6-7-2004

ADA News - 06/07/2004

American Dental Association, Publishing Division

JADA editor to step down, page eight ◆ Hot annual session courses, page 17

AMERICAN DENTAL ASSOCIATION
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www.ada.org
JUNE 7, 2004 VOLUME 35, NO. 11

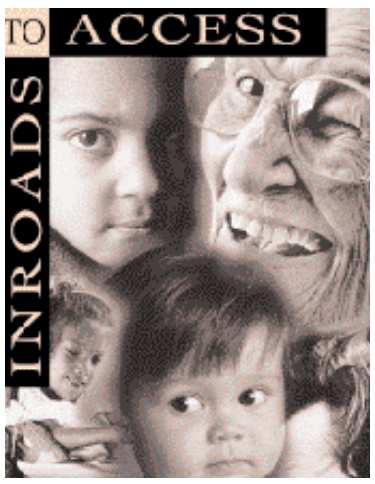
Tennessee winning

Dental Medicaid provider network up 80 percent

BY MARK BERTHOLD

Nashville, Tenn.—It's a bold claim, that one state has found a solution to the dental Medicaid quagmire so successful that it may become a model for other states to follow.

But in Tennessee, the dental "carve out" from the TennCare program might be turning out to be just that model. Nineteen months into the program, the dental provider network has grown by 80 percent and more than 600,000 low-income children have access to comprehensive oral health care.



"It's been a resounding success, the dental carve out in the revamped TennCare program for low-income children in Tennessee," says Dr. Jackson Brown, associate executive director, ADA Health Policy Resources Center.

"The foundation of its success," he adds, "rests on basic economic and business principles: pay a fair fee for services provided and run the program efficiently so using and providing dental services are no longer a hassle. This approach has markedly improved access to dental care among the state's low-income children and dramatically increased participation by Tennessee dentists."

The "carve out" separates dental treatment from other Medicaid services by dedicating funds specifically for oral health care and by using a single benefits manager, insurer Doral Dental of Tennessee. The nontraditional program began Oct. 1, 2002, when a three-year contract took effect between the state's TennCare bureau and Doral, which assumed administration of the entire dental Medicaid portion, including provider networks, claims processing and benefits management.

See TENNESSEE, page 14

Diabetes CE: More than 200 dentists and hygienists attended the Chicago-area ADA/Colgate "Dentistry & Diabetes" satellite videoconference May 27. Broadcast from ADA Headquarters, the videoconference drew more than 2,600 registrants to 15 sites across the country. At right, Dr. Keith Suchy, president of the Chicago Dental Society, greets the audience at the Marriott O'Hare. For more information, go to page 15.

NY ends exam for licensure

Residency programs required

BY KAREN FOX

Albany, N.Y.—Completing a dental residency instead of taking a clinical licensure exam is no longer an option in New York. It's the law.

As of 2007, all New York dental licensure applicants will be required to complete a clinically based, ADA Commission on Dental Accreditation-approved post-doctoral general practice or specialty dental residency program of at least one year's duration (also known as PGY1) as a prerequisite for initial licensure.

Gov. George Pataki signed the

See RESIDENCY, page 11

AETNA UPDATE

Unclaimed settlement funds a boost for ADA Foundation

BY JAMES BERRY

If you're entitled to a portion of the Aetna settlement and you wish to donate that sum to the ADA Foundation, your easiest option is to do absolutely nothing.

Funds unclaimed from the settlement of the ADA's successful class action suit against Aetna Inc. will be channeled automatically to the Foundation to support dental education, research, access and other programs.

In mid-May, thousands of U.S. dentists who treated Aetna patients within the "class period" specified in the ADA's lawsuit (Aug. 15, 1995 to April 23, 2004) received notice of the proposed settlement and a "proof of claim" form.

An estimated 40,000 to 50,000 class-member dentists are entitled to one-time payments of about $60 to $100 as their share of the settlement.

Dentists wishing to claim their share must complete the form, have it notarized and mail it to the settlement administrator: Managed Care Litigation, Berdon Claims Administration LLC, P.O. Box 9014, Jericho, N.Y. 11753-8914. Claim forms must be postmarked no later than July 2, 2004.

See AETNA, page 18

BRIEFS

Elder care: To address critical issues affecting the oral health of elders, the Boston University School of Dental Medicine is convening the Elders' Oral Health Summit here Sept. 13-14.

The summit brings together a multidisciplinary team of experts to discuss disparities in access to oral health and the gap in oral health care outcomes among older people.

Dr. Kleinman

Topics include access, health literacy, determinants of utilization (including racial, functional and socioeconomic factors), consumer perspectives, financing options and international perspectives.

The panel of experts includes Dr. Dushanka Kleinman, assistant surgeon general and chief dental officer, U.S. Public Health Service; and Dr. William Maas, director of the Division of Oral Health, the National Center for Chronic Disease Prevention and Health Promotion at the CDC (Centers for Disease Control and Prevention).

They will be joined by leaders from the insurance industry, organized dentistry and elders' groups.

To register, go to "dentalschool.bu.edu/elder-summit". ■

INSIDE

New report

Surgeon general ties smoking to periodontitis. **Story, page 18.**

No-interest payment plans can grow your practice.

It's true—and it makes your patients happy, too.

Many patients put off accepting treatments they want or need because they base their decision on finances.

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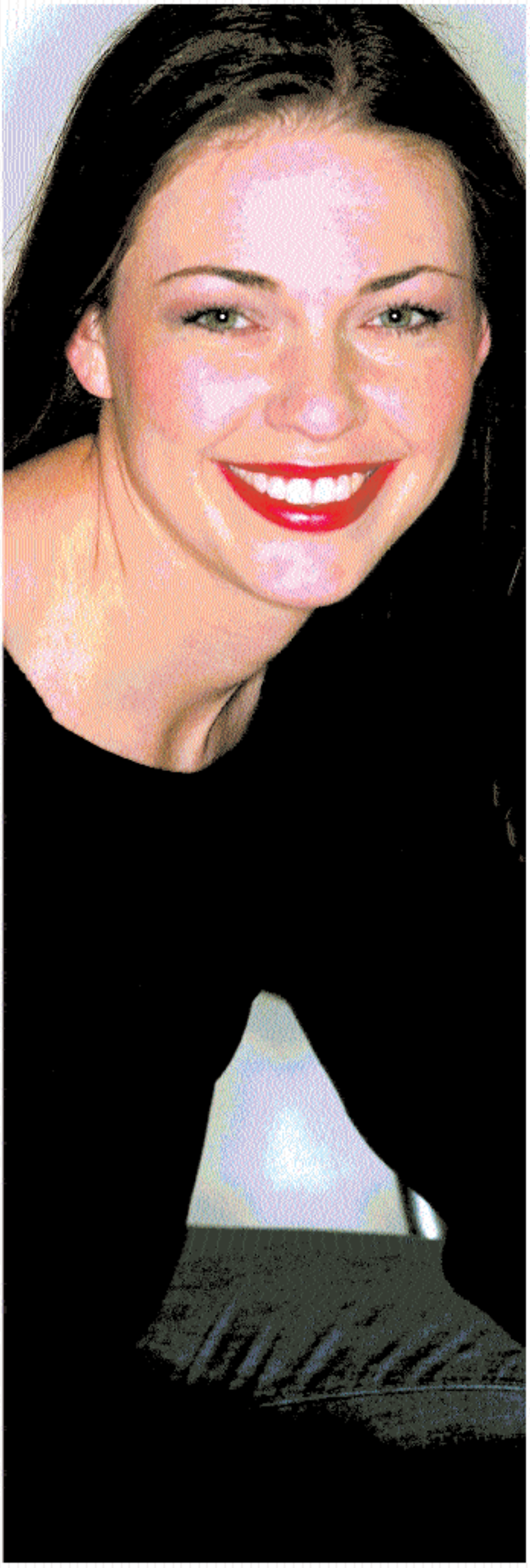

Having a ball: Leadership teams from 22 state, local and national dental organizations attended the annual Leadership Team Forum at ADA Headquarters May 14. Kellogg School of Management faculty taught at the forum, which featured team-building exercises in which Dr. Eleanor Gill (right) of the Mississippi Dental Association multitasks, and Drs. George Hsieh of the San Gabriel Valley Dental Society and Janet Hatcher Rice of the Academy of Laser Dentistry (above) prepare to accomplish a team goal.

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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

Crisis management: National Endowment for Dental Education

Arthur A. Dugoni, D.D.S.

Dental education in the United States is on the brink of a crisis so severe that only immediate and bold action can secure the future of the profession. At risk of losing its most treasured asset—the best dental education system in the world—the profession must take decisive action.

In a narrow context, this crisis will impact the education of the next generation of dentists. In a broader context, the shock waves will rock universities, dental schools, practicing dentists and the communities in which they are located. At stake is the public's oral health and well-being. We must act now to avert this crisis.

Think back to the 1960s. We did not act as a profession, so the federal government stepped in and did it for us. Do you recall the capitation programs? They doubled the number of graduates from dental schools and created a significant manpower problem for the 1980s. We suddenly had more dentists than the country needed. We need to address the critical challenges facing education ourselves, and the answer is a national endowment for dental education.

The cost of dental education is growing at a rate of 10 percent or more a year while state support for dental education is declining at nearly 25 percent a year. The resulting gap is making dental education unaffordable at a time when more dentists are needed to serve the population. Dental school operating costs are among the highest on university campuses, and investment by universities in their schools has failed to keep pace with need. The aging infrastructure of many dental schools will further exacerbate the problem.

To avoid the critical shortage of dental school applicants that was seen in 1989 and to keep dental schools viable, the cost of dental education must be addressed. ADA data shows it costs almost $70,000 per year to educate a dental student.

