aetna

Continued from page one

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—practitioners who have treated Aetna members during the “class period,” which dates from Aug. 15, 1995, to March 26, 2004.

AP reported that about 40,000 to 50,000 dentists would be eligible for payments of \$80 to \$100. The Association is encouraging members to donate these awards to the ADA Foundation to support dental research and education, and access to care for the underserved. (See related story, this page.)

ADA Executive Director James Bramson and Chief Legal Counsel Peter Sfikas notified the officers and trustees by same-day e-mail that the settlement had been awarded preliminary approval.

As part of the agreement, class members will be mailed a notice of the proposed settlement in May. The notice will briefly explore the nature of the ADA's civil complaint, the terms of the settlement and the settlement hearing itself.

Included with this notice will be a “proof of claim” form that class members must fill out to be eligible for a settlement share. The form must be typed or printed, notarized by a notary public, mailed to a settlement administrator and postmarked by a date to be determined by the court.

Shares not claimed in this way will be donat-

■ The Association is encouraging members to donate these awards to the ADA Foundation to support dental research and education, and access to care for the underserved.

ed automatically to the ADA Foundation. Class members also can donate their share to the ADA Foundation by checking a box on the proof of claim form, expressly directing their share to be paid to the Foundation.

In its civil suit, the Association alleged that Aetna had denied, delayed or reduced payments to dentists through such tactics as downcoding and bundling claims. Among a host of other complaints, the ADA also alleged that the insurer was making “usual, customary and reasonable fee” decisions using a database unsuitable for that purpose, and sending patients Explanation of Benefits statements that suggested their dentist was overcharging.

Aetna agreed to correct these and other business practices and to establish an Advisory Committee to advise the company in setting policy on billing and reimbursement procedures.

The nine-member committee is to include three ADA representatives, three Aetna representatives and three members chosen by the other six.

ADA President Eugene Sekiguchi already has appointed the Association's representatives. They include Dr. Edwin S. Mehlman, a past member of the Board of Trustees from the 1st District, and two past members of the ADA Council on Dental Benefit Programs: Dr. Lawrence E. Volland and Dr. Charles L. Cuttino.

When the settlement agreement was announced last summer, John W. Rowe, M.D., Aetna's chairman and chief executive, said changes spelled out in the agreement would lead to “new levels of transparency in our relations with dentists” and help achieve “a common goal of better dental health for our patients.” ■

Settlement would be welcome boost for ADAF

ADA officials are inviting dentists entitled to a share of the Aetna settlement to donate the sum to the ADA Foundation, which will use it to fund programs and research benefiting dentistry and dental patients.

An estimated 40,000 to 50,000 dentists will be eligible for one-time payments of \$80 to \$100 as part of the settlement of a class-action civil lawsuit the ADA filed against Aetna Inc. in August 2002. The settlement agreement appears to be nearing final court approval.

“Class-member dentists who opt to donate their share can enhance the work of the Foundation,” said Dr. Arthur A. Dugoni, presi-

ADA FOUNDATION

American Dental Association Foundation

dent of the ADAF Board of Directors. Such donations, he said, will help the Foundation “make even greater strides in improving health and making lives better, one person at a time.”

Other Association leaders said donations to the Foundation represent money well spent for a good cause.

Sometime in May, dentists who treated Aetna patients during the “class period” specified in the agreement (Aug. 15, 1995, through

March 26, 2004) will receive notice of the settlement as well as a “proof of claim” form.

To donate their share of the settlement to the ADAF, class members have two options:

- Don't return the form, in which case the member's share goes automatically to the Foundation;

- Check a box on the form indicating that the sum should be donated to the Foundation.

Those who decide to file a claim must return it to the settlement administrator by a date to be determined by the court. The form must be typed or printed, notarized and postmarked by the court-determined date. ■

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Craving dental care

ADA, March of Dimes spread the word on pregnancy, oral health and premature births

BY KAREN FOX

Dr. Kimberly Jones-Rudolph's presentation linking periodontal disease with premature birth resonated with her audience at a Florida March of Dimes' prematurity conference last year.

Following her talk, a group of nurse midwives asked the University of Florida College of Dentistry faculty member to provide additional training to help them identify periodontal disease in expectant mothers and refer those at risk to a dentist.

"The nurse midwives recognized that women will put the needs of their children before themselves," said Dr. Jones-Rudolph. "If they know that their oral health is affecting the health of their unborn children, they tend to take that very seriously."

By the end of the year, Dr. Jones-Rudolph had developed examination forms and trained



Dr. Jones-Rudolph



The answers can't come soon enough.

and calibrated the nurse midwives to spot periodontal disease and direct patients for follow-up care.

"People see the link between premature birth and periodontal disease as a real avenue of hope," said Dr. Jones-Rudolph, who is also a resident in UF's dental public health program. "It's a terribly frustrating problem because a lot of researchers are trying to pinpoint why prematurity continues to grow."