Dental school debt of new dentists now averages more than $100,000—up from $26,000 just 20 years ago. As the dean of a private dental school, it is not unusual for Pacific graduates, with no state or federal support, to graduate with a debt of $200,000. The debt of a dental school graduate is accelerating at a significantly faster rate than the real net income of practicing dentists. Recent graduates are finding their practice options limited due to their educational debt. Fewer are financially able to pursue careers in education, the public health sector, the federal services or to purchase existing practices because of economic constraints.

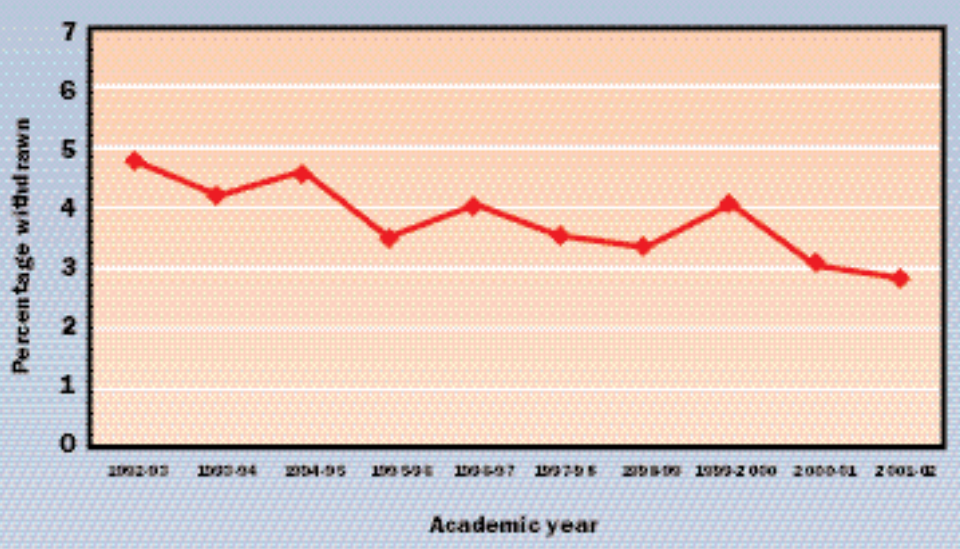
There has also been a dramatic shift from family loans to commercial debt. As a result, some students are rethinking a career in dentistry. In the middle and late 1980s, the applicant pool in dental schools was reduced by more than 60 percent. We cannot let that happen again because we need to continue to attract the best and the brightest into the dental profession.

Faculty shortages, and a lack of diversity among dental faculty, have already begun to affect the quality of dental education. Faculty salaries are increasing at an annual rate of just 3 percent or less, well below benchmarks for teaching positions in similar professions and significantly lower than private practice. Today,

See MY VIEW, page five

First-year withdrawal

Since the 1992-93 academic year, first-year dental student attrition in U.S. dental schools has fallen from 4.8 percent to 2.8 percent in 2001-02.



Source: American Dental Association Survey Center, *Survey of Predoctoral Dental Education*

Letters

E-mail kudos

I think the email-forwarding service is one of the most time-saving services that the ADA can provide to its membership. Keep the creative thoughts flowing.

Mark Kampfe, D.D.S.
Sioux City, Iowa

Editor's note: The ADAmember.net e-mail forwarding service can forward e-mail sent to your new "ADAmember.net" address to your current service provider and distinguish you as an ADA member at the same time—for free. To sign up, go to "www.ADA.org/members/e_Forward/index.asp".

CE & dental education

As an Arizona dentist who recognizes the shortcomings and flawed mission of the new Arizona School of Dentistry and Oral Health, I was happy to see Dr. Richard Simonsen's letter to the editor in the March 1 ADA News.

The rest of the dentists in the ADA can now see and understand that ASDOH is not a proponent of the traditional entrepreneurial dental delivery system that has made our country the best and the envy of the rest of the world—the type of system that attracts dentists from all over the world who also wish to practice here. Many Arizona dentists question the accreditation process that allowed this school to even open its doors.

Instead, the mission of ASDOH promotes the philosophy that advocates dentistry to be a right. Maybe we should all educate ourselves on the dismal state of dentistry in Great Britain and other socialistic countries where dentistry is a right. I would think that the vast majority of U.S. dentists would not appreciate practicing under those types of systems.

One wonders why Dr. Simonsen would take the time to criticize the ADA for promoting practice management and tax planning continuing education courses at the ADA New Dentist Conference. Certainly we dentists do not receive adequate and necessary training in dental school to effectively run and manage our businesses. I do not doubt Dr. Simonsen's vast academic record, however from my perspective, I question whether it could be that the associate dean has had so little experience in the private practice of dentistry and has never had to develop an understanding of what is required to run a successful private practice.

The distorted belief seems to be that if a dentist learns the principles of practice management, the dentist is compromising his or her professional values. It is naive to think the first post-grad classes taken should be community service classes. It's a stressful time when a young dentist is starting up a private practice and is burdened with school and business loans to repay. The ADA is only trying to give positive help to the young dentist who is trying to set up a small business and fulfill the American dream.

Certainly a profitable practice is the most common way to repay the extensive debt incurred while attending dental school. I hope the ASDOH

See LETTERS, page six

LettersPolicy

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".

MyView

Continued from page four

there are more than 310 funded vacancies among the nation's 56 dental schools—an average of nearly six vacancies per school, which is already affecting the schools' ability to carry out their missions. It is almost impossible to recruit specialists from their private practices because of the huge discrepancy between private clinical practice income and education salaries.

The facilities of a dental school need a major infusion of dollars to create modern, efficient clinics and bring the technology of the 21st century into smart classrooms, modern clinics and simulation laboratories. Many university presidents faced with $30 to $50 million budgets to enhance dental schools have decided it was not worth it.

Not long ago, we witnessed the closure of premiere dental schools such as Georgetown, Northwestern and Washington University of St. Louis, to name a few. This is the wrong message. It says to the world that dentistry at a major university is not as important as law or engineering or business.

Currently in draft form, the vision of the National Endowment for Dental Education is to promote and sustain excellence in dental education. The mission is to support the advancement of dental education. Through professionwide collaborative activities of its coalition partners, the NEDE benefits the public's oral health by providing dental schools and students with funds for academic development, endowed faculty positions, student scholarships and community outreach. Among its benefits, such an endowment would:

■ Dental school operating costs are among the highest on university campuses, and investment by universities in their schools has failed to keep pace with need.

- stimulate change by establishing funds to recruit and retain world-class educators and creating endowed chairs and professorships;
- fund state-of-the-art facilities;
- explore innovative modes of clinical education;
- create programs to enhance diversity;
- establish revolving loan funds, financial aid packages and scholarships that will dramatically reduce post-graduate debt;
- create long-term funding required for substantive change rather than a short-term fix;
- engage corporate partners, foundations and individuals in the vision of the profession;
- engage dentists who are not currently giving to their alma maters;
- expand relationships with the research community and create new opportunities for private-sector investment in research.

It is clear that the crisis in dental education cannot be corrected without a dramatic financial investment. We believe that as a profession, we will need a significant amount—perhaps close to $1 billion in endowment funds for dental education.

So how can everyone in the dental profession work together to advance the mission of the National Endowment for Dental Education?

1. Make a contribution annually to the ADA Foundation. It's amazing what small dollars can accomplish. A $25-a-day contribution to the Foundation—$750 a month—is $9,000 a year. Few individual dentists contribute $9,000 a year to the Foundation. If you did that over a 40-year career, that would be $360,000; if you contribute $50 a day over a 40-year career, you would have contributed $730,000.

2. Add the Foundation to your will as a percentage or a fixed amount of your estate. If every dentist in the country contributed $25,000 in their estate or annually to the Foundation, we would have $3.75 billion.

3. Take an active role in asking your colleagues to make pledges to the National Endowment for Dental Education. Most of the time, dentists will give, they just have not been asked. At the recent 2003 ADA House of Delegates meeting, I approached members of the California delegation and 100 percent pledged to the Foundation and completed pledge cards.

4. Be a champion or better yet, a volunteer for the National Endowment.

5. Help us mobilize the entire ADA membership at the grassroots level. No one entity can do this alone. This crisis affects everyone involved in dentistry in America and will require mobilizing the ADA's entire membership as well as many others outside the ADA.

With the full support of the practicing and academic dental communities, the national endowment can be a reality and the crisis in dental education reversed. Let us transform our dreams for a National Endowment for Dental Education into a reality. Together, we can move mountains.

Dr. Dugoni is the dean of the University of the Pacific School of Dentistry and president of the ADA Foundation. His comments, reprinted here with permission, originally appeared in the Spring issue of the Journal of the American Student Dental Association.

Editor's note: *Since the original publication of this editorial, the ADA Board of Trustees and ADA Foundation Board of Directors have unanimously accepted to launch a campaign targeted at the funding crisis facing dental education. Dental schools, specialty organizations and other dental education stakeholders will be asked to be full partners in this effort so as to complement their resources. The campaign is scheduled to launch publicly in 2007. The ADA and the ADAF are planning to create a task force during the Dental Education Forum Aug. 24 to further examine issues surrounding the crisis in dental education, set funding priorities, and define and develop the synergistic, umbrella approach to fundraising.*

Letters

Continued from page four

students will have the opportunity to become knowledgeable in practice management and the CE courses Dr. Simonsen so opposes. Management expertise will be necessary if they are to achieve successful and rewarding careers.

The opportunity to give back to the community comes once the dentist feels success. Most dentists understand the necessity for donating their dental expertise on some level to their communities, and we don't need classes to teach us that; we just do it and are happy to give our time.

Robert G. Griego, D.D.S.
Phoenix

Evidence-based dentistry

I am encouraged by the proposed symposium on evidence-based dentistry, Aug. 12-13 at ADA Headquarters ("Evidence-Based Dentistry: Panel Seeks Member Input for Clinical Priorities," March 15 ADA News).

It has been a long time coming. I am even more encouraged by the invitation that Dr. Jeffrey Hutter's committee extends to allied dental organizations in the quest for recommendations for a practical application of EBD in clinical practice, as seen from their perspective.

As a long-past vice-chair of the ADA Council on Ethics, Bylaws and Judicial Affairs, I am also elated that the current council leadership is to be intimately involved in the symposium as evidence of the importance that ethical practice methods play in any avenue of patient care and interplay to which the ADA provides guidance.

I would venture a guess that current dental students and recent dental graduates would have an ingrained appreciation for the tools used in evidence-based dental practice—that is, cohort studies, random controlled trials, systematic reviews and the value of meta-analysis in the avoidance of bias in the identification of best evidence used in patient treatment.

The same appreciation for these processes might be replaced by apprehensiveness in the dental practitioner with several years or decades of practice under his or her belt. At first blush, it might seem that the adoption of the investigative practices associated with the identification of best evidence in the decision-making process during treatment planning would be too daunting a task. This need not be the case.

The mission statement of the ADA holds that: "The ADA is the professional association of dentists committed to the public's oral health, ethics, science and professional advancement, leading a unified profession through initiatives in advocacy, education, research and the development of standards."

The ADA has continued to fulfill the tenets of its mission statement regarding EBD by providing tools that can be easily used in its practice. Over time, ADA's councils and committees have provided the Code on Dental Procedures and Nomenclature, Parameters of Care, and (eventually) diagnostic codes—Snodent—to develop a universal numerical language for use in intraprofessional communication on clinical issues.

These same tools are used by interprofessional organizations whose interests lie in the areas of "quality of care" and "treatment outcome measurement."

I am certain that the symposium will help demystify the concepts involved in an EBD, and hope that the misapprehensions that surround the question of outside agencies' legitimate involvement in EBD can be laid to rest.

Lawrence J. Singer, D.D.S.
Wallingford, Conn.

More GKAS thanks

We just received the Feb. 16 ADA News. We loved pages 14-15, "Cleveland Rocks!" Your article is wonderful, as is the Give Kids A Smile program.

In this day and age, it is heartwarming to read what volunteer dentists, dental students and organizers are doing. As Dr. Tom Kelly says, "It's very rewarding to work with the Case [School of Dental Medicine] students. This event gives us a chance to show them how a cooperative effort between dentists, dental students, organized dentistry and the community can make a difference for children in need."

Dr. Kelly, GKAS coordinator for the second year and past president of the Greater Cleveland Dental Society, is our son. We are very proud of him and know how many hours above and beyond his normal workweek that he devotes to this GKAS program. It is an enormous undertaking but a rewarding one when one sees the smiles from the kids. His wife, Dr. Renee Commarato, and daughters, Taylor and Paige, also help him with this project.

I was a little disappointed not to see a photo of Dr. Kelly along with Dr. Ronald Occhionero and Gregory Ashe. I thank you again for your wonderful article.

Margaret Kelly
So. Glens Falls, N.Y.

Editor's note: Dr. Kelly, president of the Greater Cleveland Dental Society from 2002-2003, met briefly with our ADA News reporter early on Feb. 6 to provide a quick overview of the day and to request photograph of Mr. Ashe, CEO of the Boys & Girls Clubs of Cleveland, and Dr. Occhionero, associate dean for administration at Case School of Dental Medicine. A bundle of energy and inspiration, Dr. Kelly moved throughout the dental school clinic faster than the speed of a camera to make sure the GKAS event ran smoothly, but our reporter did manage to snap a photo of him during the dental student orientation.

Dr. Kelly

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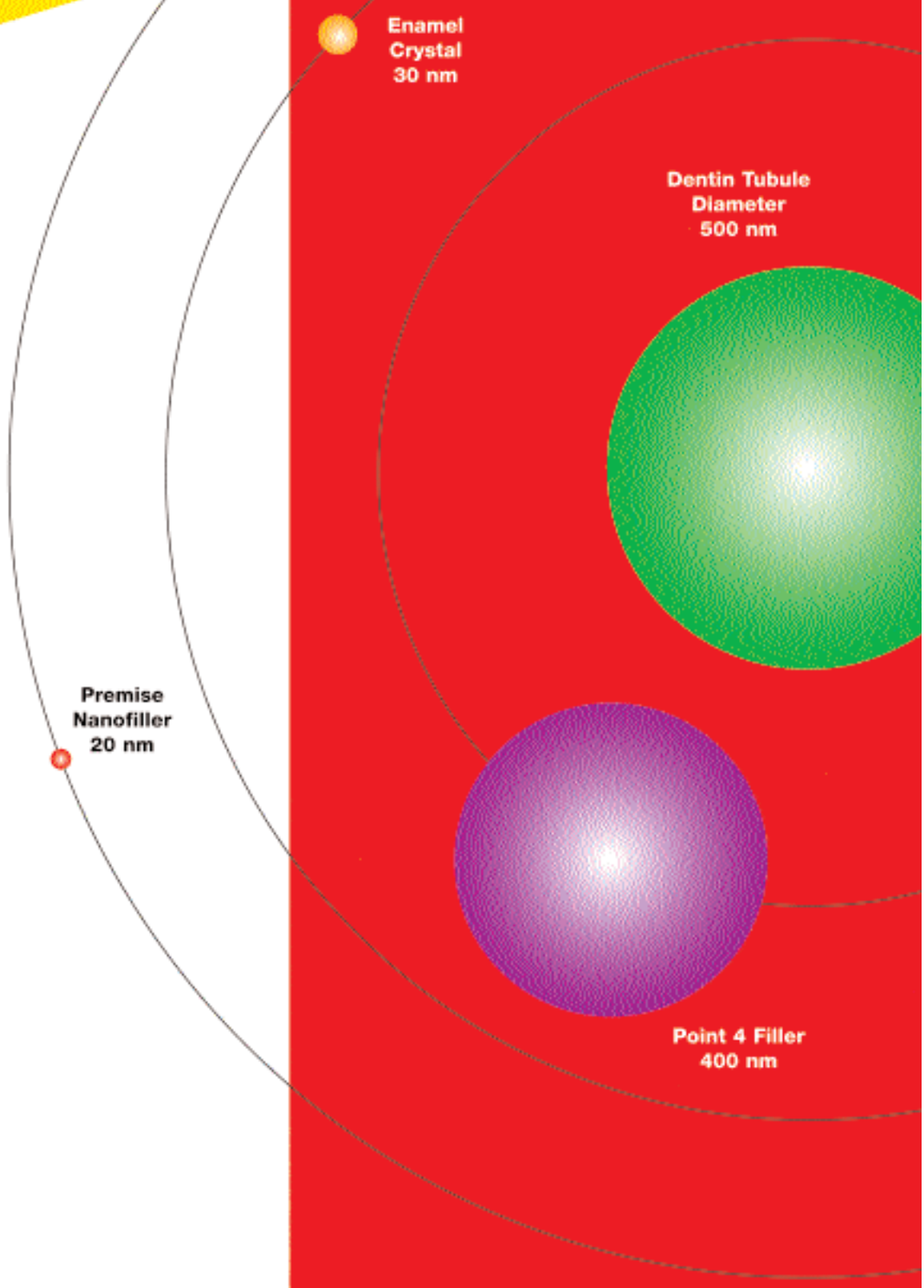

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Dr. Jeffcoat to step down as editor

Will not renew contract after 2004

By James Berry

Dr. Marjorie K. Jeffcoat announced in May that she will step down as editor of The Journal of the American Dental Association at the end of 2004.

The ADA Board of Trustees, which meets in June, is expected to begin the process of finding a new editor. (See story, this page.)

Dr. Jeffcoat was named dean of the University of Pennsylvania's School of Dental Medicine in February 2003, barely a year after assuming the JADA editorship.

"I'm sure readers can appreciate that both the deanship and the editorship are very demanding roles," said Dr. Jeffcoat. "I have devoted my best efforts to JADA, and I am proud of the work we've done to maintain its standing as dentistry's premier dental journal and to improve its appeal for our readers."

Dr. Jeffcoat informed ADA Executive Director James B. Bramson May 3 of her decision not to renew her three-year contract, which expires Dec. 31, 2004.

"We are all saddened by Dr. Jeffcoat's decision not to continue as editor," said Dr. Bramson. "She's done an outstanding job of bringing fresh ideas to The Journal, increasing manuscript submissions and helping to enhance JADA's value for the practicing dentist. She will be missed."

Dr. Jeffcoat

A 1976 graduate of the Harvard School of Dental Medicine, Dr. Jeffcoat is a world-renowned dental researcher, educator and practitioner. In January 2002, she became the first woman to serve as JADA editor since the publication was founded as a quarterly bulletin in 1913. In accepting the post, she succeeded her friend and long-time JADA Editor Lawrence H. Meskin.

A widely published author, Dr. Jeffcoat is a past president of both the American Association of Dental Research and the International Association of Dental Research. She also was a long-time member of JADA's editorial board before rising to the editorship. ■

Search for new JADA editor

Aug. 31 application deadline

By James Berry

Although she will be on the job through the end of the year, the search for a successor to JADA Editor Marjorie K. Jeffcoat is under way.

The ADA Board of Trustees, at its mid-June meeting, is expected to review and approve plans for a search process that anticipates the Board appointing a new editor at its December meeting. If all goes as planned, a new editor of The Journal of the American Dental Association will begin work Jan. 1, 2005.

An Aug. 31 deadline has been set for receipt of applications from candidates seeking the JADA editorship.

To receive an application and position description, contact Laura A. Kosden, publisher and associate executive director, Publishing Division, American Dental Association, 211 E. Chicago Ave., Chicago, 60611.