In 2001, more than 476,000 babies were born too soon in the United States—an increase of 27 percent since 1981. Premature babies are born with serious health complications that last throughout life, from cerebral palsy to mental disabilities to blindness. Prematurity is also the leading cause of neonatal death in this country.

The role of dentists in preventing prematurity is gaining increased attention these days, with early evidence suggesting that periodontal disease is a risk factor for pre-term birth, which in turn increases the risk for having a low birth-weight baby.

"It's well-documented that women who are pregnant and have periodontal disease are far more likely to give birth earlier and give birth to low birth-weight babies than women with healthy gums," said Dr. David C. Anderson, chair, ADA Council on Communications. "The ADA recognizes that not only is it important to educate ADA members about this correlation, we need to spread the word among patients and health professionals such as obstetrician-gynecologists, family physicians and nurses."

Last year the ADA joined a 34-member national alliance of professional, consumer and government groups supporting the March of Dimes' Prematurity Campaign, a five-year, \$75 million campaign to raise awareness of problems related to prematurity. The campaign's goal is to reduce the incidence of pre-term births by 15 percent by 2007.

The ADA House of Delegates passed Res. 48H-2003 last fall, paving the way for constituent dental societies to collaborate with the March of Dimes and related groups in their states on issues related to oral health, pregnancy and premature birth.

"We keep telling patients that the mouth is the portal to the body," said Dr. Anderson. "Then to find out that an infected mouth can affect your baby, doesn't it make sense that dentists support good oral hygiene before, during and after pregnancy?"

As a former president of the Virginia Dental Association, Dr. Anderson had a role in working with a state chapter of the March of Dimes, the national organization that funds research and patient education initiatives to prevent premature birth, birth defects and low birth weight.

In 2001, the VDA signed an agreement with the Virginia March of Dimes to educate



Dr. Anderson: "It's well-documented that women who are pregnant and have periodontal disease are far more likely to give birth earlier and give birth to low birth weight babies than women with healthy gums."

patients about the relationship between periodontal disease and pre-term birth, and the benefits of folic acid, a B vitamin, which aids in a baby's brain and spinal cord development. The VDA distributed tent cards geared toward women of childbearing age for use in dental offices.

In addition, the VDA plans to invite medical professionals to attend its annual meeting in September for a presentation on the relationship between periodontal disease and low birth-weight babies by Dr. Marjorie Jeffcoat, editor of *The Journal of the American Dental Association* and dean, University of Pennsylvania School of Dental Medicine.

Dr. Terry Dickinson, executive director of the Virginia Dental Association, describes these activities as "redefining who we are as members of the health care team."

"If dentists are going to be thought of as something different than fixing holes in teeth, then we need to look for common interests, and that's the health of the dental patient," he said.

The only drawback to Res. 48H-2003 is that it has no budget. As a result, professional and consumer education activities related to the prematurity campaign must be incorporated into existing communication vehicles.

Even so, some constituents like the Maine Dental Association consider partnering with the March of Dimes a successful alliance for members and patients.

So far, the MDA has published several
See PREGNANCY, page 29



The L.D. Pankey Dental Foundation, Inc., proudly announces the establishment of the Center for Professional Journalism at its state-of-the-art teaching facility in Key Biscayne, Florida. The Center for Professional Journalism is a not-for-profit educational organization established to meet the needs of dental professionals aspiring to excel in professional publication.

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ADA resources on pregnancy and oral health

Looking for ways to educate patients about maintaining oral health and preventing periodontal disease during pregnancy? Try these brochures, available through the ADA Catalog:

- "Pregnancy and Oral Health"—Shows expectant mothers how to maintain oral health throughout pregnancy.

- "Good Oral Health for Mother & Baby"—Diet and tooth decay, gum disease and importance of maintaining good oral hygiene during pregnancy.

- "Women and Gum Disease: What You Should Know"—How good oral hygiene and regular dental visits can help reduce the risk of sensitive gums and gum disease.

For these and other titles, call 1-800-947-4746 or go to "www.adacatalog.org". ■

When one way is the only way

Forensic experts need original radiographs for victim identification

BY ARLENE FURLONG

The ADA encourages dentists contacted by a forensic identification team seeking information on a disaster victim to provide original dental radiographs.

The ADA House of Delegates resolved in Res. 3H-2003 to promote this practice, in the aftermath of the Sept. 11, 2001 attacks. At that time, forensic experts said the task of retrieving antemortem dental records from around the country was compounded by dentists' reluctance to provide original records and radiographs.