Ms. Kosden also can be reached by phone (1-312-440-4671), by fax (1-312-440-3538) and by e-mail "kosdenl@ada.org". The application and position description are posted on the ADA's Web site as well, at "www.ada.org/goto/jadaeditor."

A search committee soon will be appointed to review applications from prospective candidates. The committee will narrow the field, interview those candidates who appear most qualified and make a recommendation to the ADA Board by mid-November.

The JADA editor works off site—not at ADA Headquarters—and is expected to devote one-third to one-half of his or her time to the post. Among other duties, the editor oversees the manuscript submission and peer-review process; planning for future issues of JADA; acquiring, assembling, reviewing and editing all clinical and scientific articles to be published;

See JADA, page 14

Don't ask a bonding agent to do more than it can.

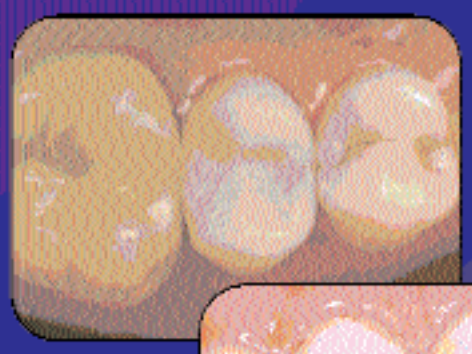

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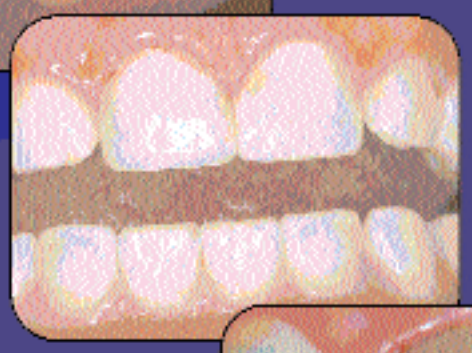
photo courtesy of Dr. Varun Agarwal



Bond-1® primer/adhesive:
- Perfect for direct composites and enamel bonding

photo courtesy of Dr. Angie Williams, DDS

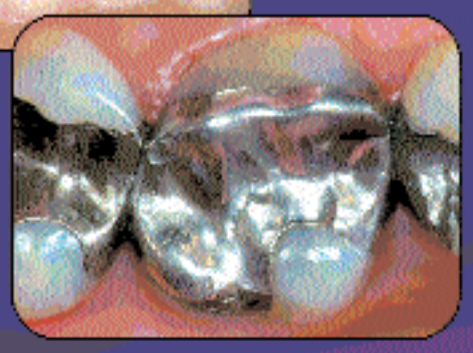


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photo courtesy of Dr. Lee Lundquist

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Education

Colorado legislature lauds dental school

Well done: Colorado's General Assembly extends School of Dentistry and the Orthodontic Education school without state funding. From left are Dr. How Rep. Nancy Spence (R-39th); and Dr. Gasper Lazz

By Karen Fox

Denver—The State of Colorado in April officially expressed its thanks to the University of Colorado School of Dentistry for building a new dental school and starting a new orthodontic education program without a dime of public funding.

Both houses of the state legislature showed their appreciation April 29 by passing House Joint Resolution 04-1066, a measure aimed at publicly recognizing the efforts of Dr. Howard Landesman, UC dental dean, and Dr. Gasper Lazzara, president of Orthodontic Education Co.

"The magnitude of the development of the University's Fitzsimons Campus requires creative and nontraditional approaches in developing educational programs and facilities that will benefit the citizens of Colorado for generations to come," reads the resolution, in part. "We, the members of the 64th General Assembly, thank Dean Landesman and Dr. Lazzara for their combined efforts to enhance the educational and professional opportunities available to citizens of the state of Colorado."

Assemblymember Nancy Spence (R-39th) advanced the resolution, calling it a "public gesture of recognition for a Colorado citizen, Dr. Landesman, for doing something to benefit the state with the development of the Fitzsimons Center, one of the most important research facilities in the world."

■ UNLV update, page 12

"It's precedent setting to have a public-private partnership that would build a dental school without utilizing any taxpayer funds," added Rep. Spence, who is married to Dr. Peter Spence, a dentist. "In Colorado we have experienced quite a budget setback like many other states, so our capital funding has come to a screeching halt. Had it not been for Dr. Landesman stepping forward and raising funds from the private sector, it would be a great number of years before the state could put funds into a new dental school."

Added Dr. Landesman: "When you're able to put up a $26 million dental school without a penny from taxpayers, the state gets pretty excited about that. People recognized that maybe we did do a few good things."

A groundbreaking ceremony for the new dental school—the Lazzara Center for Oral Facial Health at Fitzsimons—took place March 18, followed by a celebratory gala that raised an additional $752,000.

The orthodontic education program opens in the fall. Twelve of the 16 residents will have a seven-year post-graduate practice commitment to OEC after training.

OEC is a private company that seeks to increase the number of practicing orthodontists and enhance practice opportunities for new orthodontists. (See story, page 12.)

The University of Colorado is seeking initial accreditation for the orthodontic program from the ADA Commission on Dental Accreditation. The CDA will consider the request at its July 30 meeting. ■

its gratitude April 29 to the University of Colorado Co. for forging a partnership to build a new dental ward Landesman, UC dental school dean; Colorado zara, OEC president.

Residency

Continued from page one

New York State Dental Association-supported bill into law May 11, making New York the first state to make dental residencies mandatory in lieu of the clinical licensure exam. Delaware requires post-graduate residencies for initial licensure, but applicants are still required to take the clinical exam.

"Due to the bipartisan support this bill received, it is apparent that our elected officials understand our goal—to elevate the level of training of the profession to protect dentists and the public," said Dr. Brian Kennedy, NYSDA president. "This follows the medical model for licensure, and treating dentists the same as physicians seemed logical to the senate, assembly and the governor."

The New York law caps a two-year process in which PGY1 emerged as an alternative to the clinical licensure examination. ADA policy supports PGY1, through Res. 5H-2003 and Res. 6H-2003, but only as an alternative to clinical licensure exams rather than a mandatory process for initial licensure.

The NYSDA, in cooperation with the state's five dental schools and education department, in 2002 passed the first law making PGY1 an alternative to the clinical examination of the North East Regional Board of Dental Examiners Inc. At the same time, NYSDA officials sought to make PGY1 mandatory and put an end to the clinical exam.

The "one-shot examination performed on a volunteer patient is fraught with difficulties which, through no fault of the dental student and bearing no relation to his or her skills as a dentist, can cause the student to fail the examination," reads a recent NYSDA news release.

"A year residency is certainly fairer and more likely to ascertain a student's fitness and ability to be granted a dental license than an all-or-nothing one-shot examination that tests a very limited number of dental skills," added Roy Lasky, NYSDA executive director.

Minnesota and Connecticut are two states that have followed New York's lead by seeking to extend PGY1 as an option, but both stop short of requiring residencies for initial licensure.

Last year, the Minnesota Dental Association successfully advanced a dental access bill that included a provision for PGY1.

"Dental residencies are an alternative to the clinical licensure exam," said Richard Diercks, MDA executive director. "We're not looking at phasing out clinical licensure exams in Minnesota."

The Connecticut legislature's health care subcommittee is now studying a Connecticut State Dental Association-supported bill that includes a provision for PGY1, said Dr. Sheldon Natkin, chair of the CSDA's dental practice act committee.

"We re-wrote a model dental practice act that passed our house of delegates in December 2003, and that includes a section on PGY1 as an alternative pathway for licensure," said Dr. Natkin.

The proposed dental practice act was remanded to committee at the end of the recently concluded spring legislative session. Connecticut's health department plans to report back to the legislature in December of this year.

Key stakeholders in the dental licensure community—including the American Student Dental Association, the American Dental Education Association and the American Association of Dental Examiners—have clashed over licensure reform policies in the past. But the New York law is one area where they find common ground.

A long-time proponent of licensure reform, ASDA supports additional education such as PGY1 on a voluntary basis.

"I see the change in New York licensure law as a solution to the elimination of live patients, but I also see it as another barrier to freedom of movement for many," said Dr. Joshua Ries, ASDA president.

"People who practice in New York the remainder of their career and already planned on doing additional post-graduate training will benefit, but those who aren't staying in New York or planned on going right into practice may still have to take a licensure exam to practice in another state," noted Dr. Ries. "The law will be very limiting for some."

At this time, ADEA supports residencies as a substitute for the clinical exam.

"ADEA's policies do recognize the successful completion of a post-graduate program in a general dentistry or dental specialty training program, at least one year in length and accredited by the Commission on Dental Accreditation, as an alternative to the clinical licensure examination," said Dr. Frank A. Catalanotto, ADEA president. "ADEA encourages all dental graduates to pursue post-doctoral dental education in an advanced general dentistry or other advanced dental education program, and the Association will continue to monitor the feasibility of a mandatory year of service and learning in an accredited PGY1 program."

AADE officials are also critical of mandatory residencies as a replacement for clinical examinations.

"Although dental educational facilities and curriculums obtain accreditation through the Commission on Dental Accreditation, that process certifies the quality of the programs in those institutions, not the competence of gradu-

See RESIDENCY, page 12

UNLV dental school enters orthodontic partnership

By Karen Fox

Las Vegas, Nev.—The University of Nevada-Las Vegas School of Dental Medicine will have an orthodontic residency program, thanks to a recently approved partnership with Orthodontic Education Co.

The University Community College System of Nevada board of regents May 7 approved a 30-year agreement with OEC to provide funds for a new facility, equipment and scholarships that cover tuition and living expenses in exchange for seven-year post-training practice commitments to OEC from the residents.

Dr. Ferrillo

"This unique scholarship program will not only provide access to advanced dental education for individuals who might not otherwise be able to afford the opportunity, but it will also offer underserved citizens of Las Vegas greater access to low-cost orthodontic services," said Dr. Patrick J. Ferrillo Jr., dean of the Nevada dental school.

As of press time, there was no start date set for the residency program.

OEC, a private company that seeks to increase the number of practicing orthodontists and enhance practice opportunities for new orthodontists, has inked similar agreements with two other educational institutions: the University of Colorado School of Dentistry and Jacksonville University in Florida. The Colorado orthodontic program opens in September. Jacksonville's program has initial accreditation from the ADA Commission on Dental Accreditation and began training residents in the fall of 2003.

The agreements with OEC have stirred controversy regarding the use of private funds in exchange for practice commitments. Last year, the American Association of Orthodontists filed formal complaints with the U.S. Department of Education and CDA asserting that, among other things, the CDA erred when it granted preliminary provisional approval to Jacksonville.

Accrediting JU was not in compliance with Standard 1-1, said the AAO complaint, which states that the sponsoring institution must ensure that support from entities outside of the institution does not compromise the integrity of the program or the professional options of the students/residents and/or graduates.

The USDE and CDA ruled that policies and procedures were properly followed in extending PPA to Jacksonville. The CDA also agreed to review new models of educational funding to determine whether current standards address this issue and appointed an ad-hoc committee for this purpose.

According to UNLV, studies show that 30 percent of the state's children need affordable orthodontic care. UNLV plans to provide care to about 900 economically disadvantaged patients a year. Further revenues from the partnership with OEC will help the two-year-old dental school create additional education programs.

Under the terms of the agreement, OEC has committed to funding $3.5 million for the construction of a 50,000-square-foot facility for clinical research and health sciences on the UNLV campus.

In post-training practice commitments with OEC, the UNLV residents are to receive a guaranteed minimum income of $150,000 per year, profit sharing and stock in the company, and funding for capital and start-up operations of a new practice. Residents who opt out of the OEC scholarship program are eligible for financial aid. The school has designated $175,000 a year specifically for Nevada residents. ■

Residency

Continued from page 11

ates of those programs," said Dr. John C. Cosby Jr., AADE president.

"While post-graduate training is an excellent idea for education and professional advancement," continued Dr. Cosby, "post-graduate training in and of itself does not assure critical competence because it lacks an independent third party assessment process which certifies that graduates have indeed acquired competence in the basic skills necessary for the independent, unsupervised practice of dentistry."

In fact, a philosophy outlined in CDA standards indicates that residents have to demonstrate "competency at a level of skill and complexity beyond that accomplished in a D.D.S. or D.M.D. program to complete the residency."

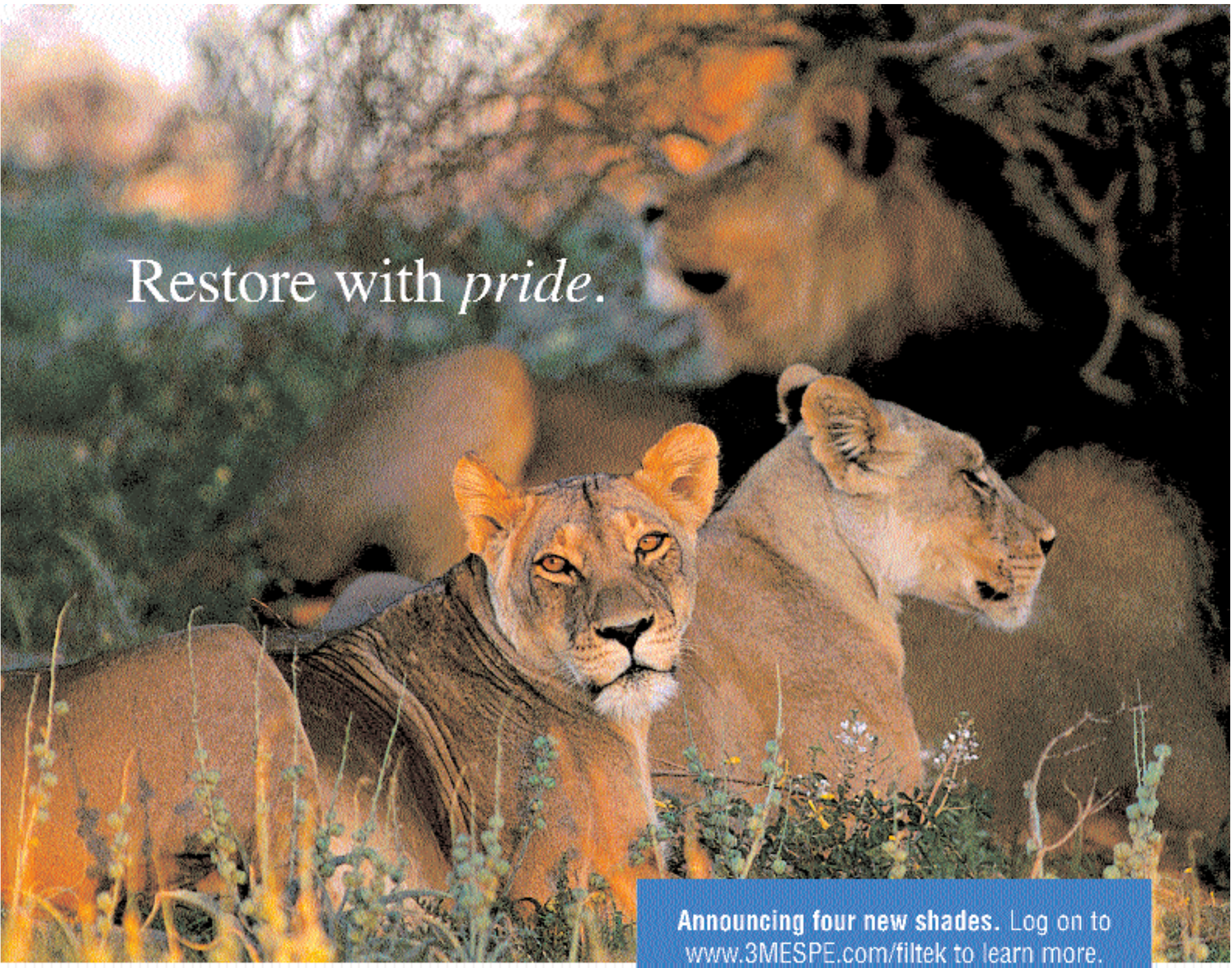
"Assessing student competence is a critical component of all accredited dental and advanced dental education programs," said Dr. Kenneth J. Kalkwarf, chair of the ADA Commission on Dental Accreditation. "Programs are required to assess their outcomes—certainly the competence of the graduates is key to such assessment."

New York law also allows for dental licensure by credentials, and Dr. Kennedy said the PGY1 requirement won't affect that.

"As long as dentists meet the requirements for licensure by credentials, they can be licensed here without taking a residency," he said. "But since New York is the only state that doesn't require an exam, for applicants to get a dental license here they will have taken a clinical exam somewhere."

In other licensure news, Georgia in April became the 44th state to offer licensure by credentials.

The law change grants licenses to dentists to practice in Georgia without further examination if they are currently licensed and practicing for a period of time in another jurisdiction. ■



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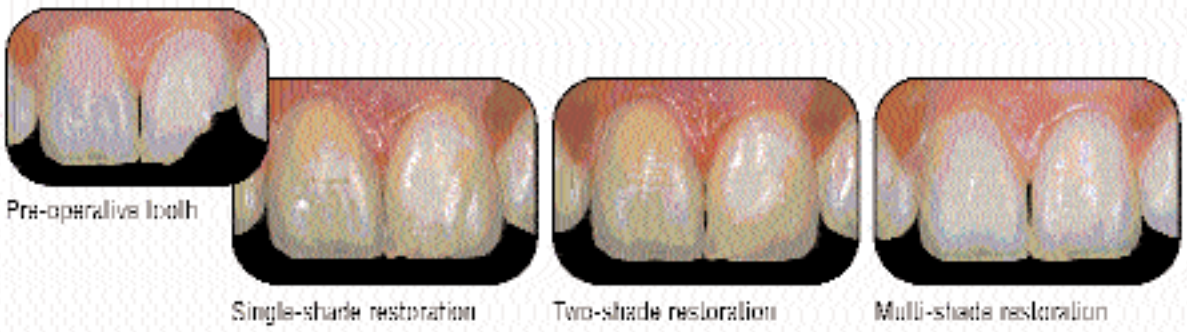

Dentistry courtesy of Newton Fahl, Jr., DDS, MS

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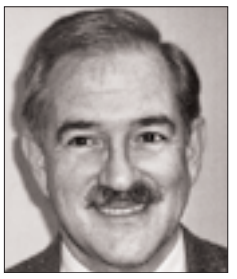
Tennessee

Continued from page one

Dentists who treat TennCare-eligible children are now on a greatly enhanced reimbursement schedule—fees are at the 75th percentile, with significant reductions in administrative concerns. The ADA's Contract Analysis Service has reviewed the provider service agreement offered by Doral; this review is available to dentists by contacting the Tennessee Dental Association.

That dentists can work with a single benefits manager, and no longer have to deal with an assortment of medical managed-care organizations, is a critical reason why the carve out has succeeded, says Dr. Tom Underwood, chair of the TDA TennCare committee.

"Before the carve out, TennCare contracted with 10 managed-care organizations, each one having its own network," he says. "If a dentist wanted to accept TennCare patients, he or she needed separate credentialing for each MCO in their neighborhood."



Dr. Underwood

Dr. Sekiguchi

The carve out also features several incentives for clinicians to enroll, including the freedom to treat any number of TennCare-eligible patients, state-guaranteed reimbursement, prompt payment for submitted claims and a dental advisory committee with regular meetings.