"Dentists' reluctance was sometimes based on an erroneous notion that practitioners could be subject to discipline by their state dental boards if they did not retain original records," said Dr. William Yeomans, a forensic dental expert who also directed the Pennsylvania Dental Association's Dental Identification Team. PADIT assisted in identifying victims from the Sept. 11 crash of a United Airlines jet in western Pennsylvania.

The problem forensic experts encounter with copies is that most methods of duplication don't show the fine, bony, trabecular patterns and root structures sometimes useful

■ By forwarding originals to the forensic experts and retaining a copy of the originals, everyone's objectives are met.



Dr. Stratigopoulos

for identification.

Dr. George Stratigopoulos, chair of the ADA Council on Dental Practice, said that the idea perpetuated throughout the profession that state dental boards will discipline dentists for providing original dental records

and radiographs is untrue.

"By forwarding originals to the forensic experts and retaining a copy of the originals, everyone's objectives are met," said Dr. Stratigopoulos. The ADA resolution maintains that copies of records should be retained by dentists and that originals are returned to dentists when no longer needed.

Dr. Yeomans says forensic dentists rarely, if ever, have a problem obtaining original records when they speak with the treating dentist one on one. ■

Pregnancy

Continued from page 28

newsletter articles bringing members' attention to the prematurity campaign, and has recommended March of Dimes resources—such as posters, brochures and other materials—to help members educate their patients.

"The state March of Dimes is very happy to have our support, even if it's limited in what we can accommodate right now," said Frances Miliano, MDA executive director.

The ADA Council on Communications appointed a workgroup to develop potential activities that constituent societies could pursue in collaboration with their state March of Dimes chapter.

Among its recommendations, the workgroup suggested promoting ADA patient education materials related to pregnancy and periodontal disease to member dentists. (See story, page 28.)

Other potential activities include increasing communications among members through newsletter articles on the local, state and national levels; incorporating information into continuing dental education courses; sponsoring or holding media activities to educate the public; promoting the March of Dimes' annual "Prematurity Awareness Day"; and publishing articles in professional journals to educate other health providers.

According to Dr. Deb West, workgroup chair, the ADA needs to step up efforts to educate its own members on treating periodontal disease in expectant mothers.

"When I was in dental school, I was taught to not even touch a pregnant woman," she said. "Now we want to stress that not only do we treat and screen for periodontal disease, we treat the condition prior to delivery."

For more information, constituent dental societies are encouraged to contact their state March of Dimes chapter. Resources are also available at the March of Dimes' Web site ("www.modimes.org/prematurity").

Mean time, Dr. Jones-Rudolph has offered to share the assessment forms she developed for the nurse midwives in Florida. If you're interested, contact her at "kjones-rudolph@dental.ufl.edu". ■

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New AADA leaders honored

Salt Lake City—Nine new members of the Alliance of the American Dental Association who demonstrated leadership potential were recognized, not with just a plaque, but with a trip to this year's AADA leadership conference to participate in hands-on leadership training.

Winners of this year's Beulah K. Spencer award include:

- Mercedes Amaya-Tueller, Sacramento, Calif., Sacramento District Dental Alliance;
- Dr. Meg Haley, Nashville, Tenn., Nashville Dental Alliance;
- Roxanne Kozal, Homer Glen, Ill., Alliance of the Chicago Dental Society;

- Christl LoCascio, Knoxville, Tenn., Alliance of the 2nd District Dental Society;

- Paula Owens, Burleson, Tex., District 8 Member-At-Large, Fort Worth, Texas;

- Debbie Reed, Fort Wayne, Ind., Alliance of the Isaac Knapp District Dental Society;

- Michelle Schymik, Evansville, Ind., 1st District Dental Alliance;

- Stephanie Test, Danielsville, Penn., Alliance of the Lehigh Valley Dental Society;

- Holly Yeager, Riverton, Utah, Alliance of the Salt Lake Dental Society.

The awards, presented at the AADA's annual Leadership Conference in Salt Lake City

Feb. 27, are sponsored by the ADA Insurance Plans, which are underwritten and administered by Great-West Life & Annuity Insurance Co. The award is given to AADA members who have been with the organization five years or less and exhibit exceptional leadership skills.

"The ADA Insurance Plans are pleased to support the outstanding efforts and accomplishments of these new leaders," said David H. Shantz, vice president of group special accounts at Great-West, who presented the awards at a luncheon honoring the recipients. "Their enthusiasm and dedication to

the future of organized dentistry is commendable—and consistent with Great-West's support of the American Dental Association."

For more information on the Alliance, visit "www.allianceada.org" or call toll-free, Ext. 2865.

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CAPIR calls for awards entries

The ADA Council on Access, Prevention and Interprofessional Relations is now accepting entries for its 2004 Community Preventive Dentistry Award and Geriatric Oral Health Care Award programs. The deadline for entries is May 14.