"TennCare's dental advisory board includes dentists in the private sector," says Dr. Underwood. "Dentists have input into the system, and don't feel like they're being ignored, which they sometimes did before."

The carve out also gives dentists the option to discontinue enrollment if the program "is not as announced." But that simply hasn't been the trend during the past 19 months. In fact, precisely the opposite has occurred.

"The dental provider network has grown by more than 80 percent, and there are now approximately 700 participating dentists compared to about 380 before Oct. 1, 2002," says Marilyn Elam of the state's TennCare bureau.

Other progress made, according to Ms. Elam, since the dental carve out was implemented on Oct. 1, 2002 (up to April 30, 2004), are as follows:

- an estimated 25 percent of all dentists practicing in Tennessee are actively participating in TennCare;
- more than 600,000 children under age 21 have access to dental care through TennCare;
- 86 percent of participating dentists are actively accepting new TennCare patients into their practices, which indicates additional capacity in the existing dental network to treat TennCare children;
- average distance from an enrollee to a participating dentist is about 4 miles.

Also, according to Ms. Elam, no deficiencies exist or have existed in the dental provider network statewide since implementation of the dental carve out. This assessment is based on parameters established by the federal Centers for Medicare and Medicaid Services, which oversees Tennessee's nontraditional managed care public health insurance program.

"The TennCare model is an example of how to do things right," says Dr. Eugene Sekiguchi, ADA president. "While other models can also be successful, all successful models must employ the same basic principles found in the TennCare dental carve out. With more programs similar to it, our nation can realize enormous improvements in oral health and access to dental care among our low-income children."

Notes Dr. Underwood, "The most important thing we wanted was for every TennCare child in the state to have access to quality, comprehensive dental care—and this has absolutely happened during the past year-and-a-half."

He adds, "The TDA and local dental societies don't get any more phone calls from desperate parents who can't find a TennCare-accepting dentist for their child. And by having preventive care, we're reducing the total cost of dental care, we're seeing children for regular checkups, cleanings. I believe there's no other state in our nation with a better program than we have here in Tennessee." ■

JADA

Continued from page eight

and advising ADA Publishing staff on content.

A candidate for the JADA editorship must have a dental degree from an accredited U.S. dental school, be a member in good standing of the ADA and meet as many of the following criteria as possible:

- minimum of 10-15 years experience in clinical dental practice, research or education;
- recognition in dentistry's education/research community;
- extensive publication experience, mainly in journals, secondarily in books;
- previous experience as an editor, associate editor or active service on an editorial board of a journal;
- knowledge of organized dentistry, possibly through service in a elective or appointive position at the local, state or national levels;
- strong awareness of issues facing dentistry and health care today, and a sense of what practicing dentists need and expect from their professional journal;
- innovative ideas and an ability to translate them into reality, as well as a broad understanding of the dental field, its literature and its relation to other areas in health care;
- willingness to work within the organizational framework of the ADA, including attendance at various Board meetings;
- willingness to accept advice and counsel of the publisher, editorial board, associate editors and ADA Publishing staff.

Watch the ADA News and ADA.org for more information on the editor search as the process unfolds. ■

Diabetes conference reaches 2,600 across U.S.

In Chicago: Diabetes videoconference presenters (from left) JoAnn Gurenlian, Ph.D.; Dr. Roger Levin; Dr. Louis Rose; and Dr. Maria Ryan prepare to speak from ADA Headquarters to audiences around the country.

By Karen Fox

More than 2,600 dentists and hygienists registered for the Dentistry & Diabetes national satellite videoconference May 27.

Sponsored by the ADA and Colgate, Dentistry & Diabetes is part of the second phase of the ADA/Colgate Diabetes & Gum Disease Campaign, a program to educate dental professionals and the public about the relationship between diabetes, oral health and dental treatment.

The videoconference was broadcast live from the ADA Headquarters to 15 markets nationwide. State and local societies sponsored the local events in New York, Los Angeles, Chicago, Houston, Philadelphia, Phoenix, Dallas, Detroit, San Francisco, Baltimore, Boston, Atlanta, Miami, Seattle/Tacoma and Minneapolis.

"This is an exciting use of technology to reach the membership on an important health topic," said Dr. Keith Suchy, president of the Chicago Dental Society who hosted the videoconference in the Chicago market. "I've been in practice for 20 years, and I can tell you we're all facing a bigger problem with patients and diabetes. If I had one person on insulin 15 years ago, I've got a dozen now."

Four speakers covered the gamut of oral health issues involving the dental patient with diabetes: research on the disease, periodontal disease and treatment, appointment scheduling, medical emergencies, practice management, hygiene and more. At the conclusion of their presentations, the speakers fielded questions phoned into ADA Headquarters from events in the 15 markets.

Dr. Eugene Sekiguchi, ADA president, welcomed registrants from across the country, calling diabetes "a rapidly spreading disease among our dental patients."

In fact, the Centers for Disease Control and Prevention now estimates that about 6.2 percent of the U.S. population has diabetes.

"Worse, half the people who have the disease don't know they have it," said speaker Dr. Maria Ryan, associate professor of oral biology and pathology at SUNY at Stony Brook and medical staff at University Hospital of SUNY at Stony Brook. "This is a problem that will get worse because of one, the increasing number of older adults, and two, obesity."

It's incumbent on dentists to ensure that patients and their health providers become more educated about diabetes and oral health complications, noted speaker Dr. Louis Rose, clinical professor of periodontics at the University of Pennsylvania School of Dental Medicine and New York University College of Dentistry, professor of surgery at Drexel University, and private practitioner in periodontics and implant dentistry.

"Periodontal disease has been called the sixth complication of diabetes and most physicians don't know that," he added.

"We know that diabetes affects periodontal health," said Dr. Rose. "But we still need research to find out if you treat infection in the mouth, will it help the patient control the diabetes?"

Dr. Roger Levin, founder and CEO of Levin Group, provided guidance on practice management techniques that can lead to satisfied, appreciative dental patients, including appointment scheduling and the use of phone scripts to screen for patients who may require customized care for their disease.

With some statistics showing that diabetes in the general population will increase by 165 percent between the years 2000-2050, speaker JoAnn Gurenlian, Ph.D., a dental hygienist, asked how the health care system will be able to provide care. Dr. Gurenlian's presentation provided information on how dentists and hygienists can help dental patients manage their disease and when to refer patients for specialized care.

In some cases, it's the healing response to dental treatment that sets dental patients with diabetes apart from the general patient population, said Dr. Julie Maurice, a Chicago general practitioner who attended the Chicago area videoconference with her staff.

"Many times, it's worthwhile just to call a patient's physician for an update on that patient's diabetes before I begin treatment," said Dr. Maurice, a 1995 graduate of the Northwestern University Dental School. "It can help me learn whether or not the patient is compliant, or if there is a possibility that I may need to pre-medicate before treatment."

"Dentistry & Diabetes" marked the first time the ADA utilized videoconference technology to reach a vast number of practitioners across the nation.

"We were extremely pleased with the turnout around the country and with the many excellent questions we received from participants," said Suzan Harrison, vice president and general manager, U.S. Oral Care, Colgate-Palmolive Co. ■

Center for Prosthodontic Education

About the Center

The mission of the American College of Prosthodontists' Center for Prosthodontic Education is to provide the highest quality continuing education programs related to the specialty and discipline of Prosthodontics. ACP members, specialists, dentists, technicians and auxiliaries worldwide will find the Center to be the source for all their continuing education needs. By offering courses featuring the latest advances in clinical prosthodontics, science and technology, the Center for Prosthodontic Education will assist dental professionals in keeping up-to-date with the newest advances and innovations in the field of Prosthodontics, dental implants and esthetic dentistry. Through this outreach effort, the Center strives to promote the specialty of Prosthodontics, and elevate the knowledge and skills of all dental professionals in the discipline of Prosthodontics.

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Annual session

Take a look at Orlando offerings

Orlando, Fla.—Want to learn how to apply the latest in dentistry's hottest topics to your practice at annual session?

Why not consider registering for these terrific lectures and workshops? (Note: Deadline for all advance pricing is Aug. 20.)

"Building Blocks for Success" focuses on the importance of designing a comfortable environment that seamlessly integrates workflow efficiency with esthetic quality. Underwritten by The Matsco Companies and presented in cooperation with the ADA Committee on the New Dentist, program speakers include Drs. Kurt R. Schneider and Michael Unthank; Sina Afredi, Richard Armstrong, Patricia Carter, Robert Creamer, John Devine, Mary Govoni, Don Hobbs, Amy Tuttle-Morgan and Laura O'Brien. Tickets are $95 for new dentists in advance; $155 in advance for all others. The fee includes lunch (Thursday, Sept. 30, 8 a.m.-5 p.m., Code L103).

"Team Building Conference IX: The Magic of Teamwork" is a fast-paced and interactive two-day program designed to build a cohesive, effective, service-based team able to excel in this highly technical and ever-changing field. See why annual session dentists and team members have for nine straight years chosen Team Building, presented in cooperation with the ADA Council on Dental Practice. To be at the Peabody Hotel. Presenters include Dr. Mark E. Hyman, Lois J. Banta, Ben Bissell, Jo Ann Pulver and Char Sweeney and Dr. Judith Briles. Tickets are $295 for dentists and $195 for staff, including lunch (Thursday, Sept. 30, 8:30 a.m.-4:30 p.m., Code L101, and Friday, Oct. 1, 9:30 a.m.-5 p.m., Code L201).

"Technology Day VII Program and Exhibits" gives you the option of planning your own customized tech day program by participating in the day-long main program plus attending up to three additional "Tech Trak" programs. Presenters include Drs. Scott Benjamin, Lawrence Emmott, Allan G. Farman, John Flucke, Barry Freydberg, Howard Gamble, Claudio Levato, Pat R. Little, Dale Miles, Stewart P. Rosenberg and Michael Unthank, plus Jennifer McDonald and Jackie Tadsen. Tickets are $295 for dentists and $195 for staff, including the three additional "Tech Trak" programs (Thursday, Sept. 30, 8 a.m.-5 p.m., Code L10). If you have not signed up for Technology Day VII Program and Exhibits, the three additional "Teck Trak" programs are $55 in advance.

"Botanical Medicine and Integrative Approaches to Health" is designed to help you sort out fact from fiction about the most commonly used supplements in the United States, including glucosamines, S-adenosylmethionine, melatonin, ginkgo, green tea, valerian, milk thistle and much more. Presented by Tieraona Low Dog, M.D. Tickets are $55 in advance (Friday, Oct. 1, 9:45 a.m.-12:15 p.m., Code L205).

"Dynamic Biologic Transformation: Putting the Teeth in the Middle of the Smile" will help you satisfy patients by providing an illusion of reality using proper tissue position, contour and form. Presented by Drs. J. William Robbins and Jeffrey S. Rouse. Tickets are $55 in advance (by Friday, Oct. 1, 2-4:30 p.m.,Code L224).

"Esthetic Failures: What Can We Learn from Them?" explains the etiology of tooth wear and how to achieve esthetic goals in unstable and dysfunctional occlusions. Presented by Dr. Terry T. Tanaka. Tickets are $55 in advance (Saturday, Oct. 2, 9:45 a.m.-12:15 p.m., Code L314).

"Keeping Your Patients Safe: What's New in Infection Control" covers the Centers for Disease Control and Prevention's Guidelines for Infection Control in Dental Health-Care Settings 2003. Leading experts discuss the implications of the new guidelines and offer practical advice on clinical infection control procedures. Presented in cooperation with the ADA Council on Scientific Affairs and the Organization for Safety and Asepsis Procedures, the program includes Drs. Louis DePaola, William G. Kohn and Shannon Mills, plus John Molinari, Ph.D. Tickets are $55 in advance (Saturday, Oct. 2, 10 a.m.-12:30 p.m., Code L320).

"Periodontal Medicine: How it Impacts My Practice" reviews the relationships between immune system compromise, diabetes, cardiovascular disease and pregnancy and periodontal disease management. The program is underwritten by a grant from the American Academy of Periodontology. Presented by Dr. Brian L. Mealey. Tickets are $55 in advance (Saturday, Oct. 2, 2:15-4:45 p.m., Code L326).

"How to Hire and Retain Great Staff Members" covers management techniques from writing the ad that attracts the kind of person you desire to conducting interviews to creating a productive, motivated atmosphere. The program is presented in cooperation with the ADA Committee on the New Dentist. Speaker is Dianne D. Glasscoe. Tickets are $40 for new dentists in advance (Saturday, Oct. 2, 9:45 a.m.-12:15 p.m., Code L310; also presented Saturday, 2-4:30 p.m., Code L328); $55 in advance for all others.

"The Art of Dental Therapeutics: Over-the-Counter Dental Products" focuses on the latest information on a wide range of over-the-counter dental products and discusses the various active ingredients. Presented by Dr. Peter L. Jacobsen. Tickets are $55 in advance (Sunday, Oct. 3, 9:45 a.m.-12:15 p.m., Code L409).

Have you registered for courses yet? Please note that all courses, both fee and no fee offerings, will be ticketed. To attend any course, you must present your pre-issued ticket. Advance course registration ends Aug. 20.

It's also time to make hotel reservations. If you register and book your hotel with the ADA, you will be entered to win one of many fabulous prizes. For more information, go to "www.ada.org/goto/session". You will also receive a shuttle pass in your registration materials that allows you access to the ADA shuttle to and from ADA official hotels and the Orange County Convention Center (available for ADA hotels not within walking distance of the center). ■

Health & Science

New Surgeon General report links smoking and periodontal disease

By Craig Palmer

Washington—A new U.S. Surgeon General's report on smoking and health expands the list of illness and disease linked to cigarette smoking to include periodontal disease.

The report released at a May 27 National Press Club news conference and posted online at the Office of the Surgeon General ("www.surgeongeneral.gov/library/smokingconsequences") and Centers for Disease Control and Prevention ("www.cdc.gov/tobacco/sgr/sgr_2004/index.htm") Web sites is the 28th dating from the landmark 1964 report of Surgeon General Luther Terry, which cited cigarette smoking as a definite cause of cancers of the lung and larynx in men and chronic bronchitis in men and women.

It is also the first in the series to report specifically on dental effects of cigarette smoking, although oral cancer and related premalignant lesions have been addressed in previous reports and the topic is addressed in Oral Health in America: A Report of the Surgeon General issued in the year 2000 and available at the surgeon general's Web site ("www.surgeongeneral.gov/library/oralhealth").

Surgeon General Richard Carmona: "We've known for decades that smoking is bad for your health, but this report shows it's even worse."

American Dental Association tobacco policy is posted online at ADA.org ("www.ada.org/prof/resources/positions/statements/tobac".

The dental section of the 960-page printed report of the U.S. Surgeon General reviews the epidemiologic evidence for smoking as a causal factor for the most common forms of nonmalignant oral disease. Its major conclusions:

- the evidence is sufficient to infer a causal relationship between smoking and periodontitis;
- the evidence is inadequate to infer the presence or absence of a causal relationship between smoking and coronal dental caries;
- the evidence is suggestive but not sufficient to infer a causal relationship between smoking and root-surface caries.

A 1982 Surgeon General's report found that cigarette smoking is a major cause of cancers of the oral cavity in the United States. The 2004 report updates that finding to conclude, "The evidence is sufficient to infer a causal relationship between smoking and cancers of the oral cavity and pharynx."

"We've known for decades that smoking is bad for your health, but this report shows it's even worse," said Surgeon General Richard Carmona, M.D. "The toxins from cigarette smoke go everywhere the blood flows. I'm hoping this new information will help motivate people to quit smoking and convince young people not to start in the first place."

In addition to periodontitis, the new illnesses and conditions linked to cigarette smoking include cataracts, pneumonia, acute myeloid leukemia, abdominal aortic aneurysm and cancers of the cervix, kidney, pancreas and stomach.

Smoking even contributes to wound infections following surgery and complications from diabetes, the surgeon general said. It harms nearly every major organ of the body, often in profound ways, causing many diseases and significantly diminishing the health of smokers in general.

The report concludes that quitting smoking has benefits immediately, "within minutes and hours after smokers inhale that last cigarette," and long-term and at any age. ■

No link: thimerosal vaccines, autism

By Craig Palmer

Washington—In its strongest and final statement on vaccines and autism, a National Academy of Sciences panel of immunization safety experts says scientific evidence "favors rejection of a causal relationship between thimerosal-containing vaccines and autism."

The conclusion of a 13-member committee convened by the NAS Institute of Medicine differs from the panel's 2001 finding that the evidence was "inadequate to accept or reject a causal relationship between exposure to thimerosal from childhood vaccines and the neurodevelopmental disorders of autism, ADHD (attention-deficit hyperactivity disorder), and speech and language delay." The report updates earlier IOM reports on possible links between autism, the measles-mumps-rubella vaccine and thimerosal and concludes a vaccine safety series.

However, neither the unanimity of the new panel, convened under "strict criteria for committee membership," nor its less ambiguous conclusion is expected to quell a public-scientific controversy, and the panel acknowledged as much. "Although the hypotheses related to vaccines and autism will remain highly salient to some individuals—parents, physicians and researchers—this concern must be balanced against the broader benefit of the current vaccine program for all children," said the report issued May 17 and posted at "www.nationalacademies.org".

"You can never prove a negative," said panel chair Marie McCormick, M.D., rejecting a suggestion that the committee might have been even more emphatic in its conclusion. Perhaps some future committee, with newer evidence, might question this one, said Dr. McCormick, Summer and Esther Feldbert Professor of Maternal and Child Health at the Harvard School of Public Health. But for now, researchers should look in other directions for answers to autism.

"The overwhelming evidence from several well-designed studies indicates that childhood vaccines are not associated with autism," she said. "We strongly support ongoing research to discover the cause or causes of this devastating disorder. Resources would be used most effectively if they were directed toward those avenues of inquiry that offer the greatest promise for answers. Without supporting evidence, the vaccine hypothesis does not hold such promise."

The committee recommended increased efforts to quantify the level of prenatal and postnatal exposure to thimerosal and other forms of mercury in infants, children and pregnant women.

Rep. Dan Burton (R-Ind.), who has conducted a series of congressional hearings on low-level medical and dental uses of mercury and mercury-based vaccines and autism, indicated the issue will not subside as far as he is concerned. "I think this report is a bunch of bunk," he told the ADA News. "I'm not going to give up on this issue. "

Thimerosal is a mercury-based preservative used in some vaccines and other biological and pharmaceutical products but recently removed from all universally recommended childhood vaccines except influenza. "There are a few vaccines with thimerosal that infants and young children could be exposed to, but only under very special circumstances," the committee said. ■

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DR 2004

The National DR and Dental Benefits Conference 2004 will convene July 30-31 at ADA Headquarters in Chicago with a July 29 afternoon meeting for new participants.

"DR: The Original Consumer-Directed Dental Plan" is the theme of this year's conference, formerly coined DR Days. Sponsored by the ADA Council on Dental Benefit Programs, the meeting will focus on the promotion of direct reimbursement dental plans.

Expanded to include speakers and topics from the dental benefits industry, this year's key topics include plan design and utilization review, as well as DR plans and outcomes data, dental benefits trends and an update on the status of ADA lawsuits. Dr. Ronald Inge, associate executive director, Division of Dental Practice, and former chief dental officer for Aetna, will share his thoughts on the current status of the dental benefits industry.