The Community Preventive Dentistry Award recognizes individuals and organizations that have developed significant preventive dentistry projects. The first place recipient will receive a \$2,500 check and a wall plaque while meritorious awards of \$500 may be granted to up to three other entrants.

Individuals or organizations responsible for creating and/or implementing a community program concerned with some aspect of preventive dentistry can enter. Relevant community programs involve members of the dental team and include: school programs; programs for special populations and high-risk groups; media public information programs; community education activities; tobacco-use cessation activities; and early detection of oral cancer and treatment programs. The award is sponsored through the ADA Foundation with the generous support of Johnson & Johnson Oral Health Products.

The Geriatric Oral Health Care Award recognizes individuals and organizations that have improved the health of older adults through innovative community outreach activities. The winner will receive a \$2,500 check and a wall plaque. A meritorious award of \$500 may be granted to one other entrant.

Individuals or organizations responsible for creating and implementing a project concerned with geriatric oral health can submit an entry. Relevant geriatric programs involve members of the dental team and include: nursing home, homebound and hospital programs; media and public information programs; dental practitioners' and/or caregivers' educational activities; and oral health care delivery programs. The award is sponsored through the ADA Foundation with the generous support of a grant from the Pfizer Consumer Healthcare Group.

Any not-for-profit program in the United States or its territories is eligible to submit an entry for either award. Eligibility is not limited to dental personnel but a dentist entrant must be a member of the ADA.

Descriptions of past winning entries for both award programs are available. For more information, compendiums of winning entries, brochures, entry forms and suggestions for preparing a program summary, log on to "www.ada.org/ada/prod/adaf/capir.asp"; call 1-312-440-2673; or e-mail "babcockj@ada.org". ■



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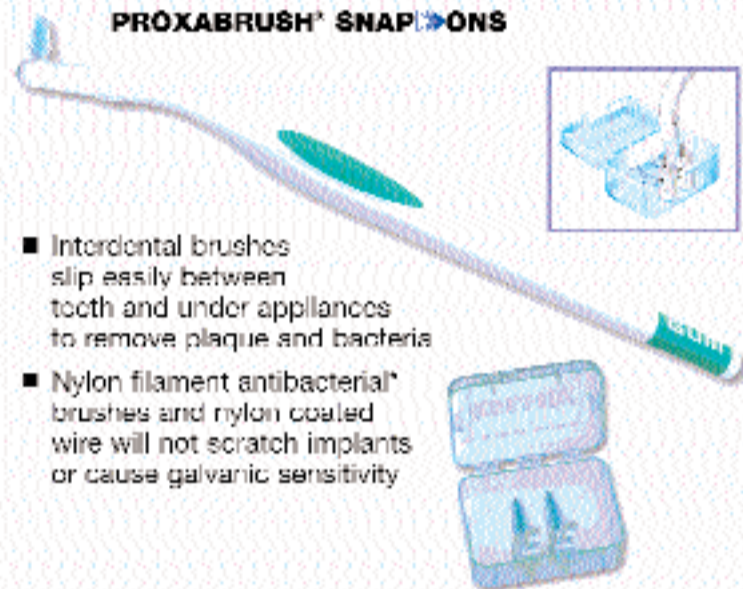
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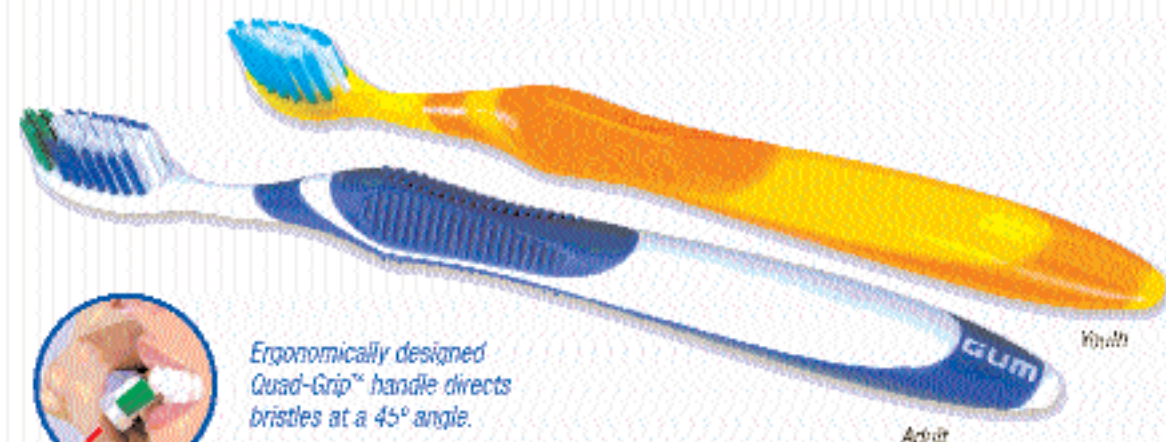


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