All dental leaders and staff members who are involved in DR promotions and dental benefit issues, as well as brokers, third-party administrators and consultants who promote DR plans, are invited to attend.

For more information, contact Alexandra Tschaler toll-free, Ext. 2746 or e-mail "tschalera@ada.org". ■

Aetna

Continued from page one

Foundation officials heard recently from a member who mistakenly believed that unclaimed settlement funds would be returned to Aetna. Not so.

"If a dentist who is a member of the class does not file a claim, his or her share of the settlement will be contributed automatically to the ADA Foundation," noted Peter M. Sfikas, ADA chief legal counsel.

■ Dentists wishing to claim their share must complete the form, have it notarized and mailed by July 2, 2004.

He added, "Dentists who choose to contribute their settlement share to the Foundation either can check a box on the form directing the settlement administrator to donate the money to the Foundation, or they can do nothing. If they don't file a claim, the money goes to the Foundation. It is not returned to Aetna."

In an open letter to the membership published in the May 3 ADA News, ADAF President Arthur A. Dugoni urged class-member dentists to contribute their settlement share to the Foundation.

"Know with confidence your investment in the ADA Foundation is an investment in dentistry's future," wrote Dr. Dugoni, dean of the dental school at San Francisco's University of the Pacific and a past ADA president.

"Working together," he added, "we can improve health and make lives better, one person at a time." ■

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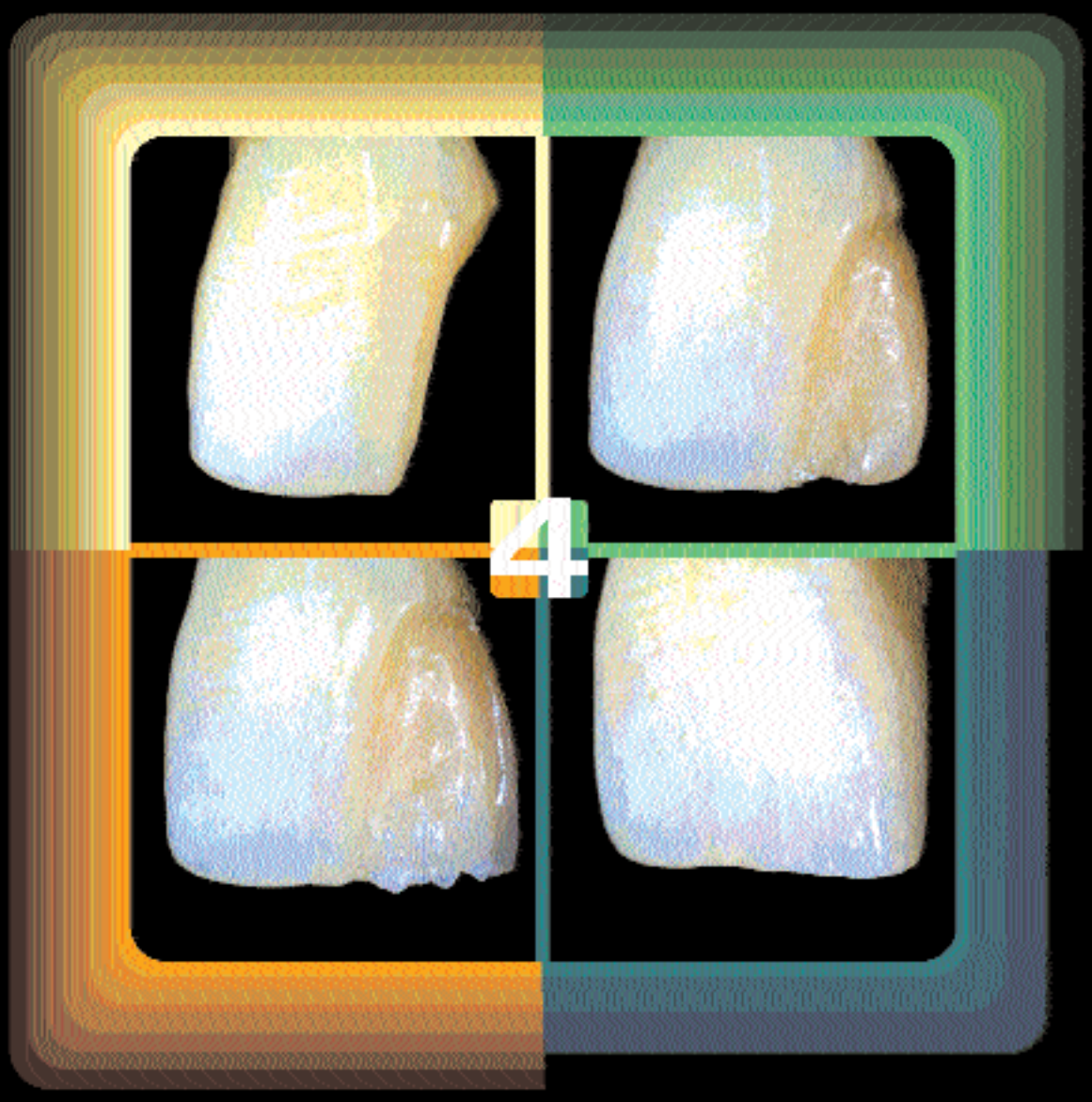

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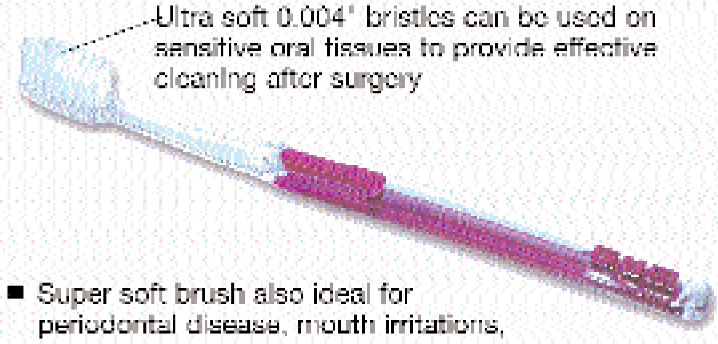

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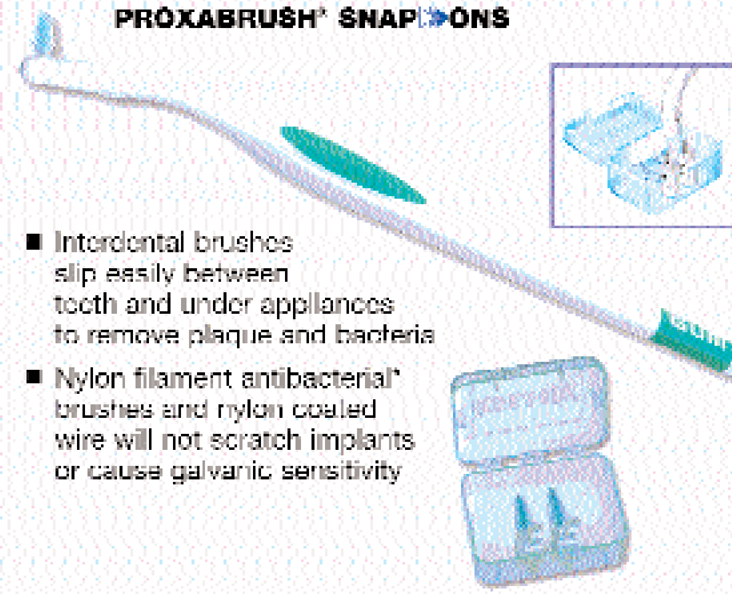

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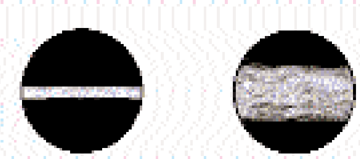

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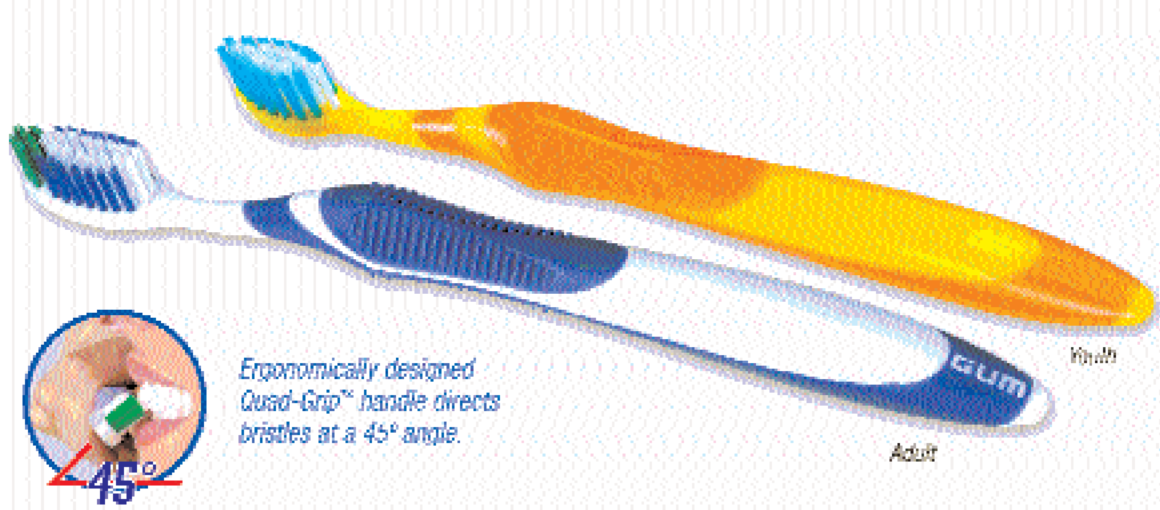

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